Archived version from NCDOCKS Institutional Repository http://libres.uncg.edu/ir/asu/



The History Of Professional Nursing In North Carolina, 1902-2002

By: Phoebe Pollitt

Abstract

For over 100 years, North Carolina nurses have joined an honored profession and worn their uniforms proudly. The years of rigorous training, the long hours and low pay have been balanced by the knowledge: that they were providing a unique service in their communities and at times, across the country and around the globe. These nurses and their stories deserve to be remembered.

Pollit, Phoebe (2014). The History of Professional Nursing in North Carolina, 1902-2002. Carolina Academic Press, Durham, NC. ISBN 978-1-61163-163-0. NC Docks re-print permission granted by author.

THE HISTORY OF PROFESSIONAL NURSING IN NORTH CAROLINA 1902–2002



PHOEBE POLLITT

The History of Professional Nursing in North Carolina, 1902–2002

RT 89 .P647 2013

The History of Professional Nursing in North Carolina, 1902–2002

Phoebe Pollitt

Associate Professor of Nursing Appalachian State University

LIBRARY APPALACHIAN STATE UNIVERSITY BOONE, NORTH CAROLINA 28608



Copyright © 2014 Phoebe Pollitt All Rights Reserved

Library of Congress Cataloging-in-Publication Data

Pollitt, Phoebe.

The History of Professional Nursing in North Carolina, 1902-2002 / Phoebe A. Pollitt.

pages cm

Includes bibliographical references and index.

ISBN 978-1-61163-163-0 (alk. paper)

1. Nursing services--Administration--North Carolina--History. I. Title.

RT89.P647 2013 362.17'309756--dc23

2013029720

CAROLINA ACADEMIC PRESS 700 Kent Street Durham, North Carolina 27701 Telephone (919) 489-7486 Fax (919) 493-5668 www.cap-press.com

Printed in the United States of America

05/29/14 SH For my parents, Dan and Jean Pollitt, my sons, Doug and Andrew Paletta, and friends and family who have shared life's joys and journeys, you know who you are. And all the wonderful nurses in North Carolina and beyond who have fearlessly led the way and given today's nurses courage and hope.

"Live your life while you have it. Life is a splendid gift. There is nothing small about it."

Florence Nightingale

"When one goes nursing, all things must be expected."

Mary von Olnhausen, Union Army Nurse in New Bern, North Carolina, 1864

Contents

77

Acknowledgments	X
Editorial Note	xiii
List of Abbreviations	xv
Brief North Carolina Nursing Timeline 1861–2002	xvii
Chapter 1 · A Time of Beginnings	3
Overview	3
Origins of Professional Nursing in North Carolina	4
Jane Renwick Smedburg Wilkes: Civil War Nurse and	
Hospital Founder	6
Formal Nursing Education Begins at Raleigh's Rex Hospital	
School of Nursing in 1894	8
Watts Hospital School of Nursing Opens in 1895	9
St. Agnes: The First Nursing School for African Americans in	
North Carolina Opens in 1896	10
Care for the State's Mentally Ill before 1900	12
Lucy Ashby Sharp: A North Carolina Nurse in the	
Spanish-American War	13
Chapter 2 · The Founding of the North Carolina State	
Nurses Association	17
Beginnings of the North Carolina State Nurses Association	18
The First Registered Nurse in the United States:	
Josephine (Burton) Bradham	26
The Impact of State Registration for Trained Nurses in	
North Carolina	30
Chapter 3 · An Era of Experimentation and Growth	31
Nursing Education in North Carolina in the	
Early Twentieth Century	31
Students	32
Matrons (Directors of Nursing) in the Early Schools of Nursing	35

The Emergence of Public Health Nursing	36
Nursing Practice: Two Pioneer Nurses Working in the Mountains	38
Mary Rose Batterham: The Second Registered Nurse in the	50
United States	39
Lydia Holman: Appalachian Settlement Nurse	42
Spanish Flu Pandemic of 1918	44
Conclusions	45
Chapter 4 · A Time of Change, Proliferation and Standardization	47
North Carolina Association of Colored Graduate Nurses (NCACGN)	
Regulation and Standardization of Nursing Education	47
Symbiosis in Raising Standards for Nursing Education and	49
Nursing Practice	52
North Carolina Nurses in WWI	53
Madelon "Glory" Battle Hancock von Hellencourt: Revered WWI Nurse	
	54
State Government Begins Involvement with Public Health Nursing	58
A Brief History of School Health Nursing in North Carolina	58
The Federal Government Involvement in Public Health Nursing	63
The Sharmard T	63
The Sheppard-Towner Act and North Carolina Nurses	68
An "Adamless Eden": Dunnwyche (1913–1919) The Duke Endowment	69
Conclusions	70
20 100 100 100 100 100 100 100 100 100 1	71
Chapter 5 · Depression and Retrenchment	79
Hard Economic Times	79
Nursing and the CWA in North Carolina	86
Nurse Kathleen Bragg of Ocracoke	88
Family Planning	89
Another Fight over Nursing Education Standards	90
First Bachelor of Science Degrees for Nurses in North Carolina	91
Conclusions	92
Chapter 6 · The 1940s: North Carolina Nurses and WWII	93
Evelyn Barbara Whitlow (Greenfield): Angel of Bataan and Corregidor	
Della Hayden Rainey Jackson, RN: First African American Nurse	94
to Be Commissioned in the U.S. Army	07
Martha Pegram Mitchell	97 99
	77

CONTENTS ix

On the Home Front	102
The Cadet Nurse Corps	103
Polio Epidemics in the 1940s	107
The Hill-Burton Act and the North Carolina Good Health Plan	109
Beginnings of Licensed Practical Nursing in North Carolina	110
Integrating the Two State Nursing Associations	112
Chapter 7 · 1950s Educational Innovation	115
First Bachelor of Science in Nursing Program in North Carolina	116
North Carolina Association of Nursing Students Is Formed	119
Conflict between Hamlet Hospital School of Nursing and the	
Standardization Board	120
Nurse Practice Act Revised in 1953	121
The Need for Psychiatric Nurses Grows in the Postwar Era	124
Early Masters of Science in Nursing (MSN) Programs in	
North Carolina	125
The Beginnings of Associate Degree Nursing Education in	
North Carolina	127
Thelma Ingles Begins the First Advanced Practice MSN Degree at Duke University	120
Mattie Donnell Hicks: Korean War Nurse	128
Conclusions	131
Conclusions	133
Chapter 8 · Expanding Practice and Racial Integration	135
National Nursing Leaders from North Carolina	135
Margaret Dolan: National Nursing Leader from North Carolina Captain Mary Mills	136 138
Mildred Irene Clark (Woodman): 12th Chief of the U.S. Army	130
Nurse Corps	141
The Community Mental Health Acts of 1963 and 1965	143
The "Entry into Practice" Debate	145
Beginnings of the Associate's Degree in Nursing Programs in	113
North Carolina	146
Integration in Health Care in the 1960s	148
One North Carolina Nurse Gave Her Life in the Vietnam War	150
The Nurse Practice Act of 1965	152
Conclusions	153
Chapter 9 · An Era of Expansion	155
The Beginnings of the Nurse Practitioner Movement	155
Betty Baines Compton: Pioneer Family Nurse Practitioner	160

x

Duke University School of Nursing's Pediatric Nurse	
Practitioner Program	162
Nurses Create the Hot Springs Health Center	164
The Mandatory Continuing Education Debate	167
Unions	170
The Sad Case of Nurses at Columbus General Hospital	172
Men Enter Nursing in Significant Numbers	174
Chapter 10 · Modern Day Nurse Trailblazers, 1980-2002	179
Duke University Hospital Sues the North Carolina	
Board of Nursing	179
Nurses Fight for a New Nurse Practice Act	183
East Carolina University Opens a Nurse Midwifery Program	185
Doctoral Education	186
Nurses Trailblazing New Paths	186
Brigadier General Clara Adams-Ender, RN	187
Terry Taylor, RN: Courageous HIV/AIDS Activist	190
Charlotte Brody, RN, Environmental Activist	194
Chapter 11 · Final Thoughts	199
North Carolina Nursing History Highlights	199
Heroic North Carolina Nurses in War Time	200
North Carolina Nurses Promoting a More Just Society	201
Into the Future	201
Dr. Sharon Elliott-Bynum, RN: Nurse, Humanitarian,	
Political Activist	206
Conclusions	210
References	211
Index	227

Acknowledgments

I would like to express my gratitude to the many people who helped me write this book; to all those colleagues and family members who provided support, and offered valuable insights about the work; and to the always helpful and good humored-librarians and archivists at the North Carolina Department of Archives and History, Raleigh, North Carolina; the Southern Historical Collection at the University of North Carolina at Chapel Hill; the Duke University Medical Center Archives, Durham, North Carolina; Victor at the Public Library in New Bern, North Carolina; Zoe at the North Carolina Collection at the Pack Library in Asheville, North Carolina; John, James, Paul, Marilia, Andie and Dean at the Belk Library at Appalachian State University. Through the years, several teachers believed in me and taught me to be a scholar. They include Mrs. Clara Walters, Dr. David Mielke, Dr. Patricia Miller, Dr. William Moss, Dr. Franz Mingert, Dr. William Link and Dr. Carol Winters. The North Carolina Nursing Centennial Committee members planted the seeds that became this book and include Polly Johnson, Audrey Booth, Sindy Barker, Frankie Miller, Gene Tranbarger, and John Wilson. All of these people have inspired, taught, and supported me and my love for North Carolina nursing history; any errors in the book are mine alone. Finally, I want to acknowledge and thank my editor Grace Pledger and indexer Noeline Bridge for their constant support and encouragement. The book is better because of their influence and advice.

Editorial Note

A word about proper names:

Many agencies, institutions and people in this book have had multiple names. For instance, the current North Carolina Board of Nursing has had four names since 1903. From 1903-1915 it was titled the Board of Examiners of Trained Nurses of North Carolina or in some documents of the time the State Board of Examiners of Nursing. In 1915 the name changed to the North Carolina Board of Nurse Examiners. In 1953 the name was changed again to the North Carolina Board of Nurse Registration and Nursing Education and in 1965 it became the North Carolina Board of Nursing and has remained so until today. Similarly, what is today the Mission Health System in Asheville, North Carolina has been referred to by numerous names over the years. These include the Flower Mission Hospital, Mission Hospital, Mission Memorial Hospital, Memorial Mission Hospital, Mission/St. Joseph's Hospital and Mission St. Joseph's Health System. One example of a nurse who has had more than one name is public health nurse Mary King Bailey Kneebler. She graduated from Duke Hospital School of Nursing as Mary King. She married Mr. Bailey while she was a public health nurse in Caldwell County, and was known as Mary Bailey. Sadly, he died in World War II. She remarried a few years later and was known as Mary King Kneebler when she was helping to start the nursing program at Western Carolina University. In order to reduce confusion, the text will reflect the most current proper names for people, agencies and institutions.

List of Abbreviations

AAMN-American Assembly of Men in Nursing

AJN-American Journal of Nursing

ANA-American Nurses Association

BSN-Bachelor of Science in Nursing Degree

CDC-Cadet Nurse Corps

CNM-Certificate Nurse Midwife

ECU-East Carolina University

FNP-Family Nurse Practitioner

HD-Health Department

LPN-Licensed Practical Nurse

MSN-Master of Sciences in Nursing Degree

NACGN-National Association of Colored Graduate Nurses

NCA&T-North Carolina Agricultural and Technical University

NCACGN-North Carolina Association of Colored Graduate Nurses

NCANRNI-North Carolina Association of Negro Registered Nurses, Inc.

NCANS-North Carolina Association of Nursing Students

NCBON-North Carolina Board of Nursing

NCCU-North Carolina Central University

NCLN(E)-North Carolina League of Nursing (once called the North Carolina League of Nursing Education)

NCNA (NCSNA)—North Carolina Nurses Association; North Carolina State Nurses Association

NCNPA-North Carolina Nurse Practice

NCSOPH-University of North Carolina at Chapel Hill School of Public Health

NLRB-National Labor Relations Board

NP-Nurse Practitioner

PHN-Public Health Nurse

RN-Registered Nurse

SON-School of Nursing

TB-Tuberculosis

UNC-CH-University of North Carolina at Chapel Hill

UNC-G-University of North Carolina at Greensboro

USPHS-United States Public Health Service

WCU-Western Carolina University

WSSU-Winston Salem State University

Brief North Carolina Nursing Timeline 1861–2002

100

- 1861–1865: At the beginning of the Civil War, North Carolina has neither hospitals nor trained nurses. Hundreds of women in the state organize "Wayside Hospitals" and work for Confederate and Union hospitals as nurses.
- 1876: Jane Wilkes, a Civil War nurse from Charlotte, North Carolina, is instrumental in establishing St. Peter's Hospital in Charlotte, the first civilian hospital in the state. In 1898 the hospital adds a training school for nurses. By law and custom this is a "whites only" establishment.
- 1891: Jane Wilkes leads a group of African American and White Charlotte area residents to open the Good Samaritan Hospital for African Americans. In 1902 a nursing school is established at this hospital.
- 1894: The state's first nursing school opens at Rex Hospital in Raleigh. Watts Hospital School of Nursing opens in Durham in 1895 and is the oldest school of nursing still in operation in the state.
- 1896: North Carolina's first nursing school for African Americans opens at St. Agnes Hospital on the campus of St. Augustine College in Raleigh, North Carolina.
- 1902: Mary Lewis Wyche leads a group of nurses to form the North Carolina State Nurses Association.
- 1903: On March 3, 1903, North Carolina becomes the first state in the nation to pass a nurse registration law.
- 1915: A North Carolina Board of Health survey of school children reveals shocking rates of tuberculosis, malaria, malnutrition, impaired vision and hearing, diseased throats and poor teeth. This survey influences the state legislature to hire the first six statewide school nurses.
- 1917: Through a revision in the North Carolina Nurse Practice Act, a "training school inspectress" appointed by the North Carolina State Nurses As-

- sociation is employed to survey and report on the conditions of nursing schools in the state.
- 1923: Because African American nurses are excluded from the North Carolina State Nurses Association, Carrie Early Broadfoot, RN organizes a North Carolina chapter of the National Association of Colored Graduate Nurses.
- 1933: The federal government's response to the human suffering experienced during the Great Depression, called the New Deal, included funding publichealth nursing programs. In North Carolina, the number of public health nurses increased from 65 in 1933 to 297 in 1940.
- 1937: North Carolina becomes the first state to offer publicly funded family planning services to its citizens. Public Health Nurses are in the forefront of education and dispensing family planning devices.
- 1945: Over 1,000 nurses from North Carolina serve in the Armed Forces during World War II.
- 1947: The North Carolina Nurse Practice Act is amended to include regulations for licensed practical nurses (LPNs) to work under the supervision of physicians or registered nurses to provide hands-on care for patients.
- 1949: The North Carolina Negro Nurses, INC and the North Carolina State Nurse Association merge into one organization to be the voice for nursing in North Carolina.
- 1950: The University of North Carolina at Chapel Hill School of Nursing establishes the first Bachelor of Science in Nursing (BSN) degree program in the state. Only white students are allowed to enroll. In 1953, the state legislature funds BSN programs at two historically African American state universities: North Carolina Agricultural and Technical College in Greensboro and Winston Salem State University in Winston Salem, North Carolina.
- 1957: Thelma Ingles, RN and Dr. Eugene Stead introduce the first clinical master's program in nursing in the country at Duke University's School of Nursing.
- 1957: The first Associate Degree in Nursing (ADN) program in North Carolina opens at Women's College (now known as the University of North Carolina at Greensboro).
- 1961: North Carolina Central University's School of Nursing establishes one of the first RN to BSN programs in the country. This allows students who

- hold diplomas from hospital-based nursing education programs to earn a BSN in one year.
- 1963: Associate Degree in Nursing programs spread quickly across the state through the expanding community college system.
- 1965: Registered nurses in North Carolina win a major victory when licensure becomes mandatory to practice nursing in North Carolina.
- 1970: The University of North Carolina at Chapel Hill School of Nursing establishes one of the first Nurse Practitioner programs in the country.
- 1975: North Carolina passes hallmark legislation by licensing nurses to perform medical acts and prescribe medications. By 1976, there are 90 nurse practitioners in North Carolina.
- 1981: North Carolina becomes the first state in the nation in which nurses elect nurse members of the state Board of Nursing rather than have them appointed by the Governor.
- 1983: Certified Nurse Midwives receive legal authorization to practice in North Carolina.
- 1989: The University of North Carolina at Chapel Hill School of Nursing establishes the first Ph.D. program in Nursing in the state. East Carolina University establishes one in 2002.
- 2002: Nurses and nursing organizations across North Carolina celebrate the centennial of Registered Nursing in the state and nation with educational programs, articles in the press, a calendar, and a film.

The History of Professional Nursing in North Carolina, 1902–2002

Chapter 1

A Time of Beginnings

Overview

Many books, articles and films explore the history of nursing in the United States. They chronicle the first schools of nursing and the early hospitals where pioneer nurses practiced. Most of these accounts focus on people and events in the northern states and in urban areas. North Carolina does not fit either criterion. Therefore, the history of nursing in North Carolina has received scant academic attention. However, North Carolina is the site of many important firsts in nursing. The North Carolina legislature, at the urging of the North Carolina State Nurses Association passed the first law in the United States addressing nursing registration. Therefore, the first White and African American registered nurses in our country were both North Carolinians and coincidentally both from Craven County. Josephine (Bradham) Burton, a White graduate of the Philadelphia Hospital, and sister of the pharmacist who invented Pepsi Cola, was the first registered nurse in the United States and Charlotte Rhone, an African American graduate of the Freedman's Hospital School of Nursing in Washington, DC, was the first African American registered nurse in the country. The most decorated woman from any country in World War I was Madelon "Glory" Battle Hancock Von Hellencourt, a nurse from Asheville, North Carolina. She received medals and honors from the governments of Belgium, France and England. The first African American nurse to be commissioned in the U.S. Army Nurse Corps was Della Rainey Jackson, who graduated from Lincoln Hospital School of Nursing in Durham, North Carolina. Nurse Thelma Ingles and Dr. Eugene Stead began the first Master of Science in Nursing program teaching advanced clinical skills at Duke University in Durham, North Carolina in 1957. In 1981, North Carolina became the first state to have nurses elect nurse members to the Board of Nursing. The list goes on.

For over 100 years, North Carolina nurses have joined an honored profession and worn their uniforms proudly. The years of rigorous training, the long hours and low pay have been balanced by the knowledge that they were providing a unique service in their communities and at times, across the country and around the globe. These nurses and their stories deserve to be remembered.

Origins of Professional Nursing in North Carolina

Nurses are all around us. They attend our births and deaths, administer healing treatments when we are ill and help us promote well-being through public health and mental health programs. Almost every family can identify a nurse or two on its family tree. Nurses are members of and care for members of every racial, religious and cultural group. For over a century, North Carolina nurses have worked in rural and urban areas, provided care in chrome trimmed surgical suites and tumble down cabins and have navigated the states' legal, political and economic currents to improve the health of the public while continuously upgrading the profession.

In all times and in all cultures there exists a human inclination to care for others who are sick and injured. From the earliest days of North Carolina history many have exemplified this impulse to care. Accounts from Native American sources, slave narratives and colonial records all describe female relatives, servants and/or designated community healers tending to their ill and ailing family members and neighbors.

Prior to the Civil War, in North Carolina as in most other states, the lives of most White women were restricted to domestic duties. Women were legally banned from voting, owning property, attending the state supported University in Chapel Hill and engaging in the professions (Scott, 1991). Few women were active in political, economic or social affairs of the day. It has been said that war is the liberator of women. This was surely true for middle and upper class White women in North Carolina in the decades around the Civil War. When men went off to fight and die, women went to work to support their families and communities. Many women took over jobs formerly held by men. They managed plantations, kept books, taught school, became journalists and some, disguised as men, even joined the military. For the first time, Tarheel women in large numbers organized themselves into groups such as Ladies Aid Societies to work for the betterment of those suffering from the war. During the Civil War, some of these compassionate endeavors began to coalesce into organized, modern nursing (Faust, 1996).

At the outbreak of the Civil War, in the spring of 1861, no trained nurses, nursing schools or general hospitals existed in the state of North Carolina. The leaders of the Confederacy were busy organizing a new government,

establishing foreign relations and fighting the War. A common misconception was that the Civil War would be quickly and easily won. Because of this error in judgment, few provisions were made for the care of wounded and sick soldiers.

Early in the Civil War, deadly epidemics of measles, malaria and assorted fevers swept through the soldiers' camps killing and incapacitating thousands of men. Additionally, extensive casualties on the battlefields of Virginia in 1861-1862 shocked many women in the new Confederate States of America into action (Wyche, 1938). Because there were so few resources on or near the battlefields to care for the sick and wounded soldiers, many soldiers were sent by trains back to their homes for recuperation. Frequently, soldiers arrived back in North Carolina with contagious diseases, festering wounds and fevers and were often unable to make the lengthy trips from the train station to their homes (Pollitt & Reese, 2002). Under these circumstances, a few North Carolina women donated their services, time, money and supplies to decrease the pain and suffering of the returning soldiers. They initiated a new institution—the "Wayside Hospital." Large buildings close to the depots, such as barns and churches were converted into makeshift hospitals to care for the ailing returning soldiers. The needs were so great that Wayside Hospitals sprang up all over the Confederacy. North Carolina women in the railroad towns of Weldon, Goldsboro, Charlotte, Greensboro, High Point, Tarboro, Salisbury, Fayetteville, and Wilmington opened Wayside Hospitals in their towns (Anderson, 1926). They performed traditional duties such as laundering clothing and bed linens, preparing meals, feeding and bathing patients, and generally keeping the environment clean. They also read and sang to the men and wrote letters to their loved ones describing their circumstances. Many of these women also learned new skills in administration, finance, public relations, and advocacy (Pollitt & Reese, 2002).

A great irony of the American Civil War is that its enormous toll on human health—over a million casualties, approximately 660,000 deaths from war and disease, 60,000 amputations, untold thousands suffering from a variety of physical and mental disorders—produced vast advances in scientific knowledge. Caring for hundreds of thousands of soldiers and civilians suffering from a wide array of ailments resulted in innovations in surgery, medicine, nursing, mental health care, and public health. In addition to their work in the Wayside Hospitals, North Carolina women were hired as nurses by both the Union and Confederate hospitals established in the state. Lessons learned from Florence Nightingale and her nursing corps in the Crimean War along with evidence of the benefits of the volunteer nurses in the American Civil War paved the way for the establishment of the field of professional nursing.

Jane Renwick Smedburg Wilkes: Civil War Nurse and Hospital Founder

Charlotte, North Carolina, was never the scene of battle during the Civil War, but because of its location as a railroad junction and its relative safety, many wounded soldiers were shipped there for care. In addition to the Wayside Hospital, the Confederate government established a Military Hospital in Charlotte in 1863. Jane Wilkes along with other Charlotte area women formed the Ladies Hospital Association. The organization was dedicated to ministering to the comforts and necessities of the soldiers at the Wayside Hospital. Relying on herbal remedies and the recently published *Notes on Nursing* by Florence Nightingale, female volunteer nurses provided higher quality care with lower death rates than the enlisted men who were paid for their nursing services at the Charlotte Confederate Hospital (Wyche, 1938).

After the War was over, Wilkes resumed her roles of wife and mother. Almost ten years after the Confederate hospital closed its doors, Wilkes's pastor, Father Benjamin Bronson, of St. Peter's Episcopal Church in Charlotte urged his congregation to establish a hospital for the care of the underprivileged in town. Wilkes wrote in a family memoir "Many thought his suggestion a wild experiment and it created much merriment in town ... people said 'what do we want with these sick folks and why create a nuisance by collecting them in a bunch?'" (Wilkes, 1903, 8). Fresh in that generation's memory was the horrible suffering as well as the high death rates at the Charlotte Confederate Hospital a decade earlier.

Something in Reverend Bronson's sermon must have touched Wilkes heart, for she became the president of the Women's Aid Society of the church. This group established and managed the first civilian hospital in North Carolina, the Charlotte Home and Hospital (later enlarged and renamed St. Peter's Hospital). On January 20, 1876, the first patients were admitted. While the Society employed a full-time nurse and cook, the 30 or so members of the Women's Aid Society helped out by bringing home cooked meals for the patients and found themselves "often holding needles, scissors and instruments for the surgeons" (Wilkes, 1903, 9).

Neighbors living near the new civilian hospital feared contagion from the sick people being brought into their midst. They threatened violence to the hospital and the patients, hoping to encourage its relocation. Fortunately many more residents of Charlotte welcomed and supported the hospital than resented it. The patient census as well as donations and public respect for the institution grew over the years (Church hospital, 1936).

As advances in understanding of the biological sciences, sanitation, and nutrition expanded in the late 1800s, the need for trained nurses became apparent. Wilkes was determined that the next generation of nurses would have the benefits of a comprehensive, academic training program. The St. Peters Hospital School of Nursing opened in October 1899 with 10 students. In January 1902, Susan Mott, Effie McNeill, and Alicia Powers were the first nurses to graduate from the nursing school (Wyche, 1938).

Wilkes was not content with her work with St. Peter's Hospital and the St Peters' Hospital School of Nursing. By law and custom, those institutions served White citizens only. Although her family had owned slaves before the Civil War and her husband and sons were Confederate veterans, her heart went out to the poor and sick African Americans in the Charlotte area. By 1882, Wilkes was spearheading efforts to establish a hospital for local African Americans. Using donations primarily from the local African Americans community and northern Episcopal congregations, a cornerstone was laid for Good Samaritan Hospital in 1891. In 1902, the second nursing school for African Americans in the state opened at Good Samaritan under Wilkes guidance. Good Samaritan Hospital and its School of Nursing provided care and education for thousands of people over many decades (Coley, 1977).

Wilkes worked tirelessly as a bedside nurse at the Charlotte Wayside Hospital and St. Peter's Hospital. In addition, she was a talented administrator, fundraiser, and public relations expert instrumental in the founding of two hospitals and the establishment of two schools of nursing. Wilkes, and others in her generation, contributed much to the advancement of nursing in North Carolina. At a time when most middle and upper class white women did not consider nursing a respectable profession, Wilkes rolled up her sleeves and went to work. During the Civil War, she and her companions nursed, fed and cleaned wounded men who were not members of their immediate families. At a time when few women were speaking out and acting confidently in the public sphere, she spearheaded efforts to establish community institutions. She organized women's groups to actively solicit funds and find solutions to the problems of their day. Perhaps most laudable of all was her interracial work (Pollitt & Reese, 1999). In her obituary in 1913, the *Charlotte Evening Times* reported,

Never in the history of the church and seldom in the history of the city has there been such a gathering. The rich and the poor, White and Black, came together to pay the tribute of appreciation or gratitude as the case may be, to this great woman ("Great Tribute," 1913, A-2).

Formal Nursing Education Begins at Raleigh's Rex Hospital School of Nursing in 1894

Mary Lewis Wyche was born on February 26, 1858, near Henderson in Vance County. As a young woman, she wanted to become a nurse but was thwarted by both family obligations and the absence of any schools of nursing in North Carolina. Her calling to become a nurse was so great that when she was able, she moved to Philadelphia to study nursing and graduated from Philadelphia General Hospital Training School in 1894. Upon graduation, she returned to the Tarheel State and revolutionized the nursing profession (Rogers, 1949). Understanding the importance of an educated nursing workforce to the health of the states' citizens, Wyche undertook the major task of creating the first school of nursing in North Carolina: Rex Hospital Training School for Nurses (Rogers, 1949). Wyche recalled the early days of the school this way: "The hospital of only 23 beds was rather small to have a school of nursing, but there were patients who needed care and young women who wanted to be taught the art of nursing" (Wyche, 1938, 55).

By the fall of the same year Wyche (1894) wrote in an autobiographical sketch found in the North Carolina State Archives,

The situation was serious. There was a hospital. In it were patients who must be cared for. We had no money to pay graduate nurses had they been available ... More help was needed. Two Raleigh girls were interviewed and told they could report for duty at eight o'clock every morning and work until six in the afternoon. These would-be-nurses were given their dinner—a good substantial home dinner! The hospital was so small that only out of town girls could be given a room and three meals a day (n.p.).

Despite the meager environment and no remuneration, women wanting to become nurses sought admission to the training program. Successful applicants needed to possess the "physical capacity to undergo the labor and fatigue connected with the profession of a nurse." Further a flier informed potential students "It is expected that nurses will ... evince at all times self-denial, forbearance, gentleness, kindness and good temper."

The first class of nursing students in North Carolina was comprised of five students, four of whom graduated. Classes were held four times a week except when the workload was too great. Physicians who cared for patients in the hospital taught the nursing students anatomy, physiology, material medica (pharmacology), surgical and obstetrical nursing. Wyche taught "various

branches of practical nursing." Week's A Textbook of Nursing, Dock's Materia Medica and Gould's Medical Dictionary for Nurses were the only textbooks. When Wyche could afford to purchase additional books, she shared them with the students. No nursing journals were available to the students (Pollitt, 2009). Wyche (1894) wrote,

While the doctors lectured, the head nurse and the orderly [the only two paid staff at the hospital] listened for the bells. Classes were held in some part of the hospital where the bells could be heard. Each nurse was allowed to leave the class to answer a bell in her ward ... things went well until the matron got sick and no one heard her bell. "A nurse's business is to wait on the sick and not go to school!" the Matron exclaimed (n.p.).

When the first students were admitted, there was no definitive course of study so there was no pre-determined end date to the program. After two and a half years the students were graduated. After the first class, a course of study of 18 months was adopted until the state law required 3 years study to sit for the registered nurse examination (Pollitt, 2009).

Watts Hospital School of Nursing Opens in 1895

Watts Hospital School of Nursing, founded in 1895, was perhaps the best early training school in the state. White philanthropist George Watts of Durham spared nothing in creating a modern, well equipped hospital and nursing school. He went so far as to have the Boston firm charged with building the hospital place multiple petri dishes around Durham, and chose the site that grew the fewest germs (Reynolds, 1992).

Watts Hospital's First Annual Report issued in 1896 described the nature of student nurses training as "instructions from text-books, and Manuals of Nursing, daily drill in the wards, operating room and other departments of the Hospital, by the Matron and Head Nurse, and lectures and demonstrations by the Medical and Surgical Staff. When possible, the nurse will have an hour to rest or exercise each day" (Rogers, 2006, 16).

The report goes on to describe the course of study instituted at the school. Areas of instruction included:

 The dressing of blisters, sores and wounds, the preparation and application of fomentations, poultices and minor dressings,

- 2. Use of female catheter and administration of enemata,
- Management of helpless patients, moving, changing and giving baths in bed, prevention and care of bed sores,
- 4. Preparation of antiseptic dressings, bandages, padding of splints and bandaging,
- 5. The preparing, cooking and serving of delicacies for the sick, management of convalescents, thorough ventilation of wards and private homes,
- 6. Instructions in preparing reports for physicians as to the state of secretions, expectoration, pulse, temperature, respiration, the skin, appetite, intelligence (as to delirium or stupor), sleeping, conditions of wounds, eruptions, effect of dirt, stimulants or medicine.

This curriculum took two years of study, during which time the nursing students worked seven days a week, twelve hours a day, with one afternoon off per week. They worked without pay, essentially as free staff for the hospital; their "salary" was their education. As time permitted, students attended lectures given by physicians or the supervising nurse on subjects including anatomy, physiology, material medica (pharmacology), surgery and surgical dressing, obstetrics, toxicology, emergencies and hygiene, diseases general and contagious, gynecological nursing and medical jurisprudence. The overall program emphasized practice over theory—with practice commanding most of the time (Rogers, 2006).

By 1910, Watts nursing students were enjoying a new dormitory, named Wyche Hall, after Mary Wyche who left Rex Hospital to become the Matron at Watts Hospital for ten years. The two-story structure contained nineteen double rooms, six single rooms, two large reception rooms, a gymnasium, a classroom, and a locker room, as well as dining, sewing, and library facilities (Rogers, 2006).

St. Agnes: The First Nursing School for African Americans in North Carolina Opens in 1896

In addition to Rex, St. Peter's, and Watts, other hospital based schools of nursing were established in North Carolina before the turn of the twentieth century. White women interested in becoming nurses could study at Memorial Mission Hospital School of Nursing in Asheville (founded 1895), Highsmith Hospital School of Nursing in Fayetteville (founded 1899), or the state supported Western Hospital for the Insane in Morganton (founded 1895). The only school for African American nursing students in North Carolina before

the turn of the twentieth century was the St. Agnes School of Nursing on the campus of St. Augustine College in Raleigh (Pollitt & Reese, 2000).

Until 1896, there were no nursing schools African American women could attend in North Carolina. There were great unmet needs for health care as well as for more nursing schools in the state. The need was most acute for African Americans (Thoms, 1929). One of the White reformers who worked to fill this gap was Sara Hunter, the wife of the principal of St. Augustine's school in Raleigh. This school had been founded by the Episcopal Church after the Civil War to provide educational opportunities for newly freed slaves. In 1895, Mrs. Hunter addressed the national meeting of the Women's Auxiliary of the Protestant Episcopal Church. She described the work being done at the school and asked the group for funds to add a hospital and school of nursing to the campus. Mr. T. L. Collins heard about Mrs. Hunter's appeal and donated \$600 in honor of his recently deceased wife, Agnes. Mrs. Hunter returned to Raleigh with enough money from Mr. Collins and others to begin construction of the new hospital, which was named St. Agnes in memory of Mrs. Collins. The hospital opened on October 18, 1896 (Halliburton, 1937).

The building, by today's standards, was inadequate for a hospital. There was a single cold-water faucet located in the kitchen. When hot water was needed for sterilizing, cooking and other necessities, it was heated on a wood stove. The laundry consisted of three washtubs and an iron kettle in the front yard, used for boiling clothing and linens. Obtaining ice required a four-mile trip by horse and buggy to downtown Raleigh. There were no screens on the windows, heat was supplied by burning wood, and light was obtained from oil lamps. The office was a multipurpose room that was also used as a reception room, dining room, surgeon's dressing room and occasionally as the morgue (Glenton, 1920).

The hospital opened with great fanfare, but in the first week, no patients sought care. The second week, a man with typhoid fever came for care and quickly recovered. Within six months, the hospital had treated 17 inpatients, 35 outpatients, and 223 people had received medical or nursing services in their homes. The first baby born at the hospital was appropriately named Agnes by her parents, Mr. and Mrs. Griffin. Agnes Griffin went on to become a prominent physician practicing for decades in New York City. From the beginning, St. Agnes had the dual missions of providing high quality patient care and providing nursing education for African American women. In 1897, four student nurses were taught by a faculty of eleven. They learned anatomy and physiology, cooking, material medica, medical, surgical, obstetrical and general nursing, and ophthalmology (Halliburton, 1937). In 1898, Effie Wortham and Anna Augusta Groves became the first two graduates of St. Agnes Hospital School of Nursing (Boykin, 1966). Initially the program was eighteen months.

Students entered as probationers. During the first six months, they cooked, cleaned and made beds. If their work was acceptable, and they wanted to pursue a career in nursing, they entered the hospital as student nurses. In this capacity, they worked alongside the matron, the staff nurses, and physicians on the wards, in the operating room, in the outpatient clinics, and in patient homes. Most of their education was on-the-job training. Lectures and recitations were held regularly, often focused on the diseases and conditions of the current patient population. The 1898 graduates were followed the next year by Virginia Mason, Pearl Odom, and Claudia West (Glenton, 1920).

Care for the State's Mentally Ill before 1900

The first state-supported institution to offer nursing education in North Carolina was the Western North Carolina Insane Asylum, now known as Broughton Hospital in Morganton. Broughton Hospital, however, was not the first psychiatric hospital in North Carolina. In 1848, Dorothea Dix, a national crusader on behalf of the mentally ill, and later a Civil War nurse for the Union cause, traveled across North Carolina for three months documenting the living conditions of the state's mentally ill. She wrote a 48-page letter to the North Carolina legislature documenting a system that relegated the mentally ill to jails, county poor houses, and sometimes cages in private homes. Dix asked the legislators to fund an institution to provide appropriate care and living conditions for those afflicted with mental illness (Dix, 1848). The legislature agreed to establish an asylum named Dix Hospital, which opened in Raleigh in 1856. Further interest and funding for the needs of those with psychiatric disease was delayed in North Carolina until after the Civil War.

Almost thirty years after the founding of Dix Hospital, the state invested in two more asylums for the insane. Advances in the understanding and treatment of psychiatric disease along with an explosion in what we might now call post traumatic stress disorder brought on by the Civil War, Reconstruction, and emancipation created a need for qualified personnel and appropriate placements to help afflicted people. In 1880, the Asylum for the Colored Insane opened in Goldsboro and as is evident by its name, this segregated institution, now known as Cherry Hospital, was limited to African American patients.

In 1893, the Western North Carolina Insane Asylum welcomed its first patients, all White men and women who were transferred from Dix Hospital in Raleigh. The state built the new institution in Morganton, North Carolina because Dix Hospital was not large enough to accommodate its expanding patient population. On March 29, 1883, the first patient was admitted to the

Morganton facility. During the first two years of operation, 252 patients were treated (Streeter, 2011).

The name of the institution was changed from the Western North Carolina Insane Asylum to the State Hospital at Morganton in 1890. Physicians and administrators in charge of the facility believed many of their patients could be cured with skilled supervision and treatment. The preferred and most hopeful avenue of successful treatment of mental illness in the late 1800s was known as Moral Therapy (Streeter, 2011). This approach called for a structured, ordered, beautiful environment and meaningful work or purposeful activities for patients. Patient activities and environments required the skill and attention of staff. Believing in the value of nursing care in treating people with disease, Dr. Murphy, Broughton Hospital's Superintendent, convinced the state legislature to appropriate monies to establish a school of nursing at the hospital in 1895. His 1896 report noted improvements in the care of residents at the hospital since the school of nursing opened. He wrote, "All the patients are better cared for, and the sick receive much more assiduous attention," and, "less complaint is heard from the patients of harsh treatment by nurses and attendants" (Murphy, 1897, 3). His satisfaction with the school's graduates appeared in his 1897 report, where he noted that "quite a number of persons have recovered and returned home, who, it is almost certain, would have died, had it not been for the attention given by these nurses" (Murphy, 1897, 9).

Lucy Ashby Sharp: A North Carolina Nurse in the Spanish-American War

Lucy Ashby Sharp dreamed of becoming a nurse while growing up after the Civil War on the family plantation, Edgewood, near Eden in Rockingham County. She probably imagined herself in a crisp white uniform with matching starched white cap, providing care in a clean and busy hospital ward. To this end, Sharp graduated from the John's Hopkins Training School for Nurses in Baltimore, Maryland, in 1892. She began her nursing career as planned but when the United States declared war on Spain on April 25, 1898, Sharp's life as a nurse took an unexpected turn. Sharp's father was a decorated Confederate officer. When she had an opportunity to serve her country in wartime she volunteered to do her part ("The Great Train Raid," 2011).

Women who volunteered to nurse with Florence Nightingale in the Crimean War, and those who volunteered in the American Civil War demonstrated the importance of good nursing care to the survival of ill and injured soldiers.

Those women did not have the advantage of formal nursing training, but many went on to help establish the profession of nursing as we know it today. In the late 1800s, programs to train nurses using the "Nightingale Model" were established in hospitals throughout the United States. When the United States entered the Spanish-American War in the spring of 1898, professionally educated nurses served for the first time in the United States military.

Shortly after war was declared in April, 1898, the Army grew from about 28,000 to over 200,000 men. Most lived in make shift military camps in the Southern United States waiting to join the fight in Cuba. Sanitary conditions in the camps were deplorable. Typhoid, malaria, and various fevers raged through the camps with few qualified personnel available to care for them. Congress quickly authorized the U.S. Army to procure more than 1,000 professional female nurses at \$30 a month. More nurses applied for these jobs than could be accepted (Humphries & Pollitt, 2012). The U.S. Army, American Red Cross, and Daughters of the American Revolution carefully selected the nurses based on their education, character, and experience. The Army did not supply uniforms so nurses from 91 different schools proudly wore their school uniforms when on duty. They spent most of their 14-hour shifts, with a 20-minute lunch break, giving the feverish men ice baths, applying dressings to wounds, preparing and feeding soldiers nutritious foods, administering medicines, and keeping the wards as clean as possible (Humphries & Pollitt, 2012).

On July 3, 1898, Sharp began her assignment as Chief Nurse aboard a U.S. Navy hospital ship named the Relief. Sharp and five other nurses constituted the entire nursing staff on the ship. Forty-five additional medical personnel worked aboard the Relief, all of whom were male. The Relief was equipped to care for hundreds of wounded and ill soldiers. The Relief would anchor close to shore, but far enough away not to be damaged by enemy fire. Smaller boats attached to the ship were dispatched to pick up the wounded and dead from the scene of battle and return to the Relief where soldiers could promptly receive modern medical and surgical procedures ("Trained nurses employed," 1898). According to her Personal Data Card, Sharp was 36 years old, single, 5 feet 6 inches tall, and weighed 124 pounds. She was also noted to be in good shape, strong, and healthy. Surgeon Major General George H. Torney, a future U.S. Surgeon General, oversaw all medical work onboard the Relief. Major Torney initially opposed having female nurses on the Relief, but changed his mind after working with them. According to officers, Sharp was "a reliable nurse, devoted to her duty, untiring in energy in doing her work and self-sacrificing on all occasions" (Graff, 2010, 32). She was a woman of excellent character and was most satisfactory as a chief nurse on the Relief. The American Journal of Nursing editors noted, "Soon after the declaration of war with Spain, she

offered her services as a nurse to the country she loved and waited impatiently for an assignment to duty ... She entered into her new work with unbounded enthusiasm" ("Nursing News and Announcements," 1912, 594). Unfortunately, within weeks after boarding the *Relief*, she developed a severe case of dysentery. This was probably caused by the rudimentary sanitation available on a floating hospital ship as well as a lack of effective medicines to treat gastrointestinal ailments. Sharp was sent home to recover.

After she regained her health, Sharp returned to nursing, first as the Matron at the nearby Danville Memorial Hospital in Danville, VA, and later at the Church Home and Infirmary in Baltimore, Maryland. In the spring of 1910, there were rumors that the United States might go to war against Mexico, and Sharp offered her services to the new U.S. Army Nurse Corps. Her name was placed on a reserve list of former Army nurses, but the war never occurred. Sharp's final job was as the Matron and Director of the Nurses Training School in New Rochelle, New York. After a brief illness, she died on March 4, 1912. Her death was mourned by many family members, fellow nurses and veterans ("Nursing News and Announcements," 1912, 594).

The contributions of Sharp and hundreds of other professionally educated nurses during the Spanish-American War led to the establishment of the Army Nurse Corps on February 2, 1901. The Navy Nurse Corps soon followed. The Spanish-American War nurses set a high bar for quality of care, compassion and skill for future nurses to follow.

The pioneer nurses in North Carolina created a new profession. They responded to calls to relieve suffering in wars and epidemics, they set up education programs sharing their hard earned nursing wisdom with the next generation, and as the new century emerged, they created the first professional organization for North Carolina women and successfully lobbied for the passage of the first nurse registration law in the United States.

A Partial List of NC Nurses Who Served in the Spanish-American War

Name	Hometown	Nursing School
Margaret Berry	Salisbury	Maryland General Hospital, Baltimore, MD
Molly Courts	Reidsville	Retreat Hospital, Richmond, VA
Anne Ferguson	Concord	Watts Hospital, Durham, NC
Ferabee Guion	Charlotte	Unknown
Della Hall	Salisbury	Philadelphia General Hospital
Lydia Holman	Philadelphia	Philadelphia General Hospital
Anna Schultze	Shelby	Philadelphia General Hospital
Lucy Sharp	Eden	Johns Hopkins Hospital, Baltimore, MD
Ella Tuttle	Lenoir	St. John's Riverside Hospital, Yonkers, NY

Chapter 2

The Founding of the North Carolina State Nurses Association

The trained nurse of today has no legal standing ... she does not belong to a profession, she is not classed even with the graduates of a technical school, and the woman who has taken up nursing without any training, or who has been discharged from a training school for serious cause, has the same right to call herself a trained nurse before the law as she who has given three years of hard work and hard study (Palmer, 1902, 157).

At the turn of the twentieth century, nursing leaders believed nurse registration acts would raise the quality of professional nursing practice, improve educational standards in schools of nursing and protect the public from the actions of untrained personnel. While the first laws regulating nursing were relatively weak, the campaign to pass registration acts provided organized nursing with valuable political experience. Not all nurses agreed that registration was necessary. Older nurses who may not have kept current on nursing techniques, and graduates from schools with below average academic standards feared that registration acts would be too strict and could prevent them from obtaining work. By the turn of the twentieth century, North Carolina was the home of many skilled and knowledgeable nurses; it also had many untrained and unscrupulous practitioners who claimed the title of "nurse." The lay public often could not distinguish one group from the other. The terms nurse, graduate nurse and trained nurse were often used interchangeably, furthering confusion about the qualifications of people claiming the title "nurse." Before 1903 in North Carolina and everywhere in the country, anybody could call him or herself a nurse and in fact practice nursing. Isabel Hampton Robb, the first president of the American Nurses Association, noted with distress, "In the absence of educational and professional standards, I am sadly forced to admit that the term 'trained nurse' means anything, everything and next to

nothing" (Hampton, 1893, 34). The idea of creating legal standards for nursing education and nursing practice was gaining traction around the country. Across North Carolina, many nurses recognized a need to form a professional organization to advocate for such standards to improve the health of the people of the state.

Beginnings of the North Carolina State Nurses Association

In November 1899, a typhoid epidemic swept through the campus of Women's College, now known as the University of North Carolina at Greensboro. College officials asked graduate nurses to help them cope with this epidemic. Many nurses from across the state went to Greensboro either as paid private duty nurses or as volunteers to take care of loved ones afflicted with the disease. While the epidemic raged, ultimately killing fourteen students, the nurses found time to discuss issues of common professional concern related to nursing practice, nursing education, and nursing regulation. Mary Rose Batterham of Asheville and Mary Lewis Wyche of Raleigh were two of these Greensboro nurses.

Wyche frequently attended professional gatherings in other states. After meeting with nurses at the International Council of Nurses in Buffalo, New York in the spring of 1901, where much of the discussion was centered on the need for and benefits of nursing registration, she returned to Raleigh determined to form a statewide nursing organization dedicated to using nursing registration and legislative advocacy to improve the profession and patient care. However, her new task was not easily accomplished. Wyche sent postcards to every White nurse in Raleigh requesting their presence at a founding meeting of the Raleigh Nurses Association. Unfortunately, not a single nurse showed up. However, Wyche was not a quitter. In two weeks, she sent a second postcard inviting the same nurses to an important meeting of the newly formed Raleigh Nurses Association. This piqued the nurses' curiosity, and every single White graduate nurse in Raleigh attended the meeting. Soon the Raleigh Nurses Association started work on forming the North Carolina State Nurses Association (Centennial Committee, 2003). In 1902, the Raleigh group invited every White nurse they were aware of in North Carolina to a meeting in Raleigh during the week of the State Fair. The railroads offered discount fares to Raleigh during Fair Week and the Fair itself would be a draw. Fourteen nurses from across the state met with the members of the Raleigh Nurses Association on October 28, 1902, and launched the North Carolina State Nurses Association (Centennial Committee, 2003). Wyche was elected president and Mary Rose Batterham was elected vice president of the organization.

These nurses were aware that the North Carolina legislature would be meeting in ten weeks, in January 1903, to consider new laws. They got right to work. Before 1920, women did not have the right to vote or hold elective office. There was no political reason for state legislators to vote to appease women, particularly if it meant alienating wealthy male doctors and hospital administrators. The NCSNA was the first women's organization in the state to seek legislation and lobby the legislature on professional issues. The NCSNA Legislative Committee with the help of Mr. R. T. Gray, a Raleigh lawyer who served on the Board of Trustees of Rex Hospital where Wyche had been the matron, drafted the countries first law pertaining to nursing registration. It was titled "An Act to Provide for State Registration for Trained Nurses in North Carolina" (Act) and was introduced by North Carolina House member John C. Drewry of Raleigh ("Nurses hard battle," 1903). The Act encompassed measures desired by state, national and international nursing leaders including mandatory registration of nurses and high standards for nursing education. The nurses and their supporters were jubilant when the Act passed the North Carolina House on January 28, 1903. A headline in the January 29, 1903, Raleigh News and Observer newspaper read "North Carolina the first state to require trained nurses to be licensed" (A-1). The first paragraph of the article informs its readers.

A feature of the day [at the state legislature] was the passage of Mr. Drewry's bill requiring all trained nurses to be licensed in the state. Thus, North Carolina has the distinction of being the first state in the Union to require trained nurses to be examined by a State Board before they are allowed to practice ("North Carolina the first," 1903, A-1).

Section 11 of the Act that passed the North Carolina State House reads,

Every person who shall duly receive license in accordance with the provisions of this Act, shall be known and styled a 'Registered Trained Nurse,' and it shall be unlawful after twelve months from the passage of this Act, for any person to practice professional nursing of the sick as such without a license from the State, or to advertise as, or assume the title of trained nurse, graduate nurse, or to use the abbreviation of T.N., G.N., R.N., and R.G.N., or any other words, letters or figures to indicate that the person using the same is a trained, registered or graduate nurse ("Nurses hard battle," 1903, A-1).

Once the bill passed the state House, physicians and hospital administrators who had dismissed the nurse's reform efforts realized they needed to pay attention to the intentions of this group of tenacious women. The bill quickly met with opposition from physicians, hospital administrators and even some nurses. Many physicians who owned hospitals and schools of nursing did not want state government regulating who they could hire or what must be taught in their schools. Jane Wilkes, the Civil War era nurse who was instrumental in the establishment of St. Peter's Hospital and its school of nursing in Charlotte, opposed the bill because of a clause in Section 8 that read "no pupil nurse who has had less than 2 years' training shall be sent out to take charge of a private case." St. Peter's Hospital, a charitable outreach mission of St. Peter's Church, rarely received payment from patients for services rendered. The hospital and its' school of nursing relied on a variety of sources of money to keep the hospital afloat including payments to student nurses for private duty care. Wilkes and others associated with St. Peter's feared that losing that source of funding might make running the hospital a financial impossibility ("Nurses hard battle," 1903).

Those against mandatory nurse registration convinced state Senators to send the bill to the Senate Committee on Public Health where hearings were held on February 9, 1903. In an article titled "Nurses hard battle: bill for Trained Nurses torn to pieces" (1903) the *Raleigh News and Observer* stated that those opposing the bill included Dr. Alexander of Charlotte, representing St. Peter's Hospital, Dr. Dickson and Dr. Moore of Wilson representing Wilson Sanatorium and Senator Woodard of Wilson. Opponents of the bill pronounced it unnecessary and said its provisions were absurd (Pollitt & Miller, 2010).

The Senate Committee on Public Health substituted a bill with only three provisions whereas the original had eleven. The substituted provisions allowed for the following: establishment of a State Board of Nurse Examiners, administration of examinations to those wishing to use the title registered nurse, and requirements that the Board's expenses would be paid by fees collected from the examinees.

After further lobbying and political maneuvering, a compromise bill was passed by the North Carolina Legislature on March 2, 1903, and signed into law by Governor Aycock on March 3, 1903. The law established a Board of Examiners of Trained Nurses of North Carolina empowered to test appropriate applicants in the areas of anatomy, physiology, medical, surgical and practical nursing, invalid cookery and household hygiene. Successful applicants were awarded a certificate from the Board, which they could present to a Clerk of Court in any county in the state in which they wished to practice. Each Clerk of Court would keep a ledger book in their office titled *Register of Trained*

Nurses. After a nurse's name was entered in the Register, she was issued a Certificate of Registration under the seal of the court in that county. Only then could she use the title "Registered Nurse" or "RN." Anyone using the title "Registered Nurse" who was not authorized to do so could suffer a fine of up to \$50.00 or imprisonment for not more than 30 days (Wyche, 1938). Contrary to the original intent of the NCSNA, this law did not actually mandate registration in order to practice nursing, nor did it define nursing practice. Penalties were imposed only for those using the title Registered Nurse if they were not in fact registered (Pollitt & Miller, 2010).

While the initial Act was legally weak, the campaign to pass the Act provided nurses with priceless political experience and paved the way for the passage of future, stronger acts. For the first time, nurses in the United States had some control over the qualifications and educational preparation of people entering the nursing profession. Having one's name in a county registry assured the public that the nurse had achieved a high level of education and competence in the practice of nursing. North Carolina became a model for other states. Within the year, New York, Virginia and New Jersey passed nursing registration laws (Pollitt & Miller, 2010).

For over a century, North Carolina nurses have continued their efforts in political advocacy, lobbying, drafting laws and serving in elected positions to improve the profession and the health of the people of North Carolina. That a group of nurses from a Southern, rural, conservative state, without the right to vote and without much money could convince a state legislature to pass a bill sympathetic to their interests over the objections of some physicians and legislative colleagues is a testament to the strength of their ideas and ideals.

Table 1

"An act to Provide for State Registration for Trained Nurses in North Carolina" as proposed by the North Carolina State Nurses Association and passed by the North Carolina State House on January 28, 1903, compared to the bill as it was passed by the North Carolina Senate and signed by Governor Aycock on March 3, 1903.

As proposed by North Carolina State Nurse Association

Section 1:

That after Jan. 1, 1904, any nurse who is not less than 23 years of age, and holds a certificate of training in an incorporated general hospital, showing that he or she has had not less than 12 lectures from the Medical Staff or Superintendent during each year of his or her training; or in a hospital or sanitarium, provided the hospital is a general one and not special, that is, one which accepts and treats medical, surgical and obstetrical cases; or holds a certificate of 2 years training, in theory and practice, from a State Hospital for the Insane; showing that he or she has attended said number of lectures; and has also attended medical and surgical cases in the hospital, and has practical instruction in obstetrics outside of the hospital, under competent teachers, or instructors; or holds a certificate from a special hospital, showing not less than 2 years training and attendance upon the said number of lectures, and who shall also have taken a postgraduate course, of not less than 6 months in a general hospital; or any nurse who can furnish proof of 4 consecutive years of experience in a hospital where systematic instruction in theory and practice has been given, even if then hospital did not issue diplomas at the time of his or her training, shall be eligible for license and registration as a trained nurse.

Section 2:

That until Dec. 1, 1903, any nurse who does not come within the above provisions, but who has had 5 years of nursing experience,

As signed by Governor Aycock

Section 1:

That any nurse who may present to the clerk of the Superior court in the State on or before December 31, 1903, a diploma from a reputable training school for nurses conducted in connection with a general hospital, public or private, in which medical, surgical, and obstetrical cases are treated, or in connection with one of the three State Hospitals for the insane, or who shall exhibit a certificate of attendance upon such training school for a period of not less than 2 years, or who shall present a certificate signed by three registered physicians stating that he or she has pursued as a business the vocation of a trained nurse for a period of no less than 2 years, and is in their judgment competent to practice the same, shall be entitled to registration without examinations, and shall be registered by the clerk of Court in the manner hereinafter provided.

Section 2:

On and after January 1, 1904 registration as a trained nurse shall be made by the Clerk of the Court solely upon a presentation to

and who can furnish proof of good moral character and professional ability and who can pass the examination by the State Board, shall be eligible for license and registration. him of a license from the State Board of Examiners of Nurses as created and provided by this act.

Section 3:

That it shall be the duty of the Superior Court Clerk of any County, on presentation of a certificate duly signed by three physicians, residing in North Carolina, certifying that the nurse applying for license is to their knowledge competent, having had necessary experience or training and is of good moral character, or who holds a certificate or diploma from a general hospital, together with a certificate of good moral character, to register the date of registration with the name and evidence of the application in a book to be kept for this purpose in his office marker 'Register of Trained Nurses,' and to issue to the applicant a certificate of each registration under the seal of the Superior Court of such county, Provided, such application be made within 12 months from the date of the ratification of this Act. The said clerk shall be entitled to collect a fee of 50 cents for such certificate. After the expiration of 12 months from the ratification of this Act, upon presentation of a certificate from the State Board of Examiners, hereinafter provided for, it shall be the duty of the Superior Clerk of any County to register and issue a certificate to the applicant, as provided in Section 3.

Section 3:

There shall be established a Board of Examiners of Nurses composed of five members, two physicians and three registered nurses to be elected by the Medical Society of the State of North Carolina and the North Carolina State Nurses' Association respectively, to be known by the title of 'The Board of Examiners of Trained Nurses' of North Carolina. Their term of office shall be 3 years. Three members, one of whom shall be a physician, shall constitute a quorum, and a majority of those present shall be a deciding vote. They shall each receive as compensation for his or her services while engaged in the work of the Board four dollars a day and actual traveling and hotel expenses, the same to be paid out of money received from license issued, and in no case to be charged upon the Treasury of the State.

Section 4:

That there shall be established a State board of Examiners of Trained Nurses, consisting of seven members, three physicians appointed by the President of the State Medical Society and four licensed nurses, belonging to the North Carolina State Nurses' Association, and appointed by their President, whose duty it shall be, after the expiration of 12 months from the ratification of this Act, to examine all applicants for license as trained nurses as to their qualifications and competency. Three

Section 4:

The said Board of Examiners is authorized to elect such officers and frame such by-laws as may be necessary, and upon the occurrence of a vacancy is empowered to fill such vacancy for the unexpired term.

members of this Board shall constitute a quorum and a majority of those present shall decide upon the qualification of the applicant. Candidates will be examined in elements of anatomy, physiology, medical, surgical, obstetrical and practical nursing, invalid cookery and household hygiene. The said Board shall be elected for 3 years and hold an annual meeting at time and place to be determined upon by the Board. In case of a vacancy from any cause, this Board or a quorum thereof, is empowered to fill such vacancy.

Section 5:

Each application for examination shall be accompanied by 1 dollar, and upon the issuing of a certificate, another dollar shall be paid, which fees shall go towards defraying the expenses of the Board. If the application, on examination, shall be found competent and qualified, the Board shall issue a certificate to that effect, which, upon being exhibited to the Clerk of the Superior Court of any County, shall entitle the applicant to license and registration as provided in Section 3.

Section 6:

The State Board of Examiners of Nurses shall have the power to revoke any certificate or license issued in accordance with this Act by a majority vote of said Board for gross incompetency, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of the profession of nursing as may be determined by the Board, but before any license or certificate shall be revoked, the holder thereof, shall be entitled to no less than twenty days' notice of the charge against her or him, and of the time and place of the hearing and determining

Section 5:

At meetings it shall be their duty to examine all applicants for license as registered nurse, of good moral character, in the elements of anatomy and physiology, in medical, surgical, obstetrical and practical nursing, invalid cookery and household hygiene, and if on such examination they be found competent to grant each applicant a license authorizing her or him to register, as hereinafter provided, and to use the title 'Registered Nurse' signified by the letters R.N. The said Board of Examiners may in its discretion, issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Each applicant before receiving license, shall pay a fee of \$5.00, which shall be used, for defraying the expenses of the Board.

Section 6:

The Clerk of the Superior Court of any county upon presentation to him of a license from the said Board of Examiners, shall register the date of registration with the name and residence of the holder thereof in a book to be kept in his office for this purpose and marked 'Register of Trained Nurses,' and shall issue to the applicant a certificate of such registration under the seal of Superior Court of the County, upon the form furnished him as hereinafter provided, for which registration he shall be paid 50 cents by the applicant.

of such charges, at which time and place she or he shall be entitled to be heard. Upon the revocation of any certificate or license, it shall be the duty of the Secretary of the Board to strike the name of the holder thereof from the roll of registered nurses, and to notify the Superior Court Clerk of the County where the holder is registered, and upon receipt of notice the said Clerk shall cancel such registration. It shall further be the duty of said Secretary of the Board to demand of the holder to surrender the certificate or license held by him or her.

Section 8:

In all appointments of nurses in hospitals under the control of the State, County or City, preference of employment in regard to future vacancies shall be given to registered nurses, provided that nothing herein contained shall be construed to interfere with the employment of pupil nurses, and no pupil nurse who has had less than 2 years' training shall be sent out to take charge of a private case.

Section 8:

The said Board of Examiners shall have power after 20-days' notice of the charges preferred and the time and place of meeting and after a full and air hearing on the same by a majority vote of the whole Board, to revoke any license issued by them for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the Board derogatory to the morals or standing of the profession of nursing. Upon the revocation of a license or certificate the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the Secretary of the Board. and on notification of such action by the Secretary by the Clerk of the Court from his register.

Section 9:

It shall not be lawful for any Hospital, Sanitarium or Training School in the State of North Carolina, whether incorporated or otherwise, to issue diplomas, certificates or any other credentials certifying to the competency of their pupils as trained or graduated nurses, unless they have had the instruction, training and experience provided for in Sec. 1 of this Act.

Section 9:

Any person procuring a license under this act by false representation or who shall refuse to surrender a license which has been revoked in the manner prescribed in Section 8, or who shall use the title 'R.N.' without first having obtained license to do so, shall be guilty of a misdemeanor, and upon conviction shall be fined not more than \$50.00 or imprisoned not exceeding 30 days.

Section 10: This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, or to any person nursing the sick for hire who does not, in any way, assume to be a registered or trained nurse.	Section 10: Nothing in this act shall in any manner whatever curtail or abridge the right and privilege of any person to pursue the vocation of a nurse, whether trained or untrained, registered or not registered.
Section 11: Every person who shall duly receive license in accordance with the provisions of this Act, shall be known and styled a 'Registered Trained Nurse,' and it shall be unlawful after 12 months from the passage of this Act, for any person to practice professional nursing of the sick as such without a license from the State, or to advertise as, or assume the title of trained nurse, graduate nurse, or to use the abbreviation of T.N., G.N., R.N., and R.G.N., or any other words, letters or figures to indicate that the person using the same is a trained, registered or graduate nurse.	Section 11: That this act shall be in force from and after its ratification.
Section 12: That this act shall be in force and effect from and after its ratification.	

The First Registered Nurse in the United States: Josephine (Burton) Bradham

For over a hundred years the story and even the name of the first Registered Nurse in the United States has been inaccurately reported and shrouded in mystery. Nurse Mary Rose Batterham went to her grave in 1927, 24 years after she registered her nursing credentials with the Buncombe County Clerk of Court, widely honored as and mistakenly believing herself to be the first Registered Nurse in the United States (Pollitt, 2011). Meanwhile Josephine (Burton) Bradham, the nation's first registered nurse, probably never knew she deserved that accolade.

On March 3, 1903, the North Carolina State Nurse Association (NCSNA) became the first nursing organization to successfully lobby their state legislature to pass a law addressing nurse registration in the United States. The NCSNA needed time after the law passed to create, print and distribute registration documents to the Clerks of Court in each of North Carolina's ninety-nine

Charter Members of the State Nurses Association, 1902

1.	Miss Mary Rose Batterham	Asheville	
2.	Miss Bledsoe	Raleigh	
3.	Miss Bowen	Raleigh	
4.	Miss Blow	Raleigh	
5.	Miss Barrett	Raleigh	
6.	Miss Coffin	Raleigh	
7.	Miss Crowson	Raleigh	
8.	Miss Clegg	Greensboro	
9.	Miss Emma Case	Asheville	
10.	Miss Georgia Dalton	Winston-Salem	
11,	Miss Birdie Dunn	Raleigh	
12.	Miss Anna L. Devane	Raleigh	
13.	Miss Hester Evans	Asheville	
14.	Miss Anne Ferguson	Statesville	
15.	Miss Grim	Raleigh	
16.	Miss Gilliland	Winston-Salem	
17.	Miss Jane Hume	Arden	
18.	Miss S. A. Hayes	Raleigh	
19.	Miss Higgs	Raleigh	
20.	Miss Eugenia Henderson	Winston-Salem	
21.	Miss Hill	Raleigh	
22.	Miss Cleone Hobbs	Greensboro	
23.	Miss King	Greensboro	
24.	Miss Lena May Lee	Raleigh	
25.	Mrs. Marion H. Laurence	Raleigh	
26.	Miss Athalia Lord	Asheville	
27.	Miss Mary Martin	Raleigh	
28.	Miss Adeline Orr	Asheville	
29.	Miss Mary D. Pittman	Raleigh	

30.	Miss Constance Pfohl	Winston-Salem
31.	Miss E. S. Speight	Brinkleyville
32.	Miss Annie Sturgeon	Raleigh
33.	Miss Truman	Raleigh
34.	Miss Wallace	Raleigh
35.	Miss E. May Williams	Davidson
36.	Miss Mary Wyche	Raleigh
37.	Miss Mary Sheetz	Raleigh
38.	Miss Walker	Raleigh
39.	Miss Belle Reece	Asheville
40	Mrs. Battle	Asheville
41.	Miss Keith	Asheville

counties. It was understood that registration would begin on June 5th, 1903 (Pollitt and Miller, 2010).

Members of the NCSNA agreed that Nurse Batterham, in recognition of her work on behalf of the NCSNA and nurses across the state, should become the first registered nurse in North Carolina and therefore in the United States. The Clerk of Court in Batterham's home county of Buncombe opened his office an hour early on June 5th, 1903, to ensure her place in history. Batterham was honored the rest of her life in print, including in the American Journal of Nursing, in professional and civic meetings, and in her 1927 eulogy, as the first RN in the U.S.

According to correspondence found in the NCSNA files in the North Carolina State Archives in Raleigh, an interesting historical twist occurred a decade later. In 1938, Bessie Chapman, RN, Secretary of the North Carolina Board of Nurse Examiners wrote to each Clerk of Court in North Carolina asking for a list of nurses who had registered in their county since 1903. At that time there was no centralized database with this information. In late July, 1938, Chapman must have been greatly surprised to receive a letter from Mr. L.E. Lancaster, Clerk of Court for Craven County. He wrote that Josephine Burton appeared before the Craven County Clerk of Court with a diploma from the Philadelphia Hospital and was registered on June 4th, 1903. This was, of course, one day before Nurse Batterham registered in Buncombe County.

Chapman was not familiar with the name or the career of Josephine Burton. She queried older nurses in the NCSNA and none of them had heard of Burton either. In an effort to clear up this mystery, Chapman then wrote to Miss

Loretta Johnson, Director of Nursing at Burton's alma mater, Philadelphia General Hospital. Chapman asked Johnson for any information in the Philadelphia Hospital records about Burton. Johnson quickly replied "We have heard nothing from Mrs. Burton since the date she left the hospital." Philadelphia General Hospital archives revealed that Burton gave her home address as New Bern (Craven County), North Carolina and her nearest relative as her brother Dr. C.D. Bradham of the same town. Since there were no employment records, census data or even a death certificate related to Josephine Burton in Craven County, the trail to find out more about her grew cold and the mystery surrounding the first RN in the U.S. remained (V.T. Jones, personal communication, March 12, 2012).

Recent archival research has revealed the first nurse in the United States. Josephine Bradham Burton, was born in 1875 in the small town of Chinquapin in Duplin County, NC. She was the daughter of George Washington and Julia Sheffield Bradham. On July 3, 1894, at age 19, she married Joel Burton, also of Duplin County. Four and a half years later, Mrs. Burton entered nurses training at Philadelphia General Hospital on March 1, 1899, and graduated on April 1, 1902. While Burton was in nursing school in Philadelphia, her brother, Caleb D. Bradham, started a pharmacy in New Bern, NC where he invented Pepsi Cola. It is likely that after graduation, Burton, still married but soon to be divorced from her husband, moved to New Bern to live near her brother (V.T. Jones, personal communication, March 12, 2012). As a recent graduate of one of the country's finest nursing schools, Burton must have read about the nurse practice act being debated in the North Carolina legislature. After the Act passed, Burton presented her diploma to the local Clerk of Court's office and became the first Registered Nurse in North Carolina and the nation. There is no evidence that Burton, her brother Dr. Bradham, the Clerk of Court or anyone else was aware of Burton's new status (Pollitt, 2012).

Burton was divorced by 1910 and used her maiden name until her death from complications after surgery in New York City in 1917. She is buried in the family plot in New Bern under the name Josephine Bradham. There is no evidence that Josephine Bradham Burton ever practiced nursing or was active in any nursing organizations (V.T. Jones, personal communication, March 12, 2012). Although more information about Bradham may be uncovered, several things can be surmised about her. First, it was rare in the late 1800s for a young woman from rural North Carolina to leave her family and live in another part of the country, yet she had the gumption to go to Philadelphia to pursue her career goal. She was bright, dedicated and hard working enough to graduate from one of the best nursing schools in the country. She was savvy enough to keep up with current events and register herself at the Clerk of Courts of-

fice in accordance with the provisions of the new NC Nurse Practice Act. Josephine Bradham Burton can now occupy her rightful place in history as the first registered nurse in the United States (Pollitt, 2012).

The Impact of State Registration for Trained Nurses in North Carolina

The first law in the United States pertaining to nursing, An Act to Provide for State Registration for Trained Nurses in North Carolina, passed by the North Carolina Legislature in March, 1903, had only moderate impact on the practice of nursing in the state. The law did not clearly define nursing practice nor did it mandate registration in order to practice nursing. Similarly, the law barely affected nursing education. Before 1950, all nursing education programs in North Carolina were sponsored by general, psychiatric or tuberculosis hospitals, not academic institutions. Decisions concerning qualifications of faculty members and what courses should constitute the curriculum were initially left up to those who established nursing education programs. Minimal standards were set for those wishing to take the State Board of Nursing Examination in order to place their names on a County Register of nurses. The editors of the American Journal of Nursing commented on both the North Carolina and New Jersey laws in June 1903. They wrote:

The North Carolina and New Jersey bills are, it must be admitted, sadly small and weak. They can, in truth only be regarded as entering wedges and the process of construction will doubtless be slow and arduous (Editorial comment, 1903, 750).

Chapter 3

An Era of Experimentation and Growth

Nursing Education in North Carolina in the Early Twentieth Century

Almost half (37 of 85) of the hospitals established in North Carolina between 1890 and 1910 were privately owned by physicians (Hubbard, 2009). Tranbarger describes the typical emergence of hospitals in North Carolina during this time:

In the late 1800s, early 1900s, when two doctors opened a practice in the same town, the first thing they did was buy a hospital and open it and the second thing they did was start a school of nursing to provide the labor for the hospital (Centennial Committee, 2003).

Often nursing education programs were launched to provide an inexpensive labor pool for the hospital. Hospitals in this era provided room and board to students but nursing education programs were rarely supplied classroom space, instructional equipment or teachers who were not already employed by the hospital. It was less expensive to support a nursing school than to employ an all graduate nurse staff. At some institutions, schools of nursing even provided a revenue stream for the physician in charge. Some hospitals, both public and private, sent student nurses into the community, alone, to provide private duty care while the hospital received the payment for the student's services.

Due to lack of uniform standards and regulations, training programs in the early years were characterized by disparities in facilities, faculty, and finances. These differences created vastly different learning environments. In this era of experimentation and growth, the quality of educational programs and daily life of student nurses varied widely. All North Carolina nursing schools sought healthy applicants of good character. The Board of Examiners of Trained Nurses of North Carolina (Board) issued a brochure in 1907 with a portion labeled *What*

the Board Understands as Training Given Nurses in a Training School Connected with a General Hospital (Requirements of nurses, 1907). The brochure stated that applicants should meet two criteria. First, they should possess the equivalent of a high school education and secondly they should be at least 21 years old. In addition to the Board suggestions, applicants typically had to supply letters from their clergy attesting to their character and their physician attesting to their health. The vast majority of North Carolina nursing students between 1894 and today have been White women. Some were motivated by altruism, wanting to care for "the least of these," others needed a source of income, others wanted the chance to leave a familiar setting and since nursing students did not pay for their education and were housed and fed by the hospital, it was a possible and acceptable way for young females to explore new options. According to the records found in the North Carolina State Archives, Mountain Sanitarium Training School for Nurses in Fletcher, Wilson Sanitarium in Wilson, Angel Brothers Hospital in Franklin, and Fowle Hospital Training School for Nurses in Washington were among the few nursing programs in North Carolina admitting men before the 1950s. All nursing programs were strictly segregated by race until the Civil Rights era of the 1960s. Separate hospitals and nursing schools for African American and White people were found in the major cities in North Carolina.

Students

The life of a student nurse, regardless of the program she or he was enrolled in, was challenging. All of the nursing training programs in the state were primarily apprenticeships that catered to the demands of the hospital rather than the educational needs of students. In the early years, students were admitted at irregular intervals as vacancies occurred. The Board of Examiners of Trained Nurses of North Carolina (Board) wrote in a 1907 brochure that a probation period should be at least two months in duration, and the course of training should last three years. They proposed that before graduation each student should care for "not less than eight cases of Typhoid Fever, five of pneumonia and other medical cases in proper proportion" (Requirements, 1907, 6). Students should also attend at least six labor cases and "the after care of mother and child for one week or more" and have attended not fewer than twenty lectures in dietetics. The Board advised those managing nursing programs that examinations and written reviews should be conducted at the end of every course and term.

Table 2
Selected Early North Carolina Schools of Nursing by Race

Municipality	Name of Hospital School of Nursing	Race	Year Established
Raleigh	Rex	White	1894
	St. Agnes	African American	1896
Charlotte	St. Peter's	White	1898
	Good Samaritan	African American	1903
Durham	Watts	White	1895
	Lincoln	African American	1903
Wilmington	James Walker	White	1901
	Community	African American	1920
Asheville	Mission Memorial	White	1895
	Blue Ridge	African American	1925
Greensboro	St. Leo's	White	1906
	L. Richardson	African American	1927

The Board also wrote that frequent demonstrations and illustrations should accompany classroom lectures. Student nurses were responsible for virtually all the care of the hospital's patients, usually working more than 60 hours a week. Twelve-hour shifts, six days a week were the norm with lectures given in the evening after an arduous day on the floor. Frequently hospitals did not provide formal classroom space; therefore, students learned primarily through instruction given at the bedside. Additionally, the Board pamphlet went on to say that students should be "familiar with one good book for nurses on the following subjects: text book on nursing, anatomy and physiology, material medica, hygiene and sanitation, surgical, medical and obstetrical nursing and nursing ethics and dietetics" (Requirements, 1907, 6). The Board examined applicants in the areas of anatomy and physiology, medical, surgical, obstetrical and practical nursing, invalid cookery and household hygiene. Therefore, these topics usually constituted the content of the curriculum offered to the students. The matron or head nurse of a hospital offering nursing training was usually in charge of managing and teaching in the school in addition to her duties with hospital administration and patient care. Physicians who cared for patients in the hospital frequently taught a series of lectures in their specialty areas.

Table 3 North Carolina Hospital Schools of Nursing According to the U.S. Department of Education 1906

Hospital with a School of Nursing	Town/City	Matron	N of Females Enrolled	N of Males Enrolled	N of Graduates in 1904
Mission Memorial	Asheville	Caroline Marques	7	0	3
Presbyterian	Charlotte	Ella McNichols	14	0	3
St. Peter's	Charlotte		14	0	3
Watts	Durham	Mary Wyche	5	0	2
Rex	Raleigh		6	0	5
Pittman	Tarboro	Maude Northwood	6	0	2
Fowle	Washington	Gussie Benton	4	1	0
James Walker Memorial	Wilmington	Edith Eaton	4	0	3
Wilson Sanitarium	Wilson	Annie Morris	10	2	2
Twin Cities	Winston Salem	Sarah Strain	10	0	3
Total		112	80	3	26

Table 3, disseminated by The United States Department of Education in 1906, demonstrates the size and make up of typical student bodies at that time. Note that only White schools appear in this data. This table shows only 26 nursing students graduated in North Carolina in 1906. Even with the addition of students from the African American Good Samaritan Hospital in Charlotte, St. Agnes Hospital in Raleigh and Lincoln Hospital in Durham, the total still did not reach 50 graduates that year.

Matrons (Directors of Nursing) in the Early Schools of Nursing

Nurse Edith Redwine was appointed by the Board in 1917 to the position of nursing school "inspectress." She expressed concern about the multiple roles of the Matrons of hospitals with schools of nursing. In a 1917 article she noted:

the entire responsibility oftentimes without any real authority is thrust upon a busy, harassed woman.... Who labors along, burdened with a thousand things, struggling for a fair deal, bearing blame, unjust criticisms, pleading in vain with those higher up for the betterment of conditions as she sees them, until she can bear the strain no longer and drops out either as a broken down wreck or into another field where her efforts may be appreciated (Redwine, 1917, 200).

Until the 1930s, overseeing and teaching nursing programs were usually included in the duties of the Chief Nurse or Matron of the hospital. In a 1923 speech, Redwine wondered how Matrons could best manage the hospital kitchen, laundry, drug room, patient care, patient records and "the front door" (people seeking admission to the hospital, calling the hospital for various reasons and hospital visitors). Head nurses in hospitals with nurse training programs added these activities to their duties: admitting, supervising, teaching, evaluating and occasionally dismissing students, finding classroom space, building a nursing library and coordinating teaching schedules with physicians.

Turnover was high. Nurse Julia Latta, a recent graduate of the St. Agnes Training School for Nurses, was the first Matron and one of two original employees when Lincoln Hospital in Durham opened in 1902. The other was the janitor. In addition to her nursing duties as the superintendent of the hospital, she did the hospital's laundry, cooking and housekeeping. It quickly became apparent that more nurses were needed to take care of the patients so when Lincoln Hospital added a Nurses Training School in 1903, Nurse Latta added Nursing School Superintendent to her list of responsibilities (Reynolds, 2001). At Blue Ridge Hospital Training School for Nurses in Asheville, there were seven Matrons in the eight years the school existed (Asheville City Directories for years 1922–1930). Similarly, Harriet Bell was the first Superintendent at Grace Hospital Training School in Banner Elk. In the 30 years of the schools existence, she was followed by Florence Illidge, Georgia Plyler, Hazel Nutter, Leila Crowe,

Maye Lowe, Margaret Pritchard, and Elizabeth Nelson (Pollitt & Moore, 1992). D'Antonio (2011) describes the experiences of several early Matrons:

One such White nursing director reported doing the teaching and the clinical supervision of student—as well as maintaining the hospital's book-keeping and procurement systems. Another reported that her daily responsibilities ranged from stoking the hospital's boiler to giving anesthetics, to doing laundry, to assisting in surgery. And yet another talked to her friend with a sense of humor about her work. The only thing, it seemed, that this director of nursing had never done was milk cows—but that was only because the hospital had not yet thought to add a dairy (p. 137).

Each of the early hospitals and schools of nursing had a distinct history, vision, mission, set of values and method for treating patients. Nurses' training and responsibilities varied greatly from school to school and practice setting to practice setting. Without state and national regulations, the quality of patient care also varied from very high quality to almost deplorable.

The Emergence of Public Health Nursing

Nurse Lillian Wald is credited with founding the profession of public health nursing. In 1893, she established the Henry Street Nursing Settlement in New York City. Henry Street nurses, trained in hospital based, bed side nursing care, took their knowledge and skills into the homes and neighborhoods of New York City's poor and immigrant communities. Lillian Wald and the Henry Street nurses came to the realization that sickness found in the home was often interrelated with issues in the larger society. The Henry Street Settlement nurses began directing their efforts toward improvements in sanitation, nutrition and health education. This emphasis on illness prevention and health promotion took hold across the country and a new dimension of nursing practice emerged—that of public health nursing (Wald, 1915).

Public health nursing began in North Carolina with the first graduate nurses who provided nursing services to "the sick poor" in their homes. These nurses provided care to those in need with little concern for financial compensation. They were frequently the only health care professionals available to impoverished people and their families. These early public health nurses were courageous and caring women whose commitment to those they served was challenged daily by the overwhelming problems they confronted as well as a society that

held little esteem for women who operated outside of the accepted roles of their class and family.

Public health nursing owes its beginnings in North Carolina to civic minded groups, especially women's organizations. According to Wyche (1938), the first public health nurse in the state, Amelia Lawrison was hired in 1904 by the Benevolent Circle of the King's Daughters in Wilmington to visit the sick poor in that city. In 1909 a group of public spirited women in Greensboro organized the District Nurse and Relief Association and employed Clara Peck as the first public health nurse in town (Mother Peck, 1926, Arnette, 1972). She made 7,750 visits in her first three years, caring for anyone of any age with any condition who sought out her services. Soon she focused her attention on the prevention and care of tubercular residents of the town. The Greensboro Chapter of the Tuberculosis Association, using funds acquired from the sale of Christmas Seals, supplemented Peck's income so she could devote more time to visiting Greensboro residents with tuberculosis in their homes to help them follow recommended treatments (Jordan, 1979). When Guilford County established a Health Department in 1911, she served as the first Nursing Supervisor. During the Spanish Influenza pandemic of 1918, Peck worked closely with the American Red Cross to care for victims of that disease (Powell, 1994). A pamphlet produced by the Greensboro Chapter of the North Carolina Tuberculosis Society reports that Mrs. E. D. Broadhurst, Chairman of the District Nurse and relief Committee said of Peck:

Mother Peck was an inspired Florence Nightingale who gave her life without stint in the cause of public health in Greensboro through her ministries as a nurse in the homes of the poor and needy, in the schools of the city and in the little tubercular hospital (n.p.).

The first school nurse in the Tar Heel state was Percy Powers of Salem. In 1911, the Wayside Workers of the Home Moravian Church, a charitable service organization of Moravian women, hired Powers to do health inspection and follow-up work among the school children of East and West Salem schools. She measured height and weight, and screened for vision, dental problems, swollen tonsils and adenoids, and malnutrition. She also taught students and parents basic sanitation, nutrition and hygiene lessons to prevent and control the spread of disease. Powers remained in this position until 1917, when Winston-Salem established a city health department, and she accepted the position of supervising nurse. The Wayside Workers continued to fund a school nurse who worked closely with Powers at the health department for four and a half years until the city assumed responsibility for school nursing (Wyche, 1938).

The value of the work of nurses such as Amelia Lawrison, Percy Powers, and Clara Peck was quickly recognized. These early public health nurses inspired other city and county public health departments to hire public health nurses. According to files in the North Carolina State Nurses Association folders in the state archives in Raleigh, several North Carolina towns and counties began hiring public health nurses in the second decade of the twentieth century. In 1910, the City of Asheville hired Jane Brown, RN to provide general follow-up bedside nursing for patients discharged from recent stays in area hospitals. Nurse Eva Palmer, a White nurse began work in 1911 in Raleigh as a public health nurse and was soon joined by Nurse Annie Groves Parkinson, an African American who was employed by the Associated Charities and "a group of colored men." Her salary was financed through the sales of Tuberculosis Christmas Seals. In 1912, the Durham City/County Health Department hired Mrs. Clyde Dickson as a visiting nurse and in 1915, Mrs. Emily Pickard was hired by the Durham City School Board to be the first school nurse in Durham. Nurse Josephine Carhart was the first public health nurse hired in Charlotte in February, 1913. Nurses Stella Barbee, African American, and Rose Ehrenfeld, White, were hired to inspect the school children of Raleigh in 1916. Nurse Barbee also conducted midwife classes. They were soon joined by White nurse Nora Shaw who was hired into the combined Wake County/Raleigh City Health Department. In 1917, two nurses were providing general bedside nursing for the sick poor in Charlotte. One was paid by the Metropolitan Life Insurance Company and the other by the Young Men's Benevolent Society of the Second Presbyterian Church. In 1918 an unnamed African American public health nurse was jointly hired by the American Red Cross and the Charlotte Colored Chamber of Commerce. Just four years later, there were seventeen public health nurses in Charlotte paid by various agencies including the Women's Club of Charlotte, the American Red Cross, two textile mills and the city health department. Guilford County hired Mary Horry, RN to do Infant Relief Work in 1918 and in 1919 it hired Mrs. Blanche Lamb who became the first school nurse hired by a county health department in North Carolina (Wyche, 1938).

Nursing Practice: Two Pioneer Nurses Working in the Mountains

The stories of two early nurses from the Appalachian region illustrate the broad array of nursing activities that were possible in this unregulated time. Nurse Batterham's story emphasizes her work with the North Carolina Nurses Association while Nurse Holman was more focused on clinical practice. Both of

these nurses were extremely involved through their professional organizations in the evolution of the nursing profession while providing high quality patient care in their communities.

Mary Rose Batterham: The Second Registered Nurse in the United States

Tribute must always be given to the pioneers and leading spirits in any organization. They pave the way and make it easier for those who follow (Batterham, n.d., n.p.).

Mary Rose Batterham spent her first decade as a nurse battling everything from a typhoid epidemic to state legislators. She was a rare woman with the ability to assist in surgeries performed on kitchen tables in Appalachian mountain cabins without benefit of running water or electricity, the gift to write and speak persuasively to any size organization to promote nursing practice and education, the leadership qualities to be elected by her fellow nurses to represent them at state and national meetings and the imagination and resourcefulness to help create the new profession of registered nursing (Bullough, Sentz, & Stein, 1992; Kaufman, 1988). She was one of the 15 women she characterized in her speeches about the founding of the North Carolina State Nurses Association as: "all nurses, making history, constructionists, iconoclasts, destroying the old conception of the graduate nurse and raising the trained woman to the dignity of a professional woman" (Batterham, 1920).

Mary Rose Batterham was born in Walsoken, Norfolk County, England in 1858. In 1881 her family immigrated to Asheville, North Carolina. Batterham wanted to practice nursing but no nursing schools had been established in North Carolina at that time. As the family story goes, as a young woman, Rose Batterham was engaged to be married but when her father lost his money, the young man broke the engagement. Batterham sued him and that was how she obtained the money to attend nursing school (A. Garland, personal communication, September 20, 2013). In 1893 she graduated from the Brooklyn City Hospital School of Nursing, secured a position as a nurse for the policy holders of the Metropolitan Life Insurance Company and returned to Asheville, becoming the third graduate nurse in the city ("Miss Batterham Tenderly Buried," 1927, "Weaver, Brown and Batterham," 1960).

Almost immediately she was in great demand as a private duty nurse and took many surgical cases. The first hospitals in Asheville were emerging around the time of her return and there was only one operating room in the city.

Therefore, most surgeries, both major and minor, were performed in patients' homes. In one of her speeches, Batterham described the role of the nurse in home surgeries. The nurse often arrived the night prior to surgery to clean the house and the patient. The day of surgery began by boiling instruments and securing a supply of extra water on the wood stove. The bed, dining room table or most often a kitchen table which served as an operating table was layered with blankets and covered with a clean sheet. Nurses performed a variety of tasks including assisting with surgery, giving anesthetics and teaching the family about sanitation, hygiene and nutrition for a quick recuperation. After the doctor left, a nurse often stayed behind to watch over the patient's recovery ("Weaver, Brown and Batterham," 1960).

When Mary Wyche sent her letters to nurses across North Carolina asking them to send representatives to a state wide meeting in Raleigh, thirty-five nurses met in Asheville and elected Mary Rose Batterham to represent them. The group raised \$25 to cover her travel expenses. At the Raleigh meeting, Mary Lewis Wyche was elected President of the new organization and Batterham was elected first Vice President (Batterham, n.d.). Batterham was involved in every political skirmish getting the first nursing registration bill in the United States passed by the North Carolina General Assembly in 1903.

By prior arrangement, and in honor of the work and dedication that Batterham showed to the professional of nursing and the people of Asheville and Buncombe County, the Clerk of Court of Buncombe County opened his office an hour early on June 5, 1904, so she could become the first Registered Nurse in North Carolina and therefore the first Registered Nurse in the United States (Miss Rose Batterham, 1927; Who's Who, 1926). Over the next 24 years, until her death in 1927, Batterham continuously proved her dedication to her profession and to the betterment of her fellow citizens. In a speech to the 1922 session of the NCSNA, later printed as a letter to the editor in the February 1923 issue of the *American Journal of Nursing*, she encouraged private duty nurses to volunteer occasionally with public health nurses. She wrote:

We can enjoy a day with the county nurse, helping with the school or office work, also giving clinical demonstrations and lectures, at the same time learning practical engineering and how to run a car. Why should the private nurses not be educators? What are they doing to interest people in the many homes they enter? Do they ever speak of welfare work or civic needs, of the unnecessary deaths among women and children in the rural districts and of the undernourished school children? Why, no other class of women has so great an opportunity to interest influential people as has the private nurse ... the offspring

of unborn generations will arise and bless the public health nurse, in the time when perfect health shall cover the world as the waters cover the sea (Batterham, 1923, 418).

In a speech to the Federated Women's Clubs of Asheville in 1920, she advocated for the passage of the Sheppard Towner Act to fund more nurses to work in maternal child health. She explained to her audience:

I have been in homes where conditions would make an angel weep; a new born baby and a mother attended by a lady whose chief pretention to cleanliness was a clean apron, taken off after the doctor left; a hatchet under the bed or a knife under the pillow to cut the pains; and not a sheet or clean gown in the house. Is it any wonder we lose 18,000 mothers and 300,000 babies every year? (Batterham, 1920, 3).

In addition to her advocacy for the public's health she worked to upgrade the nursing profession. She helped craft the first nurse registration bill and several later revisions of it. She lobbied for mandatory registration for nurses (a law that would not pass in North Carolina until 1965); she campaigned for shorter hours, better pay and better working and living conditions for nurses. Not satisfied with asking others to make the changes she envisioned, in 1919, Batterham organized a Nurses Clubhouse in Asheville. Private duty nurses, including Batterham, lived in the Clubhouse between cases and all nurses were welcome to come to social and professional events sponsored by the Clubhouse (Bullough, Stenz & Stein, 1992; Nursing record, 1926, "Weaver, Brown and Batterham," 1960).

Batterham never married. Upon her death, her body lay in state at the Nurses Clubhouse and her pallbearers were her nursing colleagues in full uniform. The *Asheville Citizen* newspaper carried this eulogy about her:

For nearly thirty five years Miss Mary Rose Batterham was a ministering angel to the people of this town ... for more than a generation, here among us, she stood valiant in the presence of pestilence, and fought to defeat pain and to conquer disease and to cheat death its untimely prey. Hers was the good fight, not for glory or gain, but, with mercy and compassion as her weapons, to disarm grief in its agony and tears ("Miss Batterham tenderly," 1927, 4).

Batterham was honored many times as the first registered nurse in the United States. Articles in the *American Journal of Nursing*, and the *Asheville Citizen* described Batterham in that way (Miss Rose Batterham, 1927; Who's Who, 1926). It was only in 1935, when the County Nursing Registries in North Car-

olina were sent to the state capitol of Raleigh for central keeping that is was discovered that Josephine Burton of Craven County had registered on June 4, 1903 (Wyche, 1938). Mary Rose Batterham, organizer, writer, speaker, advocate, nurse, died believing she was the first registered nurse in the United States. Her tireless work improving the quality of life for her fellow citizens deserves to be remembered and honored.

Lydia Holman: Appalachian Settlement Nurse

A notable exception to the pattern of nurses being hired by benevolent associations and local government to provide some measure of public health, home health, and school nursing was the work of Lydia Holman of Mitchell County. In December 1900, Lydia Holman, a recent graduate of the Philadelphia General Hospital School of Nursing, arrived in Ledger, North Carolina to provide private duty nursing care to a wealthy local woman who was very ill with typhus (Hawkins, 1988). Ledger, at that time, was an isolated Appalachian village about thirty miles from the nearest railroad, with no paved roads, no electricity, no running water, no newspaper, no hospital, and no trained nurses. Holman looked around and saw many people suffering from blindness, deafness, orthopedic deformities, premature deaths and illnesses that could be prevented and she realized she had to do something about these conditions.

As her patient's health improved, Holman was increasingly called on by local residents to attend to their illnesses (Wyche, 1938). Wyche wrote about Holman this way:

Miss Holman made a study of the living conditions of the people and found them lacking in many respects. She became attached to the mountain folk and felt that she could be of use to them in combating disease and in teaching hygiene and dietetics.... For many years, she not only did her housework and cooking, but cared for her horse as well. At any hour of the day or night she answered the calls of the people, riding alone for miles to attend a person in need. Her arduous duties have been attended by danger and discomforts (p. 59).

In a 1915 report to her supporters, Holman describes some of her activities as teaching classes in hygiene and nutrition, working to control epidemics of chicken pox, scarlet fever, measles and camp itch, holding an immunization campaign against typhoid and distributing donated toothbrushes and toothpaste while teaching the importance of dental health in the community. In addition to her nursing work, Holman established a small lending library, kept

a demonstration garden so local people could learn to grow a wider variety of fruits and vegetables to supplement their diets and distributed hundreds of donated toys at Christmas time to local children (Holman, 1915, "The great work," 1910).

As the years went by, progress came to western North Carolina, including Mitchell County. A few physicians moved into the area and were upset by the breadth of Holman's work and had her arrested for practicing medicine without a license. Holman later wrote about the experience this way:

It was nicely done. He [the arresting officer] read his warrant and said "Now, Miss Holman, don't let it worry you.... It will cost you every cent of fifty dollars, and I would not do it. There ain't no reason why you should pay anything." I took the man's advice and spent the whole day waiting for the people in the courthouse to decide what was to become of me. The Solicitor read a very nice little piece of scripture and dismissed the case.... After court, twenty mountain men or more took credit for having the case thrown out. Then they came to assure me, all the neighbors and people I had never heard of, that I should go on with the work ... they would be quite willing to hire teams and come to my defense ("An Informal Report," 1915, n.p.).

She did continue with her work. By the 1920s, state and federal monies were starting to become available for public health work and Holman was put in charge of administering these funds in Mitchell County. An article in the May 11, 1924, *New York Times* reflected on Holman's activities:

One of the most wonderful and successful experiments in alleviating distress and averting disaster in maternity cases ... is conducted by Miss Lydia Holman, a registered nurse, down in the mountains of North Carolina ... Miss Holman did not wait for the passing of congressional acts. A quarter of a century ago, with nothing but her nursing kit, she, a little woman, a stranger to the community, unaided and without guidance or applause, set herself to the task of relieving those needs. She knew but one thing—she was in the midst of human beings who were suffering from lack of something her trained hands and eager spirit could provide.... while she ministers to every man, woman and child for miles around, the lives she has saved by her pre natal and post natal care represent one of the most encouraging sign-posts of what intelligence and care can do (Rosner, 1924, 6).

In addition to intelligence and care, Holman also demonstrated ingenuity. By 1930, there were sufficient paved roads in the county to make traveling by car faster and easier than horseback. Holman had no extra funds with which to purchase a car so she wrote President Herbert Hoover saying if she had a nice car she would be able to drive voters to the polls to vote for him in the upcoming presidential election. Soon, a brand new 1931 Model A Ford was delivered to Holman from the White House (A Model "A" Angel, 1990). In 1936, at age 68, Holman was elected to the Mitchell County Board of Health, becoming the first female elected official in the county. Holman spent her retirement years in her beloved Mitchell County. ("Lydia Holman dies," 1960).

Traveling on horseback over tortuous mountain roads, up stream beds and over the high mountains, she delivered hundreds of babies, performed minor surgery and dentistry, immunized folks against typhoid and fought epidemics of tuberculosis, pellagra, smallpox and measles. This "wiry little woman" spent 58 years caring for rural, Appalachian families in and around Mitchell, Yancey and Avery Counties (Rosner, 1924). The range of Holman's accomplishments is staggering. She was a nurse, midwife, health educator, dentist, social worker and sometimes physician for hundreds of people in a 60-mile area. Despite improving the health and well-being of hundreds of people over three generations, she is buried in an inconspicuous grave and her story is virtually unknown (Pollitt, 1991).

Spanish Flu Pandemic of 1918

Nurses and other health care workers in the state faced their biggest challenge during the world wide influenza pandemic of 1918–1919. It is estimated that 1,000,000 out of the state's 2.5 million citizens contracted the disease and over 13,000 North Carolinians died from the flu in less than a year. Residents of the state's mill towns suffered disproportionate losses from the pandemic. Overcrowding, poor sanitation, and poverty all served to exacerbate the number of cases and deaths. The staggering morbidity and mortality rates highlighted the lack of public health personnel and infrastructure in the state. Many cities and counties did not have a health department at all. Those with public health agencies lacked adequate supplies, equipment, organization and staff to deal with a large health crisis. These shortcomings illustrated by the flu pandemic served as a catalyst to expand and upgrade public health efforts across the state. By the 1920s the state and Federal government were funding public health initiatives and hiring public health nurses to implement them (Cockrell, 1996).

Conclusions

On one hand, the unfettered array of early health care agencies and nursing education programs allowed for significant and unique work on behalf of patients and the emerging profession of nursing. At the same time, some nursing students were exploited for financial gain, some physicians and hospital administrators fought the professionalization of nursing for self-serving reasons, and nurses did not always agree amongst themselves about the direction nursing education and nursing practice should take. In order to upgrade conditions in substandard nursing education and health care institutions, nursing leaders in this era of growth and experimentation called for increasing regulations and standardization.

Chapter 4

A Time of Change, Proliferation and Standardization

In the years after the passage of the 1903 North Carolina Nurse Practice Act, nursing practice and nursing education burgeoned in an unregulated environment. Without legal or professional definitions of the scope of practice for registered nurses or regulations concerning what constituted minimally acceptable standards in nursing education, uncertainty and misunderstandings frequently occurred. Nursing leaders at both state and national levels created professional organizations and sought legislation to remedy the situation. Advances were made but barriers continued to complicate progress for nurses.

Most hospitals and other health agencies did not require registration as a condition of employment, nor did individuals seeking private duty nurses. Racial discrimination flourished both inside the state and district nursing organizations as well as in health care agencies that employed nurses. In 1920, African American nurses, led by Carrie Early Broadfoot, launched the North Carolina Colored Graduate Nurses Association (Wyche, 1938).

North Carolina Association of Colored Graduate Nurses (NCACGN)

When the NCSNA formed in 1902, membership privileges were extended only to White nurses. Although North Carolina was then home to several high caliber nursing schools for African Americans, such as Good Samaritan in Charlotte, St. Agnes in Raleigh, and Lincoln in Durham, their graduates were barred from participating in the only professional nursing organization in the state. Membership in the American Nurses Association (ANA) was granted only to members of state affiliates until 1948; therefore, membership in the

predominant national professional association was also closed to all southern African American nurses.

Seeking the benefits of a professional organization denied them by the ANA, a group of African American nurses, led by Martha Franklin of Philadelphia, met in New York in 1908 to form the National Association of Colored Graduate Nurses (NACGN). The purposes of the new organization were enumerated in its Certificate of Incorporation. A portion of it reads, "to promote the professional and educational advancement of nurses in every proper way; to elevate the standards of nursing education: to establish and maintain a code of ethics among nurses" (Pollitt & Reese 1997, 33).

Charlotte Rhone was the only registered nurse from North Carolina to attend the initial meeting of the NACGN. She became a charter member of the organization. All nurses were welcome to participate in the NACGN. Annual meetings were held to provide opportunities for continuing education, networking and discussion and action on legal, legislative and professional issues affecting their practice, their race, and the nursing profession.

Five North Carolina nurses attended the 1920 NACGN annual convention in Washington, DC. Carrie Early Broadfoot, of Fayetteville, called the North Carolina nurses together during the conference and suggested they establish a state chapter of the NACGN. Upon their return to North Carolina, they wrote and spoke to as many nurses as possible about the benefits of having an organization. Their hard work paid off. The first meeting of the North Carolina Association of Colored Graduate Nurses (NCACGN; name later changed to North Carolina Association of Negro Registered Nurses, Inc. [NCANRI]) was held in January 1923 in Winston-Salem, North Carolina. Broadfoot was elected president, a post she held for the next 8 years. A second meeting was held in Raleigh later the same year with 35 nurses participating. By 1938, there were 150 active members of the group and by 1949, there were 269 African American nurses involved in the organization (Pollitt & Reese, 1997).

The NCACGN offered opportunities for professional growth. Members rotated leadership positions, attended and coordinated state and national conferences, lobbied politicians about health and nursing concerns and took turns representing North Carolina on the NACGN Executive Board. In addition, NCACGN members participated in events sponsored by groups such as National Negro Health Week, the American Red Cross and the AntiTubercular Society.

Educational and employment discrimination deeply concerned members of the NCACGN. In 1937, there were only eleven hospitals in North Carolina employing African American nurses. In addition, African American nurses wanting to work in community health could only find jobs in a few cities.

Moreover, by the late 1930s only four schools of nursing in North Carolina were open to African American students (Pollitt & Reese, 1997).

Regulation and Standardization of Nursing Education

The lack of standardization in nursing education programs was an area of great concern to nursing leaders in the early decades of the twentieth century. The Matron of a hospital with a nursing school typically added educational program director and nursing instructor onto her already full list of hospital management and patient care duties. Classrooms generally consisted of whatever space was available when classes were held. Few schools had laboratories, libraries or teaching equipment to aid in instruction. The de facto curriculum in most nursing programs consisted of the areas tested on the State Board of Nursing Examination rather than a preplanned comprehensive course of study.

Superintendents of North Carolina nurse training programs responded to these circumstances. At the 1910 meeting of the NCSNA in Asheville, seven White Superintendents of nursing education programs organized themselves into the Association of Superintendents of Hospitals and Training Schools (ASHTS). Officers of the new organization were Mary Laxton, President; Mary Wyche, first vice president; Ella MacNichols, second vice president; and Mary Helen Trist, secretary-treasurer. This group took the leadership role in advocating for uniformly high standards in nursing education across the state (Wyche, 1938). Members met annually during the NCSNA conventions and provided presentations on topics such as "How may the 8-hour day be established in the average hospital?" and "Arranging class and lecture work to fit into the routine of ward and nurses hours."

These leaders knew they needed data in order to sway the public and the state legislature to support laws regulating nursing education. In 1916, Nurse Lois Toomer agreed to survey the nursing schools in the state and write a report documenting what she found. She became the first Training School Inspectress in North Carolina (Wyche, 1938). The NCSNA and the ASHTS paid her \$3.00 a day plus her travel expenses. Toomer traveled across the state visiting the 39 nursing schools in existence. Her 1917 report documented generally deplorable conditions. She found that student nurses provided home care to very ill patients without supervision or regard to length of time away from classes. Often the hospital kept any pay the student nurse earned and used the funds for general hospital operating expenses. Toomer documented lack of

uniformity in years of training required for graduation, number of beds and types of patients in the hospitals with training schools, quality of instructors, instructional facilities and conditions of daily living among the schools she visited. She reported "many nurses lived in basements and attics of hospitals with absolutely no provision for nurses, not even dining rooms" (Toomer, 1917, n.p.).

In the same year, 1917, the National League for Nursing Education issued a report titled the *Standard Curriculum for Schools of Nursing*. This was the first national, nursing-generated call for uniformly high standards in nursing education in the United States. Several Tar Heel nurses worked on the report and worked to institute its recommendations in North Carolina. The hard work of Toomer and the organizations she represented paid off. In 1917, the ASHTS affiliated with the National League for Nursing Education and became the North Carolina League for Nursing Education (NCLNE). Both the national and state groups were open to all White people interested in furthering high standards in nursing education (Wyche, 1938).

In 1917, nursing leaders and their allies persuaded the State Legislature to pass amendments to the Nurse Practice Act strengthening the role of the Board of Nurse Examiners in nursing education. The primary change in the Nurse Practice Act was the provision for an "Educational Director" (ED) to be appointed by the State Nurses Association. The Act also increased the number of subjects the Board could examine. Section 4 of the new Bill specified anatomy, physiology, material medica, dietetics, hygiene, elementary bacteriology, obstetrical, medical and surgical nursing, nursing of children, contagious diseases and ethics of nursing and "such other subjects as may be prescribed by the examining Board" as appropriate for testing. Nursing leaders and educators gained more control and flexibility over nursing education through this act.

The ED had to be a RN with her duties and compensation set by the Board of Nurse Examiners (Board). The ED was charged with making annual reports to the Board. Edith Redwine, RN, of Monroe and a St. Peter's Hospital of Charlotte graduate was appointed as the first ED under the new law. Redwine was a prolific writer and speaker, always advocating for better conditions in nurse training programs. Redwine introduced the idea of grading nursing schools from A to D based on the number and variety of patients nursing students were likely to encounter in their training. Caring for a broad assortment of patients with a wide variety of ailments best prepared nursing students for future employment. Only students graduating from Class A and B schools would be eligible to take the state Registration Examination. After five years as the ED, Redwine left to become the first full-time nursing faculty member in

North Carolina at the Watts Hospital Training School in Durham (Reynolds, 1992). She continued to advocate for high standards for nursing schools including uniform curriculum and standard textbooks, less time devoted to special branches, such as X-ray, anesthesia, and laboratory work unless the student wished to specialize, in which case it should be an elective taken during the last six months of her program. Redwine also recommended good reference libraries containing the latest books and journals on nursing subjects, simple but complete records of the students' time, work and deportment, regular and uniform class time with lectures that would not be "omitted on the slightest pretext" (Redwine, 1924, 21). Practical examinations were added to the regular paper and pencil tests given by the North Carolina Board of Nurse Examiners (NCBNE) in 1923. Nurse Lula West, member of the NCBNE wrote:

The results of this first practical examination were very interesting though rather alarming. The attention of the overworked Superintendent of Nursing was drawn to the pressing need of having someone give more time to the actual teaching of nurses. In consequence, there has been an urgent demand for qualified Instructors, with very few women fitted to fill the positions (Lula West, 1925, n.p.).

The situation in North Carolina was comparable to that found in other states. In 1923, a group of prominent nurses from around the nation secured funds from the Rockefeller Foundation to create the Committee for the Study of Nursing Education. Comprised of a group of nurses, physicians and lay people, the Committee interviewed nurse leaders and surveyed a representative sample of public health, private duty and student nurses. In addition, a cross section of 23 hospitals of varying sizes from around the country was studied in depth. The committee released its findings in a report titled *Nursing and Nursing Education in the United States*, usually referred to as the "Goldmark Report" for Josephine Goldmark, the Committee's secretary who wrote the final version of the report. Findings of the Goldmark Report echoed the findings of Toomer and Redwine in North Carolina. The Goldmark report concluded:

... the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are on the whole, in a majority of schools, inadequate for the prepa-

ration of the high grade of nurses required for the care of serious illness, and for service in the fields of public-health nursing and nursing education (Goldmark, 1923, 5).

Many physician owners of hospitals with nurse training schools were alarmed by the nurse's efforts to upgrade education. The more time students spent in classrooms the less time they were giving bedside care. This would create higher expenses for hospital owners to either feed and house more nursing students to cover the bedside care or to hire an all graduate nursing staff. The North Carolina Hospital Association and their allies in the State Legislature proposed bills to weaken the NCSNA and the Nurse Practice Act of 1917. Nurses got wind of this legislation and rallied themselves and their allies to defeat the proposed legislation. After some tense negotiations, the North Carolina Hospital Association and the North Carolina State Nurses Association compromised on a variety of issues and asked the State Legislature to amend the Nurse Practice Act in 1925 to include a provision for a Standardization Board (Wyche, 1938). This new Standardization Board, composed of three registered nurses appointed by the NCSNA and three members from the North Carolina Hospital Association, advised the State Board of Nurse Examiners on regulations and standards affecting nursing schools. The Standardization Board created criteria for grading nursing schools, including the average daily census of patients, variety of patient ailments found in the hospital and whether or not a school use the Standard Curriculum found in the 1917 Nurse Practice Act. Another survey of nursing schools in the state was completed and each school was classified and notified of its standing. Only students from schools classified as A, B, or C were allowed to take the RN examination. After the 1925 legislation, many hospital training schools increased the number and quality of nursing instructors, added more graduate nurses to their staff so students had more time for classroom lectures and lab experiences and added high school graduation as a criterion for admission to the school (Wyche, 1038). Other hospitals closed their nurse training programs because they were unable or unwilling to meet the new standards.

Symbiosis in Raising Standards for Nursing Education and Nursing Practice

Progress in regulating nursing education was bolstered by increased regulation of nursing practice. One of the major organizations that influenced the professionalization of nursing during this time was the American Red Cross (ARC).

At its peak in the 1920s, the ARC had over 3,000 nurses on its national payroll and the ARC was the nation's largest single employer of registered nurses (Kernodle, 1949). In 1914, the ARC Town and Country Nursing Service was established to provide public-health nursing services in remote, rural, regions across the United States. Between 1915 and 1935, fifty-two North Carolina chapters of the Red Cross shared expenses with the national ARC to employ Town and Country nurses in their communities. Minimum requirements for nursing positions with the ARC included graduation from a nursing program of at least two years in length in a hospital with an average daily census of a minimum of fifty patients, state registration and experience as a visiting nurse or some other form of social service work. If a nurse could not meet these conditions, she could qualify by taking four months of advanced training in public health through an accredited academic program (Kernodle, 1949).

Many nurses wanted to work with the ARC. The job provided interesting work, a chance to travel and a steadier paycheck than private duty nursing. The ARC employment criteria, which were soon adopted by the U.S. Public Health Service, incentivized many nursing students to choose nurse-training programs carefully. These employment criteria were also a catalyst for many nurses to seek advanced education beyond their basic nursing preparation programs. When the United States entered the First World War in 1917, many nurses served their country as Army and Navy nurses. The military branches required the same employment qualifications as the ARC. The military offered salaried employment with standard pay and benefits. Many nurse-training programs enhanced their programs to align with the employment regulations of the ARC, U.S. Public Health Service and Army and Navy Nurse Corps in order to attract students (Kalisch & Kalisch, 2003).

North Carolina Nurses in WWI

On April 6, 1917, the United States entered World War I (WWI). At that time, there were 403 U.S. Army and Navy nurses on active duty. By the time the war ended 19 months later, on November 11, 1918, more than 12,000 nurses were on active duty serving at 198 stations worldwide (Sarnecky, 1999). The U.S. military commissioned complete medical units made up of doctors, nurses, and allied health personnel from one hospital or county who were used to working together to volunteer to go overseas en masse and establish a base hospital. In May 1917, six base (general) hospitals with more than 400 nurses sailed for France for service with the British Expeditionary Forces. One hundred and two nurses accompanied by 32 physicians, along with a handful of other allied health

workers from the Greensboro, Winston-Salem and High Point "triad" of North Carolina, organized themselves into Base Hospital 65 (Wyche, 1938). They went as one body to Brest, France, where they cared for more than 40,000 soldiers before the armistice was declared. In addition to battlefield wounds, the nurses cared for soldiers with a variety of conditions including influenza, pneumonia, pleurisy, meningitis and insanity. Hundreds of North Carolina nurses served in WWI both overseas and at military hospitals in the United States.

WWI was the first conflict with widespread use of chemical warfare. Tear gas, mustard gas and other chemical agents constituted a large part of the German arsenal. Soldiers who survived inhaling these chemicals often suffered years of impaired respiratory function (Saltonstall and Graham, 2004). Tuberculosis, pneumonia and influenza were already leading causes of death and disability in North Carolina and the country. Physicians believed that breathing clean fresh air at specific altitudes and barometric pressures promoted healing from chronic lung conditions. Therefore, the military set up hospitals in precise geographic locations to treat veterans with lung conditions. General Hospital 19, soon renamed Oteen, was built in Azalea, about six miles from Asheville, North Carolina. Asheville was a well-known center of tuberculosis care before WWI. Oteen could house approximately 2,000 patients. Hundreds of nurses were employed to care for these men. When the U.S. Veteran's Administration was created in 1930, Oteen became one of the first VA hospitals in the country (Sistrom, 2004).

Madelon "Glory" Battle Hancock von Hellencourt: Revered WWI Nurse

Asheville contributed more than Oteen Hospital to the war effort in WWI. Madelon "Glory" Battle Hancock Von Hellencourt, the most decorated nurse and woman in WWI was from a prominent Asheville family. According to the article "'Glory' Battle Hancock Heroine of the Great War," (2011), for her service to wounded and sick soldiers and her repeated bravery under fire, she received twelve medals. Five medals were British: the Mons Star, Royal Red Cross, Allied Service Medal, British Victory Medal, and King George V Medal, given in person by the king. There were also five from Belgium: the Chevalier de l'ordre de la Couronne (Crown), personally given by King Albert and carrying with it the title of countess; Cruiz de Guerre, Order of the Yser, Order of Queen Elizabeth, and Civic Cross. The French government bestowed the Crois de Guerre and Medal a Reconnoissance pour les Estrangers on her for her valor

and selfless service to humankind throughout the war ("Mrs. Gloria," 1919). Her courage was summed up by Knowles (2006, 1).

Mrs. Hancock was ... close behind the Allied lines of battle until the last moment of the war; never being beyond the sound of the guns and frequently within the zone of fire. She was gassed, was repeatedly in the midst of shrapnel fire but always escaped without serious injury.

Madelon was born in Pensacola, Florida, to Alice Maude Belknap Battle and Dr. Samuel Westray Battle on August 30, 1881. Soon thereafter, Dr. Battle, a prominent pulmonologist, moved the family to Asheville, NC, where the altitude, climate, and clean air were thought to provide an optimal environment for curing tuberculosis. Madelon probably developed her desire to become a nurse by helping her father with his patients. After her high school graduation from St. Mary's School in Raleigh, in 1889, Madelon enrolled in the Presbyterian Hospital School of Nursing in New York City; earning her diploma in 1905 (Wilson, 1916). She married Major Mortimer Hancock a British Army officer, on July 2, 1904, and after graduating from nursing school in 1905, moved to England with her new husband. They had one son, Westray Battle Hancock and lived a quiet life until World War I began (Pollitt & Humphries, 2013).

On August 13, 1914, fifteen days after war was declared, she went with the first British Hospital Unit into the midst of fighting near Antwerp, Belgium. British soldiers soon renamed her "Glory" for her enthusiastic support of the Allied cause. Madelon's time in Antwerp was brief due to the Allies' retreat ("Glory," 2011). Her next assignment was to the hospital at Fermes, Belgium. She nursed there until the hospital was shelled by the Germans and had to be evacuated. "Glory" then worked in temporary, mobile evacuation hospitals; called Advanced Dressing Stations, close behind Allied battle lines. Advanced Dressing Stations, precursors to modern day MASH units, moved with the troops from battlefield to battlefield providing emergency care until soldiers were stable enough to be transported to hospitals. According to a 1918 British Medical Journal report cited in Ford (1918, 220): "the advanced dressing station is always exposed to artillery fire, though sometimes the crypt or cellar of a still standing but more or less wrecked building, such as a church or large schools may be available."

In early 1918, Anna Maxwell, Superintendent of Nurses at the Presbyterian Hospital in New York City toured the battlefields of WWI and wrote a report for the *American Journal of Nursing*. She found Madelon acting as Head Nurse at a base hospital in Flanders managing a

large ward filled with the wounded suffering from gas gangrene, with few facilities for treatment—no hot water bags, no rubber sheets, etc. Ingenuity and resourcefulness have to supply substitutes in time of war ... (Maxwell, 1918, 728).

Madelon also sent frequent letters home describing her experiences. Her early enthusiasm for the war was gradually replaced with increasing despondency.

September, 1918,

I am on Night Duty again and alone ... The Staff is so small and they keep filling up with wounded instead of keeping to a number we can cope with without killing ourselves. 4 years of this has about finished me in every way.

October 7, 1918

Ambulances for miles almost touching each other. A continual stream.... I've never seen such wounds & so many deaths. Dying on the stretchers before they can be attended to.

October 26, 1918

.... It was pitiful coming all through the trenches—such wasted country. All the trees skeletons, corpses & overturned guns & motors everywhere & miles & miles of inundated country.

November, 1918

We are very busy & I'm on night duty & I'm just hanging on from day to day trying to hold out as long as the war does. Guess by Xmas if the war isn't finished Glory is ... (Hancock, G, 1918)

The trauma and separation of war took its toll on the Hancock marriage, soon after the war Madelon and Mortimer divorced. Weakened by the stress of war, exposure to the elements and German gasses, Madelon returned to Asheville for a much needed period of rest and recuperation. In 1920, Madelon returned to Europe, this time to France, to care for children orphaned by the war. She began using the title Countess von Hellencourt, an honor bestowed on her by the King of Belgium, Albert I, for her heroism as a Red Cross nurse during the war. She died in 1930 in Nice, France after a series of operations, with her step-mother by her side. Her passing was noted in newspapers around the world ("Glory," 2011).

Table 4 Partial List of North Carolina Nurses Who Served in WWI

Name	Hometown	Where They Served	
Edna E. Alexander	Paw Creek, NC		
Nina L. Axley	Memphis, NC		
Maud Louise Barnhill	Andrews		
Elizabeth Clingman	Winston Salem	Served with the Maryland Unit	
Mary Helen Coble	Waynesville		
M. Estelle Daughtry	Gatesville		
Ruby Falls	Charlotte		
Elizabeth Goforth	Marshall		
Ruby Gordon	Biltmore	Chateau-Thierry and Verdun, France. She was the head OR nurse responsible for 5 ORs with 15 tables in each room (65 operations at a time) that ran 24 hours a day.	
Jean Harrell	Monroe		
Dorothy Hayden (Conyers)	Greensboro	Baccarat, France and Coblentz, Germany	
Lucy Hawkins Higgs	Raleigh		
M. Celia Johnson	Hendersonville		
Harriet Odella Johnson	Fletcher		
Ethel Josey	Maiden	Hyeres, France	
Hattie Lowry	Wilmington	Toul, Verdun and Chateau- Thierry, France and Treves, Germany	
Gertrude McCall	Fletcher		
Mattie McNeil	Fayetteville	Toul, Verdun and Chateau- Thierry, France and Treves, Germany	
Ethel A. Moore	Statesville		
Lula Owl	Cherokee	Camp Lewis in Washington State. She was the only Eastern Band Cherokee officer to serve in WWI	

Name	Hometown	Where They Served
Etta Mae Perkins	Morganton	Camp Meade (died of influenza during the war)
Kathleen Barnhill Phillips	Charlotte	
Hettie Reinhardt	Black Mountain	Toul, France
Louise Reinhardt	Black Mountain	Toul, France
Annie Reveley	Greensboro	
Elizabeth Roberts	Laurenceburg	
Caroline L. Singleton	Living in Georgia when she volunteered.	
Elizabeth Herbert Smith	Scotland Neck	France
Eleanor Stanley	Born in Charlotte. Lived in Georgia when she volunteered.	

State Government Begins Involvement with Public Health Nursing

Following the lead of city and county governments, the state government of North Carolina began its involvement in public health nursing in 1916. In that year, Nurse Sadie H. Cabaniss was hired through a combination of state and ARC funds to coordinate public health nursing efforts throughout the state. Her emphasis was on tuberculosis (TB) nursing, since TB was the leading cause of death at that time (16th Biennual report, 1917). In 1921 with the infusion of Sheppard-Towner Act monies from the U.S. Congress, Cabaniss and the State Department of Health added maternal—infant care to its primary functions. Another major early public health nursing initiative funded by state government was school health nursing.

A Brief History of School Health Nursing in North Carolina

School nursing programs were introduced in New York City in 1902 by the nurses of Lillian Wald's Henry Street Settlement. Soon, several municipal school

and health districts, particularly in the Northeast and the West, began their own school nursing services (Rogers, 1917). In other areas of the country, particularly the Southeast, school nursing remained an underdeveloped area of nursing practice. In each location, it developed uniquely, responding to local personalities, political considerations and community needs.

At the turn of the twentieth century, formal education in North Carolina was a meager affair at best. For the most part, one- and two-room schoolhouses were opened for four months out of the year at public expense. Some of the early teachers had considerable skill while the ability of others was severely limited. Comprehensive support services such as transportation, food service and school health were rare in North Carolina until the mid twentieth century (Whitener, 1949).

In 1900, the movement to improve public education in North Carolina got an inadvertent boost from the move to disenfranchise African American voters. In that year, the electorate approved an amendment to the state constitution to restrict voting to men who would be required to pay a poll tax and pass a literacy test. As late as 1900, one fifth of the White male population in North Carolina was illiterate (Gilmore, 1996). An unexpected consequence of this legislation was an increased interest in public schooling by White working and middle class families. By the end of the first decade of the twentieth century, public education facilities, quality of teachers, length of the school term and school support services had improved.

Concurrently, a new era in public health was beginning. The role that nutrition, sanitation, hygiene, and lifestyle choice played in health and disease was being recognized. Scientific breakthroughs in medicine and surgery offered new hope to many people. These convergent advances in education and public health were the catalysts for the emergence of school nursing.

On May 1, 1915, the North Carolina State Board of Health organized the Bureau of Rural Sanitation. The aim of this new department was to interest local governments in funding public health work. One demonstration project was the Medical Inspection of School Units (North Carolina Board of Health, 1966). Doctors and dentists made a thorough survey of several thousand children enrolled in schools in six widely scattered counties to determine the physical conditions of children of all ages, races and socioeconomic classes. The results were appalling. Eighty percent of the children needed dental treatment, more than 10% had diseased throats, more than 5% had defective vision and/or hearing, and numerous others suffered from tuberculosis, malaria, hookworm, and malnutrition (Hobbs, 1919).

The resulting publicity motivated the state legislators meeting in 1917 to enact measures expanding the work of the State Board of Health. These meas-

ures included a provision to provide for the physical examination of the school children of the state at regular intervals. However well intentioned, the legislature made no money available for the staff to carry out this mission. This omission was remedied in the next session of the legislature. In 1919, enough money was allocated to hire six full-time nurses to travel across the state and provide screening and follow-up services at 3-year intervals for all students under the seventh grade, regardless of race (North Carolina Board of Health, 1966).

North Carolina's state-supported school nursing program was discriminatory in the racial makeup of the nurses. By law and custom, White nurses could travel anywhere in the state and treat any child, but this was not the case for African American nurses. In many rural White communities, lodging and hospitality were not available to them. The State Board of Health did not hire an African American nurse for schoolwork until 1938 (North Carolina State Board of Health, 1939). The first registered nurses to serve the state as school nurses and who all remained in their jobs for over 18 years were Birdie Dunn, Cleone Hobbs, Flora Ray, Cora Beam, and Katherine Livingston (Cooper, 1934).

The 9th biennial report of the North Carolina Board of Health issued in 1922 contained a summary of the work of the Bureau of Medical Inspection of Schools branch. The objectives of the Branch were (a) to arouse the teachers of the elementary schools of North Carolina to the necessity of making the same efforts to teach the children things they should know for the development of their bodies and for the protection of their health that they make for their intellectual advancement; and (b) to discover the children who have remedial defects, and to have them treated while curable and before the condition becomes chronic.

In order to carry out these mandates, the nurses lectured directly to groups of teachers and students on various health topics, and demonstrated to teachers simple screening techniques that they could use when they suspected physical problems. During the biennium, 1919–1921, the nurses also coordinated clinics for immunizations, tonsil and adenoid removal, and dental treatments, and inspected 92,566 students (Pollitt & Reese, 1997b).

According to Dr. George Cooper (1934), the supervising physician of the Medical Inspection of Schools program, the nurses "have taught the benefits of good health to the people of every community in North Carolina. They have traveled on foot, horseback, on rafts, by boat, tram, on cart, anyway to reach the 'forgotten child'" (Cooper, 1934, 26).

A report submitted to Dr. Cooper by Cleone Hobbs, one of the state supported school nurses, describes a situation she found in Wilkes County in 1919. She wrote the following about a patient seen in the tonsil and adenoid clinic:

The last one who came in before 1 p.m. was a pitiful looking woman and child dusty and travel stained ... The child was a boy nine years old. His mouth was open. I looked at this throat. I don't think I have ever seen a worse throat. It was almost closed. The tonsils met at one point and were so infected that they bulged and looked taut and shiny like a balloon. I asked the mother how far they came and she said eight miles. I asked her how she came and was amazed when she replied "we walked."

The child was lying on a bench. I questioned her and found out she had four children. That her husband worked at the sawmill for \$1.50 a day and they owned 40 acres of land. She said her husband was not well, had dropsy in his feet sometimes. She had been telling her husband for some time that something would have to be done for the child. He cannot talk plain and chokes when he is asleep. His pillow is always wet with saliva ... Before I knew all this I asked her if they could afford to pay and she said yes. They would manage it some way. After I found out I told her I would do him free. I have shed the first tears in this county over this incident. That is saying a lot (Hobbs, 1919, 12).

There is an editorial postscript to this report, and it is unclear if Dr. Cooper or Nurse Hobbs wrote it. It seems to reflect the values of all the early pioneers in school health in North Carolina. It says,

We suppose an investigation would be in order in this case, or at least a committee appointed to place a value on the forty acres and to inquire about the whereabouts of the mule before arranging for a life-saving operation for that boy. But we will cheerfully leave all that to the coroner or somebody. Our business is to get the child treated before it is too late (1919, 12).

Complementing the work of the nurses from the State Board of Health were the efforts of nurses employed by church and civic groups to provide public health services to their communities. Their work usually included school health. The American Red Cross employed some 50 nurses between 1912 and 1935 to work in community health programs in North Carolina (Kernodle, 1949). Goldie Allen, RN was a Red Cross Nurse assigned to Avery County in 1928. She wrote many articles on health-related topics for the local paper, the *Avery Advocate*. In one, she described the relationship between poor health and poor academic progress. Her sentiments are as relevant today as the day she wrote them: "Children with impaired vision, deaf ears, diseased tonsils, adenoids, undernourished bodies or fatigued nervous systems cannot do the work of normal children" (Avery Country Red Cross, 1928, 1).

Allen inaugurated a "Progressive Program for Better Health" for the school children of Avery County. In this program, the school with the highest number of children following eight health habits over a period of time received a silver loving cup. The eight health habits included a full bath more than once a week; brushing teeth at least once a day; sleeping long hours with the windows open; drinking as much milk as possible, but no coffee or tea; eating green vegetables or fruit every day; drinking at least four glasses of water a day; playing a part of each day outdoors; and a bowel movement every morning. The program was endorsed by local doctors, dentists, and school board representatives and appears to have helped impress upon the children better health habits (Avery County Red Cross, 1928). In other counties nurses started "Modern Health Crusader" clubs in the schools. These clubs shared the same objectives and many of the same methods as Allen's Progressive Program for Better Health (Ehrenfeld, 1922).

Allen's report in 1930 details the number of people participating in the clinics she coordinated. Each clinic with its corresponding number of patients is as follows: removal of tonsils and adenoids (95), orthopedics (41 treated), dental problems (503 treated), tuberculosis (180 screened) and typhoid and diphtheria immunizations (2896 given). Additionally, she worked on a county-wide fly eradication campaign, worked to get new water supplies for Newland and Cranberry schools, sent three children to the tuberculosis sanatorium, one to an epileptic colony, two to the school for the blind, and five to the school for the deaf and dumb (Report made, 1930).

Allen's work was repeated in essence by Red Cross and locally hired nurses in many counties in the state from 1911 to 1930. Community groups often expressed gratitude for their school nurses. For example, the Watauga County Chamber of Commerce publicly thanked Stella McCarthy, the Red Cross nurse assigned to their county in 1921 by declaring she:

makes it a point to discover the most needful conditions in the county and to give these things her first attention.... We are fortunate in having secured the service of one of the most capable public-health nurses to be found anywhere (In Lefler, 1987, 10).

Between nurses employed by the State Board of Health, county health departments, and church and civic organizations, many schools in North Carolina were receiving at least the rudiments of school nursing services by the late 1920s. However, the Great Depression quickly diminished years of progress. Donations to church and civic groups dried up since approximately one fourth of American citizens lost their jobs (Leuchenberg, 1963). At the same time, tax revenues dropped dramatically and public services were sharply curtailed

or totally eliminated. School nurses and school nursing programs suffered for most the 1930s.

The Federal Government Involvement in Public Health Nursing

In 1921, a year after women won the right to vote, the Snyder Act and the Sheppard-Towner Act, two significant laws related to public health were passed by the U.S. Congress. Early nurses employed by the ARC and local and state health departments demonstrated the benefits public health nurses made to their communities. In areas served by public health nurses, citizens were immunized against lethal diseases, school children were treated for infectious conditions and people were taught the importance of sanitation and nutrition resulting in better qualities of life. The leading causes of death in the early years of the twentieth century were primarily infectious diseases and child-birth. The Snyder Act funded public health nursing services for Native Americans and the Sheppard-Towner Act focused exclusively on improving the health of pregnant and postpartum women and their young children (Kalisch & Kalisch, 2003). Each of these federal laws had an impact on the health of North Carolinians through public health nurses.

The Snyder Act and Nurse Lula Owl Gloyne

Public law 67-85, known as the Snyder Act of 1921 directed funds appropriated by the U.S. Congress to be used for the "benefit, care, and assistance of the Indians throughout the United States ... specifically for relief of distress and conservation of health." Between 1924 and 1934 the number of public health nurses employed by the U.S. Indian Health Services grew from three to ninety three. One was on the Qualla Boundary encompassing the town of Cherokee, North Carolina. In the early decades of the twentieth century, life was very hard for the Eastern Band of Cherokee Indians (EBCI) in western North Carolina. Every major index of quality of life, including housing, education and health care, was deplorable, even by the standards of the time. Lula Owl Gloyne, RN, the first EBCI public health nurse, spent her life and career improving the health of Cherokee people through direct service, political advocacy and community partnerships.

For centuries, Cherokee people lived in the southern Appalachian Mountains before White explorers and homesteaders started moving onto their lands.

Treaties between various White governments and Indian nations that identified boundaries between the two groups were violated and ignored by White settlers. Fighting and wars broke out as Whites continued to encroach on Cherokee land. The Cherokee tribe was decimated by war and diseases such as smallpox and measles, contracted from encounters with White people (Finger, 1992).

Greatly outnumbered by the mid-1830s, the Cherokee were rounded up by U.S. government troops and forced at gunpoint to leave their ancestral homelands and walk to federally designated "Indian Territory" in what is now Oklahoma. This forced relocation is known as the Trail of Tears because thousands of Cherokee people and other Native Americans died from exposure, starvation and disease along the way. However, a few hundred Cherokee either evaded the federal troops that rounded up tribal members or escaped along the Trail of Tears and returned to the mountains of southwestern North Carolina. Their descendants are the primary constituents of today's Eastern Band of Cherokee Indians (Conley, 2005).

Around 1900, the tribe numbered less than 10,000 and its members were rarely welcomed by either the local White or African American communities. In a misguided effort to "help" the Indians, various Christian missionaries and later the federal government established Indian boarding schools. Believing Cherokee children would be best served by assimilating into White culture, the government forced them to leave their families and attend these schools, where they were severely punished for speaking their native language, practicing their religion and wearing tribal clothing. Lula Leta Owl was born into this environment in 1891 (Conley, 2005).

In 1891, Lula Owl was the first of ten children born to Daniel Lloyd Owl, a Cherokee blacksmith, and Nettie Harris Owl, a Catawba Indian who was a traditional basket maker and potter. Lloyd did not speak Catawba and Nettie did not speak Cherokee, but both parents shared a basic knowledge of English which became the primary language in the household. Mrs. Mary Wachacha, Lula Owl Gloyne's granddaughter, surmises that the Owl children's mastery of the English language explains why all seven siblings who survived to adulthood went on to professional careers. Lula Owl attended a mission school on the Qualla Boundary and then went to Hampton Institute in Hampton, Virginia, to complete her education (Wachacha, M., personal communication, December 11, 2008).

Hampton Normal and Agricultural Institute (now Hampton University) was chartered in 1868 as one of the first colleges for African Americans in the south after the Civil War. Hampton's mission was to train students to become teachers and return to their home communities to uplift their race through education. From 1878 until 1923, the institute conducted a unique experiment

in biracial education by admitting and educating American Indian students alongside African American students. Well over 1,000 Indian students from over 20 tribes graduated from Hampton during this period (Lindsey, 1994).

After her own graduation in 1914, Owl spent a year in the classroom teaching Catawba children in Rock Hill, South Carolina. During that year, she decided to follow her calling to become a nurse. Mentors from her Hampton days arranged for Owl to enter the Chestnut Hill Hospital School of Nursing in Philadelphia.

All nursing students at Chestnut Hill Hospital were required to attend church services weekly. Owl was raised a Southern Baptist but she had no way of getting to the Baptist church located many miles away. The only church within walking distance of the hospital was St. Paul's Episcopal Church. Owl started attending this church, whose members not only welcomed but "adopted" her. They collected donations of love offerings (cash contributions) and used clothing for her. When Owl graduated from Chestnut Hill, she was awarded the gold medal in obstetrical nursing and became the first EBCI registered nurse (Carney, 2005). Her church arranged a job for her as the missionary school nurse at St. Elizabeth's Episcopal School on the Standing Rock Sioux Reservation in Wakapala, South Dakota.

During her two years at Standing Rock, she milked cows, learned to ride horse back and worked her way into the Sioux Indians' hearts and homes. According to her granddaughter, her duties extended far beyond the school infirmary. Owl undertook immunization campaigns, delivered many babies and provided home care to the aging and infirm. Early in her time on the reservation, one of the chiefs experienced a headache so severe he thought he was dying. Owl brought him some kind of medication that brought relief. He became one of her biggest supporters on the reservation (Wachacha, M., personal communication, December 11, 2008).

In 1917, the United States joined its allies in fighting World War I. The Red Cross and the Army Nurse Corps encouraged all RNs to serve their country during the war. Owl planned on going to Europe to be a field nurse for the U.S. Army but failed the "seaworthy" exam due to extreme seasickness. Instead, she was assigned to Camp Lewis in Washington state as a second lieutenant in the Army Nurse Corps (Wachacha, M., personal interview, December 11, 2008). Owl was the only member of the Eastern Band of Cherokee Indians to serve as an officer in WWI (Finger, 1992).

While in South Dakota, she met Jack Gloyne, an Army enlistee passing through the west on his way to Camp Lewis. They rekindled their acquaintance at Camp Lewis, but since she was an officer and he an enlisted man, fraternization was prohibited. Despite the ban, they were secretly wed in 1918. After the war ended they spent a short time in Oklahoma while Lula Gloyne cared for a sick family member. Around 1921, the couple returned to Chero-

kee to set up housekeeping. At that time, the town of Cherokee did not have a hospital or a full-time doctor. Lula Owl Gloyne was the first full-time professional health care provider available to help the people on the Qualla Boundary (Finger, 1992).

In a 1983 interview with a local newspaper, Gloyne recalled her early years as a nurse in Cherokee.

There was no hospital in Cherokee then, just a clinic at the Quaker grade school and a doctor who worked there part time. When I came home [to the EBCI reservation] they asked me to help out, and at first I worked without pay. I did all the outside work. I got called to homes all around here. I didn't have a horse or a wagon back then, so I had to make my calls on foot. I got caught in places [too far away from the doctor] where I'd just have to do what had to be done. Men got cut up and I'd have to sew them up. Women would call on me to deliver their babies. Today it would be illegal [for an RN] to do a lot of that, but back then there was no one else (Carden, 1983, 4).

Gloyne's desire for the Cherokee people to have a hospital on the Qualla Boundary impelled her to go to Washington, DC, where she talked with two officials who oversaw all public health work for the Indian Health Service. In 1934, her efforts resulted in the enlargement of the clinic dispensary to include a nine-room inpatient ward and sunroom for women and a six-bed ward for men. For the first time, EBCI people had access to hospital care. A doctor began to make regular hospital visits and Gloyne was appointed head nurse. In addition to overseeing the hospital, Gloyne continued to see patients in the community, providing home health, hospice and midwifery services. With her Indian Health Service salary, she bought a horse. Later, as paved roads became more common, the government bought her a car to make her travels in the community quicker and easier (Carden, 1983).

Gloyne's advocacy efforts in Washington also resulted in a general health survey of the EBCI people living on the Qualla Boundary, conducted from June 5–17, 1933. The U.S. Public Health Service, the U.S. Department of the Interior's Office of Indian Affairs, the North Carolina Tuberculosis Sanatorium and the North Carolina State Board of Health collaborated on this project, to determine the tribe's "public health needs with some accuracy and define federal and state responsibilities" in this area (North Carolina Department of Health, 1933). More than 900 Cherokee people of all ages received a complete physical examination, dental examination and free immunizations for smallpox, diphtheria and typhoid fever as part of the survey. Among the survey's findings were that 9% of those surveyed had active tuberculosis and

4.6% had syphilis. High rates of trachoma, a disease of the eyes, were also found. Beyond simply gathering data, the survey project personnel provided treatment for the people suffering from these ailments (North Carolina Department of Health, 1933).

Forty years later, a report published in the April, 1972 issue of the North Carolina Health Bulletin stated that tuberculosis, syphilis, and roundworms had become only minor problems on the Qualla Boundary, while the most pressing public health issues were diabetes, motor vehicle accidents, homicide, suicide and dental carries in children. Gloyne's work as the primary "field nurse" on the Qualla Boundary for many of the intervening years was probably at least partially responsible for the decrease in infectious diseases in her community.

Gloyne worked as she was able and as needs arose. Over the years, she served as a private duty nurse, in hospital staff and supervisory positions in nearby Sylva and Bryson City, North Carolina, and as the company nurse for the outdoor drama "Unto These Hills," a summer theater production that tells the story of the Trail of Tears. In 1969, at age 78, she retired from her last paid position as the supervisory home visiting nurse for the Community Action Program in Cherokee (Carden, 1983).

In addition to her work, Gloyne was an inspiration to other Eastern Band Cherokee Indian women who carried on her legacy through nursing. One was Nurse Ernestine Walkingstick who was recognized by the North Carolina Nurses Association in the 2003 Centennial Calendar. Her biography reads:

Like most registered nurses, Ernestine Walkingstick had worked in several capacities before settling into the position of the Director of Community Health Nursing on the Qualla Boundary. She was an ideal community health nurse. She knew the reservation well—she knew the families from the babies to the elderly. She was instrumental in establishing and assisting in the clinic for the Indian population in the Robbinsville area. She also initiated, coordinated and operated the eye clinics and ENT clinics at the Cherokee Indian Hospital. She was a "nurse" in the purest sense—dedicated to the health and welfare of "her people." Her volunteer activities were legendary. She raised countless dollars for the Cherokee Children's Home and was an active member of the North American Indian Women's Association, Eastern Band of Cherokee Community Foundation, Western North Carolina Community Development and the Qualla SAFE House.

From Gloyne's retirement until her death in April 1985 at age 93, she remained an asset to her community. She was honored by District 23 of the

North Carolina Nurses Association on May 1, 1978, when she was 87 years old. Part of the speech delivered that night reads:

Even though Lula is officially retired, she has never been out of nursing. She started at an early age, when as the big sister she was responsible for much of the care of the younger children, and of the parents when one was ill or in need. Between her league bowling, weaving classes, extension club activities, church activities, gardening etc., she still helps with blood banks, aids invalids in the home, helps when new babies arrive and often has ailing relatives in her home (North Carolina Nurses Association, District 23, 1978).

Lula Owl Gloyne triumphed over many obstacles to bring health and hope to the Cherokee people in western North Carolina.

The Sheppard-Towner Act and North Carolina Nurses

In 1921, the year after women won the right to vote, the U.S. Congress passed the Sheppard-Towner Act to reduce maternal and infant mortality across the country. This legislation, supported by the American Nurse Association and opposed by the American Medical Association, appropriated \$1,240,000 annually for the promotion of health and welfare for mothers and infants. The Act provided federal monies to support state programs offering prenatal clinics, public health nurses to visit women, newborns and young children in their homes and midwife training (Kalisch and Kalisch, 2003). The Sheppard-Towner Act had an enormous impact on public health nursing in North Carolina. Using \$27,259 of Sheppard-Towner Act monies accompanied by matching state funds, on April 1, 1922, North Carolina reorganized the Bureau of Public Health and Infant Hygiene into the Bureau of Maternity and Infancy. Nurse Rose Ehrenfeld was hired as the first state nursing supervisor of the Bureau (Ehrenfeld, 1922). By the end of the decade there were 94 nurses employed by county health departments using these funds. Under Ehrenfeld's leadership a program of midwife education, pre and post natal home visitation and health education began. The Annual Report of the North Carolina State Board of Health of 1922 stated that midwives delivered more than 30% of babies in North Carolina and that more than 5,000 midwives were in active practice (Rankin, 1922). That year also marked the adoption of Model County Midwife Regulations. Annual requirements under the new law included a physical examination of each midwife, inspection of the midwife's bag of supplies and

annual attendance at a class of instruction and demonstrations given by physicians or nurses about sanitation and techniques necessary for assisting in normal deliveries.

An annual permit to practice midwifery was given to people who satisfied the law's requirements. A 1928 report in the *Health Bulletin* notes that state public health nurses delivered midwife classes in 30 counties in the state. Sheppard-Towner Act funded nurses taught midwives to use sterile procedures, to record new births with the state, to use silver nitrate eye drops for the prevention of gonococcal blindness, and to call a doctor in difficult cases. By 1929 the political climate had changed sufficiently that funding for the Sheppard-Towner Act was ended under pressure from opposition groups, primarily the American Medical Association who labeled the program socialistic. The Sheppard-Towner Act was significant in that it demonstrated that federally funded health education and preventive care programs provided through state and local agencies could have a significant positive effect on maternal and child mortality rates (Kalisch and Kalisch, 2003). The outcomes achieved in North Carolina were significant enough to convince the North Carolina General Assembly to increase state funding to maintain the programs begun with Sheppard-Towner monies.

An "Adamless Eden": Dunnwyche (1913-1919)

In the decades around the turn of the twentieth century, most nurses worked in private duty positions and lived in the homes of their patients. As their patients recovered or died, the nurse would find temporary housing until she was hired for her next case. Few private duty nurses maintained their own homes. Nurses in some cities, including Asheville, established "Nurses Clubs", where nurses could rent rooms between cases (Nursing record, 1926). In the days before immunizations, antibiotics, and other effective treatments for disease, patients often 'took to' bed for weeks and months at a time. Unfortunately, nurses often contracted the diseases of their patient. Because tuberculosis was one of the leading causes of death at this time, many nurses became afflicted with this disease. Most nurses were single women of limited means. Without a permanent home and unable to stay in Nurses Clubs, local YWCAs, or other temporary housing, tubercular nurses were often in desperate straits.

Mary Lewis Wyche, the 'wyche' in 'Dunnwyche', describes the Dunnwyche story in some detail in her book written in 1938, *The History of Nursing in North Carolina*. According to Wyche, at the 1911 annual meeting of the North Carolina State Nurses Association (NCSNA), Nurse Birdie Dunn proposed the construction of a home for sick and disabled nurses to be supported by the NCSNA.

It would be a place where nurses who became ill while treating others could find care and respite with refined surroundings and at moderate cost. The convention attendees enthusiastically agreed to support this effort. A site was found near the town of Black Mountain in eastern Buncombe County near two other operating tuberculosis sanatoria. Nurses across the state held bake sales, tag sales and sold dolls created in the likeness of student nurses to raise money to support their new institution, Dunnwyche, named in honor of nurses Birdie Dunn and Mary Wyche.

Dunnwyche's first patients arrived in 1913. Dunnwyche offered fresh spring water, electricity, a furnace, and a "special feature being the splendid, screened sleeping porches" (Dunnwyche, n.d.) Dr. Archer, who owned and managed the nearby Craigmont Sanatorium, volunteered his time in giving medical care to the nurses. Each of the seven districts comprising the NCSNA equipped one room and nurses across the state sent homemade crafts to brighten the patients' environs. Wyche (1938) reported that patients enjoyed "card parties, automobile trips, and visits of friends and relatives—all of which helped break up the monotony of 'taking the cure.'"

Dunnwyche, dubbed the "Adamless Eden," was a success for many years. During the years of World War I, the costs of food and fuel escalated, and it became increasingly difficult to find suitable employees. The U.S. Army built a 2,000-bed hospital at nearby Oteen to care for soldiers injured or sickened in WWI. The Army's pay scales for nurses and attendants were higher than the NCSNA could afford. By 1917, Dunnwyche faced potential closure due to these financial problems.

A distressed Birdie Dunn wrote to Miss Stafford, a Dunnwyche board member, in 1918, about the deteriorating financial stability of Dunnwyche: "Our Plans for Dunnwyche miscarried, and the summer has been one long nightmare, with the trials attending the administration of the place" (Dunn, 1918). Finally, in 1919, the Dunnwyche Board of Directors and the members of the NCSNA voted to sell the building and invest the proceeds in Liberty Bonds. Interest from the Bonds was then used to establish an NCSNA Relief Fund through which nurses who acquired disease or disability while providing care could apply for monies to offset treatment costs (Wyche, 1938).

The Duke Endowment

In 1924, Durham tobacco magnate and philanthropist James B. Duke established the Duke Endowment, a private foundation with a mission to serve the people in North and South Carolina through educational, spiritual (particularly Methodist) health and welfare related programs. In the 1920s, most

North Carolina hospitals were located in cities. Many rural areas—indeed, some entire counties—had no hospitals at all. In the 1920s and 1930s much of the Endowment's health care funding accomplished two important goals: helping build, upgrade and equip hospitals in these underserved communities, and underwriting the cost of hospital care for people in need. In these decades, the Endowment gave selected nonprofit hospitals one dollar per bed per day for patients in need. In the 1920s, before private insurance became widespread and government programs to underwrite hospital care existed, these grants went a long way toward helping hospitals recoup the expense of charity care. Duke Endowment funds established hospitals in which nurses could learn their craft and work after graduation. The funding for charity care helped pay nurses' salaries so they could provide care to those in need (Durden, 1998).

Conclusions

In the years between the second and third decades of the Twentieth Century, North Carolina nurses created new professional organizations such as the North Carolina Association of Colored Graduate Nurses and the North Carolina League for Nursing Education. With their new authority, members of the North Carolina Board of Nurse Examiners hired an Education Director to monitor and raise the quality of nursing education in the state. National organizations such as the American Red Cross, the U.S. Public Health Service, and the Army and Navy Nurse Corps required registration and graduation from an accredited nursing education program for employment. This served to raise standards in education and practice.

The field of public health nursing flourished. Civic groups and governments at every level hired nurses to provide out of hospital care for vulnerable citizens, including the homebound ill, mothers, infants and young children and Native Americans. As the value of professional nursing became increasingly apparent, people were willing to pay through taxes and/or voluntary contributions to have nursing services available in their communities. Unfortunately, the advent of the Great Depression stalled the progress and proliferation of nursing for a decade.

Table 5

Selected Timeline for City and County Public Health Nursing in North Carolina 1904–1937 (taken verbatim from records found in the NCSNA files at the NC State Archives in Raleigh)

1904 Wilmington	Miss Amelia Lawrison was employed by a small group of people.
1905	
Charlotte	In February of this year, St. Peter's Hospital started visiting nursing in connection with its Dispensary work. A student nurse was appointed each month to visit the sick poor under the direction of City Physician, or other physicians who reported cases to the Superintendent, the city furnishing the medicine and the hospital everything else.
1906	

Winston-Salem

The Wayside Workers, members of a Sunday School class in Home Moravian Church employed Bertha Reginas, a practical nurse, to do visiting nursing in Salem, contagious diseases excepted.

1907

Wilmington The responsibility for the salary for the visiting nurse in Wilmington was taken over by the Ministering Circle of the Kings Daughters.

1913 Asheville

Dispensary service and follow-up work in the homes established in connection with a hospital which was organized by a group of ladies. Miss Jane Brown, RN was appointed first nurse.

1911

Winston-Salem

A graduate nurse, Miss Percy Powers, was engaged. This same year permission was given Wayside Workers to send their nurse into East and West Salem Schools to do school inspection and follow-up work in the home, (this is according to data the first instance of school nursing in the state). The work continued thus, until 1920 when Miss Powers resigned to become supervisor of nurses with City Health Department. Wayside Workers then made agreement with Dr. Carlton, City Health Officer to contribute \$90.00 per month toward the support of a nurse with the understanding that one nurse be allowed to continued work in Salem along the same lines of service that their nurse had hitherto rendered. This arrangement lasted for 4.5 years when the contributions of the Workers were discontinued as the Health Board by that time was on sufficient financial footing to operate efficiently without further outside aid.

1911 or 1912

Greensboro An undergraduate nurse was employed by the District Nurse and Relief Committee which had charge of Red Cross Christmas Seals—most of the work along line of tuberculosis.

1912

A colored undergraduate nurse was employed by the Wilmington Chap-Wilmington

ter American Red Cross to visit T. B. patients.

1913

Miss Josephine Carhart was employed by the Associated Charities to visit Charlotte

tubercular persons under care of that organization.

1915-May

A nurse was employed by the Board of Health for school work in the Wilmington

winter and Infant Welfare work in the summer.

1916-November

A Baby Milk Station was opened by the North Carolina Sorosis (a women's Wilmington

service club) with a graduate nurse in charge.

1916

The Junior Hospital Association employed Mrs. Della Oliver Neilson, Winston-Salem

R.N. to work among needy under the direction of Miss Annie Grogan, Secretary of Associated Charities. Within a year or two the financing of the nurse was taken over by the Associated Charities, and Mrs. Betty Clingman Vaughn Lloyd, R.N. was first nurse, followed a little later by Miss Mary Chalmers, R.N. who is still in 1931 serving the Associated

Charities.

1916

Winston-Salem City Health Department organized during a serious epi-Winston-Salem

demic of scarlet fever among adults.

1916

April-First nurses employed Mrs. Sallie Hardester Cook, R.N. (White) Winston-Salem

and Girlie Jones Strickland, R.N. (Colored), for school and contagious

disease work.

1916

The Parent-Teachers Association of Orange Street School, backed by Mr. Asheville

Fred L. Seely, started school nursing in the city schools. This service was taken over by City one year later. Miss Janel Brown was first nurse. About this same time the Associated Charities was employing a nurse, first as Social Secretary, later as nurse, Miss Pearl Weaver, R.N. serving in this

position.

1917 Charlotte

An undergraduate nurse was employed by the District Nurse and Relief

Committee which had charge of Red Cross Christmas Seals-most of

the work along line of tuberculosis.

1917-December

Wilmington A second nurse was employed by the Ministering Circle of the Kings

Daughters as a memorial to one of their members.

1918

Winston-Salem Two additional nurses were hired for school and contagious disease work.

1918-December

Wilmington After a conference called by Dr. Low, Health Officer, between represen-

tatives of the Board of Health, Red Cross and Ministering Circle of the Kings Daughters The Wilmington Public Health Nursing Association was organized to have a supervising nurse and work directly under the Health Officer. At this time the Red Cross relinquished the contract with the Metropolitan Life Insurance Company which was taken on by the Wilmington Public Health Nursing Association also the two cotton mills contributed toward the salary of a nurse. This enables the Association to

employ the fifth nurse.

1918

Greensboro Miss Mary Horry was employed Mrs. Blanche T. Lambe, R. N., as school

nurse. A little later a second school nurse was employed. About this same period two or three nurses were being supported by church societies, and the Metropolitan Life Insurance Company put on a full-time graduate

nurse and a part time colored nurse.

1919

Winston-Salem One additional nurse for school and contagious disease, and one special

tuberculosis nurse financed by Seal and sale fund.

1919-February Charlotte

Dr. Hudson called a meeting of persons and agencies interested in Visiting Nursing and the Charlotte Cooperative Nursing Association was formed, with Mrs. Chas. Hook as president, and Mrs. C. N. G. Butt as secretary. Miss G. E. Reynolds was employed to supervise the nurses. Her salary was paid from the City Health Department funds. Chadwick-Hoskings and Highland Park Mills, Men's Benevolent Association (later

Goodfellows Club) Public Schools, Red Cross, colored Chamber of Commerce, Woman's Club, and others contributed to the budget. Metropolitan Life Insurance Company purchased service at cost for their policy

holders.

1919

Asheville Asheville Association for Public Health Nursing organized with repre-

sentatives from the lay and official agencies. City was divided into three

districts and the three nurses did general duty.

1919-September

Wilmington The Board of Health employed a nurse for work in the county.

1920 and 1921

Winston-Salem Four additional nurses for school and contagious disease work were hired

by the Board of Health.

1927 Charlotte

Charlotte had 17 nurses including the directing nurse. The Nursing organization is known as the Charlotte Cooperative Nursing Service, with the City Health Officer, Dr. McPhaul, directing head. The nursing personnel supported by both lay and official agencies, as follows: two nurses by City, one by City, County and State, two by Woman's Club, three by Goodfellows Club, one by Chadwick Hoskins Mill, one by colored branch association, five by City School Board (three White and two colored) and two by fees collected from Metropolitan Life Insurance Company and others.

1924-July Wilmington

A colored school nurse was permanently employed, her salary being paid by the Board of Health, Ministering Circle of the Kings Daughters and the Public Health Nursing Association.

1921 Greensboro

Board of Health employed Miss Mary Horry to do infant welfare work.

1921-February Wilmington

The Jewish Women's Federated Charities contributed the salary of a nurse. This nurse was used as a city staff nurse.

1923

Greensboro School Board employed three additional nurses.

1923 Asheville

There were five White nurses and one colored generalized service. The Association is financed by Associated Charities, fees collected from Metropolitan and other patients who can pay, and by City School Board.

1923-March Wilmington

A colored school nurse was employed for four months by funds provided by several colored groups.

1925-March Greensboro

The Greensboro Nursing Council was formed. All the organizations, including the City School Board, the City Health Department, Metropolitan Life Insurance Company and the County School Board was coordinated and ten nurses began work under the supervision of Mrs. Blanche T. Lambe, who was the first supervising nurse.

1927-August Wilmington

A second colored nurse was put on by Board of Health; The Rosenwald Fund paying, in a descending scale, over a number of years, part of the salary of both colored nurses. After the second colored nurse was put on they did a generalized instead of a specialized type of work.

1930-February Greensboro

Mrs. Myrtle F. Robertson resigned as supervising nurse of the Greensboro Nursing Council and was succeeded by Miss Willie B. Fuller who had been with the Nursing Council for one year as assistant supervisor of nursing. At this time the organization consisted of eleven field nurses. The city was divided by the Greensboro Nursing Council in cooperation with the city health department. The city cares for approximately 60% of the expenses of the organization, this being for the instructive work, carried out in accordance with rules of the health department. Approximately forty per cent of the income of the organization is derived from the Metropolitan Life Insurance Company, the Greensboro Community Chest and from fees charged for nursing visits.

1931

Winston-Salem

June—The present staff consists of one Supervisor, Miss Percy Powers, R.N. seven white general nurses, one tuberculosis nurse and two colored nurses. Two of the nurses are financed by Red Cross Seal fund. All are under direction of City Health Officer, Dr. R.L. Carlton. Plan of work general, with exception of tuberculosis nurse. These nurses work only in City, as Forsyth County, exclusive of Winston-Salem, has its own Health Department. Winston-Salem Health Department and lay agencies not affiliated. Wilmington are examples of this type of organization in North Carolina.

1934-June

Charlotte The Metropolitan Life Insurance Company's contract was not renewed and

their service was done by nurses employed by that company.

1934 - 35

Charlotte School Nursing under the Board of Education was discontinued. This was resumed in September 1935 under the City Health Department and a

completely generalized plan was adopted with Miss Clara Ross Director of Nursing, and Mrs. Martha T. Wright supervisor of School Health Work.

1936

Greensboro

During the depression salaries of the nurses were reduced and the organization was reduced by one nurse. An additional nurse was employed in February, 1937, and at present time the organization consists of eleven nurses, one supervising nurse, Mrs. Lewis Rahlston (nee Miss Willie B.

Fuller) and one part-time clerk.

1936-June Wilmington

Through the State Board of Health, Social Security Funds were obtained

for employing a nurse. This nurse was given county work.

1937-July 1

Charlotte

The salaries for three nurses paid of Goodfellows, and one paid by Woman's
Club were included in the City Health Department and the Charlotte
Cooperative Nursing Association was absorbed by the Charlotte Public

Health Nursing Service. On that date the personnel consisted of 18 nurses doing a generalized work in that many districts.

1937 Wilmington

10

The staff consists of a supervisor; 4 White city staff nurse; 2 colored city staff nurses; 2 White county nurses.

Chapter 5

Depression and Retrenchment

Hard Economic Times

The Stock Market crash in 1929 worsened a period of economic depression, unemployment, and great financial hardship for many people in the United States. Virtually all areas of the country and sectors of the economy were adversely affected. In 1930, many factories were idle, and 26,355 businesses failed. The most fertile topsoil on farms in the Midwest, the "breadbasket of America," was literally blown away in the Dust Bowl. Unemployment rose from 4 million in 1930 to 12 million in 1932 (Davidson & Lytle, 1988).

The nursing profession suffered from unemployment along with every other occupational group. Local, state, and federal government provided few employment opportunities. In 1933, there were approximately 3,000 counties in the United States. Of that number, one third did not employ any community health nurses and 45% had no hospital for general community use (Sargent, 1933). Nurses who had been employed through private and philanthropic organizations in the 1920s often found themselves jobless when their sponsoring organizations were no longer able to raise sufficient funds to pay them. For example, the Red Cross, the largest worldwide employer of nurses in the 1920s, had reduced its number of public health nursing programs in the United States from a peak of nearly 3,000 in the 1920s to approximately 650 in 1950. Thousands of former Red Cross nurses were jobless in the midst of the depression (Buhler-Wilkinson, 1993). As Mary Roberts, RN, noted during the 1933 conference of the Southern Division of the American Nurses Association,

We have the social and economic paradox of the unemployed nurse and the unnursed patient, which is, however, no more paradoxical than the farmer with unsold wheat and children in the city begging for bread (Roberts, 1933. n.p.). Reports from the Mecklenburg County Health Department archives demonstrate the effects of the worsening economy on North Carolina nurses. In 1929, Mecklenburg County employed five public health nurses; two White nurses for general public health work, two White nurses for maternal/child health and one African American school nurse. The White nurses' salaries averaged \$1,500, while the African American nurse earned \$900. In addition to nurses salaries the Board of Health decided to pay for and distribute Brewer's yeast to those citizens at risk for pellagra, a deadly disease caused by a vitamin deficiency. By 1930, one nursing position had been dropped from the payroll and the county was using \$450.00 from the Rosenwald Foundation towards one of the nurses' salaries. Only two nurses were employed in 1931, and each earned \$1,500, which was cut in 1932 to \$1,200 each. Another nurse was hired in 1936 using funds from the new Social Security Act. The number of nurses increased to five (the same number as were employed eight years earlier) in 1937, with most of the salary monies coming from different New Deal Programs.

Most nurses in the 1930s in North Carolina were self-employed in private duty. Their hours and days of employment naturally varied, making accurate records of unemployment and underemployment impossible to ascertain. However, contemporaneous articles in nursing journals described a dire employment situation for nurses. Ashmun (1933) wrote in the July issue of the *American Journal of Nursing*,

The existence of serious and growing unemployment in the nursing profession is unquestioned. Just how much unemployment exists among the private duty nurses can hardly be determined accurately (p. 652).

Six months later in the same journal, Sargent (1933) noted, "One hears and reads of overcrowding in every profession, particularly in nursing, education, medicine, and law. It is not without reason that nursing was mentioned first" (p. 1165).

In light of decreasing rates of employment and increasing rates of poverty and despair, citizens sought a more active role for the federal government in meeting their economic and social needs. Soon after the election of 1932, new President Franklin Roosevelt noted that one-third of the nation was ill fed, ill clad and ill housed. His administration embarked on a course of government expansion known as the New Deal.

North Carolina did not escape the ravages of the Great Depression. In 1930, North Carolina was a largely agricultural state. While thousands of North Carolinians, especially White men, owned some land, sharecropping and tenant farming were common. Small towns dotted the map. As early as 1930 there

were reports of farmers starving. In that same year, 7.5 million dollars were owed in delinquent property taxes and over 150,000 parcels of land were for sale for nonpayment of taxes. Prices for tobacco, North Carolina's primary cash crop, which were 22.5 cents a pound in 1922 dropped to 6 cents a pound in 1931. Similar devaluations occurred in the cotton and peanut markets (Badger, 1981).

The business and industrial sector of the state's economy also suffered during the Depression. Between 1930 and 1933, 195 banks collapsed losing over \$103 million dollars of customers' deposits (Badger, 1981). Industrial unemployment trebled in 1930—70,000 workers were without jobs and 20,000 more were working only part time. By September 1931, an estimated 100,000 industrial workers in North Carolina were unemployed (Badger, 1981). In this era before unemployment compensation, food stamps and other programs providing a "social safety net," unemployment and lowered pay often led to homelessness, hunger and ill health.

Martha Gellhorn was employed as a "social surveyor" for the federal government. In this capacity she traveled the country writing firsthand accounts of the conditions she found. In 1934 she visited several small towns in North Carolina. She had this to say about health conditions in Wilson, North Carolina: "According to clergy, caseworkers and relief administrators most [people on relief] were illiterate, afflicted with tuberculosis and 'social diseases', of the White families, many had pellagra and hookworm" (Gellhorn, 1936). She described a father with two daughters living in a tobacco barn while the father looked for work. If the father remained unemployed much longer, they would have to leave the barn with no place to go, no money and no work.

In Gastonia she saw "latrines draining down a gully to a well from which residents get their drinking water" (Gellhorn, 1936). Gellhorn estimated half the mill families she met in Gastonia "are syphilitic and moronic," and she wondered "why they aren't all dead of typhoid." She also observed venereal disease, dietary deficiencies, colitis and typhus in North Carolina (Gellhorn, 1936).

Prior to 1932, relief from destitution was a minor aspect of governmental activity in North Carolina. Each county provided for its own indigents by offering minimal financial help and/or a county poorhouse for its poorest citizens. A relatively small number of people, mostly the elderly, mentally ill and physically infirm were cared for out of public funds. Churches and private relief agencies such as the Community Chest and the Red Cross provided the majority of relief to poor and needy citizens (O'Berry, 1936). As the Great Depression wore on, the employment, financial, housing, food and health needs of increasing numbers of people overwhelmed the resources of charitable and governmental agencies in North Carolina and every other state. The increased state and local government financial support for public health pro-

grams throughout the 1920s was greatly curtailed by the Depression. Dr. James M. Parrott, the NC State Health Officer, wrote in a 1932 report to the state medical society:

Our state appropriation has dropped from \$486,000 in 1929 to \$263,647 now available. I remind our people that were it not for the assistance which we get from the International Health Board, the U.S. Public Health Service, the Rosenwald Fund, life insurance companies and other private agencies and particularly the Parent Teacher Association, we would be compelled to fold our tents and solemnly and shamefully slip away. We are begging! Yes, and it is humiliating too; but I'll beg for the sake of this service (Parrot, 1932, n.p.).

The North Carolina experience was echoed across the country. Due to the economic depression, state and charitable resources were insufficient to sustain much less expand public health services to meet the needs. Several federal programs were enacted to fill the void.

In his speech accepting the Democratic Party's nomination for the Presidency in 1932, Franklin Roosevelt pledged himself to a "New Deal" for the American people. This phrase came to stand for a constellation of temporary and permanent measures designed to provide relief from the Great Depression. Four of these programs are of particular interest to nursing. Chronologically, they are the Federal Emergency Relief Act (FERA) 1933–1936, the Civil Works Act (CWA) 1933–1934, the Works Progress (later Projects) Act (WPA) 1936–1943, and the Social Security Act (SSA) 1935–present. The evolving nature and sheer volume of new programs, each with its own administration, regulations and eligibility requirements, but with overlapping purposes and at times personnel, created considerable confusion during the New Deal era as well as for its historians. Perhaps the outstanding legacy of the New Deal is the assumption that government has a responsibility to ensure a minimum quality of life for its citizens. The first paragraph of the FERA reads:

Be it enacted ... that the Congress hereby declares that the present economic depression has created a serious emergency, due to widespread unemployment and increasing inadequacy of State and local relief funds, resulting in the existing or threatened deprivation of a considerable number of families and individuals of the necessities of life, and making it imperative that the Federal Government cooperate more effectively ... in furnishing relief to the needy and distressed people.

The Federal Emergency Relief Act (FERA), which funded the largest relief agency ever created, was one of the first pieces of legislation President Roosevelt sent to Congress. Its purpose was to provide immediate "relief" [cash] payments to the unemployed. Roosevelt soon came to believe jobs were superior to handouts, and the FERA was joined by several job creating programs.

FERA was responsible for disbursing federal relief monies and coordinating relief activities among and between the states. Its initial budget was 500 million dollars. Section 4(a) of FERA specifically provided funding for "services, materials and/or commodities to provide the necessities of life" to persons in need (O'Berry, 1936).

Bedside care for the indigent was specifically mentioned for the first time, as a legitimate expenditure of federal tax monies under FERA Regulation 7. Even though all FERA activities were optional and required a locally tax supported agency as cosponsor, by September, 1934, thousands of registered nurses were hired in the 20 states participating in the program to provide health services to distressed persons. FERA provided jobs for nurses and care for those who needed it (Kalisch & Kalisch, 2003).

The passage of FERA heralded a new understanding of the role government could play in providing basic services, including health care for its citizens. FERA coupled with the CWA, WPA, and SSA, ushered in an era in which citizens expected and government provided significant funding for direct patient care as well as monies for construction of health care facilities, education of health care workers and research for advances in medicines and technology (Thomas, 2011).

Despite the existence of FERA, and numerous other New Deal programs, there remained at least 10 million unemployed people in 1933. In order to stave off mass starvation, homelessness and poverty during the winter of 1933–34, and because Roosevelt believed using federal monies for jobs was better for the individual as well as society than having people on the "dole," he created the Civil Works Administration (CWA). Although it was a "jobs" rather than a "relief" program, it was administered under the FERA. The CWA existed from November 12, 1933, through May 1, 1934. During this brief time, over four million people were employed using CWA funds (Leuchtenburg, 1963).

Nationally, more than 2,000 unemployed registered nurses found work through the CWA. Hospitals, sanitariums, asylums, schools, nursery schools and public health departments all benefited from the work of CWA nurses (Fitzpatrick, 1975). The CWA was a very popular program with the unemployed and their advocates, but it was also very costly. Due to fears that people might come to rely on government funded jobs in lieu of private sector employment, and having gone through the Congressional allotment of funds

for the CWA, the program was discontinued as warm weather approached. By the end of May 1934, the CWA was history,

As the Depression entered its sixth year, widespread unemployment continued to plague the United States. In 1935, 20 million people were receiving some form of governmental relief, and millions more were without jobs or relief payments. Roosevelt decided only a massive public works program would provide the jobs needed to stimulate the economy. Congress concurred, and in May, 1935, passed the Emergency Relief Appropriations Act, which created the Works Projects Administration (WPA) (Davidson & Lytle, 1988). The purpose of the new agency was to "provide relief, work relief and to increase employment by providing useful projects" (Kalisch & Kalisch, 2003). Nationwide WPA workers built or improved 664,000 miles of roads, 24,000 miles of sewage lines, 2,500 hospitals, 5,000 schools, 13,000 parks and playgrounds and 1,000 airports. The school lunch program was launched as a WPA experiment. Thousands of libraries were built and staffed, crops were grown and canned, sewing projects of all types abounded (Davidson and Lytle, 1988).

At least 10,000 registered nurses worked for the WPA over its eight years of existence. The WPA nursing and public health projects were all sponsored by local or state departments of public health. Office space, supplies and equipment were donated by the sponsoring agency while the federal government was responsible for wages. The work of WPA nurses was similar to that of FERA and CWA nurse. They provided health education, home visits for ante and post-partum care, bedside nursing for illness and injury, immunizations, screenings for dental problems, tonsil and adenoid inflammation, examinations for school children for growth and "defects" and they responded to various unique local health needs (Kalisch & Kalisch, 2003). In 1936, WPA projects provided jobs for 4,406 nurses on 75 projects in 16 states including 66 registered nurses working on WPA projects in North Carolina (McIver, 1936).

While the WPA created 3,000,000 jobs between 1935 and 1943, those citizens unable to work were not directly helped by this massive federal program. In order to aid the elderly, blind, disabled and single mothers with young children, President Roosevelt and the Congress passed the Social Security Act (SSA). The SSA, enacted in September, 1935, provided federal money for maternal child health, rural public health work, training for public health workers, and financial assistance for the elderly, blind and disabled citizens. The SSA programs were largely responsible for the shift in employment of public health nurses from voluntary health agencies to government funded jobs. In 1931, 40% of community health nurses worked for voluntary health agencies. By 1938, only three years after the enactment of the SSA, only 25% of com-

munity health nurses worked for voluntary health agencies and 75% for local, state and federal public health programs (Melosh, 1982). In 1936, 1,000 registered nurses received stipends through the U.S. Public Health Service through SSA funding for post graduate training in public health nursing.

North Carolina received its first allotment of New Deal money for health care through the Federal Emergency Relief Administration allotment in June, 1933. On August 8, 1933, the North Carolina Emergency Relief Administration (NCERA) began operation. As O'Berry (1936) noted at the time,

The relief program under the Governor's Office of Relief was the pioneer program in the State. There was no precedent to follow. No definite policies nor regulations had been formulated by the Federal Government. Each state was feeling its way on unchartered seas (p. 7).

If there was a lack of precedent, there was no shortage of work. The state of health in North Carolina was generally poorer than much of the nation. In 1929, the infant mortality rate in the United States was 68 per 1,000 births; in North Carolina it was 79. Death rates from infectious diseases such as tuberculosis and influenza far exceeded national averages.

NCERA sponsored public welfare and public health projects providing employment for 216 registered nurses in North Carolina (O'Berry, 1936). These nurses worked on health promotion and disease prevention by dispensing general health information, teaching lay midwives sanitary practices, staffing clinics, examining school children, and providing home-health nursing. Between August 1933 and December 1934, NCERA nurses visited 23,450 homes, examined 39,608 school children, and gave 19,934 immunizations (O'Berry, 1936).

One interesting NCERA nursing project was the Catawba County Preventorium for Undernourished and Underprivileged Children. The Preventorium was a cooperative effort to provide medical care, proper nutrition, and teach good health habits to indigent children. The county government, county hospital, and a variety of civic clubs including the Kiwanis, Rotary, Women's Club, American Legion, Red Cross, and Business and Professional Women's Club provided this 4-month summer program under the general supervision of the school nurse. However, the Depression threatened the ability of local supporters to continue the Preventorium. In the summer of 1935, NCERA paid salaries for all the staff, including two registered nurses. Seventy-three children were helped by the Preventorium. Thirty-nine had tonsils removed, six received glasses, sixteen had dental work, and twenty had other medical treatments. The group ate three meals a day, gained a total of 273 pounds and consumed 5,640 quarts of milk. Without this NCREA nursing program, it is

unlikely these children would have received needed health care or an adequate diet (McKay, 1935).

Elizabeth McMillian Thompson, one of the first African American public health nurses in North Carolina, remembered her New Deal work this way:

Of course there was small pox. The first week I was here (Tarboro, North Carolina), I vaccinated over 3,000 black people. What was so peculiar about it was that the local doctors would refer a case to us as small pox, and after I went to visit the patient, I would discover that it wasn't small pox at all but syphilitic lesions. We began to pick up many of our venereal disease cases this way. As I recall, the first problems we addressed were smallpox, venereal disease, tuberculosis and poor sanitation ... Many of the families had no sanitary facilities, so one of our big projects in the early thirties was to provide privies for the tenant farmers. The only reason we got as many in as we did was that the county commissioners passed a law that every family must have a privy. This law was important, for the landlords hadn't been too cooperative in the past. WPA workers built the privies at a local lumber yard and transported them to the homes. They must have distributed a thousand or more ... We'd go back sometimes a month later and the privy hadn't been used at all. So we ended up showing them how to sit on the seat, then you had to show them how to keep the snakes from going in and making homes, and how to keep the spiders out so the children wouldn't be bitten (in Plyler, 1980, n.p.).

Financial records of the NCERA expenditures from March 1934 through May 1935 show 62 nursing projects with a total budget of approximately \$48,000. These projects included employment in schools, hospitals, clinics, home health, and other public health agencies. In May 1935, there were 125 registered nurse employed by NCERA (Council, 1935). According to O'Berry (1936), practical nurses were paid 30 cents an hour, registered nurses were paid 45 cents an hour, and nursing supervisors were paid 45 or 50 cents an hour.

Nursing and the CWA in North Carolina

The NCCWA spent over \$800,000 providing emergency jobs for over 70,000 unemployed people (Badger, 1981). CWA funds were used to establish 30 emergency nursery schools in 1934. Each nursery school employed at least one full-time registered nurse. In this capacity, 35 White and 15 African American nurses coordinated and assisted in 2,056 physical examinations, administered

1,117 vaccinations and immunizations, assisted in 970 dental examinations and gave countless hours of health advice to parents. Their salary was \$12.50 a week (O'Berry, 1936).

According to O'Berry (1936), approximately 300 registered nurses worked on Civil Works Administration projects in North Carolina from December 1933 through May 12, 1934.

Several nurses summarized their experiences with the CWA program in an article in the August, 1934 issue of *The Health Bulletin*. One wrote,

You might have noticed from the report the number of undernourished children and wondered if anything was being done for correction. It was thought more practicable to have hot lunches served to undernourished children at schools than to try individual corrections. At the time I began we had only one lunchroom outside the city limits. Up to this writing we have ten lunchrooms. Cod-liver oil treatment had been employed in some cases.

Another wrote, in a more personal vein:

I use this means to thank you for giving me work in the Relief Nursing Project. I regard this appointment, which has provided a living for my family and me, a godsend, a blessing that I am sure each of us will remember. Yet the financial side has not been all; the actual knowledge of conditions among my fellow-people that I have derived by coming in direct contact with those who are weak and those who are strong, many of whom were as rich or as poor as I, has helped me as nothing else could. I thank you again for this opportunity. It has certainly given me a different view on life and an inspiration for public health work.

After the CWA closed in May, 1934, all NCERA women's projects with the exceptions of lunch room and clerical workers were suspended for a few months. This allowed time for thoughtful reorganization. Trained women, such as nurses, were matched to work in their specialized fields. Untrained women were given minimal instruction and job training in more general fields. A chart of the NCERA expenditures from March 29, 1934, through December 5, 1935, shows nursing projects received \$56,135.64 (O'Berry, 1936). Forty-seven of North Carolina's 100 counties hired registered nurses to provide services for their indigent citizens.

When Social Security Act (SSA) funds became available in 1936, North Carolina added five Public Health Supervisors, forty White public health nurses and ten African American public health nurses to its payroll. By 1937, North Carolina was home to 193 public health nurses whose pay was at least partially funded through new federal programs. Two worked for the State Health De-

partment, 10 were statewide supervisors, 125 White and 30 African American nurses worked as general care nurses in 54 county and 5 city health departments, 18 were funded to work in maternal and infant health programs and 8 were statewide school nurses (O'Berry, 1936).

In 1935, Nurse Amy Louise Fisher Barrier became Watauga County's first public health nurse paid out of Social Security Act monies. Watauga County is a rural, rugged county in the Appalachian Mountains with severe winter weather. Barrier moved to Boone, the county seat of Watauga County, in 1930 to work as a parish nurse with the Watauga Lutheran Mission. In an article about her work in the December, 1936 *Public Health Nurse* she noted,

Last year was the first year the health department has been in existence here and we tried to cover practically the whole county. Over five thousand people took the typhoid fever vaccine and one thousand six hundred and twenty-five babies and children were given diphtheria toxoid. The need is much too large for the individual physicians to cope with in this county (Fisher, 1936, 858).

In the same article, Barrier described some of the problems associated with making her school rounds this way:

There are about fifty schools in the county, and we plan our schedules so that we may get to the most inaccessible ones before bad weather sets in. But even then we sometimes have to walk part of the way. We don't try to go to Lower Elk after a hard rain because you ford the creek twenty two times and some of the fords are pretty deep (Fisher, 1936, 858).

Barrier also taught a midwife class. Over three sessions lay midwives learned about proper care of the mother and newborn, including sanitizing instruments and the importance of hand washing. Barrier reported one of her student's reactions to the class: "One woman over seventy years of age patted me on the shoulder and said, 'Law, Honey, I've catched hundreds of babies and I ain't never gone through all this fixin' before' "(Fisher, 1936, 855). Barrier's work is illustrative of the work of hundreds of nurses funded by New Deal programs in the 1930s.

Nurse Kathleen Bragg of Ocracoke

While many nurses were earning a living through the New Deal programs, many others probably shared experiences similar to nurse Kathleen Bragg on Ocracoke Island in Hyde County. Bragg was born on Ocracoke, a small isolated island community of about 500 people in North Carolina's Outer Banks. Until

the 1950s, there were no paved roads, electricity, or physicians on the island. People made a living primarily through farming, fishing and in the small port. Kathleen decided to become a nurse. She graduated from Park View Hospital School of Nursing in Rocky Mount in 1923. A few years after she graduated, her father had a heart attack and she returned to Ocracoke to take care of him and help the family. She was the only trained health care professional on the island. Hyde County had no hospital, health department, or other health care agencies in the 1930s. Bragg's neighbors called on her to nurse them when they were ill, to deliver their babies, and to help them get to the nearest hospitals on the mainland when it was necessary (Williams, 1958). Because she had no mortgage or utility bills, no car, and few grocery bills because most food was grown in the garden, raised on the farms or caught from the sea, she supported herself as an independent nurse, without physician supervision for decades. In addition to making house calls as a private practitioner and after WWII working for the county as the school nurse, Bragg delivered more than one hundred babies in her long career (Goerch, 1956). When Ocracoke became a tourist destination after WWII, the town map designated her home with the word Nurse to show visitors where they should go if they became injured or ill. Nurse Bragg lived quietly, rendering valuable nursing care to those in need for 40 years. According to Ballance (1989), after her death in 1975, islanders had these words engraved on her tombstone:

"Well done thy good and faithful servant. Enter into the joys of the Lord."

Family Planning

In 1937, a new area of nursing became part of standard public health nursing practice. Between 1873 and 1936 a series of state and federal laws, collectively known as the Comstock Laws made it illegal for anyone, including nurses and physicians, to provide information related to or items intended to prevent pregnancy in the United States (Feldt, 2006). Perhaps due to rising sexually transmitted disease rates after World War I, and the inability of many families to provide for an unlimited number of children in the Depression, social attitudes, and laws changed. In 1936, a United States federal court, in a case titled *United States v. One Package of Japanese Pessaries*, brought by New York nurse Margaret Sanger (Feldt, 2006) struck down the Comstock laws. In 1937, the American Medical Association voted in favor of providing family planning education and devices (i.e., condoms, foam, powder, pessaries) to their patients. The North Carolina Department of Health became the first state to support family planning services for all of its citizens through the county health departments.

In 1937 Clarence Gamble, a philanthropist and early family planning advocate, was financing a family planning program in the Florida everglades. He was a physician and invented different spermicidal jellies and foams (Obituary, 1966). The nurse in charge of the Florida program, Miss Frances Pratt, was homesick for her native North Carolina. She convinced Gamble that North Carolina was a good location for testing the effectiveness of his contraceptive methods. Gamble offered to pay for contraceptives and Pratt's salary for a year to pilot a family-planning program at the Cumberland County Health Department. The North Carolina State Board of Health quickly accepted his offer, and on March 15, 1937, became the first state to endorse and offer family planning services to its indigent citizens (Pratt, 1940). The pilot was a success. With Gamble's backing, there were soon 56 family-planning clinics across the state. With less than 3% of the country's population, North Carolina had 13% of the nation's birth control clinics. Public health nurses incorporated family planning instruction and distribution into the services they offered (Cooper, Pratt and Hagood, 1941).

Another Fight over Nursing Education Standards

A result of the work of the Standardization Board, created by an amendment to the Nurse Practice Act of 1925, was the ranking of nurse training programs by the average daily patient census. In order to be eligible for work with the U.S. military, the American Red Cross, county health departments, and many private agencies, nurses needed to graduate from a hospital school of nursing with a minimum daily patient census of fifty. It was thought that any less than that would not provide adequate exposure to the variety of diseases and types of patients needed to qualify a nurse for professional nursing employment. Many states required the same minimum daily census to grant reciprocity to nurses coming from another state who wanted to work in the new state. In light of these facts, the North Carolina Board of Nurse Examiners and the Standardization Board agreed, beginning in 1925, that nurses must graduate from a hospital training school with a minimum daily census of fifty in order to take the North Carolina Board of Nursing Examination to become a registered nurse. According to records found in the State archives in Raleigh, between 1925 and 1932, twenty-five small hospitals closed their nursing programs because they could not meet this requirement.

As the Great Depression worsened, fewer people could afford hospitalization, and the daily census of many hospitals dropped. In 1932, seven training programs did not meet the minimum census requirement and their graduates

were ineligible to take the examination to become registered nurses. The physicians operating these programs and their allies introduced House Bill 906 into the North Carolina General Assembly. This Bill called for an all-physician Standardization Board empowered to make decisions regarding the standards for nursing schools and eligibility requirements for graduate nurses planning to take the North Carolina Board of Nursing Examinations. The physicians pushing the bill argued that many small hospitals would be forced to close without their nurse training programs to supply the labor needed for running the hospital (Wyche, 1938). Mr. W.E. Avery, one of the Bill's proponents, even used race as a tactic to sway legislators to his side. He wrote,

Many nurses have been misled to believe, by their leaders, that by reducing the number of students they will all enjoy steady employment and high remuneration. The effect, however, will be just the reverse as the small hospital will have to employ graduate nurses, supplemented by Negro maids and orderlies, who after a little experience will be all over the country doing practical nursing with much danger to the public and ruination to the nursing profession (Small Hospital vs. Large Hospital House Bill 906, 1932, n.p.).

The North Carolina State Nurse Association rallied nurses across the state who ultimately convinced the legislators that the current laws were necessary to maintain high standards for nursing education and patient care (Wyche, 1938).

First Bachelor of Science Degrees for Nurses in North Carolina

A huge step in nursing education in North Carolina took place in the 1930s at Duke University in Durham and at the Presbyterian Hospital /Queens-Chicora College consortia in Charlotte. In his will, James B. Duke, tobacco industrialist and philanthropist, not only established a foundation to subsidize hospital construction and indigent care in the Carolinas, but also left monies to build a hospital, school of medicine and school of nursing in Durham, North Carolina. His goal was to improve health care across the state and nation through training highly skilled and compassionate health care professionals. His wish became reality in 1930 when Duke Hospital opened its doors (Durden, 2003). After intense planning and significant advice from Mary Wyche and other North Carolina nurses, Bessie Baker, BS, RN, became the first dean of the Duke University School of Nursing. Baker served as dean, instructor, recruiter, and hospital liaison. In 1930, Baker recruited and selected

the first students to enroll in the new three-year diploma program as well as experienced nurses to enroll in the first nurse anesthetist program in North Carolina. On January 2, 1931, 24 nursing students started their basic studies (Duke University, 2011). Tuition was \$100 a year. From the beginning, a plan was in place to offer a bachelor of science degree to those students who completed two years (60 semester hours) of college work in addition to the three-year nursing diploma program. Duke joined a small group of universities such as Yale, Vanderbilt, Wisconsin, and Minnesota in offering a bachelor's degree to nurses. The first baccalaureate degree from the Duke University nursing program was conferred in 1938 (*The First Twenty Years*, 1952). At the same time, the six-month post-diploma program in anesthesia began. Up to this time, theory and practice in giving anesthetic agents was covered in the materia medical course. With advances in surgical techniques and the discovery of more anesthetizing agents, advanced courses in anesthesia were launched for nurses wanting to specialize in this area. (*The First Twenty Years*, 1952).

A similar combined degree program was offered through an agreement between Presbyterian Hospital School of Nursing and Queens-Chicora College in Charlotte in 1935. In this six-year program, students completed the requirements for a diploma through Presbyterian Hospital School of Nursing and then enrolled in three additional years of college course work at Queens Chicora College. At the completion of both programs, the student was awarded a bachelor's of science degree (Greenwood, 1991).

Conclusions

The decade of the 1930s was very trying for the citizens and nurses of North Carolina. While trying to obtain and/or maintain a livelihood, nurses continued to be politically active to retain control of the nursing profession. A new phase of public health work began when nurses started offering family planning education and services. Nursing educational opportunities expanded into colleges and universities through combined educational programs. Nurses lives and fortunes as well as the nursing professional were about to change dramatically when the Unites States entered World War II in 1941.

Chapter 6

The 1940s: North Carolina Nurses and WWII

As the decade of the 1940s began, the world was in turmoil. Germany invaded Poland in 1939 quickly followed by German invasions of Norway and Denmark. Soon most of Europe, Canada, New Zealand and North Africa were involved in the conflict. Between 1932 and 1941, Japan invaded many of its neighbors, including China, French Indochina (Vietnam, Cambodia and Laos) and Thailand. By 1941 most of the countries in the world had entered World War II. When Japan attacked the American Territory of Hawaii on December 7, 1941, the United States declared war Japan and entered the War. Almost immediately the demand for nurses increased dramatically, outstripping the supply and creating a shortage. Between December 1941 and August 1945 when WWII ended, over 70,000 U.S. nurses served in the Armed Forces (Sarnecky, 1999).

The exact number of practicing nurses in North Carolina in 1940 is impossible to ascertain. Nurses did not have to be registered in order to practice, and most nurses worked in private duty rather than institutional employment. Patriotism and the Nightingale Pledge motivated many nurses to join the armed forces to care for the men going into battle. According to the North Carolina Nurse Association archives, over 1,150 North Carolina nurses, about one fourth of the total estimated nursing workforce in the state at that time joined either the Army or Navy Nurse Corps during WWII. Even with this number of nurses volunteering for active duty with the military, the need was even greater. At the same time, this rapid displacement of nurses from the civilian workforce created severe nursing shortages across the state and nation.

Over 20,000 American nurses enlisted in the military in WWI. When the war ended, the Army and Navy Nurse Corps reduced their workforces to peacetime numbers. The Great Depression caused further cuts in personnel. In the 1930s the Army Nurse Corps hovered between 675 and 825 nurses and in 1935 the Navy Nurse Corps numbered 332. Due to economic pressure, the Army School for Nursing, established in 1918 to prepare military nurses and elimi-

nate the need for nursing assistants in the military, suspended operations in 1931 (Sarnecky, 1999).

On September 8, 1939, President Roosevelt, thinking U.S. entry into the War in Europe was likely, declared a State of Limited Emergency. Ten months later, a coalition of the major American nursing organizations including the American Nurses Association, the National League for Nursing Education, the National Organization of Public Health Nursing, the National Association of Colored Graduate Nurses, the American Association of Industrial Nurses, the Association of Collegiate Schools of Nursing, the American Red Cross, and the Army Nurse Corps formed the Nursing Council for National Defense (Kalisch and Kalisch, 2003). Their goal was to identify, plan and coordinate nursing resources should the United States enter World War II. Their specific objectives included creating a national inventory of registered nurses, increasing enrollment in nursing education programs, and offering refresher courses for inactive nurses to encourage them to return to work in military and civilian hospitals.

In 1940, the U.S. Congress authorized increasing the strength of the Army Nurse Corps to 949 by June 1941. Shortly thereafter, when war appeared more likely, Congress authorized 6,894 nurses for the Army and Navy. Additionally, 15,770 nurses were enrolled in the First Reserve of the American Red Cross Nursing Service, and were available to be called for military service if needed. On the morning of December 7, 1941, when Japan launched a surprise attack on U.S. military bases in Hawaii, there were fewer than 7,000 nurses enrolled in the U.S. Army and Navy Nurse Corps. The U.S. Congress declared war on Japan the next day and on Germany and Italy three days later. The urgent need for more nurses became a national imperative (Sarnecky, 1999).

North Carolina nurses did their part. Over the course of the War, over 1,000 North Carolina nurses joined the Army and Navy Nurse Corps (Pollitt & Humphries, 2013). They served in Europe, Africa and Asia and in Army and Navy installations inside the U.S. Accounts of three of these North Carolina nurses illustrate the courage and dedication demonstrated by this unique group of nurses.

Evelyn Barbara Whitlow (Greenfield): Angel of Bataan and Corregidor

The Angels of Bataan and Corregidor was an honorific given to U.S. Army and Navy Nurses stationed in the Philippines at the outset of World War II. They cared for wounded American and Filipino troops during the Battle of the Philippines in 1941 and 1942. After nearly six months of fighting, Allied forces surrendered to the Japanese. When the Philippines fell, 11 U.S. Navy

nurses and 66 U.S. Army nurses including one nurse-anesthetist were captured and imprisoned in the Philippine capital of Manila. After three years of hardship in a Japanese Prisoner of War Camp, they were liberated by U.S. troops in February 1945, (Norman, 2000). One of these "Angels" was Evelyn Barbara Whitlow Greenfield of Leasburg, North Carolina.

Evelyn Whitlow was one of 12 children born to Robert and Ruth Whitlow in the small community of Leasburg in Caswell County. Evelyn attended local schools and following high school graduation trained as a registered nurse at nearby Memorial Hospital in Danville, Virginia. In May 1940 she joined the U.S. Army as a nurse and 2nd Lieutenant. She soon shipped overseas to join General Douglas McArthur's forces in the Philippine Islands. In November 1941 she landed in Manila where her first posting was at Sternberg General Hospital (Evelyn Barbara Whitlow, n.d.).

The Japanese attack on Pearl Harbor on December 7, 1941, was followed with a combined air and land attack on the Philippine Islands the same day. Along with other Army and Navy nurses, Whitlow provided nursing care for the many injured American and Filipino soldiers with dwindling medical supplies. Japanese soldiers poured into the Philippines. U.S. and Philippine forces withdrew from Manila and concentrated their strength on the western side of Manila Bay in an area called Bataan and on an island at the entrance to Manila Bay called Corregidor. Corregidor is home to a vast array of underground, bomb proof tunnels, known collectively as the Malinta Tunnel. General McArthur's staff and a 1,000-bed Army hospital were located deep within the tunnel complex. On Christmas Day 1941, Whitlow left Manila and began work at Army Hospital Number 1 on Lamay, a nearby island. This 2,900-bed hospital was the first Army open air hospital since the Civil War. There were no buildings or tents, only cots set up in cleared out sections of the jungle. The area, deep in the bamboo forest, was very primitive and had no sanitary facilities. Tropical diseases, including malaria and dysentery, were widespread among both hospital patients and staff. Whitlow contracted malaria and was shipped to Corregidor where she remained three weeks in the hospital inside Malinta Tunnel as a patient before resuming her nursing duties (Sarnecky, 1999).

Twenty-one of the 113 Army and Navy nurses who staffed the hospital inside Malinta Tunnel were evacuated on May 6, 1942. Eleven more nurses escaped in a submarine, and 20 were to leave by float planes. Whitlow was one of the last nurses to leave the island; however, the plane transporting her and nine other nurses crashed on the island of Mindanao. Water inside the shattered plane was waist deep before they evacuated. The nurses were captured by Japanese forces and taken, along with the nurses who were still on Corregidor and Bataan, to Santo Tomas University, in Manila. For the duration

of the War, Santo Tomas University served as a prisoner of war (POW) camp (Norman, 2000).

Whitlow was reported missing in action in May 1942, but it was not until December 1944 that her parents received word she was still alive (Evelyn Whitlow, n.d.). These nurses along with a few other Army support personnel including a dietician and a physical therapist were the first female POWs in U.S. military history. The U.S. nurses held at Santo Tomas University took care of the other 4,000 prisoners. During their 37-month captivity, the women endured primitive conditions and starvation rations, yet the nurses continued to care for the ill and injured in the POW hospital. Despite being POWs, they continued their discipline as a nursing unit, maintaining a regular schedule of nursing duty and wearing their khaki blouse and skirt nursing uniforms (Norman, 2000).

Medicine was scarce, and many prisoners died of malnutrition. The POWs were fed two meals a day. Rice was the staple in their diets, accompanied occasionally by water buffalo meat and seeds. The nurses often picked bugs and other foreign objects out of their food. Those who were able tended small vegetable gardens on the grounds to supplement the camp diet. As the war wore on, food became increasingly scarce. The Japanese reduced the diet of the POWs to 960 calories per person per day by November 1944, and further reduced their diet to 700 calories per person per day by January 1945. A Department of Veterans Affairs study released in April 2002 found that the nurses lost, on average, 30% of their body weight during internment. They were given an ounce of salt a month, which some of them crushed and used to brush their teeth (Sarnecky, 1999).

Whitlow remembered the liberation of the POW camp by U.S. troops on February 3, 1945:

One plane came over the camp and somebody said they dropped a message saying: 'Roll out the barrel, we'll be here tonight.' That night they came. We heard a big noise that night, but for three days we had been hearing the sound of buildings being blown up all over town, and there had been so much of it we couldn't tell what was really happening. Bombardment by our own forces and the Japanese was almost continuous from September 21 until February 3. About 8:30 that night we really began to hear noises. Shrapnel from the Japanese was falling like rain around us. Lights were thrown up that could be seen everywhere. In spite of the shrapnel, we broke over the ropes that had been put up to hold us back, and rushed for the doors. We saw two tanks coming. Someone yelled that they were Japanese and to watch out, but we soon saw they were Americans. Everybody was

yelling, crying and shouting. We could smell that good American gasoline. We were soon out patting the tanks. They were the most beautiful things we had ever seen ("Lt. Whitlow tells," 1945).

After the war, the POW nurses became known as *The Angels of Bataan and Corregidor*. On February 18, 1945, each of the nurses received the Bronze Star and a promotion of one grade. Whitfield left the Army Nurse Corps as a 1st Lieutenant. On January 2, 1946, she married fellow internee Milton Greenfield. He was an American civilian engaged in manufacturing in the Philippines when the war began (Evelyn Whitlow, n.d.).

Whitlow returned to the Philippines many times after her prisoner-of-war days and even returned to live for several months to accommodate her husband's business demands. Her last visit was in April 1980 when she and 25 other nurses gathered to take part in a ceremony honoring the *Angels of Bataan and Corregidor*. A memorial inscribed with the names of all the nurses who were held prisoner was placed at the Shrine of Valor at the foot of Mount Samat on the island of Bataan. It reads,

TO THE ANGELS—In honor of the valiant American military women who gave so much of themselves in the early days of World War II. They provided care and comfort to the gallant defenders of Bataan and Corregidor. They lived on a starvation diet, shared the bombing, strafing, sniping, sickness and disease while working endless hours of heartbreaking duty. These nurses always had a smile, a tender touch and a kind word for their patients. They truly earned the name—THE ANGELS OF BATAAN AND CORREGIDOR (Norman, 2000, 65).

Della Hayden Rainey Jackson, RN: First African American Nurse to Be Commissioned in the U.S. Army

Nurse Della Hayden Rainey Jackson was born in Suffolk, Virginia on January 10, 1912, the fourth of 12 children born to George H and Willie V. Jackson. Nurse Jackson chose to attend nursing school in North Carolina and became a proud graduate of Durham's Lincoln Hospital School of Nursing, class of 1937 (Wicker, 2013). After graduation, she worked as the operating room supervisor at Lincoln Hospital. When the United States entered World War II, Jackson was anxious to serve her country and applied for a position in the Army Nurse Corps. Initially her application was denied due to her race

(Wicker, 2013). Until 1941, the Army policy was to only employ White nurses. Despite this rejection, Jackson persisted in her efforts to become an Army nurse. A nurse needed the endorsement of the American Red Cross to be considered for military service. She wrote in 1983:

When I entered nursing more than forty years ago, it was serious business with me. It was a commitment to give my life for a cause—that of caring for those who were ill.... It was this strong desire to elevate my profession that led me to volunteer for military service in 1940 with the U.S. Army Nurse Corps. Getting accepted by the Red Cross was difficult for graduates of Black schools of nursing in the south, but I persisted in overcoming this barrier to the point of writing Miss Mary Beard, who at that time was director of nursing for the American Red Cross, telling her of my desire to serve my country and practice my profession. Miss Beard replied with my membership card, certificate and pin (Jackson in Miller, 1983, 60).

Jackson's determination paid off. In April 1941, she became the first African American nurse commissioned into the U.S. Army Nurse Corps, at the rank of 2nd Lieutenant.

In January 1941, anticipating that the United States would soon enter WWII, the Army Nurse Corps decided to accept 48 African American nurses to treat African American soldiers at Camp Livingston, Louisiana and Fort Bragg, North Carolina. The Army had recently established segregated African American hospital wards on these two bases. Jackson was chosen to lead the Bragg nurses (Women in the military, 1999).

After serving six months at Fort Bragg, Jackson passed the chief nursing examination and was promoted to First Lieutenant. In March of 1942, Jackson led the first five African American nurses assigned to the Tuskegee Army Air Field in Alabama, home of the Tuskegee Air Men, becoming the first African American ever appointed as a Chief Nurse in the U.S. Army Nurse Corps. The quota for African American nurses rose to 160 in 1943 and was dropped all together in 1944 (Sarnecky, 1999).

In June, 1944, she transferred again to become Chief Nurse at Fort Huachuca, Arizona, and shortly moved on to Camp Beale, a new Air Force facility in California. Camp Beale had a hospital that included 100 buildings and 1,000 beds. Jackson was promoted to Captain in 1945 and in 1946, she was promoted again to the rank of Major and served an extensive tour of duty with the occupation forces in Japan. When she returned to the United States, she returned to Camp Beale, as Director of Nursing for the base hospital. Major Jackson retired in 1978 after earning the highest rank of any African-American nurse who served in World War II (Miller, 1983).

Martha Pegram Mitchell

Martha Pegram was born on November 1, 1917, in the rural community of Steel Creek in southern Mecklenburg County. She was the youngest of seven children born to Wirt and Amanda Pegram. After high school graduation, Mitchell entered the nearby Charlotte Memorial Hospital School of Nursing in 1937, determined to become a RN. During her senior year, she took care of a young man, Ramon Mitchell, who would later become her husband ("South Pacific and Veterans Day" WFAE Public Radio Show, November 11, 2009).

Early in 1941, a group of Charlotte area physicians and nurses, responding to the increasing threat of World War, created the 38th Evacuation Hospital Unit (Blythe, 1966). Leaders in health care and the military thought that having medical units comprised largely of people who knew each other and worked together in civilian hospitals would best benefit the ill and wounded members of the military. Martha Pegram was one of the nurses to join the 38th Evacuation Hospital. Her grandfather served in the Confederate Army and an uncle served in WWI. She says she was motivated by "a bit of adventure, a little romance and learning. I knew I would learn things I wouldn't learn at Charlotte Memorial Hospital!" (Blythe, 1966, 116).

Evacuation hospitals, first used in World War II, were tent hospitals. They could be set up quickly and easily moved to follow the fighting. They were placed as close to the fighting as possible. Mitchell explained the purpose of the newly created Evacuation Hospitals.

We stabilized them as quickly as possible and sent them to a field hospital and then to a general hospital. We could do anything. We had an x-ray, several operating room beds, a pharmacy, a laboratory and 52 nurses were ready to take care of them [wounded and ill soldiers] ("South Pacific and Veterans Day" WFAE Public Radio Show, November 11, 2009).

Members of the 38th were inducted into the Army at Marsh Field in Charlotte before going to Fort Bragg for Basic Training. Mitchell recalls Basic Training this way:

Those people down there made a heroic effort to teach us something about the military and protocol. We had to go drill every day. Calisthenics every morning. Had to go through the gas chamber with our masks. Learn to identify our planes and their planes. Take hikes with backpacks and do all those things that military people do (*The Home Front*, n.d., para. 7).

After completing basic training at Fort Bragg, the 38th went by ship to England and were assigned to be part of the invasion of North African known as Operation Torch. Their first assignment was Arzew, Algeria. The assault began at 1 am on November 8, 1942, and by midday the nurses and physicians debarked their transport ship to start treating the wounded (Blythe, 1966). Mitchell recalls the nurses landing in Oran.

November the 8th was D-Day at Oran. And on the 9th we went over the side on these rope ladders and got into these little old ships, launches rather, and they took us to the shore. And there we got out and marched up to a little area that the infantry had already taken. And so we went into this dirty, dirty, dirty little building there and unrolled our bedrolls and immediately walked outside and dealt out a little deck of cards. We were going to play a little bit of bridge. But immediately we heard sniper fire, therefore we dove back inside that building to safety, dirty as it was. (*The Home Front*, n.d., para. 12).

Within a few days the hospital tents were erected and over 300 American, French, and British soldiers, as well as Arab civilians were treated the first week. There was neither running water nor electricity. Flashlights and kerosene lanterns provided light, and water was carried in from a nearby well. The 38th gained some fame in the American media. Ernie Pyle, a popular war correspondent, frequently traveled with and wrote about the 38th. He wrote about the nurses' daily lives for the Associated Press:

[there is] a mobile surgical hospital, which is usually about an hour's drive back of the fighting ... whose nurses were the first ashore in North Africa. The nurses of this outfit are the most veteran of any in Africa. There are nearly 60 of them and they are living just like the soldiers at the front. They wear heavy shoes and even men's GI underwear. These girls really take it. They eat out of mess kits when they are on the move. They stand regular duty hours and in an emergency they work without thought of hours. During battles they are swamped. Being nurses and used to physical misery, they have not been shocked or upset by the badly wounded men they care for. They are terribly proud of having been the first nurses to land in Africa, and of being continually the closest ones to the fighting lines (in Blythe, 1966, 248).

In Africa, the 38th treated 2,940 patients. Battlefield injuries included gunshot, shrapnel, and bayonet wounds, burns, amputations, concussions as well as blindness and deafness resulting from exploding ordinance. Malaria, mumps and venereal diseases accounted for more hospitalizations among the troops.

Sulfonamides, the first antibiotics, had a central role in preventing wound infections and therefore deaths, during the war. All American service members were issued a first-aid kit containing sulfa pills and powder and were told to sprinkle it on any open wound as soon as possible. Penicillin became available to combat hospitals by 1944 and saved hundreds of thousands of lives (Blythe, 1966).

The 38th followed the fighting across northern Africa between November 1942 and September 1943. Each time they moved they loaded up the tents and supplies and moved by truck to a new location and re-established the hospital close to a new battlefield. In an article in the *Charlotte Observer* on January 13, 1943, Pyle again wrote about the 38th (in Blythe, 1966):

If the folks in Charlotte, North Carolina, could only peep down out of the African sky and see their family doctors and nurses in their new life—what a surprise they'd have. For a bunch of men and women from Charlotte are operating the only American tent hospital so far set up in North Africa and they're doing a dramatically beautiful job ... They are far from any town, set in the middle of a big oats field, out on the rolling plains. They began setting up the day after troops had battled their way over that very ground. They took in their first patients the next morning. Now the hospital has more than 700 patients, it takes 400 people to run it, and there are more than 300 tents covering 80 acres of oats stubble. Everything is in tents from the operating room to toilets. Everything was set up in three days. They can knock down and be on the move again in another three days ... They are like a giant medical Ringling Brothers.

In December 1943, a reporter from *Life* magazine was with the 38th. His sketch of Martha Mitchell caring for a wounded soldier was on the cover of the December 27, 1943, issue of the magazine.

The Allies won the war in North African and the 38th was dispatched to Blue Beach, Italy in September of 1943. In 2002, Mitchell recalled one of the patients for whom she cared:

We had a patient in Italy ... and he had so many wounds and we worked so hard for this young man and we finally got him stabilized. And I did not know whatever happened to him. We'd given him IVs and blood transfusions ... and we worked so diligently, so hard over this guy and he was so dreadfully wounded. We got him stabilized enough to move to a hospital in the rear and that was one of the most satisfying things for me. However, I did not know what happened to him. The Museum of the New South (in Charlotte) had the exhibit (about the 38th) and I told Jean Johnson (the curator) about it, well,

she found his wife and his two sons and they called me.... He did make it through, and it was just so satisfying to find out what happened to that man ("South Pacific and Veterans Day" WFAE Public Radio Show, November 11, 2009).

In January, 1944, Mitchell received orders to rotate back to the United States. She returned to Charlotte, married Ramon (also known as Jack) Mitchell, her patient from her nursing school days, who was also on a rotation home from his Air Force duties. After a short honeymoon, Mitchell was assigned to the Brooke Army Medical Center at Fort Sam Houston in Texas to care for wounded troops who had been shipped back to the United States. Not long afterwards, Ramon was flying out of Britain on September 23, 1944, and was shot down and taken to a German POW camp. When the head nurse at Brooke asked for volunteer nurses to staff a POW camp in Roswell, New Mexico, Mitchell agreed to go. She hoped the German nurses would provide good care for her husband so she wanted to provide good care for German POWs on American soil ("South Pacific and Veterans Day" WFAE Public Radio Show, November 11, 2009).

She was there on Victory in Europe Day, May 8, 1945. The prisoners were released, and Mitchell returned to Brooke Army Medical Center. The war was still raging in the Pacific. Her husband was released and assigned to an air base in Texas so he could be near his wife. They happened to be on a date at a movie theater when victory was declared over Japan in August 1945. Both were elated and soon released from the Armed Forces.

They returned to Charlotte and after raising three boys, Mitchell returned to work at Charlotte Memorial Hospital, retiring in 1988. She continues to live in Charlotte and is active in the Charlotte Memorial Hospital School of Nursing Alumna Association and various veterans groups ("South Pacific and Veterans Day" WFAE Public Radio Show, November 11, 2009).

These three nurses, Evelyn Whitfield Greenfield, Della Rainey Jackson, and Martha Pegram Mitchell exemplify the dedication, courage, and patriotism shared by countless nurses during WWII. Nurses from across North Carolina, trained at different hospitals, working in different fields of nursing, pulled together to care for both the soldiers at home and abroad as well as the civilian population who needed them.

On the Home Front

With so many nurses serving in the military, there was a great need to encourage retired or inactive nurses back into the field, to recruit more students

into the profession and to teach Red Cross courses in Basic First Aid and Home Care of the Sick to the public so they could take better care of their own health needs. According to the NCSNA archives, in 1941, both Park View Hospital School of Nursing in Rocky Mount and Watts Hospital School of Nursing in Durham were awarded federal monies to teach refresher courses for inactive nurses. In North Carolina, no central repository of nursing workforce data existed. No one knew how many nurses worked in the state, the geographical distribution of those nurses, how many nursing school graduates were inactive, retired or employed in other fields. Without this information it was impossible to plan for meeting the nursing shortage created by WWII. The first step the NCSNA took was a survey of all graduate registered nurses in the state.

Nurse Flora Wakefield, a public health nurse from Wake County was appointed by Governor Broughton to chair the North Carolina Nursing Council for War Service. Nurses volunteered to be County Nurse Deputies to coordinate war-related activities in their counties. In addition to conducting surveys to identify active, inactive and retired nurses, County Nurse Deputies recruited potential nursing students and offered programs to high schools, nursing schools, and the general public about the work of and need for military and civilian nurses (Brown, 1943). Survey results published in the April, 1943, *Tar Heel Nurse*, revealed that of the 5,845 questionnaires mailed, 3,433 were returned. Of those, 2,542 were returned by nurses employed in nursing, 417 by nurses who were inactive but willing to return to nursing and 474 by "inactive but unavailable" nurses (1943 survey, 1943).

The Cadet Nurse Corps

Despite these efforts the state and nation continued to face a severe nursing shortage. In 1943, U.S. Congresswomen Frances Bolton from Ohio introduced a bill to establish a Cadet Nurse Corp (CNC) to relieve the shortage. When the bill was signed into law on June 15, 1943, it provided the first major infusion of federal funds into nursing education. The Bolton Act provided \$60,000,000 for the creation of the CNC. The CNC provided tuition, fees, uniforms and a monthly stipend for students. In exchange the students agreed to serve where needed (military or civilian hospitals) for the duration of the war and 6 months thereafter (Kalisch and Kalisch, 2003).

Nursing education programs participating in the CNC were shortened from 36 to 30 months. In addition, the bill provided funds to employ additional faculty and acquire and improve equipment and facilities. In order to sponsor a CNC program, schools of nursing had to be accredited by their state accrediting

Table 6 County Deputy Nurses during World War II

During WWII each county in NC had a Deputy Nurse. Her job was to encourage inactive nurses to return to practice, to recruit nurses for the military, to encourage local young women to enroll in nursing school and to organize home nursing and first aid classes.

County	Nurse		
Alamance	Mrs. J.R. Nichols		
Alexander	Mrs. Margaret Walker		
Alleghany	Ola Collins		
Anson	Miss Imogene Pence		
Ashe	Miss Ruth Sheppard		
Avery	Mrs. Morrison Craven		
Beaufort	Eva Cratt		
Bertie	Mrs. Norwood Hogan		
Bladen	Lillian Breeze		
Brunswick	Mrs. Mary Teague		
Buncombe	Mrs. Beatrice Crowell/Mrs. Elaine Mashburn		
Burke	Clara McCall		
Cabarrus	Mrs. Karl Cline		
Caldwell	Mary King Bailey (Kneedler)		
Camden	None		
Carteret	Josephine Sykes/Mary Privette		
Caswell	Martha Newman		
Catawba	Frances Allen		
Chatham	Evelyn Davis		
Cherokee	Ola H. Williams		
Chowan	Gladys Hester		
Clay	Mrs. Florence Thompson		
Cleveland	Irene Clark		
Columbus	Mary Floyd		

County	Nurse		
Craven	Lillie Fentress/Frances Sutton		
Cumberland	Edith Bunton Chance		
Currituck	Beth Fulcher		
Dare	Bessie Draper		
Davidson	Helen Trexler		
Davie	Mrs. Margaret Green		
Duplin	Margaret Evans		
Durham	Kate Herndon		
Edgecombe	Bertha Edwards		
Forsyth	Bess Dalton		
Franklin	Mrs. F.D. Culpepper		
Gaston	Pauline Parker		
Gates	Mrs. Ellis Rankin		
Graham	Mary Oliver		
Granville	Evelyn Chessam		
Green	Dora Manning		
Guilford	Elizabeth Clement		
Halifax	Frances Grant/Katherine White		
Harnett	Mrs. Irene Lassiter		
Haywood	Mrs. Rufus McCracken		
Henderson	Lelia Patterson		
Hertford	Mrs. Henry Holloman		
Hoke	Mrs. Ernest Campbell		
Hyde	Minnie Whitehurst		
Iredell	Elizabeth Hill		
Jackson	Lena Hayes		
Johnston	Myra Hill		
Jones	None		
Lee	Elanor McLeod		

County	Nurse		
Lenoir	Ada Gray		
Lincoln	Mary McCorckle		
Macon	Mrs. Robert Gaines		
Madison	Annie McGregor/Eva Brewer		
Martin	Mary Louise Taylor		
McDowell	R. Owen		
Mecklenburg	Montrose Austin		
Mitchell	Mrs. W.W. Bailey		
Montgomery	Myra Ledbetter		
Moore	Mattie Sutton		
Nash	Bonnie Stewart/Mrs. A. Hicks		
New Hanover	Maggie Moore/Lillian George		
Northampton	Miss Corine Mae Hayes		
Onslow	Billie Fontress		
Orange	Lake Allen		
Pender	Mary Stokes/Emma Ware		
Pamlico	Mrs. J.D. Rafferty		
Pasquotank	Charlotte Fearing		
Perquimans	Mary McManus		
Person	Mrs. John Bullock		
Pitt	Mrs. Emily Mathews		
Polk	Nancy McLeod		
Randolph	Ruth Willett		
Richmond	Violet Fisher/Lucille Jenkins		
Robeson	Agnes Kelly		
Rockingham	Mrs. J.C. Harviel		
Rowan	Louise McDaniel		
Rutherford	Ruby Elliott		
Stanly	Loretta Sweatt		

County	Nurse	
Stokes	Mrs. Hatch	
Surrey	Mrs. W.T. Simpson	
Swain	Helen Turner	
Transylvania	Jessie Mae Alexander	
Tyrrell	Thelma Berry	
Union	Hattie Eudy	
Wake	Mrs. Leon Byrum	
Warren	Mrs. Joseph Jones	
Washington	Mozel Trottman	
Watauga	Virginia Jones	
Wayne	Mrs. R.E. Stevens	
Wilkes	Bertha Bell	
Wilson	Agnes Lenich	
Yadkin .	Laura Niblock	
Yancey	Elizabeth Grouse/Mrs. Profitt	

agency and be associated with hospitals with an average daily patient census of at least 50 (Kalisch and Kalisch, 2003). Thirty-one of the 45 accredited nursing schools in North Carolina, both African American and White, participated in the CNC program. Hundreds of North Carolina nurses received their education through the CNC.

Polio Epidemics in the 1940s

The nurses caring for patients in iron lungs had to be attuned to their respiratory needs at all times to keep them alive, which meant being with the patient physically and psychically. Decisions had to be made regarding suctioning, postural drainage, giving oxygen, and the need for emergency tracheostomy, and nurses had to make these minute-to-minute decisions (Dunphy, 2001).

At the same time health care personnel and resources were seriously depleted meeting the needs of soldiers fighting a World War, severe epidemics of polio swept through cities and towns in North Carolina and across the United States crippling and killing thousands. Polio cases peaked in the state in 1948, with 2,516 cases and 143 deaths. Because there was no way to prevent or cure polio these epidemics created medical emergencies in stricken areas. In responding to the polio epidemics of the 1940s, many North Carolina communities abandoned their segregationist policies in emergency and open air polio hospitals (Green, 2008). Dr. Jonas Salk developed a vaccine to prevent polio that became available to the public in 1955, and in 1959, North Carolina became the first state to require that all children be inoculated with Salk's vaccine (Koon, 2009).

In 1944, Hickory was often referred to as the *Polio City* by newspapers and radio stations across the state. Families with stricken children left the mountains and northern foothills heading toward Charlotte Memorial Hospital's (CMH) polio ward. CMH was quickly overcrowded and could not admit new patients. Many of the families from the Catawba River valley made it no further than Hickory before they learned there was no room in Charlotte for their children (Harris, 2005). In what became known as the "Miracle of Hickory," in early June 1944, citizens of Hickory and the National Foundation for Infantile Paralysis decided to act. In less than three days they turned a local camp for under nourished children into an emergency polio hospital. The first patients were admitted within 54 hours of the decision to create a polio hospital. For nine months, regardless of race or ability to pay, the hospital treated hundreds of young people whose lives were disrupted by this disease. Fifty-five African American children and one Native American child were treated (Sink, 1998).

Greensboro area citizens suffered from a polio epidemic in 1948. The community came together to confront this acute crisis, and the custom of racial segregation was temporarily set aside to provide emergency care to all affected children. While healthcare facilities in Greensboro would remain officially segregated for another fifteen years, during the summer of 1948 in the emergency polio hospital, White and Black patients shared wards, and nurses of both races worked side by side to treat the sick (Green, 2008).

An article in the Kansas City Plain Dealer titled Volunteer Nurses Are Needed For Polio Duty conveyed the need for African American nurses to help in the 1948 North Carolina epidemic:

In response to the urgent need for nurses in sections of North Carolina seriously affected by infantile paralysis, Negro nurses in scattered localities throughout the country are following the lead of twelve Southern Negro nurses volunteering for polio duty, the American Red Cross

reported this week. All Negro nurses available for service are urged to register as soon as possible with their Red Cross chapter. The Red Cross functions as a recruiting agency when local nursing resources are depleted; salaries and transportation of nurses assigned are paid by the National Foundation for Infantile Paralysis.

Three Negro nurses recruited through Red Cross national headquarters during the past few days are among those who will serve on polio duty in N.C. Mrs. Gladys Johnson of Fort Worth, Tex., former Red Cross itinerant nursing instructor in Midwestern States, will serve as supervisor in the polio wards at the Kate Bitting Reynolds Memorial Hospital in Winston-Salem and Estelle Coles, a recent graduate of Freedman's Hospital School of Nursing in Washington, DC, has also has been assigned there. Earlier in the week Manna Beaman, Richmond, volunteered for service and was assigned to St. Agnes Hospital, Raleigh ("Volunteer nurses," 1948, 6).

The Central Carolina Convalescent Hospital opened on October 11, 1948, in Greensboro. One hundred sixteen polio patients who had been cared for in the Overseas Replacement Depot and a second makeshift hospital in the former offices of *The Greensboro Record* were transferred by ambulance with the nurses hand-pumping iron lungs to this new hospital. Many patients spent weeks or months at the new polio hospital as they slowly regained the use of leg muscles and began to walk again with the help of crutches, leg braces and corsets to straighten their spines (Green, 2008).

The Hill-Burton Act and the North Carolina Good Health Plan

During World War II shocking statistics emerged in North Carolina. Soon after the December 7th, 1941, Japanese attack on Pearl Harbor, NC State Board of Health personnel examined boys in 11th and 12th grades for fitness for military duty. They found 85% had dental defects, 16% had vision problems, 16% were underweight, and 14% had enlarged tonsils. Fewer had malnutrition, tuberculosis, hookworm, and malaria. More than 50% of the young men who appeared before local draft boards were rejected as medically unfit for military service, the highest rejection rate in the country. Political and health care leaders realized North Carolina had a health crisis it could not ignore ("To the good health," 1945).

After WWII, state leaders created the Good Health Plan (GHP), in order to address the poor health status of much of the states' population. Nurse

Wakefield of Raleigh served on the Executive Committee. The plan included building a large teaching hospital in Chapel Hill along with several smaller, community hospitals in medically underserved areas. GHP proponents advocated creating and upgrading schools of medicine, dentistry, nursing, public health and pharmacy at UNC-Chapel Hill into a comprehensive system to increase the quantity and quality of health care practitioners across the state. After a star-studded public relations campaign, the state legislature appropriated five million dollars to put the plan in place. In all, nearly \$50 million was spent over a five-year period to implement the Good Health Plan, a third of which came from the federal government's Hospital Survey and Construction Act, better known as the Hill-Burton Act ("To the good health," 1945). This 1946 law was designed to provide federal funds to build and/or improve the nation's hospital facilities. Money was distributed to the states to achieve a ratio of four and one half beds per 1,000 people for general hospitals, five beds per 1,000 people for psychiatric hospitals and two beds per thousand for chronic disease hospitals. The states then allocated the available money to towns and counties. Any hospital that received Hill-Burton funds agreed to provide medical, surgical, obstetrical and pediatric care as well as a reasonable volume of indigent care. States were required to maintain a system of licensing that would ensure minimum standards of quality and safety in any hospital receiving Hill-Burton monies (Kalisch & Kalisch, 2003). Unfortunately, the Hill-Burton Act did not ban racial discrimination in hospitals but continued to support "separate but equal" facilities in states with Jim Crow laws. Using GHP funds and monies from the Hill-Burton Act, more than 7,000 hospital beds were added across the state in the years after WWII. This created more hospital-based nursing jobs to fill (Thomas, 2011).

Beginnings of Licensed Practical Nursing in North Carolina

Following World War II, several conditions contributed to an increased need for nurses in North Carolina. The post WWII baby boom increased the need for maternity and pediatric care. Hospital administrators in facilities built or expanded using GHP and Hill-Burton funds needed to fill their new beds and needed nurses to take care of the expanding patient load. Increased insurance coverage encouraged people to seek health care by decreasing the out-of-pocket expenses for such care. New medications such as penicillin and streptomycin as well as new surgical techniques that emerged from WWII vastly expanded the array of ills that could be successfully treated by physicians

Table 7
First LPN Schools Opened in North Carolina

Name of School	Location	Race	Year School Opened
Alamance General Hospital School of Practical Nursing	Burlington	W	1948
Watts Hospital School of Practical Nursing	Durham	W	1948
Grace Hospital School of Practical Nursing	Banner Elk	W	1949
Wayne County Memorial Hospital School of Practical Nursing	Goldsboro	W	1949
Duke University School of Practical Nursing	Durham	AA	1950
Mary Elizabeth Hospital School of Practical Nursing	Raleigh	W	1950
Stanley County Hospital School of Practical Nursing	Albemarle	W	1950

W = White; AA = African American

and through hospital care. Many nurses who came out of retirement to help the country during the War, retired again from the nursing workforce to marry and start families (Kalisch & Kalisch, 2003). Enrollment in schools of nursing was near capacity so the need for additional nurses could not be met through the established schools of nursing. Many North Carolina health care leaders looked to Licensed Practical Nursing (LPN) to help alleviate the nursing shortage.

Licensed Practical Nurses (LPNs also known as practical nurses or PNs and licensed vocational nurses or LVNs) had been educated and regulated in many states since the early 1900s (Haase, 1990). In 1947, the state legislature amended the North Carolina Nurse Practice Act to allow for LPN education, practice and regulation by the North Carolina Board of Nurse Examiners. This was a permissive law that only protected the title of the Licensed Practical Nurse. The law allowed people who were already employed as practical nurses to apply for the Licensed Practical Nurse designation without taking an examination or LPN education courses. Within a few years, seven LPN schools were opened under Nurse Miriam Daughtry's leadership (Daughtry, 1959).

Integrating the Two State Nursing Associations

The first 50 years of professional nursing in North Carolina were marred by racial exclusion, prejudice and segregation. From education to employment to membership in professional associations, African American nurses in North Carolina, indeed in all the states of the old Confederacy as well as some other parts of the nation, faced legal, social and professional discrimination. In 1949 the nurses of North Carolina became the first professional organization in the state to come together as one integrated association to represent all registered nurses in North Carolina. World War II created a significant shift in race relations in the United States as well as in the nursing profession. In January, 1945, President Roosevelt issued an order desegregating the Army and Navy Nurse Corps. In 1946, the ANA House of Delegates passed two important resolutions to fully integrate the organization. The first resolution recommended that state nurse associations eliminate racial barriers to membership as quickly as possible. The delegates further voted to amend the ANA constitution and bylaws so that by 1948 individuals could be admitted directly into the ANA if they were denied membership in a state nurse association (Kalisch & Kalisch, 2003).

Papers found in the NCSNA files at the North Carolina State archives reveal the process of integrating the professional nursing organizations in North Carolina. In 1944 the President of the North Carolina Association of Negro Registered Nurses, Inc (NCANRNI) wrote the president of the NCSNA asking that African American nurses be allowed into the NCSNA. Their request was denied because the NCSNA bylaws limited membership to White nurses. After WWII, the NCSNA leadership wanted to represent nurses in collective bargaining agreements. In order to comply with federal labor laws, the "White only" clause in the bylaws had to be removed. Some nurses in NCSNA thought it would be embarrassing and unwieldy to have African American nurses from North Carolina as members of the ANA but not be allowed in the NCSNA. Many nurses in both organizations believed in racial equality and that one integrated nursing organization in the state would best represent nursing interests to the state legislature and the general public.

In 1949 the NCANRNI voted itself out of existence. The NCSNA voted to accept all RNs for membership regardless of color. The notes from two important speeches are housed in the NCSNA files at the State Archives in Raleigh, NC. One by the President of the NCANRNI, Inc, Elizabeth Thompson, RN and

one by the Executive Secretary of the NCSNA, Marie B. Noel. Noel praised the actions of the NCANRNI by saying,

Since all citizens of North Carolina need adequate nursing care and since the professional nursing organizations are to a great degree responsible for such care, I believe the action taken this morning by the N.C. Association of Negro Registered Nurses, Inc. to dissolve its organization of 27 years standing and to associate itself wholly with the North Carolina State Nurses' Association will be a great asset in promoting nursing service for all North Carolinians.

Elizabeth M. Thomson, President of NCANRN, Inc in 1949 closed the last meeting of the organization with these words:

The final chapter has been written by the North Carolina Association of Negro Registered Nurses, Inc., but the activities of nurses and nursing must go on. As professional women, we all have a great part to play in furthering the progress and elevating the standards of this work. The integrating of the associations gives opportunity for great service, and by so doing, humanity will be better served.

In the first year after integration, African American nurses were serving in leadership positions. Nurse Lucile Williams, Director of Nursing at Lincoln Hospital in Durham was appointed to the state committee on structure, Nurse Esther Henry, Director of the North Carolina College Department of Public Health Nursing became a member of the District 5 program committee and Nurse L.F. Betts of the Durham City/County Health Department joined the membership committee of District 5. It is interesting to note that the *Tar Heel Nurse*, the official publication of the NCSNA, never ran an article mentioning the merger of these organizations.

In a piece in the American Journal of Nursing in 1963, Marie Noell reflected on the 14 years since the NCSNA integrated its membership this way:

In facing integration in this southern state, the North Carolina State Nurses' Association has been "way ahead" of the communities in which we live. For 15 years, Negro nurses in North Carolina have been members of the NCSNA, but it is only within recent months that Negro members have been able to obtain full acceptance at hotels where we meet. When NCSNA and the North Carolina Association of Negro Registered Nurses, Inc. combined in 1948, it was not without opposition—from some members of both organizations—and as a result, we lost some members. However, the merger was completed. District

associations also fully accepted Negro members. From the first, NCSNA has refused to hold conventions or meetings unless the facility permitted all members to attend meetings and association luncheons and banquets. On only one occasion did we have to reschedule a meeting. One hotel, being picketed just prior to the NCSNA convention, notified us that Negro nurses could attend all scheduled meetings but not the banquet. We moved our annual banquet from this hotel to a hospital. Today, in at least four major cities in North Carolina, several leading hotels accept all our members for all accommodations, even with civil rights demonstrations going on. We have let it be known that we will not hold a convention at a hotel that does not accept Negro members for housing. Recently one hotel was notified that the 1963 convention would be moved to another city unless we were assured that Negro members would be fully accepted. We have received this assurance. NCSNA's Negro members have not pushed the public for this acceptance. It has been the association itself-its membership and leadership—that has insisted on their acceptance. NCSNA was among the first organizations in this state to include Negroes in its membership. Our action has, I believe, led others to follow our example: first, including Negroes as members, then moving toward their full acceptance at public facilities as rapidly as community conditions will allow. NCSNA has been cited in the press as an example on how all people can work together (Noel, 1963, 64).

Chapter 7

1950s Educational Innovation

Two words sum up the focus of nursing in North Carolina during the 1950s: education and innovation. When the decade of the 1950s began, the only way to become a registered nurse in North Carolina was through a hospital-based diploma program. By the end of the decade, nurses and their allies expanded and improved educational opportunities across the state. By 1960, four bachelor of science in nursing (BSN) programs and one associate degree in nursing (ADN) program offered basic nursing preparation. In addition, both Duke University and UNC-Chapel Hill offered two master of science in nursing (MSN) programs, one in nursing administration and one in psychiatric nursing. In 1957, Duke University School of Nursing started the first experimental, although short-lived, MSN degree in advanced clinical practice nursing. This spirit of innovation carried through into the early 1960s when, in 1961, North Carolina College (now known as North Carolina Central University) began one of the first RN to BSN programs in the country. The North Carolina Association of Nursing Students was established in 1950 and in 1956; Watts Hospital School of Nursing was the first diploma program in the state to receive full accreditation by the National League for Nursing.

These accomplishments were not quickly or easily won. Professional nursing leaders first had to re-establish their right to regulate and oversee nursing education. Early in the decade the trustees of the Hamlet Hospital School of Nursing sued the North Carolina Board of Nursing and the Standardization Board, questioning their right to accredit nursing schools. When they lost in the courts, administrators of the hospital accompanied by other like-minded physicians and hospital administrators went to the state legislature to try to change the Nurse Practice Act to better represent their point of view. Nurses across the state fought back and held their own in the courts and the legislature.

First Bachelor of Science in Nursing Program in North Carolina

In 1950 results from two major surveys impacting nursing education in North Carolina were released. The first was a North Carolina study titled *Nursing and Nursing Education* and the second was a national study titled *Nursing Schools at the Mid Century*. Each report indicated that North Carolina needed not only bachelor of science in nursing programs but also publicly funded

master of science in nursing programs.

Under the auspices of the University of North Carolina at Chapel Hill and the North Carolina Medical Care Commission, a study was completed titled Nursing and Nursing Education (1950). Its purpose was to determinate the current and future needs for nursing care and the types of nurses needed to deliver that care. The researchers found a severe nursing shortage. Their report recommended doubling the number of current graduates to meet the nursing needs of the state by 1960. The shortage was especially acute, the report stated, in the supply of nurses qualified by education to serve as administrators, supervisors, educators, and public health nurses. Julia M. Miller, Dean of the School of Nursing, Emory University, was responsible for the portion of the study which dealt with hospital schools of nursing. Identifying a major need for better preparation for nurses, she recommended that Duke University and the University of North Carolina at Chapel Hill offer baccalaureate programs in nursing. She also recommended the planning and implementation of continuing education programs for registered nurses and the development of master's programs in nursing in the state.

In 1950, a major national study, "Nursing Schools at the Mid-Century" (West & Hawkins, 1950) revealed the bleak state of nursing education in many hospital-based training schools in North Carolina. A questionnaire was sent to every nursing school in the country, 96% of them were returned. The investigators asked about long-accepted professional criteria for assessing the quality of nursing schools: administrative policies, finances, faculty, curriculum, clinical experiences, library holdings, admission criteria, student welfare (living conditions and hours of clinical) and state board passing rates. The study found that in 1950 there were 225 full-time nursing faculty in the 40 diploma schools in North Carolina. Of those, 170, or 76% did not have a college degree. Fifty-three or 24% held a bachelor of science in nursing degree and 2 held master of science in nursing degrees. Three quarters of the nursing instructors in North Carolina held their hospital diploma as their highest

academic credential.

The study's authors grouped the schools in the study into three categories. Group 1 was comprised of the top 25% of schools surveyed. Schools in the middle 50% were in Group 2, and Group 3 consisted of the schools in the bottom 25%. Of the forty nursing schools in North Carolina in 1950, one school, Duke University School of Nursing was in Group 1, eighteen were in Group 2, and twentyone, or more than half the schools in North Carolina, ranked in the bottom 25% of schools in the nation. Nursing leaders used these statistics to garner support to establish the first state funded collegiate school of nursing at UNC-Chapel Hill.

In the late 1940s, the state legislature and Governor Kerr Scott provided monies to implement the "Good Health Plan." This included construction of a health center made up of schools of dentistry, pharmacy, medicine, public health, and nursing and the new North Carolina Memorial Hospital in Chapel Hill. These schools and the hospital were to work together to provide better health services to the state's citizens, educate more highly trained health professionals and work on joint research projects to better the health of the state and nation. It was a novel plan and was widely watched and imitated throughout the country in the next decades (McLendon, W, Denny, F, & Blythe, W., 2007).

Dr. Elizabeth Kemble was the only doctorally prepared nurse in the state when she arrived as the first Dean of the new school of nursing in 1950. She brought wide experience in teaching and administration. Her most recent position was Director of the Department of Measurement and Guidance at the National League for Nursing. During her first year she hired three faculty members-Alice Gifford, Ruth Dalrymple and Ruth Boyles-oversaw the construction of the nursing classrooms and dormitory, developed a budget, wrote a curriculum, and recruited and admitted the first class of 27 students who entered in the fall semester of 1951 (Fitzgerald, 1991). Dean Kemble, not a southerner, relied on the assistance of Nurse Elizabeth Scott Carrington of Alamance County, wife of an influential physician and sister to the governor, to navigate the state's political and cultural climate to ensure support for the school of nursing (Fitzgerald, 1991). Nurse Audrey Booth, a Nebraska native, had come to Chapel Hill from Hawaii to be the nursing director of the children's ward at the new North Carolina Memorial Hospital. She remembered some early difficulties at the school of nursing this way:

There was a lot of prejudice at the time against a B.S. program for nurses. The feeling was that nurses were being over educated. That was the most important power struggle that Mrs. Carrington resolved, because that struggle affected who got funding from the legislature. Starting a new school was expensive. And there was the matter of

teachers. In the past much of the teaching in nursing schools had been done by physicians ... it was understood that the dean of the medical school would have preferred a diploma school of nursing at UNC instead of a baccalaureate program (A. Booth, personal communication, August 3, 2012).

The school was a great success. Three momentous accomplishments occurred in 1955. First, all of the 16 graduates in the first class passed the state boards. That same year, the school earned full accreditation from the National League of Nursing. Finally the school opened a master's of science in nursing degree program (Fitzgerald, 1991). The success of the UNC-Chapel Hill School of Nursing has grown through the decades.

Cognizant of the 1938 *Gaines* ruling by the U.S. Supreme Court requiring states to offer equal higher education opportunities for minority students if the state maintained separate institutions for each race, the 1953 session of the General Assembly created a commission to study the feasibility of establishing nursing education programs at one or more of the state supported colleges for African Americans. The study commission recommended appropriating \$200,000 to establish BSN programs at Winston Salem State Teacher's College (renamed Winston Salem State University in 1969) and North Carolina Agricultural and Technical College (NCA&T).

According to the WSSU Nursing Division Undergraduate Student Handbook (2011), Nurse Beverly Knight was hired as the first Dean of the program at WSSTC. Thirty-three students enrolled in the inaugural class in the fall of 1953. Gwendolyn Andrews was the first faculty member and held the position of the Instructor of Nursing Arts. She would later become the first African American MSN graduate of the University of North Carolina at Chapel Hill in 1960 and the first African American to sit on the Board of Directors of Baptist Hospital in Winston-Salem. Classes were held in the Student Health Center until the erection of a new building housing the nursing department opened three years later. Kate B. Reynolds Hospital was the primary clinical site. Because segregation laws barred African American student nurses from entering most other area hospitals, students had to travel around the country for some of their specialty training. Fordham Hospital in New York City provided clinical affiliations for pediatric nursing and students went to Kings County Hospital in Brooklyn, New York for psychiatric nursing. The North Carolina Board of Nurse Registration awarded the school full accreditation in 1955. Additional clinical affiliations were soon arranged with Meharry School of Nursing in Nashville, Tennessee, Grady Hospital in Atlanta, Crownsville Hospital in Maryland and Harlem Hospital in New York City. These 3-month residencies at hospitals around the country provided the students with valuable insights into the nursing profession while broadening their life experiences. Dr. Mary Isom and Dr. Sadie Webster were among the first graduates of the program and both went on to become deans of the school later in their careers.

Nurse Wiletta T. Jones was the first Dean of the nursing program at NCA&T when it opened in 1954. She announced the addition of four clinical faculty members in 1955. They were Eva Borican, Bettye Carter, Tiny Pearly Holmes, and Vernice Vankinscott (A & T, 1955). The school continued to grow and four more faculty were hired in 1956 (New assistant, 1956). Alma Lee taught public health nursing; Carrie Hardy, who earned her MA degree at Hunter College in New York taught obstetrical nursing, Cyrena Doxey and Geraldine Butler became clinical instructors (Joins A&T, 1956).

Duke University was the only private institution in the state to initiate a BSN program in the 1950s. The program opened in September, 1953. Total costs for a semester were \$540 which included \$175 for tuition, \$75 in fees, \$80 for room, \$200 for board and \$10 for laundry (Duke University, 2011). Graduates from all of these programs help meet the demand for nursing educators and administrators in the state and nation.

North Carolina Association of Nursing Students Is Formed

According to the North Carolina Association of Nursing Students website (History, 2013), in 1947, delegates to the North Carolina State Nurses' Association (NCSNA) annual convention considered organizing a statewide nursing student association to be sponsored by the NCSNA. After several meetings of interested parties over the next two years, the idea was ratified at the 1949 NCSNA convention. The inaugural meeting of the North Carolina Association of Nursing Students (NCANS) was held in High Point on February 8, 1950. NCANS membership was open to all nursing students in the state, White and African American. The organization created leadership opportunities, forged friendships and working relationships between students from different nursing schools, and provided a forum for diverse students to share ideas and activities.

An interesting forerunner to the official NCANS organization was the Nursing Student of the Year (NSOY) contest, which was first held on July 1, 1947, in Raleigh. The North Carolina Hospital Association, the Medical Association of North Carolina, the North Carolina League of Nursing Education, and the North Carolina State Nurses' Association cosponsored the event. Criteria for

winning the coveted NSOY title included personal appearance, aptitude for nursing, spirit of nursing, personality, scholarship standing, and leadership. The NSOY represented nursing at functions such as country fairs and spoke to high school girls and other audiences to recruit girls and women into the profession. The grand prize for the "Miss North Carolina Nursing Student of the Year" was a beach wardrobe and a week-long vacation at one of North Carolina's beaches (History, 2013).

Conflict between Hamlet Hospital School of Nursing and the Standardization Board

The most important role of the Standardization Board (SB), created by the state legislature in 1925, was to set standards for and accredit nursing schools in the state. Accreditors assessed the hospital's average daily census, and the schools admission requirements, curriculum, faculty qualifications and living conditions of the nursing students to determine the quality of a nursing education program. Schools were classified as either "A" or "B," depending on the criteria noted above. Those not meeting the "B" level standards did not receive accreditation. Their graduates could not sit for state board examinations, nor enter the Army or Navy Nurse Corps, the U.S. Public Health Service or the American Red Cross.

Papers in the NCSNA files at the North Carolina State archives reveal that during the 1940s, Davis Hospital School of Nursing in Statesville, and Hamlet Hospital School of Nursing (HHSON) in Richmond County struggled to meet minimum accreditation requirements and were often put on probation by the SB. After a 1947 visit to the HHSON, Mr. Sample Forbus, hospital administrator at Watts Hospital in Durham, and SB member representing the North Carolina Hospital Association noted in a report to the SB:

On our visit I gained the impression that the objective of running the training school was solely to get nursing help to take care of the patients. That need caused the authorities at that time to utterly disregard the regulations of the SB. There seemed to be a feeling that there was not much interest in adhering to the regulations of the SB. When I was there the records were fraudulent. I question the advisability that the school continue to operate. In so doing, that purpose of a training school is defeated (Standardization Board minutes, 1947, n.p.).

The records of the SB illustrate continuing problems with the HHSON. The Educational Director of the SB reported that the HHSON was not meeting the

minimum requirements. Specifically, faculty members were poorly qualified, the curriculum did not follow the plan approved by the SB, there were inadequate records available concerning the clinical instruction of students, the library only held 75 volumes, student nurses exceeded the 48 hour work week, and the students living quarters needed upgrading. The SB voted to not accredit the school for the 1951–1952 school year. Students enrolled in the program would be given an opportunity to transfer to an accredited school to complete the work to earn a diploma.

In 1951, the HHSON, Inc sued the SB as a corporation as well as each individual member of the SB. The physician owners of Hamlet Hospital and its nursing school contended that the HHSON was a privately held entity and that nursing students enrolled voluntarily, so the SB had no authority to regulate it. The State Supreme Court disagreed citing the legislative authority the General Assembly had given to the SB to monitor and accredit schools of nursing in North Carolina.

A letter from H.E. Stacy, attorney for Hamlet Hospital, to Mr. Lassiter, the attorney for the SB dated February 8, 1952, shortly after the Court's decision, says in part, "Judge Barnhill's concurring opinion in this case was a right stern rebuke to us" (Standardization Board Minutes, 1947, n.p.). Stacy then suggested that rather than have his side (Hamlet Hospital) appeal the decision, the SB could come for another review of HHSON to determine if enough changes had been made to accredit the school. The SB acting with the advice and consent of the North Carolina Board of Nurse Examiners (Board) agreed to revisit HHSON. On May 5, 1952, the Special Committee of the SB and Board surveyed HHSON and reported that the deficiencies found in 1951 had been remedied. The school was then placed on a list of accredited schools of nursing in North Carolina.

Nurse Practice Act Revised in 1953

The nurses of North Carolina were, no doubt, startled by the headlines which appeared in a Raleigh newspaper on the morning of March 5, 1953, stating a bill had been introduced into the Senate to "Abolish the State Board of Nurse Examiners" (Kerr, 1953, 4).

After losing the legal battle over the authority of the Board and the SB to enforce standards for schools of nursing, the physician owners of the HHSON and their allies introduced Senate Bill 258 in the 1953 session of the General Assembly. In order to weaken organized nursing in the state, provisions of Senate Bill

258 would have abolished the Standardization Board altogether, revised the make-up of the Board of Nurse Examiners to include four nurses and three physicians who would be appointed and could be removed at the pleasure of the governor, required nurses appointed to the board to have been at the bedside for the two years prior to their appointments (thus eliminating nurse educators and administrators from the Board), abolished requirements that a nursing school maintain any records, changed accreditation standards to state that a hospital must have 50 beds (with no designation as to the type of beds or the average daily census) and that nursing faculty only be "equipped to teach courses" (NC Board of Nursing files in the State Archives, 1953).

After careful deliberations, an ad hoc group of nursing leaders decided to counter their foes with their own bill, Senate Bill 316, introduced by State Senator Zebulon Weaver of Buncombe County. The nurses bill called for an all elected, all nurse Board of Nurse Examiners whose members had to be registered and practicing in the state for three years. The nurses' bill also called for the continuation for the SB and higher standards for schools to become accredited. Hundreds of nurses came to Raleigh to lobby their legislators in support of their bill. Ultimately, a compromise was reached.

The new 1953 Nurse Practice Act abolished the Standardization Board and created a Board of Nurse Registration and Nursing Education (Board). Members of the new Board consisted of five registered nurses, two physicians, two hospital representatives, and three licensed practical nurses, all appointed by the governor for four year terms. The three licensed practical nurses were to participate in Board matters related only to practical nursing.

For the first time, the North Carolina General Assembly, on the advice of the NCSNA adopted a definition of nursing into the 1953 revision of the North Carolina Nurse Practice Act. The definition reads:

A person is engaged in the practice of professional nursing when such person for compensation or profit performs any professional service requiring the application of principles of the biological, physical or social sciences and nursing skills in the care of the sick, in the prevention of disease or in the conservation of health, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, the carrying out of treatments and medications as prescribed by a licensed physician and the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient or other.

Table 8 Courses and Hours as Mandated by the 1953 Nurse Practice Act

Course	Hours
Anatomy and Physiology	120
Microbiology	45
Chemistry	50
History of Nursing	10
Nursing Arts	155
Psychology	30
Nutrition/Diet therapy	60
Obstetrical Nursing	40
Sociology	20
Pathology	30
Nursing General Medical	60
Nursing General Surgical	60
OR Technique	30
Nursing Medical Specialty	35
Nursing Surgical Specialty	60
Pediatric Nursing	40
Psychiatric Nursing (theory only)	45
Unassigned	50
Total	1,000

The law explicitly reserved the titles graduate nurse, trained nurse, registered nurse and professional nurse for those people who passed the licensing examination given by the Board.

The law mandated that the licensing examination cover anatomy, physiology, nutrition, bacteriology, obstetrical nursing, medical nursing, surgical nursing, nursing of children, ethics of nursing and the theory of psychiatric nursing. Applicants taking the nursing examination had to be at least 20 years old, be of good moral character, have good physical and mental health, be a high school graduate or its equivalent and have graduated from an accredited school of nursing. Licenses could be revoked for fraud or deceit in obtaining a license, com-

mitting a felony or crime of moral turpitude, gross immorality, dishonesty, negligence, habitual drunkenness or addiction or being mentally incompetent.

The 1953 Nurse Practice Act listed accreditation standards for nursing schools. Schools were required to have a connection with a general hospital of 50 beds or more, provide 1,000 hours of classroom instruction, provide 2,285 hours of clinical instruction, have a library of at least 100 recent edition books, adequate classroom, laboratory and other suitable instructional facilities to effectively carry out the program and a sufficient number of faculty with educational qualifications and experiences to effectively teach and supervise students. The piece of the legislation addressing nursing faculty, perhaps the most alarming to NCSNA and North Carolina League for Nursing Education members, removed any standards (such as a college degree) for what constituted "qualified faculty" and left it to the judgment of the owners of the hospital-based nursing education programs.

The Need for Psychiatric Nurses Grows in the Postwar Era

From the decades around the turn of the twentieth century until WWII the duties of psychiatric nurses were primarily custodial. Providing "moral therapy," the predominant treatment approach at that time, meant nurses spent time helping patients engage in purposeful daily activities. Few effective medical or surgical treatments were available to care for these patients.

Issues related to mental illness caught the public's attention during World War II when more than a million men were rejected from military service because of mental or neurological disorders. Of those inducted into the army and later given medical discharges, 40% were dismissed for psychiatric reasons. During the war 850,000 soldiers were hospitalized for psychiatric disorders. Thousands of returning veterans suffering from a variety of psychiatric disorders created an unprecedented demand for mental health services. On July 3, 1946, President Harry S. Truman signed the National Mental Health Act, the first bill providing federal funding for mental health education and research. This led to the establishment of the National Institute of Mental Health in 1949 (Pols & Oak, 2007).

With postwar advances in pharmacology and surgery, the moral therapy approach to psychiatric problems was replaced by a medical treatment model. Lobotomies were introduced into the United States in 1936 and over 40,000 were performed in the country between 1940 and 1977 (Streeter, 2011). Electric shock treatments became common place in psychiatric hospitals the 1940s. Medications including Elavil (1939), Thorazine (1950) and Haldol (1958)

began to be routinely administered to institutionalized patients. The role of the psychiatric nurse expanded from that of humane caregiver to include medication administration and operating room skills (Whitaker, 2010).

In 1944 there were 53 schools of nursing affiliated with psychiatric hospitals in the United States including the ones at Dix Hospital in Raleigh and Broughton Hospital in Morganton. This number dwindled to 23 by 1946. In that same year, 1946, less than one dozen nurses across the country held master's degrees in psychiatric nursing and it was not until 1950 that the National League for Nursing Education required classroom and clinical instruction in psychiatric nursing in order for a school to receive accreditation. In 1953, a study reported that 80% of nurses in psychiatric hospitals had no education in the care of people with mental illness beyond their basic training. In 1956 only 3%–5% of the nation's nursing workforce specialized in the care of mental patients. The country faced a vast unmet need for professional mental health nurses (Hughes & American Nurses Association, 1958).

In 1955, Congress passed the Mental Health Study Act calling for "an objective, thorough, nationwide analysis and reevaluation of the human and economic problems of mental health." All states and all disciplines involved in the care of people with psychiatric problems were asked for input. In 1956, the North Carolina League for Nursing, the NCSNA, and the UNC School of Nursing (SON) collaborated on a "Study on psychiatric nursing in North Carolina." The American Nurses Foundation donated \$9,853 to help finance the research. The study found a great need for more and better trained psychiatric nurses who would be capable of providing therapeutic interventions beyond carrying out physician orders. The researchers concluded that the greatest need was to train nurses at the masters level who would be educated to both teach psychiatric nursing and practice at an advanced level (Hughes & American Nurses Association, 1958).

Early Masters of Science in Nursing (MSN) Programs in North Carolina

The U.S. Congress passed the Health Amendments Act of 1956 authorizing funds to begin masters programs for advanced training for nurses in administration, supervision and teaching. Heeding the advice Dean Miller offered in the Nursing Education and Nursing Service report in 1949, as soon as the BSN programs at the University of North Carolina at Chapel Hill (UNC-CH) and Duke University (DU) were on firm footing, both schools received federal funding and launched Masters of Science in Nursing (MSN) degree programs in nursing services administration and psychiatric nursing. Graduates

would be prepared for specialized practice and teaching in these areas. Announcements in the March, 1956 North Carolina League of Nursing Education Journal advised readers that both schools were accepting BSN prepared applicants for the MSN programs and that stipends would be in the \$2,400–\$3,000 range. Either degree could be earned in one academic year. The Journal gave details about the UNC SON MSN in psychiatric nursing.

Announcement of a Mental Health Training Grant Award has been received by the University of North Carolina School of Nursing from the National Institute of Mental Health. This award is in the amount of \$25,106 for the first year and includes support of the graduate program for the preparation of teachers in psychiatric nursing. The receipt of this grant adds strength to a program which is badly needed, not only in North Carolina but in the entire Southern Region. Because of a limited number of prepared psychiatric nursing instructors many schools of nursing in North Carolina must send their students to other states for their psychiatric nursing experience. Some of these are northern states, and often these nurses, as graduates, return to the out-of-state agencies for employment. The program in psychiatric nursing at the UNC School of Nursing is designed to prepare individuals for teaching positions in psychiatric nursing and has been planned in cooperation with the Southern Regional Education Board (Announcement, 1956, 8).

The UNC SON began its MSN programs in the fall of 1956. The first year only one student was accepted into the Nursing Administration track and none enrolled in the MSN in Psychiatric Nursing track. Nurse Audrey J. Booth remembered her days as the first and only MSN student at the UNC SON this way:

As the only student in the Master's program, I was the prototype. For some seminars I could select anyone I wanted from the hospital to teach me. And I had seminars alone with Dean Kemble too. That was quite an experience! (A. Booth, personal communication, July 12, 2008).

Booth used her education to benefit both her alma mater and her adopted state. She served the UNC SON as a faculty member and for 12 years as the associate dean. In the early 1970s Booth directed statewide activities for the North Carolina Area Health Education Centers, including the establishment of the Family Nurse Practitioner programs across the state. In addition, she chaired the North Carolina Board of Nursing from 1975 to 1980 and has been involved at the leadership level of many statewide nursing initiatives for decades.

The Beginnings of Associate Degree Nursing Education in North Carolina

After World War II, nursing leaders were struggling to determine the best way to educate the nations expanding nursing workforce. Many wanted to continue the three-year, hospital-based diploma programs that already educated the vast majority of nurses in the United States. Others advocated the BSN degree as a requirement for entering the nursing profession. A few were interested in having nursing education take place in an academic setting, but did not feel that four years of college were crucial for nurses to be able to provide excellent bedside care. Dr. Mildred Montag, a nursing leader from New York was in this last group. Montag sought to alleviate the critical shortage of nurses by decreasing the length of nursing education programs to 2 years while providing an academic rather than hospital based home for nursing education by placing the programs in community/junior colleges (Montag, 1959). Nurses would earn a new degree, the Associate Degree in Nursing (ADN).

In 1958, the W.K. Kellogg Foundation funded seven experimental ADN programs in four states. Each program had a distinct location (rural, urban) and served a distinct clientele (White, African American, Native American—segregation was still the law in many states). The programs lasted two years and the students commuted to their courses and lived off campus. The Kellogg experiment in ADN education was deemed a great success across the board (Haase, 1990).

Excitement about this new way to educate nurses spread rapidly across the country. In the mid-1950s nursing leaders in North Carolina were watching this national experiment. Because the state had not yet developed the community college system, the North Carolina Board of Nursing and Nursing Education and the North Carolina State Nurse Association worked with leaders at North Carolina Woman's College (now UNC-Greensboro) to establish the state's first associate degree in nursing program. In February 1957, UNC-G established a Department of Nursing and started an Associate Degree in Nursing program. The students studied on the campus for 2 years and then spent 6 months as interns at Moses Cone Hospital. This program was the first of its kind in North Carolina and pioneered the future establishment of associate degree programs in the state's community college system. It operated for a decade from 1957-1967. Ms. Mary Mansfield, RN was the first director of the program and Ms. (later Dr.) Alice Boehret, RN was the first faculty member. They worked hard to create a new curriculum, secure appropriate clinical placements and teach all the courses. In the fall semester of 1957, 12 students entered this pioneer program (Toney, 2009). In 1965, UNC-G was authorized

to offer the BSN degree so the ADN program was phased out and replaced by the BSN program in 1967.

Thelma Ingles Begins the First Advanced Practice MSN Degree at Duke University

Just a year after UNC-G opened the first ADN program in North Carolina, Thelma Ingles, a nursing professor at Duke University in Durham, created another innovative program for educating nurses. She and Dr. Eugene Stead wanted to expand nursing education into advanced clinical practice. Under their leadership a groundbreaking plan to educate a new type of healthcare provider briefly became reality. Prior to this Duke program, MSN degrees had been awarded only in the functional areas of education, supervision or administration, or in the specialized areas of anesthesia and psychiatric nursing (Pollitt & Reesman, 2011). Ingles and Stead designed a unique curriculum to expand the scope of nursing practice to include skills such as taking a patient history and performing a physical examination. This MSN program laid the groundwork for the Physicians Assistant profession and helped pave the way for the Nurse Practitioner and Clinical Nurse Specialist roles (Pollitt & Reesman, 2011).

Thelma Ingles was born in Redfield, S.D., in 1909. She earned a bachelor of arts in English literature from UCLA in 1931, followed by a diploma in nursing from Massachusetts General Hospital in 1935 and a master of arts in English literature from Western Reserve University in 1941. She ultimately decided to focus her career on nursing, so she did postgraduate studies in clinical nursing at Duke University and in public-health nursing and sociology at the University of California at Berkeley. Her early academic appointments included the Boston Nursery for Blind Babies (1936), the University of Virginia (1941–1945) and Admiral Bristol Hospital in Istanbul (1945–1948). In 1949, Ingles accepted a position as professor of medical surgical nursing at Duke University School of Nursing (Ingles, et al. 2013).

In addition to the nursing shortage, in the 1950s experts predicted an impending shortage of physicians. Additional primary care professionals were needed. Into a nursing climate of innovation and experimentation which gave rise to licensed practical nurses and associate degree nurses, Ingles and Stead introduced yet another new nursing role to meet the primary care challenge, the clinical nurse practitioner.

As a professor of medical surgical nursing, Ingles interacted with Duke physicians and medical school faculty on a regular basis. Stead was chairman of the Department of Medicine at Duke and had served in the same capacity at Emory University in Atlanta during World War II.

Stead became convinced that much of the routine hospital care then provided by physicians, could be taught to and performed by a new type of health-care provider. Stead initially envisioned teaching nurses to fill this new role. These nurses would extend primary care to many underserved people cost efficiently. During a meeting in the spring of 1957 attended by both Ingles and Stead, the topic of advanced nursing practice came up. Ingles had planned a sabbatical for the 1957–1958 academic year, with a goal of increasing her clinical competence. Stead and Ingles agreed that Ingles would spend her sabbatical year studying with Stead, learning more about the care of medical and surgical patients through collaboration with physicians, laboratory and imaging staff and others to improve patient outcomes. Many of Stead's colleagues were unsure what to make of a nurse in an expanded role. In her unpublished memoir, Ingles wrote of this time:

When I was studying neurology, for example, making rounds with Dr. Conkle, who was chairman of that division, he didn't exactly know how to treat me. When I would ask him some questions, he would say 'I don't think that has anything to do with the nursing realm.' I'd say 'It has something to do with the nursing realm because this nurse wants to know it' (Ingles, et al. 2013, 68).

At the end of that year, Ingles wrote this about her experiences:

I had learned a tremendous amount about clinical medicine. I felt that this year that I had with Dr. Stead was such a superb year that we ought to replicate it with a group of students and give them the same thing. Obviously, Dr. Stead could not continue year after year to take one nurse, and that would have little effect. But maybe we could have a group. So we began to talk about setting up a master's program in nursing (Ingles, et al. 2013, 84).

Ingles and Stead continued to collaborate. They secured a five-year, \$250,000 grant from the Rockefeller Foundation to develop the first nursing clinical specialist program at the master's level. The one-year program included twelve hours a week of classroom instruction in nursing theory, three hours a week of research, and thirty hours a week in clinical rotations. Duke's Department of Medicine physicians contributed many lectures and assisted with classes, particularly the advanced medical surgical nursing course (Pollitt & Reesman, 2011).

Students spent six weeks in four required clinical areas: respiratory, neurology, cardiology and gastroenterology. After completing those areas, students could choose any other two areas (such as obstetrics, pediatrics or psychiatry) or repeat areas. In the seminar in teaching course, students were often in charge of teaching other MSN students and were expected to explain the pathophysiology of the disease, discuss the disease process, and describe and demonstrate the nursing care the patient needed. Ingles described the intent of the new program in a prophetic statement:

We came out with the idea that the nurse was qualified to do a great many things in patient care that had not been seen as part of her role. We even went so far as to project into the future that we were going to have our graduates in the master's program working in the clinic as responsible individuals in care, that patients would be told to come in and see 'the nurse.' And she would be paid a per-visit call same as the doctor. We thought that this was particularly relevant to patients with chronic disease. We saw her as having much greater input into the diagnosis and treatment and follow-up than had ever been done in the past. But we knew that we had to move slowly (Ingles, et al. 2013, 115).

In another entry, she wrote:

One of the things I told the students right from the inception was we are preparing you for a job that doesn't exist because there are no jobs in hospitals for the clinical nurse practitioner. This was a new kind of role. But we have to prepare people before we can set up the role so that we have people who know what the role should be (Ingles, et al. 2013, 118).

The MSN program began with five students in 1958. When Ingles and the nursing department sought NLN accreditation, however, they were denied on the grounds that the program lacked structure and contained more medicine than nursing. The NLN also criticized the use of physicians as instructors. In addition, the NLN indicated Ingles did not have the credentials necessary to teach in an MSN program, since her highest level of education in nursing was the diploma. To remedy the situation and comply with NLN guidelines, Ingles took a year off from teaching to earn additional credits at UC Berkeley. While she was in California, the Duke nursing department again tried to obtain accreditation for the MSN program and again was denied (Ingles, et al. 2013). In fact, the ANA and NLN did not embrace advanced clinical nursing practice until the 1970s.

Without accreditation, the Duke MSN program could not attract students and closed in 1962. Stead was still enthusiastic about the idea of creating a new

healthcare professional to perform many of the routine functions usually done by physicians. Stead decided to try using military corpsmen in this new expanded role. In 1965, he admitted and taught the first class of Physician's Assistants (PA) at Duke University Medical Center. Stead is credited with founding the PA profession, and his birthday, October 6, is National Physician's Assistant Day (Laszlo & Neelon, 2005).

Also in 1965, nurse Loretta Ford and physician Henry Silver began the first pediatric nurse practitioner program in the United States, at the University of Colorado. This program began as a certificate program, as did most early NP programs, thus bypassing the need for accreditation. The NLN did not accredit the first MSN programs for NPs and Clinical Nurse Specialists until more than a decade after the Duke program's inception (Kalisch & Kalisch, 2003).

Thelma Ingles left Duke in 1961 and joined the Rockefeller Foundation as a nurse consultant. For 20 years, she traveled around the globe on behalf of nursing. She worked to improve nursing education everywhere she went. In Cali, Colombia, for instance, she established bachelor's and master's programs in nursing. As a consultant to the World Health Organization, she visited nursing schools in places as diverse as Finland, India, Thailand, Russia, and England. In addition, she worked with Project HOPE, the Peace Corps and the Robert Wood Johnson Foundation. Ingles died in 1983 (Ingles et al., 2013).

Mattie Donnell Hicks: Korean War Nurse

After World War II ended in August 1945, the nation returned to peaceful pursuits. On July 26, 1948, President Truman signed Executive Order 9981, abolishing racial segregation in the armed forces. In June 1950, North Korea, a small Asian nation of little concern to most Americans, launched a surprise invasion of South Korea hoping to create a communist government in its southern neighbor. The United States was once again at war, fighting with its ally South Korea against North Korea and its ally China. Many reserve duty nurses were unexpectedly called back to active duty. One of the North Carolina nurses responding to this call was Mattie Hicks.

Mattie Donnell Hicks was born in Greensboro, North Carolina, on September 2, 1914, to John and Josephine Donnell. She was one of ten children. Pursuing her childhood dream to become a nurse, after graduating from the all African American Dudley High School, she enrolled at the Grady Hospital School of Nursing in Atlanta, Georgia. Three years later she earned her diploma and began her career at a segregated, rural hospital in Gainesville, Georgia (Paysour, 1966).

Hicks "wanted to do something different in going into the military to try to help the soldiers" (Mattie Donnell Hicks, personal interview, February 25, 1999). She joined the Army Nurse Corps on July 2, 1945, but served only a few weeks before World War II ended in August 1945. However, Hicks realized she enjoyed Army nursing so she re-enlisted in March 1946 and stayed for 21 years.

When the Korean War broke out, Hicks was assigned to the 11th Evacuation Hospital in Wonju, Korea on the eastern battlefront. Approximately 540 Army Nurses served on the ground during the Korea War (Sarnecky, 1999). Seriously wounded and ailing troops were air lifted to awaiting Navy hospital ships or evacuated to Army Hospitals in Japan and the United States for more intense treatment than was available in Korea. Army nurses in Korea served in the newly created Mobile Army Surgical Hospitals (MASH) units close to the front or the better equipped Evacuation Hospitals. Hicks and other nurses in Evacuation Hospitals took wounded soldiers from the MASH units and provided longer term care (Sarnecky, 1999). She recalled in an oral history interview in 1999:

We enjoyed our work very much. One thing, we were kept busy because patients would be coming right off the battlefield because they had the helicopters to pick them up, bring them right to the hospital which saved a lot of their lives ... whenever a shipment would come in, you'd work ... if they were in real bad shape, they would ship them on right away. But if they were not in too bad shape, they would stay right there and we'd take care of them (Mattie Hicks, personal interview, February 25, 1999).

Each evacuation hospital had a specialty area. The 11th Evacuation Hospital's specialty was renal insufficiency and the doctor's and nurses pioneered the use of renal dialysis. Hicks and her colleagues at the 11th Evacuation Hospital were among the first nurses to support patients with hemorrhagic fever on the first generation of artificial kidney machines. In addition to patients with renal disease and battlefield wounds, Hicks and her colleagues provided general care for soldiers and their family members. She recalled civilians coming to the hospitals with tuberculosis and gastro-intestinal distress:

We had to run a tube down their throat and clean—and get all the fluid and stuff out of their stomach. And you know, through that tube live worms would come through, Live! (Mattie Hicks, personal interview, February 25, 1999).

When asked about her social situation in Korea, including homesickness, cold temperatures, Spartan accommodations and serving in one of the first integrated

units in U.S. Armed Forces history, Hicks remembered, "When you're afraid, as most of us were, being in a theater where they were fighting and all that, you kind of act like a family" (Mattie Hicks, personal interview, February 25, 1999).

After her tour in Korea, Hicks served in Army hospitals in Japan, Ohio, Pennsylvania, Virginia, Germany and North Carolina. She worked in medical surgical nursing and obstetrical nursing. She earned many medals for her courage and service including the World War II Victory Medal, the Korean Service Medal, the National Defense Service Medal, an Army Commendation Medal, the Armed Service Reserve Medal, a Meritorious Unit Citation and a United Nations Service Medal (Paysour, 1966).

In March, 1966, Hicks retired from the Army having earned the rank of major. She returned to Greensboro and built a home. After her years of travel she was ready to spend time with her extended family and childhood friends. She was dedicated to her church and spent many hours serving on committees, in the choir, and helping fellow congregants in need. Hicks passed away on March 14, 2004 (Obituary, 2004).

Conclusions

In only a decade, the options for registered nursing education in North Carolina expanded from solely hospital-based diploma programs to include BSN, MSN and ADN programs. Duke University sponsored the first attempt to enhance nursing roles through graduate education to include performance of skills and activities formerly reserved to physicians. Fortunately, the expansion of educational opportunities occurred just before the creation of government funded health programs such as Medicare and Medicaid. These new programs contributed to the national need for nurses to meet the needs of the poor and elderly who could now afford to receive more health care. The insight, fortitude, and dedication of North Carolina's nursing leaders in the 1950s led to an expanded and increasingly professional nursing workforce which resulted in better health for the state's citizens.

Chapter 8

Expanding Practice and Racial Integration

In the 1960s, North Carolina nurses influenced and were increasingly influenced by the federal government and national nursing trends. Nursing education and practice were becoming part of the national dialog. Several major pieces of federal legislation and U.S. Supreme Court decisions influenced health care and nursing practice in North Carolina.

National nursing leaders knew that nursing education needed to continue to move into academic institutions and offer a variety of clinical experiences to meet the health care needs of the country. In 1965, the American Nurses Association House of Delegates passed a resolution, which was endorsed by delegates to the NCSNA convention, promoting the baccalaureate degree as the foundation for professional nursing practice.

Racial integration in higher education and workplace settings was another major change occurring in the 1960s that affected nurses in North Carolina. The Civil Rights Acts of 1964 along with the U.S. Supreme Court case of Simkins v. Moses Cone Hospital hastened racial integration in schools of nursing and work places across the south including North Carolina. The Community Mental Health Act as well as Medicare and Medicaid legislation banned racial segregation and discrimination in agencies using federal dollars. For the first time, all potential nursing students could apply to their school of choice. Many employment opportunities opened up for African American nurses who had been denied equal consideration in the job market.

National Nursing Leaders from North Carolina

Many North Carolina nurses played key roles in promoting both national legislation and national and international nursing policy during the 1960s. Perhaps the three most influential nursing leaders from North Carolina in the

1960s, Margaret Dolan, Mildred Clark, and Mary Mills were born within three years and eighty-five miles of each other in the rural, impoverished coastal plains section of the state. Nurse Margaret Dolan from Lillington became the first Tar Heel nurse to be elected president of the American Nurses Association, Nurse Mildred I. Clark of Elkton became the first nurse from North Carolina to become Chief of the U.S. Army Nurse Corps, and Nurse Mary L. Mills had an illustrious international career with the U.S. Public Health Service.

Margaret Dolan: National Nursing Leader from North Carolina

Born in the small town of Lillington, North Carolina in 1914, Dolan became an international figure in nursing and public health. Over the course of her career, which was cut short due to cancer, Dolan was elected President of the American Journal of Nursing Company (1960–1962), the American Nurses Association (1962–1964), the National Health Council (1969–1970), and the American Public Health Association (1972–1973). She was also an active member of and held offices in the North Carolina State Nurses Association (President, 1956–1958), Sigma Theta Tau (national treasurer), the American Nurse Foundation (vice president), the North Carolina and National League for Nursing Education and the North Carolina and American Tuberculosis Societies ("A tribute," 1974).

Margaret Baggett Dolan was the fifth of nine children born to John and Allene Keeter Baggett on March 17, 1914, in Lillington, North Carolina. She decided to become a nurse and enrolled in the Georgetown University School of Nursing in Washington, DC. She graduated with her nursing diploma in 1935, at the height of the Great Depression. Concerns about the health of the American people prompted President Roosevelt and the U.S. Congress to fund new programs and positions in many branches of public health, including public health nursing. Dolan was one of these New Deal nurses, working for health departments in Washington, DC, Baltimore, Maryland, and Greensboro, North Carolina as well as for the U.S. Public Health Service. In 1944 she went back to school and earned her Bachelor of Science degree in Public Health Nursing from the UNC-Chapel Hill School of Public Health and in 1953 she graduated with a master's degree from Teachers College, Columbia University, New York City. Dolan returned to her alma mater, UNC-Chapel Hill School of Public Health as a faculty member in the School of Public Health's Public Health Nursing program. Dolan immediately became involved with the North Carolina State Nurses Association and served as its President from 1956-1958 (Candidates, 1960). She stayed at the UNC School of Public Health until her death in 1973, working her way up from Associate Professor to Chair of the Public Health Nursing Department.

While Dolan lived and taught in her beloved Chapel Hill, she was a major figure on the national nursing stage. She is the only nurse to serve as President of the American Nurse Association, the National Health Council, the American Journal of Nursing Company and the American Public Health Association. In 1964, she received the ANA Honorary Membership Award for distinguished national or international service to the nursing profession and in 1968 the ANA bestowed on Dolan the Pearl McIver Public Health Nurse Award for significant contributions to public health nursing.

President John F. Kennedy appointed Dolan to two of his advisory committees. The first was the President's Committee on the Status of Women (1960–1964) and the second was the President's Committee on Health Resources (1962–1968). Dolan was in the Oval Office with the President and other dignitaries when the Medicare and Medicaid Acts were signed into law. Dolan also served as a consultant to the U.S. Department of Defense, the U.S. Surgeon General, and the Department of Health, Education, and Welfare. In 1968, President Johnson appointed her to a 4-year term to the Social Security Administration's Health Insurance Benefits Advisory Council ("Medical highlights," 1968).

Dolan represented the United States at International Council of Nursing meetings in Frankfort, Germany and Melbourne, Australia. She consulted about health matters with the governments of Ghana and Thailand (American Nurse Association, 2007; With the ICN, 1961; ICN Baedeker, 1964). Working with Dean Lucy Conant of the UNC School of Nursing and Dean Isaac Taylor of the UNC School of Medicine, Dolan was instrumental in developing one of the first nurse practitioner programs in the country ("A tribute," 1974).

Dolan was a sought after speaker, a prolific author and a gifted teacher. She was an advocate for racial minorities, the uninsured and vulnerable people everywhere. Believing health care ought to be a right, she worked tirelessly through education, legislative advocacy and public persuasion to bring changes to law and policy to ensure high quality health care would be available to all who needed it. To this end, she was an early proponent of advanced practice for nurses, universal health insurance, and government funding for expanding healthcare facilities and training health care personnel.

In 1970, Duke University awarded Dolan an Honorary Doctor of Laws Degree. A portion of the citation she was given reads:

You have given generously of yourself as a nurse, not only to elevate the standards of your profession but in seeking ways to raise the level of health care throughout the world.... As you have moved forward, individuals have been overwhelmed with your constant energy, your compassion for all and your own humility. You have brought honor to your native State of North Carolina.

A decade after her death, Dolan was inducted posthumously into the ANA Hall of Fame. Her 1984 induction read in part:

As the 19th president of the American Nurses Association (ANA), she presented congressional testimony and served on a number of government advisory bodies. Equally active in the American Public Health Association, she served as its president and held membership on the governing council executive board. An international figure in health care, Dolan served as a consultant to the governments of Ghana and Thailand and represented ANA at congresses of the International Council of Nurses. She received the ANA Honorary Membership Award and the Pearl McIver Public Health Nurse Award. After her death, the American Public Health Association established a lectureship endowment fund in her honor (American Nurse Association, 2007).

Captain Mary Mills

One of the most inspiring yet little-known life stories of a nursing pioneer is that of U.S. Public Health Service nurse Captain Mary Lee Mills, MSN, RN, MPH, and CNM. Mills was born in 1912 and raised outside Watha, an impoverished rural area in Pender County, North Carolina. She was one of eleven children and the granddaughter of slaves. Through education and determination, Mills achieved an international nursing career that brought health and hope to medically underserved people around the world.

She attended a one-teacher schoolhouse in the days when racial segregation was the law of the land and educational opportunities for African American children in rural North Carolina were deplorable. Mills was an exceptional student and completed the limited public schooling that was available to her as a young Black female in the early part of the twentieth century in the Jim Crow south.

During the height of the Great Depression, Mills made her way to Durham, NC, where in 1934 she graduated from the Lincoln Hospital School of Nursing and became a registered nurse. She worked as a public health nurse and then in advanced practice as a nurse-midwife. Mills earned a certificate in publichealth nursing from the Medical College of Virginia, a certificate in midwifery from the Lobenstein School of Midwifery in New York City, a bachelor's and

master's degree in nursing from New York University and a graduate certificate in health care administration from George Washington University in Washington, D.C.

In 1946, Mills returned to North Carolina to direct the public health nursing certificate program at North Carolina College (now North Carolina Central University) in Durham. That same year, she was commissioned as an officer in the U.S. Public Health Service (USPHS). Mills began her distinguished career in global and transcultural nursing in February 1946, when she joined the Office of International Health and was assigned to the USPHS mission in Monrovia, Liberia. During her career she became fluent in four foreign languages: Arabic, French, Cambodian, and African dialects. While in Liberia, she created some of that country's first health education campaigns, initiated a national public health library and advocated for legislation to strengthen nursing as a profession. A 1956 article in the *American Journal of Nursing* described Mills' work in Liberia this way:

From 1946 until 1952 she served as chief nursing officer for the USPHS in Liberia, West Africa. In addition to trips into the interior with her colleagues to set up immunization stations and health centers, she helped organize and establish the Franklin D. Roosevelt Memorial Children's Ward at the government hospital in Monrovia and she was instrumental in organizing the Tubman National School of Nursing. Liberia invested her as Knight Official of the Liberian Humane Order of African Redemption (p. 966).

After a short period back in the United States. for study, rest and family visits, Mills—who had been promoted from the USPHS rank of major to that of lieutenant colonel, then colonel and finally captain—received her next international assignment to Beirut, Lebanon, in January 1952. On her way from North Carolina to the Middle East, she represented the United States at conferences of the International Council of Nurses and the World Health Organization. In Beirut, Mills worked hard to establish Lebanon's first school of nursing. These efforts earned her the Order of the Cedars, one of that country's highest awards for service. A nursing dormitory at the school was named in her honor (Pollitt, 2009).

Throughout her 20-year career with the Office of International Health, Captain Mills was an ambassador of good will representing North Carolina and the United States around the globe. In addition to her work in Liberia and Lebanon, she provided health education, nursing care and midwifery services to countless individuals and families in South Vietnam, Cambodia and Chad. In those countries, Mills worked on small pox and malaria eradication cam-

paigns, sanitation, hygiene, nutrition and health education programs as well as the establishment of maternal-child health clinics. Mills was instrumental in initiating or expanding schools of nursing in all of these countries. Leaders of every nation in which she worked bestowed honors and awards on her for her untiring efforts to improve the quality of life and health for all citizens of the world (Centennial Committee, 2003).

In 1966, Captain Mills returned permanently to the United States and took a job with the Department of Health, Education and Welfare (HEW), the predecessor of today's Department of Health and Human Services. In her new position as nursing consultant in the migrant health program, she provided political, policy and program advice about migrant worker health care and other public health issues to the Secretary of HEW, a Cabinet member advising the president. In this capacity, she went to Finland, Germany and Denmark to study their national health care systems and bring back ideas that might be put to use in the United States. She also represented the U.S. at international nursing, midwifery and public health conferences in Mexico, Canada, Germany, Australia, Italy and Sweden (Pollitt, 2009).

During her 10 years at HEW, Mills received many awards honoring her contributions to improving public health at both the national and international levels. These honors include a USPHS Distinguished Service Award, Princeton University's Rockefeller Public Service Award, the American Nurses Association's Mary Mahoney Award and North Carolina's highest honor, the Order of the Long Leaf Pine Award. She was awarded an honorary doctor of science degree from Tuskegee University and an honorary doctor of laws degree from Seton Hall University (Carnegie, 2000).

In addition, Mills was an active member and officer of many professional associations including the American College of Nurse-Midwives, the National League for Nursing, the Frontier Nursing Service, the American Public Health Association, the American Nurses Association, the North Carolina Nurses Association (District 11) and the National Association for the Advancement of Colored People (Capt. Mary Lee Mills, n.d.).

Mills retired from government service in 1976 to her beloved Pender County, North Carolina. She remained an active volunteer in several local service organizations that helped others and advanced nursing. Although her story is summarized briefly in Dr. M. Elizabeth Carnegie's classic history book *The Path We Tread: Blacks in Nursing Worldwide*, her contributions to the nursing profession are still relatively unknown. Mary Mills was an extraordinary role model who overcame barriers of race, gender, class and geography to become an international leader in nursing and an outstanding humanitarian.

Mildred Irene Clark (Woodman): 12th Chief of the U.S. Army Nurse Corps

Hear my prayer in silence before Thee as I ask for courage each day. Grant that I may be worthy of the sacred pledge of my profession and the lives of those entrusted to my care.

Help me to offer hope and cheer in the hearts of men and my country, For their faith inspires me to give the world and nursing my best. Instill in me the understanding and compassion of those who led the way, For I am thankful to You for giving me this life to live.

Prayer for an Army Nurse written by Clark in 1956

Mildred Irene Clark (Woodman) was born on January 30, 1915, in Clarkton, North Carolina, a crossroads community in rural Bladen County. She was the youngest of five children born to Martha and William James Clark, a farmer and Methodist minister. In 1936, Clark earned her diploma in nursing from the Baker Sanatorium Training School for Nurses in nearby Lumberton. She enlisted in the Army in March, 1938, at Fort Bragg, and was sent to anesthesia school at the Jewish Hospital in Philadelphia, Pennsylvania. After graduating as a nurse anesthetist in 1940, 2nd LT Clark was ordered to Pearl Harbor, Hawaii, for service at the Army Hospital at Schofield Barracks (Pollitt & Humphries, 2013).

She arrived in February, 1941. Just ten months later the Japanese attacked U.S. forces at Pearl Harbor starting the American involvement in World War II. After the bombs started falling, Clark did not leave the hospital for almost three weeks. In those weeks, she delivered anesthesia for countless surgeries and nursed the wounded postoperatively. She recalled the attack on Pearl Harbor this way,

Loud explosions awakened me and I heard the planes overhead ... they flew so close I could hear the radio communications between the pilots. In one minute I dressed and ran to the hospital. The hospital was hit even though the hospital building had a large red cross painted on the roof ... casualties were arriving on stretchers as I reported to the operating room, with ambulance sirens wailing in the background. In a short time the nine operating rooms were extremely busy while patients waited for care in the corridors.... All day and into the evening I went from one patient to another without sitting down or having a cup of coffee ... Patients had arms and legs amputated, severe chest and spinal wounds, abdominal and cranial wounds (in Gunn, 2000, 488).

Shortly after the United States entered World War II on December 8, 1941, Clark was assigned to set up a nurse anesthetist training program in Hawaii for nurses being deployed in the Pacific theater of war. Her administrative abilities were noted, and she was rotated stateside during the war to serve as assistant chief nurse and later chief nurse at Ashburn General Hospital, McKinney, Texas; Brooke General Hospital, Fort Sam Houston, Texas; Cushing General Hospital, Massachusetts; Halloran General Hospital, New York; and Station Hospital and Camp Stoneman, California (Sarnecky, 1999).

After World War II, Clark was assigned to Korea as the Director of Nursing in the Army of Occupation. She initiated a training program for Korean nurses who later formed the nucleus of the Republic of Korea Army Nurse Corps. Within a year she was promoted to Chief Nurse of the Far East Command in Tokyo, Japan. In 1950 when the Korean War broke out, Clark, along with Major Edgar Hume established the 8054 and 8055 Mobile Army Surgical Hospitals (MASH) which were the first military medical units sent into Korea (Gunn, 2000).

Clark was assigned as the Procurement Officer in the Surgeon General's Office in September 1955. At that time there was a nationwide shortage of nurses in both military and civilian hospitals. The escalation of the Vietnam War in the early 1960s during Clark's tenure as Chief Nurse, created a 2,000-nurse shortfall for the Army. Clark's highest priority was to recruit qualified nurses to send to the field of battle. Clark is credited with initiating creative recruiting projects including radio shows, short films and brochures to increase the size of the Army Nurse Corps. Clark established the U.S. Army Student Nurse Corps program, which gave financial assistance to nursing students in exchange for an active duty commitment (Pollitt & Humphries, 2013).

Clark was appointed as Chief of the Army Nurse Corps in 1963. During her 4-year term, several programs were initiated and upgraded. Under Clark's leadership, the Corps' policy requiring all nurses to have bachelor's degrees was instituted. Male nurses received commissions in the Regular Army for the first time. Clark was also influential in securing general officer rank for the Chief of the Nurses Corps. During her career, she achieved the highest military rank open to women, the rank of Colonel (Gunn, 2000).

After her retirement in 1967, she married Ernest Woodman, a retired U.S. Army Colonel and settled in Ann Arbor, Michigan. She remained active in professional nursing and retired military personnel organizations. Clark received many honors and awards for her years of service to the military and the country before her death in 1994. These included the Distinguished Service Medal and the Army Commendation with Oak Leaf Cluster, an award of excellence from Sigma Theta Tau, the national nursing honor society, the University of Minnesota's Outstanding Achievement Award, induction into both the Michi-

gan Women's Hall of Fame in 1993, and the Michigan ROTC Hall of Fame in 1994. She was honored by her hometown of Clarkton, North Carolina, on Irene Clark Day. Perhaps her highest honor came after her death when, in 1999, the U.S. Army dedicated the Mildred I. Clark Health Clinic, the first building named in honor of a woman at Fort Bragg (Pollitt & Humphries, 2013).

The Community Mental Health Acts of 1963 and 1965

A watershed event in the history of psychiatric/mental health nursing was the passage of the Community Mental Health Centers Act of 1963, Public Law 88-164. Until that time, states were chiefly responsible for caring for their citizens with mental illness. Care was primarily given in large psychiatric hospitals. The advent of psychotherapeutic medications after World War II created the possibility of providing services to psychiatric patients on an outpatient basis. Across the nation, a few large psychiatric hospitals had become warehouses for too many patients receiving too little treatment from unqualified staff. Shocking exposés in newspapers and film about these conditions launched a movement to move people with mental and emotional disorders from institutional settings to community care arrangements (Kalisch & Kalisch, 2003). Additionally, legislators considered the comparative costs of constructing, upgrading and managing comprehensive care (including meals, housing, laundry, entertainment, chapel, etc.) in decaying state hospitals for 24 hours a day with the costs of community based care which only involved the provision of therapeutic services. They found the community option more financially viable. The federal government responded to these professional and financial concerns through the Community Mental Health Centers Act of 1963 (Pols & Oak, 2007). This Act funded construction of community mental health centers and the passage of a companion Act in 1965 funded "core staff" to provide services through the centers. The "core staff" identified in the legislation consisted of psychologists, psychiatrists, psychiatric social workers and psychiatric nurses.

Deinstitutionalization began with high hopes that modern medications and modern treatments could assure people with serious mental illness a successful life in the community. Each state could apply for federal funds for building and staffing the new Community Mental Health Centers (Whitaker, 2010). North Carolina's application was approved by the federal government in March, 1966 and millions of dollars flowed into the state to help mentally ill citizens. In 1949 the average daily census of patients in the four state psychiatric hospitals was 8,600, by 2009 the combined average census was 770, a reduction of

89%. In 1959, 74% of people with mental health problems treated by the state were cared for in large state supported institutions. That percentage declined to 13% by 1981 (Botts, 2007).

New opportunities for nurses emerged in community mental health centers across the state at the time racial barriers were being eliminated. African American public health nurse Johnny Sutton Fields of Wilmington recalled her days as the first full-time state employed community mental health nurse in southeastern North Carolina:

When the Mental Health Association formed the first mental health center, public health nurses worked there on a part-time basis. I was assigned to work there on a part-time basis like one day per week so when a full-time nurse position was established, of course I was asked and I wanted to apply for that position—so I was the first mental health nurse hired in the area.

I was hired by staff from the North Carolina Department of Mental Health out of Raleigh. They came down to interview me and to see if I could fill that role. I stayed with mental health many, many years because I had a nursing career of 41 years and I worked with the state for 28 years and many of those years were with mental health. I stayed in direct nursing with mental health for some years. Then I moved to middle management where I became the Director of Adult Services and supervised the staff of approximately 30. That staff was made of psychologists, social workers, nurses, support, employable persons and volunteers. I supervised that staff for a number of years and developed many programs while I was at Southeastern. Some of the major programs that I developed, I am the founder of the Sherwood Village Apartments, which provides independent living for persons with mental health disorders. I'm the founder of Ocean House, which is a community support program that teaches persons with disabling mental illness conditions to become independent. It is now located here on 5th Street down by 5th and Grace. I am the founder of a partial hospitalization program that Southeastern had. What I'm speaking about is forming a complete continuum of care for mentally ill persons so they can enter the system at one level and then exit fully independent as citizens ready to live in the community and to find employment. The supported employment program that I developed was an employment program whereby staff went out to negotiate with employers to hire persons with mental illness problems and to give them a chance to work for the very first time. So I believe I had a rather productive career with Southeastern Center (Johnny Sutton Fields, Oral history, UNC-W, May 5, 2004).

The "Entry into Practice" Debate

Perhaps the greatest debate to plague professional nursing in the United States has been the American Nurses Association (ANA) 1965 House of Delegates vote favoring the bachelor of science in nursing degree as the minimum credential to become a registered nurse. Throughout the first half of the twentieth century nursing leaders debated the best educational preparation for registered nurses. In the 1940s and 50s, several national studies concluded that baccalaureate education would be needed for professional nursing practice in the second half of the century and beyond. The vast majority of nurses in those years were graduates of hospital based diploma programs. They were well trained to care for hospitalized people in institutional settings. However, in the years after WWII health care was expanding in a myriad of ways. The scientific bases for the causes and treatments of disease were better understood. Computers and other complex, highly technical devises were emerging in newly organized intensive care units, operating rooms and community-based care settings. A growing number of people with a variety of cultural and religious beliefs were receiving care in their homes, in clinics and as inpatients. Advocates for baccalaureate education argued that nurses broadly educated in liberal arts and sciences along with their nursing education were better prepared to provide increasing complex care to an assortment of people across a variety of practice settings than were nurses graduating from hospital-based diploma programs.

In 1960 the American Nurses Association (ANA) formed a Committee on Current and Long Term Goals to develop a policy on nursing education for the organization. After study and debate, the committee recommended the ANA support the baccalaureate degree as the basic preparation for professional nursing practice. Members of the ANA Committee on Education along with other ANA leaders (including Margaret Dolan who was then serving as Vice President) asked individual members to study the issue. ANA district and state leaders were asked to hold discussions and votes in their meetings to ascertain the will of the general membership about the recommendation (Kalisch & Kalisch, 2003).

Delegates to the 1963 NCSNA convention approved a resolution pledging NCSNA's support of the ANA's proposed recommendation on educational preparation. The recommendation suggested that within a reasonable period of time, the baccalaureate degree would become the basic educational foun-

dation for professional nursing. After receiving generally positive responses from district and state nurse associations across the country, in 1965, the leadership of the ANA issued the organization's definitive statement on nursing education titled, *Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper*. The statement delineated two levels of nursing practice, a professional level, which required the baccalaureate degree, and a technical level, which required preparation at the associate's degree level. The recommendation implied that hospital-based diploma granting nursing education programs would be phased out. Despite the votes taken in state and national nurse association conventions, nurses not affiliated with professional organizations were stunned by this action. The ANA position on entry in practice caused great division within and outside the nursing profession. The recommendation has yet to be implemented (Judd & Sitzman, 2013).

Beginnings of the Associate's Degree in Nursing Programs in North Carolina

One of many changes in education occurring in North Carolina in the 1960s was the creation of a community college system. These new institutions offered technical and vocational training that was not available in high schools or 4-year colleges. Typically community college students commuted to their classes rather than reside on campus. Program length varied from a few months to two years in order for students to be eligible for the range of certificates, diplomas and degrees offered at the community college. In the 1950s, the Kellogg Foundation funded seven experimental Associate Degree in Nursing (ADN) programs across the country situated in community and junior colleges. The Kellogg experiment in ADN education was deemed a great success (Haase, 1990).

In 1964 the North Carolina Board of Higher Education, the North Carolina Medical Care Commission and the North Carolina State Board of Education sponsored a survey of nursing and nursing education in the state. They gathered a group of nurses, physicians, hospital administrators and educators together to collect data and make recommendations about meeting the current workforce needs and preventing any future nursing shortages. Dr. Ray Brown, a health administrator from Duke Hospital was hired to write the final report. The committee advocated the establishment of associate degree nursing programs in the community college system. Brown gave two primary reasons to support this conclusion. First, the number and appropriateness of clinical sites utilized by student nurses would increase. Brown (1964) reported,

A properly located institution of higher learning can effectively pool the clinical resources of a number of small hospitals in the area ... These colleges will be spread across the state and some will be located in areas where there are no hospitals of sufficient size to have a school of nursing (Brown, 1964, 14).

Brown also explained that the community college ADN programs would increase the number of nursing students who were then unable or ineligible to attend residential diploma programs. He noted that the costs at a community college program would be much less than a diploma or senior college program since students would not be purchasing room and board. Because students would not be expected to live on the campus, married students and parents who had been excluded from consideration as nursing students in residential programs could now study nursing. Because most hospital diploma programs provided housing for their students, admitting males to the programs was often unworkable as it was too costly to provide separate housing for one or two students. This burden would be eliminated in community college programs. Finally, potential students who, for any number of reasons, could not leave their families or communities for a 3- or 4-year period now would have a path to become registered nurses.

Excitement about this new way of educating nurses spread rapidly across the country. The number of ADN programs in the United States increased from seven in 1956 to 130 in 1965 to 1,000 in 2007 (National League for Nursing, 2009). UNC-G offered the first ADN program in North Carolina from 1957–1967.

Another short-lived associate's degree program for nurses began at Chowan College in Murfreesboro, North Carolina, in the fall of 1964. Chowan College is a small Baptist college in the rural northeastern section of the state. According to Toney (2009), conversation began in 1963 between Chowan College, Roanoke-Chowan Hospital and Duke University, which culminated in the establishment of an Associate in Arts in Nursing degree program in 1964. The program was underwritten by a 3-year grant from Duke Hospital. Seven students comprised the first graduating class in 1967. Due to budgetary constraints the program was discontinued after the spring semester of 1974. The program graduated a total of 119 nurses.

The third ADN program in the state, and the first to survive and thrive to the present day, was again founded by a small rural Baptist college—Garner Webb Junior College (now University) in Boiling Springs, NC. In September, 1965, 43 students, including one male, entered this new program. They took 72 semester hours of coursework and used several hospitals in the area as clinical sites (Toney, 2009).

In September 1964, the North Carolina Department of Community Colleges held a meeting for those community college administrators interested in establishing ADN programs on their campuses. Many community colleges sent representatives. Central Piedmont Community College (CPCC) began an ADN program in 1965. CPCC was followed the next year (1966) by Rockingham Community College, Sandhills Community College, Southeastern Community College, Western Piedmont Community College, and Wilmington College (B. Knopp, personal communication, September 14, 2010). In time, almost every community college in the state was added to this list.

Integration in Health Care in the 1960s

Until the early 1960s, the quality of health care North Carolinians received was largely determined by race. In 1950, African American citizens could be admitted to the few segregated African American hospitals in North Carolina or be admitted to an inferior "colored ward" of the few White hospitals that admitted African Americans at all. African American physicians, nurses and other health care professionals were barred from employment in all White hospitals and on "White only" wards. Most African Americans lived in places where their African American physicians were denied practice privileges in the county hospital. When they needed hospitalization they were treated by unfamiliar White physicians and surgeons in subpar hospital Negro wards (Reynolds, 1997). Sweeping changes occurred in 1963 when the U.S. Supreme Court upheld a lower court ruling in the Simkins v. Moses H. Cone Memorial Hospital court case. This landmark case, brought by Greensboro, North Carolina, dentist, Dr. George Simkins, successfully challenged the use of federal monies to build and maintain segregated hospitals. Eleven African American citizens including six physicians and three dentists filed suit on February 12, 1962, against Moses Cone Hospital and Wesley Long Community Hospital. Both Moses Cone Hospital and Wesley Long Hospital denied African American physicians staff privileges. Cone admitted African American patients only to inferior "Negro Wards" and Wesley Long Hospital refused to admit any African Americans. Because both hospitals had received significant federal money from the Hill Burton Hospital Construction Act, the plaintiffs sued the hospitals seeking equality with their white counterparts. The 4th Circuit Court of Appeals agreed with the plaintiffs and found that hospitals receiving federal monies could no longer discriminate against patients or staff on the basis of race. The Supreme Court refused to hear an appeal from the hospital and the lower court ruling became law. A few months later, in July 1964, the U.S. Congress passed the Civil Rights Act mandating integration of all public facilities and banning employment discrimination based on race (Thomas, 2011).

Nurses in North Carolina merged their segregated professional organizations in 1949 creating an integrated North Carolina State Nurses Association. Available records illustrate a relative ease in integrating nursing education in North Carolina. In Durham in the 1960s, there were two baccalaureate programs. One at the historically African American North Carolina College (NCC; now North Carolina Central University) and one at the all-White Duke University. At NCC, Dean Helen Miller quietly began accepting White students in 1958. Seventeen White students graduated from NCC's department of nursing in 1968. There are no recorded instances of discord or problems related to integrating the school.

Governor Dan K. Moore appointed Miller as the first African American nurse to serve on the North Carolina Board of Nursing in 1966. Two years later, nurses in District 11 of the NCSNA voted Miller to become the first African American District President in NCSNA history. Miller oversaw both the integration of the NCC nursing program in the 1950s and the successful growth of the NCC nursing program from a certificate program in public-health nursing to the first RN to BSN program in North Carolina in 1961 to a 4-year bachelor of science in nursing program in1969 (Miller, 1983).

A decade after NCC integrated its nursing student body, Donna Allen Harris entered Duke University in 1967 and became the first African American student to graduate from the Duke University School of Nursing in 1971. In an oral history, Harris remembers that Duke wanted to admit African American students and gave her a full four year scholarship. Harris was the first and only African American student in her class. She recalls feeling isolated, particularly from the faculty. She stated:

I don't remember a mentor. I don't remember having anyone in particular to go to ... In terms of the program, the only thing I remember is shutting down in terms of looking to the faculty ... I just don't remember being mentored, brought under someone's wing, having someone to talk to on a regular basis about how things were going that was a member of the faculty or administration, I just don't. In my mind, Duke was looking, I was there, I was a token, that was it (Duke University Medical Center Archives, n.d., Paper Files on Donna Harris, BSN, RN).

However, Harris recounts making several friends in the student body and denies overt harassment or racism. No available documents record overt acts of violence or racism directed at minority students in nursing schools in the state.

One North Carolina Nurse Gave Her Life in the Vietnam War

In the 1960s, the United States was once again at war, this time in Vietnam. The U.S. government objective was to prevent the spread of communism from the USSR and China to the rest of Southeast Asia. Between 1965 when a significant number of U.S. troops were sent to South Vietnam and 1973 when the U.S. withdrew from the war, 6,250 U.S. Army, Navy and Air Force nurses served in South Vietnam. They typically worked 12-hour shifts six days a week.

Eight nurses died in Vietnam and have their names engraved on the Vietnam War Veteran's Memorial (the Wall) in Washington, DC. One of those eight is Lieutenant Colonel Annie Ruth Graham of Efland. Graham served in the Army Nurse Corps (ANC) during World War II, the Korean War and the Vietnam conflict and was decorated eight times for her valor and service (Pollitt & Humphries, 2013).

Graham was born November 7, 1916, to J.D. and Tiny Graham, and was one of six children. After attending local schools in rural Orange County, Graham graduated from nearby Watts Hospital School of Nursing in 1940. Graham worked at Watts until she volunteered for service in the Army Nurse Corps during World War II. In March, 1942 Graham enlisted as a 2nd Lieutenant at Fort Bragg, North Carolina. Her first assignment was at Fort Jackson in South Carolina. She soon was assigned to the European theater of war and worked in both the 57th Station Hospital and the 171st Evacuation Hospital. In April, 1944, Graham was promoted to First Lieutenant. For her service in World War II, Graham was awarded the American Campaign Medal, European-African-Middle Eastern Campaign Medal with two Bronze Service Stars, and the World War II Victory Medal ("Annie Ruth Graham," n.d.).

After the war, Graham was promoted to Captain and joined the U.S. Army Reserve as an officer. Returning home to Efland, she worked as a public health nurse with the Alamance County Health Department and returned to school at the University of North Carolina at Chapel Hill School of Public Health earning a Bachelor of Science degree in Public Health Nursing in 1949. Her brief time back in the United States only lasted until the United States entered the Korean War in 1950 (Pollitt & Humphries, 2013).

Soon, Graham was back on active duty with the Army Nurse Corps caring for wounded soldiers in the U.S. Army Hospital at Camp Yokohama Osaka Army Hospital in Japan. Between 1950 and 1953 over 5,800 casualties from the Korean War was treated at this hospital. While serving in Japan, Graham was promoted to the rank of Major and earned the Army of Occupation Medal (Japan), the Korean Service Medal and the United Nations Service Medal.

After the Korean War ended, Graham spent the next 13 years on assignments in U.S. Army Hospitals in Europe, Africa and the United States. While serving as Assistant Chief Nurse at Womack Army Hospital at Fort Bragg, North Carolina, Graham was promoted to Lieutenant Colonel ("Annie Ruth Graham," n.d.).

In November, 1967, Graham was assigned as Chief Nurse at the 91st Evacuation hospital in Tuy Hoa, Vietnam. A month later she sent a Christmas letter to her family which read in part:

This Christmas finds me a long, long way from North Carolina. I arrived in Saigon on 18 November and almost immediately departed for Tuy Hoa (pronounced Too-ey Wah) where our hospital (400 bed) is located directly on the beach of the South China Sea which is perfectly beautiful but quite treacherous ... Getting used to my new outfit (tropical fatigues, jungle boots, and "baseball cap") is not as "exciting" as in World War II but I'm quite sure I'll manage to survive it all! Our nursing staff consists of 59 nurses (12 male) who of our enlisted personnel seem very well trained and apparently have been doing an excellent job. The tour of duty here is 12 months so I plan to be home for Christmas next year. I hope you have had a good year and that your Christmas is filled with joy and the New Year with more happiness than you could possibly wish for. Hope, too, that everyone will pray for peace. Love, Ruth (Vietnam Veteran Memorial, 2012, para. 1).

Graham spent many off-duty hours in Vietnam caring for civilian land mine victims. On August 8, 1968, Graham suffered a stroke. Due to the seriousness of her condition she was evacuated to the U.S. Air Force Hospital at Tachakawa Air Force Base, Japan, where she died on August 14, 1968. Graham was buried with full military honors in Arlington National Cemetery outside Washington, DC (Pollitt & Humphries, 2013). She was posthumously awarded a Legion of Merit. The citation accompanying this award reads:

Lieutenant Colonel Graham distinguished herself by exceptionally meritorious conduct in the performance of outstanding service during the period November 1967 to August 1968 while serving as Chief, Nursing Service, 91st Evacuation Hospital, 43rd Medical Group, and 44th medical Brigade in the Republic of Viet Nam.

In this position Colonel Graham was responsible for the entire nursing service for an active four hundred bed inpatient and outpatient medical complex. She personally controlled and coordinated all nursing care, and through her diligence and close supervision, the admission, treat-

ment and disposition of patients were handled in an expeditious and efficient manner.

During the enemy's Tet Offensive and other mass casualty situations, she was continually present and worked tirelessly in organizing and directing all nursing activities. Her meticulous attention to detail and astute planning ensured the smooth functioning of her staff during these critical periods.

Colonel Graham developed and implemented a comprehensive and intensive training program of instruction for ward personnel, which significantly enhanced the technical ability of her staff. Displaying a sincere interest in the welfare of the Viet Namese civilians, she often spent her off duty hours visiting the nationals who, as innocent victims, suffered the consequences of the war.

Through her forceful leadership, keen foresight and unrelenting determination, Lieutenant Colonel Graham contributed immeasurably to the medical support mission in the Republic of Viet Nam. Her professional competence and outstanding achievements were in keeping with the highest traditions of the military service and reflect great credit upon herself, her unit and the United States Army (Vietnam Memorial, 2012).

The Nurse Practice Act of 1965

After 62 years, a primary goal of the original members of the North Carolina State Nurses Association (NCSNA) became a reality. Under a revision of the North Carolina Nurse Practice Act passed by the state legislature in 1965, registration became mandatory for employment as a registered nurse in North Carolina. An article in the June, 1965 *Tar Heel Nurse* read, "Whereas the old law protected the title of Registered Nurse, the new law requires that anyone practicing or offering to practice nursing (as defined in the new law) must be licensed by the Board of Nursing" (p. 5).

For the first time, the state declared it was illegal to practice nursing without a license. A Registered Nurse was defined as a person to whom the North Carolina Board of Nursing has issued a certificate as a Registered Nurse. The practice of nursing was newly defined as "A unique service provided for persons who are ill, injured, experiencing alterations in normal health processes, assisting in the ministering to, assisting of and the sustained vigilant and continuous care of those acutely or chronically ill, and the supervision of patients during convalescence, restoration, rehabilitation and the promotion of health." Members of the NCSNA advocated for an even stronger provision that would have made it illegal for anyone to employ an unlicensed person to perform nursing functions. Opponents from the North Carolina Medical Society successfully lobbied against this provision. Even so, the June 1965 *Tar Heel Nurse* Article concluded "the new Nurse Practice Act is a great step forward for nursing in North Carolina" (p. 6).

Conclusions

The 1960s were a decade of significant change and progress for nurses in North Carolina. Community college associate degree programs opened up the profession for men, married women, mothers and others who could not leave their lives to spend three years in a hospital diploma program. New federal programs funded many new nursing jobs in the community through community mental health centers, health department clinics and home health programs. The Civil Rights Act of 1964 and the Simkins v. Moses Cone Hospital court case ended racial discrimination in education and employment. Finally, after sixty-two years, NCSNA's initial goal of mandatory licensure for people practicing nursing was achieved.

Chapter 9

An Era of Expansion

As more nurses were educated in academic institutions and earned higher academic credentials, a movement to expand and elevate nursing practice occurred. In 1970, North Carolina became the third state to begin an experiment in educating nurse practitioners. Without laws, policies or precedent the leaders creating this new role were free to craft programs and policies reflecting their dreams of how best this "new breed of nurses" would practice and contribute to the community. Through collaborations within and between colleges and universities, Area Health Education Centers and numerous clinical sites, North Carolina became a model for nurse practitioner education and practice. A national nursing movement towards unionization briefly took hold in North Carolina in the 1970s. Finally, a debate over the necessity of continuing education for nurses was in full force during this decade.

The Beginnings of the Nurse Practitioner Movement

Today the knowledge and skills of nurses frequently are being underutilized. Nurses are dissatisfied with what they are doing and so is the public. The problem is that we are not practicing at the level, which we could practice, and in doing so; provide the type of health care services that are badly needed. The prototype of tomorrow's nurse is the nurse midwife, the pediatric nurse practitioner, the family nurse practitioner and others (Dr. Lucy Conant, 1971, as cited in "Nursing Shortage," 1971, 4).

In the 1970s, North Carolina nurses were leading the nation by expanding the education and practice of nursing to include family, adult, geriatric and pediatric nurse practitioners. Nurse Margaret Dolan, Chair of the Public Health Nursing Department at the UNC School of Public Health spoke for North Carolina nurses when she argued for affordable health care as a right for all citizens. One strategy she and her colleagues at UNC Chapel Hill promoted to

make this a reality was the creation of the third nurse practitioner program in the United States.

Many nurses and physicians across the country were exploring different forms of expanded role nursing practice in the 1960s. The first formal and ongoing nurse practitioner program began at the University of Colorado in 1965. This program, developed by Nurse Loretta Ford and Dr. Henry Silver, concentrated on teaching disease prevention and health promotion skills to public health nurses. It was an idea whose time had come. Within 10 years, there were over 100 additional nurse practitioner programs variously focused on women's health, pediatrics, family planning, school health, adult health and geriatric nursing. By 1974, over 1000 nurses had become practitioners ("Nurse Practitioners Gaining Recognition," 1972).

Several factors contributed to the ripeness of the times for this new nursing role. On a national level, there was a physician shortage in the 1960s, aggravated by the Vietnam War. In addition to this shortage, there was a misdistribution of physicians, with an abundance in the cities practicing in specialty areas but not enough choosing to work in rural and inner cities areas in family practice. Additionally, the new Medicare and Medicaid programs added to the number of people seeking health care. This left many citizens, often older, less educated and poorer than the national average, without reliable health care.

In September 1970, the Schools of Nursing, Medicine and Public Health at UNC-Chapel Hill, collaboratively addressed these problems through the establishment of the Family Nurse Practitioner (FNP) program. Its roots, however, went back to 1968. In a June 15, 1973 letter from Dr. Glen Wilson, an Associate Dean of the Medical School to UNC Chancellor Ferebee Taylor responding to Taylor's request for information about the FNP program, Wilson wrote:

It was initially begun in 1968 under the leadership of Dr. [Glen] Pickard in the Continuing Care Clinic of the North Carolina Memorial Hospital under a grant from the Federal government for the Continuing Care Clinic. The program became more formalized in September 1970, essentially around the development of the OEO [US Office of Economic Opportunity] program in Orange and Chatham counties. In September 1970, seven nurses were enrolled in the program under the joint responsibility of the Schools of Nursing, Medicine and Public Health. These nurses were to be trained specifically for the OEO program in Orange and Chatham County and one for the Walstonburg clinic in Green County ("Record of the Office of the Dean of the School of Medicine, 1905–1998," n.d., n.p.).

Key founders of the program included Dr. Lucy Conant, Dean of the School of Nursing, Audrey Booth, RN, nursing representative to the Regional Medical Program, Dr. Isaac Taylor, Dean of the Medical School, Dr. Bernie Greenberg of the School of Public Health and Margaret Dolan, RN. The programs first faculty members were Dr. Glen Pickard, Marie McIntyre, RN, and Julia Watkins, RN, (C. Freund, personal communication, February 12, 2013). These pioneers knew that nurses with advanced skills and knowledge could handle many of the routine health care needs of most people. By strategically employing advanced practice nurses in lieu of physicians in many practice settings, health care dollars could stretch so more patients could receive services.

An October 27, 1970, letter from Drs. Conant and Taylor to Dr. Leroy Pesch, a Deputy Assistant at the U.S. Department of Health, Education and Welfare, explained the idea behind their new nurse practitioner program while asking for help with funding. The letter reads:

Dear Dr. Pesch,

The Schools of Medicine and Nursing of the University of North Carolina are developing a new health manpower resource which we are sure will be of interest to you. We have developed a curriculum for a family nurse practitioner and now have seven RNs in a training program for that purpose. We have taken a course different from other existing programs which are essentially developing personnel to be a physician's assistant or providing non-physician personnel to assist a particular medical specialty.

We believe there is a need for a family-centered individual who can provide a significant amount of the primary medical care required by families in the United States. It is our hypothesis that a registered nurse with six to eight months special training consisting of both didactic teaching and actual experience can, with appropriate physician support, expand her usual professional role to provide this care.

This project has developed in large part as a further extension of a pilot project operated here for the past two years in which nurse-coordinators have demonstrated their effectiveness in insuring the continuity of care to a group of our outpatients. Building on this experience, we have developed a training program which will give the nurses additional skills needed in order that they might provide effective health screening and well child care, assess and manage certain common, minor illnesses such as URI, uncomplicated urinary tract infections, etc., and provide a point of initial contact for the initiation of emergency care in true emergencies.

Although these skills will be in addition to their basic nursing skills, these family nurse practitioners will, by our definition, still be practicing nursing as they provide primary family health services so that problems should not arise with respect to medical and nurse practice acts. The nurses now enrolled in the program are expected to begin providing services early in 1971 in a comprehensive medical care program being developed in Orange and Chatham counties, North Carolina, with the appropriate support being given by the faculties of Nursing and Medicine at the University.

The School of Nursing and the School of Medicine propose to continue this program for family nurse practitioners beyond meeting the needs of our local program and would welcome the opportunity of discussing it fully with you in the hope that you could help us identify an appropriate Federal source for financial support.

Sincerely,

Lucy H. Conant, Dean, School of Nursing

Isaac M. Taylor

Dean, School of Medicine (Letter found in the records of the Office of the Dean of the School of Medicine, 1905–1998, #40118)

The same day, Conant wrote Dr. Louis Shaffner, President of the Medical Society of North Carolina asking for support for a grant the School of Nursing was submitting to the Regional Medical Program (RMP) asking for monies to support the family nurse practitioner program at UNC. Shaffner responded with a hardy endorsement of the program. Conant's grant was successful, and the program became a reality (Records of the Office of the Dean of the School of Medicine, 1905–1998 #40118).

At the same time the nurse practitioner program was beginning in Chapel Hill, state and federal governments were funding the first community and rural health centers. In 1973, Governor James Holshauser established the first Office of Rural Health in the country to oversee 20 state-funded Rural Health Centers spread out across North Carolina. President Nixon supported the creation of federally funded Community Health Clinics in high need areas. One of these was the Orange Chatham Comprehensive Health Center (Steiner et al., 2008).

In 1969, a coalition of health care professionals at the University of North Carolina at Chapel Hill, including the founders of the FNP program, local government officials and interested community members received a grant from the federal Office of Economic Opportunity (OEO) to establish the

Orange-Chatham Comprehensive Health Services, Inc. (OCCHS). The primary goals of the grant were to provide comprehensive, preventive health care in the nearby underserved rural communities of Prospect Hill, Moncure, and Carrboro and to study and evaluate the use of nurse practitioners in the provision of primary care. The grant paid the salaries of two FNPs and two physicians at each clinic. Nursing, medicine, public health, dental and social work faculty from UNC-Chapel Hill were available for consultation to clinic staff. The Prospect Hill Community Clinic opened to patients in July 1971, the first federally funded Community Health Clinic in the state. The other two clinics opened a few weeks later (B. Compton, personal communication, January 23, 2013).

In September 1970, seven pioneer North Carolina nurses began the first Family Nurse Practitioner (FNP) training program in the state. They were Evelyn Aabel, June Baise, Betty Compton, Ruth Efird, Sandra Hogan, Phoebe Hood and Margaret Wilkman. The program was offered through the Continuing Education Department of the School of Nursing at UNC-CH. They spent the fall semester of 1970 in the classroom learning data collection, physical assessment skills, pharmacology, laboratory testing, health care delivery systems, and the legal and professional scope of practice. The spring 1971 semester was largely devoted to practicing their new clinical skills. "Satisfactory" or "Unsatisfactory" evaluations were used instead of letter grades. Nurses with varied educational backgrounds, including diplomas from hospital schools of nursing, bachelor of science degrees and master of science degrees were all admitted to the program. Nurses who completed the program satisfactorily between 1970 and 1979 received a continuing education certificate in lieu of an academic degree (FNP Program Summary, n.d.).

After they completed the program, Betty Compton and Margaret Wilkman began work at the Prospect Hill Community Clinic. An article in *The Health Bulletin* (1971) explains the new endeavor in an article titled "A New Breed of Nurse":

One of the newest projects to receive funds from the Regional Medical Program offers a shot of adrenalin to the medical care system. If all goes well, the Family Nurse Practitioner could play a vital role in helping to solve the health manpower problem in North Carolina ... They are now the core of the Orange-Chatham Comprehensive Health Services Program which is beginning in stages at satellite clinics in Prospect Hill and Moncure and at a central clinic at NC Memorial Hospital ... so far patients have readily accepted the new FNP ("A new breed," 1971, 40).

The article details the services the FNPs offered including taking a health history, performing a physical examination, ordering preventive screening or diagnostic tests, coordinating proper referrals and providing health education

and guidance. The Health Services Research Center at UNC-CH provided ongoing program evaluation.

By July 1971, six students in the first graduating class began employment as FNPs in the OEO funded clinics at Prospect Hill, Moncure, and Carrboro under the OCCHS umbrella and one went to work at the OEO Clinic at Walstonburg in Greene County.

By the summer of 1971, the seven nurses who completed the program in the spring were practicing in their expanded role. The first year of the FNP program was deemed a success and a larger class of twelve was enrolled in the fall of 1971. A nurse, physician, and practice setting were admitted as a unit. This ensured the nurses had supportive physicians to work with after completion of the program and that their anticipated work sites were appropriate for implementing the idea and ideals of FNP practice. The program grew and expanded to educational institutions across the state. Nurse practitioners have become well accepted and vital members of the health care team.

Betty Baines Compton: Pioneer Family Nurse Practitioner

Born November 4, 1940, into a sharecropping family in rural Nash County, Betty Baines Compton would rise to become one of the first Family Nurse Practitioners in the country as well as a tenured professor at the UNC School of Medicine. Her remarkable professional story can be traced to the day she finished first in the school bus driving competition and used her winnings to pay her tuition at the Watts Hospital School of Nursing. Compton did so well in nursing school that she was invited to work at Watts Hospital after graduation and soon became the night nurse supervisor. Shortly after graduation, Compton married and moved to Cedar Grove, just a few miles from Prospect Hill in Orange County. After she married and started a family, she needed a job that would be compatible with being a wife and mother. She became a Public Health Nurse with the Orange County Health Department in nearby Hillsborough (B. Compton, personal communication, March 12, 2013).

The trailblazers who were establishing the FNP program at UNC-CH wanted to recruit students who were known and trusted in their local communities. When they asked people in northern Orange county the names of nurses they would trust to provide health care services, Betty Compton's name was repeated many times. One afternoon Dr. Pickard knocked on Compton's door, explained the idea of nurse practitioners and asked her to enroll in the program. When the opportunity arose to help her extended family members and neighbors by be-

coming an FNP at the Prospect Hill Community Health Center, Compton jumped at the chance.

In the spring of 1971, after several months of classroom instruction followed by several more months of clinical practice with physicians, Compton and her peers earned their certificates as Family Nurse Practitioners (FNP).

Compton became a state and national advocate for the new role of Family Nurse Practitioner. Less than a year after she graduated from the program, Compton spoke on a panel at the October, 1971, North Carolina Nurse Association convention about the role of the FNP. In the spring of 1972 she spoke to the North Carolina Association of Student Nurses about the new role. In 1974 Compton appeared on a panel at the American Nurses Association Convention and was part of a panel discussion on the CBS radio program "The progress in American medicine," talking about family nurse practitioners. In addition to her presentations, Compton, and the other early FNPs and their physician colleagues published numerous articles about family nurse practitioners and the effects of their practice on different populations. Compton was a co-author of articles in the Journal of Adolescent Health, the Southern Medical Journal, Pediatrics and the Western Journal of Nursing Research. In 1984, the New York-based Wonder Women Foundation recognized her as one of seventeen outstanding American Women for her work in expanding rural health care. Southern Living magazine published an article about her in its May 1984 issue (B. Compton, personal communication, March 12, 2013).

During the 1970s Compton served as an adjunct Clinical Instructor for the UNC School of Nursing FNP program as well as an Assistant Professor in the UNC School of Medicine's Department of Social and Administrative Medicine. In 1981 she accepted a full-time position in the UNC School of Medicine's Department of Pediatrics. In the early 1980s, Compton taught FNP skills to health care workers in both Turkey and Swaziland. Compton was honored by the UNC School of Nursing as its Alumnus of the Year in 1985. Although she worked in the School of Medicine, Compton stayed active in the North Carolina Nurse Association, serving on the 75th anniversary history committee (B. Compton, personal communication, March 12, 2013).

Today the work and spirit of Compton and the other pioneer FNPs and their physician colleagues lives on. In 2011, a new Prospect Hill Clinic building and Dental Clinic opened serving hundreds of clients a day. The Prospect Hill Community Health Center is now part of the much larger Piedmont Health organization. Their mission statement reflects the ideals of its founders:

At Piedmont Health, we're rooted in our community. We are determined to deliver quality health care to everyone with compassion, de-

votion and clinical sophistication; because we all deserve the benefits of a healthier life. From an infant getting her first well-baby checkup to a teenager getting a wisdom tooth pulled to a grandpa needing help managing his diabetes—welcome to Piedmont Health.

Compton is retired as an FNP and university professor, but remains very active in her community. Two of her biggest joys are playing and singing in a local "jam" session she started in 2000 called "Picking and Grinning." Every Thursday night at the Schley Grange Hall up to 200 people come to sing, play, dance and share fellowship. Once a month is "cake night." This may be because another of Compton's legendary joys and skills in cake baking. She was recently featured in the book *Cake Ladies: Celebrating a Southern Tradition*. In it, she sums up her philosophy of life by saying,

Who you are is about who you love, not about whether somebody loves you, and it's the ones who are a little bit harder to love that matter. What God's given us, we don't get to keep it. We've got to send it on. But if you give, it comes back to you in so many ways (Rhoden, 2012, 24).

Duke University School of Nursing's Pediatric Nurse Practitioner Program

In 1970, the North Carolina General Assembly approved \$75,000 to support the education of nurse practitioners. In addition to the FNP Certificate program at Chapel Hill, a portion of this money went to Duke University School of Nursing through a contract with the Child Health Section of the State Board of Health to train Pediatric Nurse Practitioners (PNP) on the campuses of UNC-Charlotte, UNC-Greensboro, UNC-Chapel Hill, Western Carolina University in Cullowhee, East Carolina University in Greenville and the private Lenoir Rhyne College in Hickory. In a grant titled "Expansion of the Child Health Nurse Practitioner Role," the focus of the project was explained this way:

The ultimate focus of this project is upon changing the primary health care system in the community in such a way as to reduce the fragmentation of care in both the public and private sectors. The desired change involves more effective utilization of the nurse engaged in delivering health care and the development of her skills so she may function as the agent of primary care for the family (Grant application found in the Ruby Leila Wilson papers, 1959–1985, Box 12 Folder, n.p.).

The five "long term aspirations" of the grant were

- (a) To bring about a redistribution of health care tasks based upon an analysis of tasks and concomitant knowledge and skill requirements.
- (b) To create new careers as child health nurse-practitioners for presently practicing nurses by providing on-the-job training opportunities.
- (c) To reduce the communication barriers among health care workers and remove those blocks that impair effective utilization of the nurse.
- (d) To identify and attempt to remove unnecessary social constraints upon the effective utilization of the nurse-practitioner.
- (e) To encourage the introduction of learning experiences into the curriculum of the basic baccalaureate schools of nursing in the state that will serve to prepare nurses to assume primary care roles as family health caretakers in the local community (Grant application found in the Ruby Leila Wilson papers, 1959–1985, Box 12 Folder).

Over the life of this 5-year collaboration faculty were drawn from schools of nursing involved in the grant, staff of the Developmental Evaluation Centers, faculty of the UNC-CH Schools of Medicine and Public Health, staff from the State Board of Health and local pediatricians interested in the project. Classes were held on each campus for one full day each week for a minimum of twelve weeks. Classes consisted of three hours of lecture followed by supervised practicums lasting three additional hours. Twelve working Child Health nurses from local health departments were initially selected to participate at each site. Students learned care of the pregnant women, normal growth and development, physical assessment and treatment of common pediatric health problems.

In 1970, a ten-week, one-day-a-week pilot program was taught at Duke University Medical Center. Dr. William DeMaria was the instructor and the students were nurse consultants from the Maternal and Child Health Section of the State Board of Health. After funds were received from the state legislature, East Carolina University School of Nursing with direction from Dean Evelyn Perry and the local Developmental Evaluation Center and UNC-Charlotte School of Nursing with direction from Dean Edith Brocker, were chosen to offer a *pretraining* program in 1970 and a pilot program in 1971. A lot of data was collected from the pretraining and pilot classes. The program was tweaked in light of the data and in 1972 the grantees (Duke University School of Nursing and Medicine and the State Board of Health) offered the program at baccalaureate schools for nursing within a 50 mile drive of most nurses in the state. In each of the 4 years from 1972–1975, 84 nurses became certified pediatric nurse practitioners through the program. By the end of 1975, almost 400 nurses

were program graduates (Papers found in the Ruby Leila Wilson papers, 1959–1985, Box 12 Folder).

Nurses Create the Hot Springs Health Center

Meanwhile, two nurses, Linda Ocker Mashburn and Rae Ann Gaserowski, working with the Council of the Southern Mountains moved to rural Appalachian Madison County. Although Madison County shares a border with Buncombe County where Asheville is the county seat, ice and snowy winter weather combined with poor roads made traveling to physician's office and hospitals in Asheville almost impossible for several months out of the year. Concerned about the lack of health care available to county residents, the nurses set up a small clinic in the town of Hot Springs. By using grant monies and donations to pay a part time physician and soliciting volunteer help for all other clinic positions they opened the Hot Spring Health Program (HSHP) clinic in 1971. In 1972, Mashburn and Gaserowski obtained a 5-year grant from the Appalachian Regional Commission. The nurses, along with the Board of Directors made up of people living in the community, decided to use the funds to open satellite health clinics in the Madison County towns of Laurel and Walnut and opened a dental clinic in Hot Springs. Each health clinic was staffed with an FNP or PA while one physician "circuit rode" between the clinics. Dr. Jim Bernstein, Director of the new North Carolina Office of Rural Health, was impressed with Mashburn and Gaserowski's work in developing the HSHP. He asked other rural communities in need of primary care service to replicate the HSHP Statutory Authority for FNPs model (Hunter, 1997).

Both supporters and detractors of the new nurse practitioner programs wondered about the statutory authority undergirding their practice. Similar issues were raised about the practice of nurse-midwives, nurse anesthetists and psychiatric/mental health nurses providing therapeutic services. The 1971 North Carolina General Assembly appointed a task force with the unwieldy name of the "Legislative Research Commissions Committee to Study the Lawful Role of the Nurse in Delivery of Comprehensive Health Care" (task force) to study the matter. Nurse Audrey Booth was appointed to represent nursing on the task force. The task force met almost every other week for 7 months hearing testimony and studying the Nurse Practice Act, Medical Practice Act, Pharmacy Practice Act and other relevant legislation. On June 9, 1972, the Medical Society House of Delegates endorsed the expanded role of FNPs (Booth, 1977).

In the fall of 1972 the task force called for specific amendments to both the Nurse Practice Act and the Medical Practice Act to clarify and strengthen the legality of FNP practice. Rather than create a laundry list of skills the FNP could perform, the task force plan included the establishment of a "Joint Practice Committee" (JPC) composed of six nurses and six physicians who would be responsible for oversight of FNP practice. The JPC could be flexible enough to modify practice issues and regulations as they arose without having to go back to the legislature on a regular basis. The General Assembly accepted the task force proposal in March 1973 and voted to accept House Bills 168 and 169 amending the nursing and medical practice acts. The first six nurses to serve on the JPC were Mary Ellen Rogers, Gwendolyn Andrews, Rebecca Holland, Hilda Newton, Linda Staurovsky and Anna Ruth Barour.

A 1973 document from the Dean of the School of Medicine's office defines the role and responsibility of the FNP:

The family nurse practitioner is a practitioner who is prepared to make independent judgments and to assume principal responsibility for primary health care of individuals and families in organized services. She assumes major professional responsibility and decision making in relation to health needs. She works collaboratively with physicians and other members of the health care team in the delivery of health service to individuals and families. Her practice is community oriented, related to needs, concerns and priorities of the consumers (*The Family Nurse Practitioner*, 1973, n.p.).

The document goes on to illustrate a typical day for an FNP in a rural clinic in North Carolina. Each FNP was seeing 15–20 patients a day of varied ages, both genders and with an assortment of complaints. Of each 100 patients seen by FNPs, 80 could be treated by the FNP, 5 required immediate consultation with a physician and 15 required consultation with a physician at a later time.

With state and federal monies funding FNP training programs and the legal issues settled, FNP education and practice moved from a pilot, experimental project into an ongoing movement. Many nurses, physicians and members of medically underserved communities wanted Rural and Community Health Clinics staffed with FNPs available in their counties. As AHEC monies and programs replaced those begun by the Regional Medical Program, Nurse Audrey Booth, became the state wide nursing director of AHEC services, and began the process of bringing FNP education to more rural parts of the state. A collaborative effort between AHEC Area L staff, the nursing department of Atlantic Christian College (now Barton University), the Edgecombe General Memorial Hospital and the Nursing and Medical Departments at UNC-CH were responsible for the first off campus FNP program which began in 1973 in Tarboro, North Carolina ("New FNP program," 1973). Nurse Cynthia Fre-

und, RN, FNP and Dr. Lawrence Cutchin were the faculty members for this pilot program. A class of six nurses graduated from the program in the fall of 1973 and began offering primary care services mostly in sites in rural eastern North Carolina (C. Freund, personal communication, October 29, 2013).

Two years later, in 1975, a similar collaboration in Asheville with the Mountain AHEC (MAHEC), Mission Memorial Hospital and UNC-CH created an ongoing FNP educational program offered through MAHEC between 1975 and 1990. MAHEC nurse and FNP Hettie Nagel Garland directed the program and the all-nursing faculty, including Kit (Katherine) Nuckolls, RN, FNP; Linda Tull, MPH, FNP; Mimi Donohue, MPH, FNP; and Dr. Margaret Johnson-Saylor, PhD, ANP. Students first completed a 749-hour didactic phase, mastering content in laboratory, pharmacology, data collection, adult and child primary care, health care for women, common health problems and gerontology. They then spent 1,765 hours in clinical rotations throughout Buncombe and surrounding counties. Clinical preceptors included FNPs, certified nurse-midwives, physician assistants, physicians, clinical nurse specialists and program faculty. The 12-month, full-time certificate program ran for 15 years. Students had to be registered nurses and applied with a physician who agreed to provide clinical supervision. Class size was limited to 12 students. The work was evaluated as satisfactory or unsatisfactory and a certificate rather than a degree was awarded to each graduate.

A similar collaboration existed in the Eastern part of the state between UNC-CH and East Carolina College (now University). For two years, 1975 and 1976, an FNP outreach program from UNC-CH was offered on the ECU campus using UNC-CH and ECU nursing faculty. ECU faculty included Allison Armstrong, Terri Lawler, Phyllis Nichols, Evelyn Perry, Nancy Stamey and Mallie Perry. UNC-CH FNP nursing faculty in 1975 included Audrey Booth, Cynthia Freund, Julia Watkins, Margaret Wilkman and Clara Milko (FNP Program Summary, n.d.).

Another major accomplishment occurred in 1975. FNPs had statutory authority to perform certain medical acts with the passage of House Bills 168 and 169 in 1972. In 1975, after prolonged negotiations with the North Carolina Board of Pharmacy, the authority to prescribe, compound and dispense noncontrolled substances under standing orders from a physician was granted to FNPs and Physician Assistants by the state legislature. FNPs were issued prescribing numbers and their patients benefited from this expansion of their legal authority (Booth, 1977).

Faculty from the FNP programs at UNC-CH and East Carolina University collaborated on issues related to the FNP core curriculum, minimum levels of competency, common objective tests, and more generally to share resources

and avoid duplication. In 1976, the nursing and medical faculty involved in FNP education in North Carolina arranged the first national conference on FNP education in the country. Faculty representing 52 programs came to Chapel Hill from January 29–31 and shared ideas and concerns (Pickard & Watkins, 1976).

In less than a decade, expanded clinical education and practice for nurses went from an idea through a pilot phase to a well-accepted, legally secured role. Nursing programs in public and private colleges and universities across the state saw the need and provided these programs to an increasing number of students. Many schools had several areas of specialization within the practitioner programs. Nurses could become family, adult, pediatric, family planning and geriatric practitioners. By 1980, FNP graduates were awarded a Master of Science in Nursing degree. FNPs could take national certification examinations to demonstrate their excellence. Most importantly, patients in underserved rural and urban areas were receiving high quality, patient centered care from nurses in expanded roles.

The Mandatory Continuing Education Debate

Continuing education (CE) was a topic of considerable concern to North Carolina nurses and nursing organizations in the 1970s. Nursing care became increasing complex as nurses worked with a variety of patients from different cultures, increasingly sophisticated equipment, and new pharmacological agents. Additionally, professional nursing organizations were encouraging diploma and ADN graduates to continue their education at the baccalaureate level and encouraging BSN prepared nurses to enter new programs in advanced practice nursing. In North Carolina during the 1970s, a debate raged among nurses over whether or not CE should be a mandatory prerequisite for renewing one's nursing license.

CE was part of the national nursing discussion as well. Many other health care professions including dental assistants and physical therapists instituted mandatory CE for licensure renewal around this time. As early as 1953, the Joint Commission for the Improvement of Care of the Patient (later known as the Joint Commission on Accreditation of Hospitals now known as The Joint Commission) proposed that hospitals create a specialized department devoted to the continuing education of nursing staff. In 1973, The American Nurses Association established the Council on Continuing Education so nurses across the country could have a venue to share ideas and suggest legislation related to CE. In 1978, the Joint Commission mandated that a position to oversee and

coordinate staff development activities be established in its affiliated hospitals (Kalisch & Kalisch, 2003).

In 1970, the Relicensure Committee of the of the NCSNA issued a statement that no relicensure requirements should be instituted since continuing education opportunities were not available to nurses throughout the state. The NCSNA Board of Directors approved the statement. However, delegates to the 1971 NCSNA Convention voted that the NCSNA Council of Practice "study and formulate recommendations for action to the Board of Directors with regard to relicensure for registered and practical nurses" ("Study of Relicensure," 1972, 4).

A full page announcement from the NCSNA Board of Directors in the February 1973 *Tar Heel Nurse* emphasized their opposition to mandatory CE for relicensure. The boldfaced boxed position statement declared that the Board opposed both mandatory relicensure and a state level program of voluntary certification. It went on to say,

The Board's position is that maintaining continuing competence to practice is an individual responsibility and that the professional association's responsibility is to promote accessibility of continuing education opportunities and to assist in determining specific continuing education needs of various groups ("Position Statement," 1973).

While endorsing CE as a professional responsibility for individual nurses to maintain a high quality practice, the Board of Directors cited several factors leading them to refuse to endorse mandatory CE. These factors included uneven content in CE offerings, lack of effective evaluation of CE on practice, lack of funding to offer enough CE for the state nursing workforce, lack of manpower to oversee a mandatory CE provision in the state Nursing Practice Act, and a philosophic argument that mandatory CE reduces individual initiative and motivation.

NCSNA held a series of open meetings across the state and invited all nurses and people interested in nursing to participate in "Operation Input." Nurses Audrey Booth, Rose George and Frances Miller conducted the meetings, which were attended by over 200 people. One topic of conversation was mandatory CE. Spirited debates occurred in each session over the issue of making continuing education a prerequisite for relicensure ("Operation Input," 1973). This debate continued at the 1973 NCSNA Convention. Nurse Rosamond Gabrielson, President of the American Nurse Association, addressed the convention delegates speaking in favor of mandatory CE for registered nurses. The entire Wednesday afternoon session was a debate on the issue. Several resolutions concerning continuing education were passed by the delegates at the 1973 convention. One urged the NCSNA to develop long range plans to

prepare for the possibility of mandatory CE for relicensure. Another commended the NCSNA Committee on Continuing Education's work to establish an office of CE for Nursing in the General Administration Office of the UNC system. The delegates supported the NCSNA to become the organization to publicize and to house a centralized system of recording CE offerings and credits. The delegates finally encouraged the NCSNA to encourage nursing education programs throughout the state to implement and coordinate a challenge process for ADN and diploma graduates who wanted to earn their BSN degrees ("Resolutions," 1973).

By the mid-1970s most schools of nursing and professional organizations in North Carolina were offering continuing education opportunities for nurses. The North Carolina League for Nursing Education offered CE units for all of its programs. The Continuing Education Recognition Program (CERP) managed by the NCNA approved approximately 600 programs to award CE credit in 1974 ("Explorer Group Studies," 1976, 1). In 1976 an "Explorer Task Force" was created by the Board of Directors of the North Carolina Board of Nursing to "obtain reaction, ideas, facts and problems about continuing education from provider sources regarding availability, accessibility, accreditation, content areas and funding" ("Explorer Group Studies," 1976, 1).

Nurse Vercie Eller chaired the Explorer Task Force. The Task Force considered many methods of ensuring safe nursing practice for the public. Ideas included mandatory, periodic re-testing of nurses to maintain licensure, employer evaluations as a means of ensuring continuing competence, and voluntary continuing education. In 1978, the Task Force issued a proposal mandating 40 hours of continuing education in every 2 year relicensure cycle. In the March 21–22, 1978 Board of Nursing meeting a motion was made that read,

The North Carolina Board of Nursing adopts the concept that mandatory continuing education for relicensure is the most feasible mechanism for assuring and promoting continued competence of Registered Nurses and Licensed Practical Nurses in North Carolina and the Board commits itself to defining continuing education and to develop plans for implementation ("Nursing Group Approves," 1978, 1–2).

In the fall 1979 North Carolina Board of Nursing Board of Directors meeting, a secret ballot vote ended with a tie with six for and six against mandatory continuing education. A majority vote is needed for a motion to carry so the North Carolina Board of Nursing Board of Directors voted against instituting mandatory continuing education. Another decade would pass before the issue reappeared on statewide nursing agendas ("Nursing Board Rejects," 1979).

Unions

As the scarcity of work and deep poverty of the great Depression gave way to post-World War II (WWII) prosperity, workers, including nurses began to clamor for higher wages and better working conditions. Delegates to the 1946 American Nurse Association (ANA) convention unanimously endorsed this resolution:

The American Nurses' Association believes that the several state and district nurses associations are qualified to act and should act as the exclusive agents of their respective memberships in the important fields of economic security and collective bargaining. The Association commends the excellent progress already made and urges all state and district nurses associations to push such a program vigorously and expeditiously ("State wide minimum employment," 1948, 514).

These delegates saw collective bargaining and the use of a strike as a way to gain economic security and influence other employment issues. Nurses efforts towards unionization suffered a serious setback when the U.S. Congress passed the 1947 Taft-Hartley Act, exempting private, nonprofit hospitals from the 1935 Labor Relations Act. This meant that religious and community hospitals, which were most hospitals in North Carolina and the rest of the country, could not be bound by labor union contracts (Kalisch & Kalisch, 2003).

The severe post-WWII nursing shortage was a catalyst for the U.S. Department of Labor to perform a study titled the *Economic Status of the Registered Professional Nurse*. Evidence confirmed a lack of economic incentives to either attract a significant number of new nurses or to keep experienced nurses in the profession. Long hours, shift work, low pay, lack of retirement pensions, limited opportunities for promotion and poor room and board were all reasons nurses gave for leaving nursing.

The advent of the women's movement and an active labor movement in the country in the 1960s probably influence a group of about 2,000 San Francisco Bay area nurses to go on strike in 1966 in an effort to improve wages and working conditions. The strike attracted national attention and was a catalyst for events that ultimately led to the August 1974 repeal of the Taft-Hartley prohibition of collective bargaining in private charitable institutions, including hospitals (Rothwell, 2001).

A front page article in the December, 1973, *Tar Heel Nurse* reflects the reluctance of NCSNA leadership to become involved with unionization of North Carolina nurses:

ANA (American Nurse Association) and the North Carolina State Nurses' Association in recent months have been faced with a decision. It is predicted by labor relations experts that to do nothing will invite labor unions to rip off nurses by the thousands throughout this country, and this would be the beginning of the end for ANA. ANA's life expectancy, with this approach, according to one labor relations spokesman, is two years. The other choice for ANA and its state associations is to launch a campaign to organize registered nurses and serve as the bargaining agent.

ANA and NCSNA have now committed themselves to this course. ANA will provide financial assistance to state associations for this program. The NCSNA, with help from ANA, has reordered its priorities and will provide organizing and bargaining services to registered nurses ("NCSNA important message," 1973).

A few North Carolina nurses quickly responded to the new freedom to form unions and collectively bargain for contracts ensuring better wages and working conditions. Nurses employed at the Veteran's Administration (VA) Hospitals in Fayetteville, Salisbury and Durham who were members of the American Federation of State County and Municipal Employees Union switched affiliations to make the NCSNA their representative in union and contract negotiations. Almost every issues of the *Tar Heel Nurse* from October 1973 through the end of 1975 reported news related to unions and collective bargaining. For example, the February, 1975 *Tar Heel Nurse* had a front-page story titled "Let's Set the Record Straight." The first paragraphs read,

We are hearing from many areas of the state that hospital administration is putting a lot of pressure on nurses at all levels to drop their membership in ANA and to refrain from organizing for the purposes of collective bargaining. What disturbs most is that some hospital administrators and the consultants they are bringing in to fight employee organization are telling flagrant untruths to nurses about their professional organization. Nurses who have been indifferent to their professional organization probably don't realize that a lot of what they are hearing from administration is garbage.

The Sad Case of Nurses at Columbus General Hospital

In the same February 1975 issue of the *Tar Heel Nurse* was an article about nurses employed at Columbus County Hospital in Whiteville, North Carolina, being the first nurses to organize a union at a county hospital in North Carolina. Forty-one nurses established a collective bargaining unit that was certified by the National Labor Relations Board as appropriate under the Taft Hartley Amendments of 1974 (NLRB Upholds NCSNA, 1975). Many of these same nurses had approached the NCSNA in 1972 seeking assistance to improve their working conditions. Despite months of effort, including conferences with hospital administration and its governing board, little progress had been made. After the change in legislation allowing nurses in private, nonprofit hospitals to form unions, the Columbus County Hospital nurses voted on April 10, 1975, to engage the NCSNA to represent them as a bargaining agent. The National Labor Relations Board found they had legal standing to form a union.

Jean Watts, RN, was elected chair of the bargaining unit. Other nurses elected to office were Harriet Dietz, RN vice chair, Eriene Elkins, RN secretarytreasurer, and Bertie Hockaday, RN, Norma Strocio, RN, Almeta Sumpter, RN, and Anne Allen, RN, as members of the grievance committee. The nurses' primary concerns were overstaffing, grievance procedures, and patient care issues. They wanted their monthly schedules posted 28 days in advance, 10 hours off between 8-hour shifts, to rotate only between two shifts, not all three, to work every other weekend except in cases of emergency when they would work more weekends, and to have additional staff in the coronary and obstetrical wards. Salaries were not an issue. In early June, Mary Lee Potter, ANA, field representative from the Economic and General Welfare Department, spent two days consulting with the members of the Columbus County unit on developing contract proposals and understanding the negotiating process. Nurse Potter along with Nurse Jean Reid of the NCSNA were the chief negotiators for the Columbus County nurses. Negotiations began in July 1975 ("E & GW News," 1975).

By December no progress had been made. The nurses then requested the services of the Federal Mediation and Conciliation Service (FMCS) and the North Carolina Department of Labor. During the next three months, the nurses made a number of concessions but the hospital administrators did not move from their original positions. In March 1976, an impasse was declared, and the nurses bargaining unit requested a Board of Inquiry, an impartial fact-finding

board appointed by FMCS. The Board of Inquiry report, dated March 13, 1976, in most cases, supported the position of the nurses. After studying the report, the nursing unit agreed on March 29 to further concessions and to accept a contract based on the Board's recommendations. Again, the hospital negotiator would not make any concessions. By a majority vote, the nurses decided to strike and gave a 10-day notice to the county commissioners (No Contract Yet, 1976). After eight months of fruitless negotiations with hospital administrators and the county commissioners, the nurses went out on strike on April 12, 1976. The April (1976) *Tar Heel Nurse* reported,

The burden of the strike was borne by about one-fourth of the eligible RNs on the staff. Some voted against strike and did not support this decision. Some continued to report to their jobs but expressed to news media their sympathy and support of the striking nurses. Throughout the past several weeks the concerns of the RN unit have been brought to public attention through the newspaper, radio, and TV coverage. The nurses feel that they have achieved one of their primary objectives—at last, the public is aware of their concerns and of the deficiencies at the hospital. Finally, somebody noticed. The group of nurses who carried out the strike and who stood in the picket line displayed a rare degree of courage (p. 3).

A deal was reached on April 23, 1976 and the nurses returned to work. However, as reported in the *Tar Heel Nurse*:

Since April 23rd, there has been a mind-boggling series of maneuvers on the part of the hospital to prevent the signing of the contract. During a period of some 10 days following the end of the strike, and while the hospital attorney was putting the agreement in contract terms, members of the medical staff were calling nurses to conferences where the nurses were urged not to ratify the contract. Nurses were promised that a new director of nursing would be employed, and other goodies, if they would vote against ratification. Meanwhile, a petition for decertification of the bargaining unit was being circulated (p. 3).

In June 1976, the National Labor Relations Board found that Columbus General Hospital was a county owned, rather than privately owned facility and thus the nurses were not covered under the Taft Hartley Amendments of 1974. This meant the nurses were subject to North Carolina law, which prohibits all nonfederal governmental units from negotiating contracts with employees. An

article in the October 1977 Tar Heel Nurse describes the NCNA conclusion to the situation:

The only slim straw left was to appeal the NLRB decision. For months the NCNA staff and Collective Bargaining Council had done much soul-searching about the drain of the Columbus County Hospital negotiations on our financial and human resources, in the face of dwindling support from nurses eligible for the bargaining unit. We had considered "disclaiming" the unit and walking away, as nurse support eroded. Thirty years ago NCNA committed itself to representing registered nurses in collective bargaining. We kept deciding not to abandon a group of nurses who had made heroic efforts and displayed a rare degree of courage for more than four years to achieve improvements in their working conditions and practice climate. We honored our commitment long after a majority of the nurses in the Columbus County bargaining unit no longer were committed to the unit (Brown, 1977, 25).

Men Enter Nursing in Significant Numbers

Building on the Nightingale model of nursing education, and reflecting the social mores of the day, early schools of nursing and professional nursing organizations in North Carolina not only discriminated against women of color, but also excluded men. In fact, the American Nurses Association did not allow men to be members for the first 40 years of its existence (O'Lynn & Tranbarger, 2007). Many men struggled for years to create a space for male nurses in educational institutions, workplace settings and professional organizations.

While a few men were educated and practiced as nurses in North Carolina before the 1970s, they were a small minority of the nursing workforce. Hospital schools of nursing, which trained the vast majority of North Carolina nurses from the 1890s into the 1970s were almost completely composed of female students. Few men wanted to become nurses and the logistics of housing men during nurses' training were a barrier to their being recruited into the profession. With the advent of associate's degree nursing programs in the 1960s, this began to change. Men could matriculate in nursing programs while living at home. Male students were also admitted to BSN programs where housing was not an issue.

Two men graduated from the Memorial Mission Hospital School of Nursing in 1964. One, Billy Joe Rowell, RN, began his career at Dix Hospital, the

state psychiatric hospital in Raleigh, North Carolina. He was interviewed by the Raleigh News and Observer newspaper. He was quoted as saying,

When a person is sick and a nurse comes in to care for him, it makes no difference to the patient whether or not the nurse is a male or female.... Male nurses have a definite advantage in some areas—such as Central Prison. It's too dangerous for women to even be there (Coleman, 1964, n.p.).

Thirteen men were in the 1975 graduating nursing class at UNC-Chapel Hill. Charles Loman, Director of Students Affairs at the school, noted in an interview, "With more and more women getting into medicine, men are feeling that they are freer to go into careers like nursing" (Welch, 1975, n.p.).

As more men joined the profession, several became active in professional organizations and rose to prominent positions in their health care agencies. Articles in the *Tar Heel Nurse* from 1970–1973 detail these accomplishments for men in nursing. Joe Caldwell, RN, served as secretary of the NCNA from 1971–1973 and was chairman of the Membership Promotion Committee. In 1973, Gaylord Snyder, RN, moved from being nursing director at Memorial Mission Hospital in Asheville to being nursing director of New Hanover Memorial Hospital in Wilmington. Nurse Eugene Smith was the director of nursing at Charlotte Memorial Hospital that same year. Smith served on the Boards of the NCNA and the North Carolina Board of Nursing. Nurse William Sink, an ADN graduate of Carolina Piedmont Community College was the Director of Nursing at Catawba Memorial Hospital in 1970.

Perhaps the male nurse who has made the biggest impact on nursing in North Carolina is Russell Eugene Tranbarger. "If you are going to get involved—get involved. Don't sit on the sidelines," said Tranbarger (E. Tranbarger, personal communication, September, 15, 2010). Without question, he has followed his own advice. Educator, clinician, historian, legislative advocate, leader, author, editor, role model, trailblazer, nurse: Tranbarger has worn all of these hats, and more. He started out breaking barriers in nursing and has continued doing so throughout his career, all while making valuable contributions to the profession.

Tranbarger started breaking barriers for men early in his career as a student nurse. In 1958, he was elected president of the Student Nurse Association of Illinois, the first man to hold that office. After graduating from the Alexian Brothers School of Nursing in Chicago in 1959, Tranbarger, to the dismay of many on the nursing staff, became the first male nurse at Children's Memorial Hospital in Chicago. He was commissioned as a Second Lieutenant in the Army Nurse Corps, where, after receiving his BSN from DePaul University, he

taught operating room nursing to students who were then sent to serve in the Vietnam War (LaRocco, 2008).

Tranbarger came to North Carolina to earn his Master of Science in Nursing in Nursing Administration degree from UNC-Chapel Hill. After graduating from this program in 1970, he became the Associate Director of Nursing at North Carolina Memorial Hospital and was appointed as an adjunct faculty member at the UNC School of Nursing, breaking another gender barrier by becoming the first man on the UNC School of Nursing faculty (Centennial Committee, 2003). After earning his doctorate from North Carolina State University in 1991, Tranbarger joined the faculty at East Carolina University (LeMaire, 2003).

Throughout his career, Tranbarger has been a leader in state and national nursing associations, holding a variety of offices in organizations including the American Nurses Association, the North Carolina Foundation for Nursing, the North Carolina Federation of Nursing Organizations and American Academy of Nursing, in which he is a fellow. He is the first man to serve as President of the North Carolina Nurses Association and the first man to Chair the North Carolina Board of Nursing (LaRocco, 2008).

In 1990, Tranbarger presented a paper at the American Assembly for Men in Nursing (AAMN) conference in Atlanta, Georgia. Prior to that meeting, he had sought to reduce the emphasis on gender in the nursing profession, but after attending the conference, he realized gender-specific support and assistance were required to recruit and retain men in nursing. Tranbarger says he drew upon his childhood experiences to deal with the marginalization of men in his work. Growing up without a father and being the only person in a small town with his last name "prepared [him] to be an outsider in nursing, because that is what a man in nursing is and certainly was 50 years ago! Lots of men and minorities in nursing try to blend in, not to stand out" (Tranbarger, 2003b, 49).

Following that meeting, Tranbarger became an active member of the AAMN. In addition to serving as a role model for many young men in or considering a nursing career, he appeared in many media outlets speaking on behalf of male nurses. Tranbarger played crucial roles in the AAMN, holding every major office in the organization, including serving as its president for two terms. In addition, Tranbarger edited the AAMN journal *Interaction* for 6 years. He has also written extensively on topics related to men in nursing and has worked on multimedia recruitment campaigns to increase the number of men in the profession. In 2007, he coauthored *Men in Nursing*, the first book to focus on the history, challenges, and opportunities for male nurses. Finally, in the summer of 2008, the ANA honored him with the first Luther Christman Award, which recognizes the contributions that an individual man has made to the profession of nursing ("Tranbarger honored," 2008).

Yet, Tranbarger claims his proudest accomplishments are changes he implemented as Vice President of Nursing at Moses H. Cone Memorial Hospital in Greensboro, North Carolina, and his work on the North Carolina Nurse Practice Act of 1981 while he was Chair of the North Carolina Board of Nursing.

I never got anything because I was a man, but because of my skills, knowledge, and abilities. The "first man this" and "the first man that" angle does not capture the story. When I was elected president of the North Carolina Nurses Association, I think it was despite the fact that I am a man. It was because of my ability and willingness to do the work, my willingness to say what needed to be said when others wouldn't (Tranbarger, 2003b, 65).

Tranbarger's contributions to the profession embody his words. Elected Vice President of Nursing at Moses Cone in 1977, he remembers the quality of nursing care and staff morale was very low. In fact, he claims it was common knowledge that Moses Cone was one of the worst hospitals in the country. But Tranbarger saw a great opportunity; no one expected him to succeed, and he felt few constraints in trying out new ideas. Under his leadership, patient care and nursing were the center of attention, driving decision making throughout the hospital. During his 12-year tenure at Moses Cone, Tranbarger achieved a number of firsts: he created an orientation program for newly hired nurses, began a program for nurses recovering from drug and alcohol abuse, implemented a one-year internship for new graduates, established a clinical ladder for the nursing staff, and hired a doctorally prepared nurse to manage the new nursing research office.

In another first in the late 1970s, Tranbarger partnered with Dr. Eloise Lewis, the Dean of the School of Nursing at the University of North Carolina, Greensboro, to create a postmaster's residency program for nurse administrators. New nurse administrators earned a full salary and worked on a variety of projects with different department heads for a year while mentored by Tranbarger. The internship program continues to this day, 30 years after its inception. Tranbarger and Lewis also worked out a system of joint appointments between the hospital and the University. University nursing faculty had clinical appointments in the hospital to keep abreast of the most current clinical practices, and select Moses Cone Hospital nurses served as part-time clinical and occasional classroom teachers for nursing students at the school (E. Tranbarger, personal communication, August 8, 2010).

Tranbarger also initiated a program to recognize nursing excellence at Moses Cone. At the annual ceremonies, the first of which took place in 1982, national nursing leaders addressed the nursing staff and outstanding nurses were

honored. While this practice and many others that Tranbarger spearheaded may seem commonplace today, they were unheard of 30 years ago. Leading the nursing staff at Moses Cone was Tranbarger's shining moment; he says. "My knowledge, skills, courage, and ability were tested and I succeeded. One of my goals in life was to make a difference, and Moses Cone was where I made a difference" (Tranbarger, 2003a, 71).

Chapter 10

Modern Day Nurse Trailblazers, 1980–2002

Professional nursing was maturing in its eighth decade. In the early years of the 1980s, nurses and nursing leaders were fighting, and winning, some of the same battles faced recurrently since 1902. Through the courts and the legislative process, nurses were empowered to define and regulate nursing practice and nursing education. As these battles were finally won, nurses could direct their energies towards creating new programs and services to deal with social issues affecting health in the last part of the twentieth century, including homelessness, HIV/AIDS, and environmental degradation.

Duke University Hospital Sues the North Carolina Board of Nursing

It seems that with every generation the battle for control over the scope of nursing practice is fought anew in North Carolina. From the first legislative debates in 1903, the issue of oversight and regulation of nursing practice has been in constant contention. Many physicians and hospital administrators have sought to limit the role of nurses in controlling their own profession. Due to their influence, and at a time when women were denied the vote, the North Carolina General Assembly passed a permissive rather than mandatory nurse practice act in 1903. In the 1930s, the North Carolina Hospital Association had friendly legislators introduce a bill that would have greatly weakened the authority of the North Carolina Board of Nurse Examiners and eliminate the Standardization Board (a forerunner to today's accreditation agencies). This proposed legislation would have allowed hospital administrators to hire anyone as a nurse and permitted each hospital to determine the extent and scope of nursing practice within their institutions. While this proposal failed in the General Assembly, the issue reappeared in the 1950s when the Board of Trustees of Hamlet Hospital School of Nursing sued the North Carolina Board of Nurse

Examiners. Hamlet Hospital School of Nursing Trustees objected to conforming to North Carolina Board of Nursing Examiners' education regulations. Disputes arose concerning faculty qualifications, student work hours, curricular documentation, and the general conditions of the nursing student dormitory and library. In 1951, the North Carolina Supreme Court ruled that the North Carolina Board of Nursing did have the statutory authority to regulate nursing education in the state. Nonetheless, issues of control of nursing education and practice reappeared in 1980.

According to papers found in the Duke University Medical Center Archives, on April 17, 1979, a survey team from the North Carolina Board of Nursing (NCBON) visited Duke University School of Nursing for a routine inspection. The surveyors went to the floors of Duke Hospital to observe clinical education. While there, they observed unlicensed nursing staff performing acts considered to be in the scope of registered nursing practice. Mary McRee, Executive Director of the NCBON sent a letter to Dr. Ruby Wilson, Dean, Duke University School of Nursing on September 4, 1979. At that time, Duke Hospital and many other hospitals in the state, including Charlotte Memorial Hospital and Dix Hospital, employed graduates of nursing education programs who had either not yet taken the State Board of Nursing examination or had failed the examination. They practiced under various titles including, "graduate nurse" and "unlicensed nurse." Although policies varied from hospital to hospital, some "unlicensed nurses" practiced for years without taking and passing the State Board Examination. The Duke Hospital Policy on Unlicensed Nurses stated, "The unlicensed nurse's practice will be limited to those basic and advanced mechanical acts and skills which have been taught, supervised, and rated performance safe." Duke Hospital's unlicensed nurses could perform a long list of skills that included monitoring intravenous (IV) fluids, drawing blood, interpreting arrhythmias, defibrillation, catheterization, interpreting blood gasses, debriding wounds and taking on "charge" or administrative responsibilities. The unlicensed nurses could administer all medications as long as the medicine came in a unit dose. The NCBON surveyors were particularly concerned about student nurses observing and working in a hospital where unlicensed nurses gave medications and started and monitored IVs. Section 70-158.121 of the 1965 North Carolina Nurse Practice Act, which was in place at that time, read,

The hospitals ... with which the educational unit is affiliated shall provide clinical facilities so that each student may obtain the appropriate instruction and experiences in nursing care of patients.

Section 90-171-43(4) of the same North Carolina Nurse Practice Act read that the law did not prohibit

the delegation to any person, including a member of the patient's family, by a physician licensed to practice medicine in North Carolina, a licensed dentist, or registered nurse of those patient-care services which are routine, repetitive, limited in scope that do not require the professional judgment of a registered nurse or licensed practical nurse.

Duke Hospital and the School of Nursing administrators argued that monitoring IVs and administering medications in the unit dose system were routine, repetitive, and limited in scope, and therefore legally performed by unlicensed nurses. They saw no deleterious effects on student nurses by observing unlicensed nurses performing these acts. In August 1979, after reviewing the Duke University SON surveyor's report, NCBON members decided to seek clarification about Duke Hospital policies and practices related to unlicensed nurses before censuring the nursing school. According to a news brief in the December, 1980, American Journal of Nursing, the NCBON first became aware of Duke's use of unlicensed personnel in medication administration during a routine onsite inspection of the school of nursing. Tina Green, RN, Associate Director of the NCBON, explained, "We informed Duke that such personnel practices are in conflict with the law and board regulations, and that if they were not discontinued, Duke would jeopardize the accreditation status of the School of Nursing" ("Duke Argues for Use," 1980, 2126). The NCBON staff and Board declared these acts were violations of the Nurse Practice Act and therefore illegal.

In the fall of 1979, a series of letters were exchanged between various Duke officials and the NCBON, but no resolution was reached. At the December, 1979, NCBON meeting, members ruled that "using unlicensed personnel to hang IVs, monitor IVs, and administer medications in the unit dose system violated state law and that nursing schools that send students to hospitals allowing such practices would be in danger of losing their accreditation" (NCBON, 1979, 3).

Duke officials refused to alter their policies and filed a lawsuit against the NCBON in April 1980. At issue was who had the authority to decide which tasks required the judgment and education of a registered nurse to carry out and which tasks did not. The NCBON considered Duke's suit to be a direct attack against the Board's authority to set and maintain standards for the nursing profession. The North Carolina Hospital Association (NCHA) joined the lawsuit on the Plaintiff's (Duke) side while the NCNA and the NCLPNA legally sided with the NCBON. Duke's attorney, Patricia Wagner, was joined by Roddey Ligon for the NCHA while Caroline McCallister and Patrice Solberg represented the nursing organizations. Newspapers across the state ran stories about the suit. Generally, hospital administrators contended they would have to reduce the number of patient they could serve and that prices would rise if the

NCBON won the suit while nurses argued that if they lost, each hospital in the state would be free to create "institutional licensure." This could lead to each hospital developing its own standards of care and scope of practice for licensed and unlicensed personnel.

Many feared that institutional licensure would lead to a deterioration in patient care. On the front page of the May/June 1980 *Tar Heel Nurse* was an article titled "Duke Challenges ruling of NCBON." It read,

Duke University has filed a suit in Wake Superior Court against the North Carolina Board of Nursing over Board rulings that nursing school graduates who have failed or not yet passed licensure exam may not function as a registered nurse. The suit alleges that the Board does not have the right to decide the kinds of hospital jobs that may be done by unlicensed staffers. The Board issued its ruling in evaluating the clinical settings used by nursing schools for student clinical experience. The board said that nursing schools that send students to hospitals allowing unlicensed persons to perform registered nurse functions will be in danger of losing approval. Duke is the first school to challenge the ruling by court suit ("Duke Challenges Ruling of NCBON," 1980, 1).

A front page story in the next issue of the Tar Heel Nurse (NCNA to file, 1980) explained,

Duke University is challenging the Board of Nursing's authority to interpret what nursing is. Duke alleges that in purporting to determine and differentiate which "mechanical acts" can be performed by licensed or unlicensed personnel, the Board has exceeded its statutory authority.... In 1979, the Board of Nursing advised Duke School of Nursing that it was in noncompliance with the Board's educational standards because its primary clinical resource, Duke Hospital, assigned the following nursing functions to unlicensed persons not legally qualified to practice nursing:

1. Administer medications which includes assessments of patients immediately before and after as well as the actual physical delivery of medications; 2. Setting up, calibrating lines, and performing readings of central venous pressure; 3. Setting up and changing sets for hyperalimentation; 4. Recognition of abnormal rate and rhythm in pacemaker patients; 5. Responding to emergency alarms on volume ventilators; 6. Psychiatric admission interview for the purpose of nursing assessment to furnish basis for establishing nursing plan; 7. Intravenous therapy including (a) adjusting established flow rate;

(b) site care; (c) hanging "piggy-back drugs"; (d) adding drugs to IV bags; (e) IV push; (f) heparin flush; (g) blood and blood products; (h) use of IV controller (*Tar Heel Nurse*, 1980, 1).

During the December 5, 1979, North Carolina Board of Nursing meeting, Duke's representatives requested that the Board of Nursing clearly state what functions could be performed by unlicensed graduates of A.D., Diploma, or B.S. nursing programs, specifically related to the administration of medications using unit dose system, monitoring established IV flow rate, and hanging IV solutions. The Board of Nursing responded that these functions are the practice of nursing and did not change its previous interpretation. Duke then filed its suit in Superior Court in Wake County. Legal wrangling dragged on through most of 1980 with each side taking depositions and filing motions. An unexpected end to the lawsuit occurred in the spring of 1981 when the General Assembly passed a new Nurse Practice Act, rendering the issues in the lawsuit moot ("Settlement Reached," 1981).

Nurses Fight for a New Nurse Practice Act

In 1979, Governor Jim Hunt and the North Carolina General Assembly established the Governmental Evaluation Commission (GEC) or as it was better known the "Sunset Commission." The GEC was charged with reviewing the purpose and functions of each state regulatory body and recommending modifications and/or the decommissioning of state agencies to the upcoming 1981 General Assembly. The GEC reviewed the North Carolina Board of Nursing and the North Carolina Nurse Practice Act in 1979 and in 1980 suggested several changes. The first two and most important changes were to legislate a more explicit definition of the scope of practice of registered nurses and to repeal the statute which allowed unlicensed persons to perform any function so long as it is performed under the supervision of a physician, dentist, or registered nurse ("GEC to hear staff report," 1980).

In 1979, Eugene Tranbarger, RN, assumed the Presidency of the North Carolina Nurses Association (NCNA). The North Carolina Nurse Practice Act of 1965 was still in effect when Tranbarger became NCNA President, and many nurses regarded the law as seriously flawed. It ordered the composition of the North Carolina Board of Nursing to include five registered nurses, three licensed practical nurses, two hospital administrators, and two physicians, all appointed by the governor. There were no term limits for the appointees. The physician and hospital administrators on the board often served a decade or more.

The act did not specify whether the registered nurses had to be practicing nurses—they just needed to have a current nursing license. Under these circumstances, advances in nursing practice and educational reforms that other state Boards of Nursing were implementing were stagnant in North Carolina. For example, the title of registered nurse was reserved for those who had passed the Board Examination; however, a nurse failing the exam could be hired indefinitely as a "graduate nurse" and practice nursing for years or even decades without retaking the examination. Board of Nursing meetings were closed to the public and profession; only those invited by the Board could attend. Before the state passed the Sunshine Laws affecting every state agency, members of the board decided which items discussed at their meetings—if any—would be made public. In addition, the GEC report disclosed that the Board of Nursing had no evidence that it ever held a disciplinary hearing for any violation of the Nurse Practice Act since the Board's founding in 1903 (E. Tranbarger, personal communication, October 8, 2011).

North Carolina nursing leaders including Audrey Booth from the NCBON, Ernestine Small, the first African American Vice-President of the NCNA, Frances Miller, the Executive Director of NCNA, and Eugene Tranbarger, President of NCNA, largely wrote and then proposed a new Nurse Practice Act. Tranbarger convened a meeting of the Federation of Nursing Organizations consisting of all the leaders of North Carolina specialty nursing organizations. He urged their support for the new Act to create "one voice from all nursing organizations" in favor of enacting the proposed legislation. Under the proposed Nurse Practice Act (NPA), NCBON membership would include nine active registered nurses and four active licensed practical nurses, representing different areas of nursing practice, and all to be elected by nurses holding North Carolina licenses. Two members appointed by the governor to represent the public would join these board members. Each elected member would be restricted to two consecutive 3-year terms. It would become the first elected Board of Nursing in the country (E. Tranbarger, personal communication, October 8, 2011).

The proposed Act also addressed the issues at stake in the Duke lawsuit. The new law would permit graduate nurses to take the State Board Examination three times, and if the applicant failed, she or he could not practice nursing until the applicant had educational remediation and passed the State Board Examination. For the first time, employers would be mandated to verify a nurse had a license to practice nursing before they started work. Employers would be subject to legal penalties for using unlicensed personnel to perform skills or make judgments reserved to licensed practical and registered nurses.

Sam Beam, RN, the first registered nurse to serve in the General Assembly, was a member of the state House of Representatives representing the 38th

House District composed of Lincoln and Gaston Counties. He was a 1967 graduate of Central Piedmont Community College's ADN program. Beam was featured in an article in the 1980 *Tar Heel Nurse*.

Sam has expressed support of the revision of the Nursing Practice Act and will be a valuable ally for nursing and resource about nursing to other legislators. He comments: "It gave me great pleasure recently to address the 25th graduating class of Central Piedmont Community College, my old school. In preparing my speech, I began thinking of all the changes that had taken place in nursing. I could see how important it is for us to re-write the North Carolina Nurse Practice Act and to change the definition of nursing and the rules and regulations under which we work... As the first registered nurse to serve in the North Carolina General Assembly, I will work for our profession (Sam Beam, 1980).

The new Nurse Practice Act written and supported by nursing leaders unanimously passed the General Assembly on May 12, 1981, Florence Nightingale's birthday. Shortly after its passage, Duke University and School of Nursing offered a settlement proposal to the NCBON. In light of the new legislation, they no longer had grounds to sue. Members of the NCBON quickly accepted the proposed settlement and closed another chapter on hospital administrators trying to usurp the power of the BON to control professional matters.

By the mid-1980s, professional nursing in North Carolina had successfully withstood assaults over regulation of nursing practice and education from hospital administrators, physicians, directors of hospital schools of nursing, and others. The new Nurse Practice Act codified elected nursing leaders as the arbiters of nursing issues. Nursing education had largely moved away from hospital-based diploma programs and into academic settings. Advanced practice nurses including nurse practitioners, nurse midwives, and nurse anesthetists practiced under some of the most favorable conditions in the country. Federal dollars were reimbursing nursing-centered care such as case management and hospice care. In this congenial environment, nursing education and practice flourished into new fields meeting new needs of both nurses and consumers of health care.

East Carolina University Opens a Nurse Midwifery Program

Until the early years of the twentieth century, all births were home births usually attended by a local lay midwife. In 1917, North Carolina passed a

law requiring all midwives to register with the state and attend annual trainings. This same law made failure to register a misdemeanor subject to a fine of from \$10 to \$50 and made it "unlawful for any person who habitually gets drunk, or who is addicted to the excessive use of cocaine or morphine or other opium derivative, to practice midwifery for a fee." The Biennial Reports of the North Carolina State Board of Health of 1924–26 stated that midwives delivered more than 30% of babies in North Carolina and that more than 5,000 midwives were in active practice. By 1950, that number was down to 1,000. The last lay midwife registered through the state system was in 1964 (May, n.d.).

Renewed interest in natural childbirth and midwife-assisted home birth in the 1960s and 1970s influenced the North Carolina General Assembly to pass the Act to Regulate the Practice of Midwifery in 1983. This law limited the practice of midwifery to registered nurses with a master's degree in midwifery who practiced jointly with a physician. From 1983 until 1992, North Carolina nurses wanting to become midwives had to enroll in out-of-state programs. In January 1992, East Carolina University opened the first master's level midwifery program in North Carolina.

Doctoral Education

By the mid-1980s, the need for doctoral education for nurse educators and researchers was apparent and available in many other states. Leaders at the School of Nursing at the University of North Carolina at Chapel Hill petitioned the system administrators for funding and support to start the first nursing PhD in the state. It was granted, and the program was developed. Doctoral nursing students entered the program in the fall of 1989. East Carolina University established the second North Carolina PhD in nursing program in 2002.

Nurses Trailblazing New Paths

In the 1980s and 1990s, many North Carolina nurses began using their education, compassion, and gumption to pioneer new paths in nursing and patient care. They were not only breaking racial and gender barriers but also addressing new health issues including HIV/AIDS and environmental degradation. The work of Brigadier General Clara Adams-Ender, Terry Taylor, and Charlotte Brody give a taste of the multitude of projects and programs undertaken by North Carolina nurses during this time.

Brigadier General Clara Adams-Ender, RN

In nearly 40 years of leading and managing people, I had observed and witnessed how many people allow obstacles to slow or stop their progress in reaching their goals. They viewed obstacles negatively and as something that was designed to inhibit progress. I desired to convey a positive view of obstacles—they are really opportunities. Obstacles are not really there to stop one's progress. They are really opportunities for us to decide how we will overcome them to reach our goals (Adams-Ender & Walker, 2002, 2).

On July 11, 1939, in a sharecropper's shack without electricity or running water in Willow Springs, North Carolina, Caretha Leach, with her mother acting as midwife, gave birth to her fourth of ten children, Clara Leach. From this humble beginning, Clara Mae Leach Adams-Ender would rise to achieve the rank of Brigadier General in the U.S. Army and lead over 22,000 nurses in the U.S. Army Nurse Corps. Along with her nine siblings, Adams-Ender spent much of her childhood working in nearby tobacco fields earning money for the family. As a result, she missed a lot of school. However, her parents, though lacking formal education themselves, understood that it was only through education that their children could break free from the choke hold that tenant farming imposed on many African American families in that era (Adams-Ender & Walker, 2002, 2). In an interview published in Notable Black Americans, Adams-Ender recalled her parent's belief that she could do anything she wanted if she put her mind to it. As the result, Adams-Ender became a passionate student. In order to make up schoolwork she missed while working on the farm, she had classmates give her assignments to the local bus driver, who would drop them off in the evening. Her dedication paid off when she graduated second in her class from Fuquay Springs Consolidated High School at the age of 16 (Smith, 1991).

In the fall of 1956, Adams-Ender entered the North Carolina Agricultural and Technical College (NCA&T) in Greensboro. While there, she participated in the sit-in movement, led by NCA&T students to integrate local restaurants. In a 2005 interview, she recalled her involvement with the sit-ins this way:

We went down and sat down. We would go down in groups of four to six, and we would exchange with the group that was leaving, and they would tell us about what had gone on during the time that they were there. We'd sit for an hour or so at the time. There was a leader, as far as our group was concerned, and he went down and he announced to the—a manager had come out, of course, by this time—and he said, "We would like to be served at this lunch counter," you

know. And the manager said, "We don't serve Negroes here." And, of course, that was a polite way of saying other derogatory terms that we knew about. And the young man said—and, of course, we'd practiced many of these comebacks that we needed to deal with—and he said, "No sir, and I don't eat them either. So how about a hamburger and a Coke?" And, of course, we had to sit there and show our somber faces. And he said, "No, we will not serve you at this counter." And then he went on away, and we'd sit there for our period of time, on four to six stools in this area, and then we'd go away and the next group would come. But during our periods of sitting there, we just kind of looked around and made sure that we watched what was going on, but we had no problems (Oral History with Clara Adams Ender, 2005).

Word of those sit-ins sparked students and others across the south to participate in similar actions that were vital to ending racial discrimination in the country. Early on, Adams-Ender considered a career in law; however, her family's financial situation influenced her to apply for an Army Student Nurse Program scholarship to pay for her last two years of college. In return, she became a U.S. Army nurse at the rank of 2nd Lieutenant for two years. Adams-Ender graduated from NCA&T in 1961 earning her bachelor in science in nursing degree (Oral History with Clara Adams Ender, 2005).

Adams-Ender found the life of an Army officer agreed with her. It provided opportunities for travel, for working in a variety of environments, for living in a multicultural milieu, and for assuming increasingly challenging leadership responsibilities. As she traveled around the globe serving in various Army hospitals, her intellect, drive, determination, and ability to navigate a complex and bureaucratic system became evident. Adams-Enders received frequent promotions and outstanding professional evaluations. In less than two years after her induction as a Second Lieutenant, Adams Ender was promoted to a First Lieutenant, and just a few months after that, in September of 1964, she became a Captain. She was promoted again to the rank of Major in 1968 and Lieutenant Colonel in 1975. Adams-Ender became a full Colonel in 1979 and assumed the rank of Brigadier General in 1987 (Adams-Ender & Walker, 2002).

Adams-Ender stayed true to the values instilled in her by her parents. Her love of learning was evident as she availed herself of educational opportunities offered by the Army. Her courage, stamina, and tenacity, which sustained her through her involvement with the Civil Rights Movement in her undergraduate days, served her well as she was often the first and/or only female and/or African American in her classes. After earning her first master's degree, a Master's of Science in Medical-Surgical Nursing from the University of Min-

nesota in 1976, she earned another master's degree in military arts and sciences (MMAS), from the Army Command and General Staff College (ACGSC) at Fort Leavenworth, Kansas. Adams-Ender was the first woman, first African-American woman, and first nurse to earn a master's degree in military arts and sciences from the school. Her final educational credential was a diploma in management relations and leadership in 1982 also from the Army Command and General Staff College at Fort Leavenworth, Kansas (Cheers, 1989).

Adams-Ender not only stood up for the rights of African Americans, she also fought for equality for women. She remembers her days as a graduate student at ACGSC this way:

The number of other females in school with me during that period was seven, out of eleven hundred officers. There were eight of us in the course, and there were two of us who got together on a regular basis to talk about things that happened to females in the military. So Claudia and I would try and hold meetings with the other women, you know, to talk about what was going on and if there was anything we needed to bring to the attention of the course directors. And none of them would meet with us, because if they did they felt that they'd be criticized by the men that were in their sections for trying to do things in secret that they didn't know about (*Clara Adams Ender: Army Achiever*, 2007).

In 1978 she became Chief Nurse of the U.S. Army Hospital in Frankfort, Germany. There, Adams-Ender oversaw four ICUs at the hospital and actively worked to recruit and train skilled ICU nurses. In addition, she was instrumental in developing one of West Germany's first neonatal ICUs. Recognizing her service, the German Army awarded Adams-Ender its Cross of Honor in Gold award and the U.S. Army promoted her to the rank of Colonel. Perhaps, even more important than her work and honors, while in Germany, Adam-Ender met and married Dr. Heinz Ender in 1981 (Adams-Ender & Walker, 2002).

Later that same year, Adams-Ender and her new husband returned to the United States. Soon she was serving as Chief of the Department of Nursing at Walter Reed Army Medical Center for three years, again, the first African American to do so. In 1987, Adams-Ender was promoted to Brigadier General and named Chief of the Army Nurse Corps, with 22,000 nurses under her command. The country was in a severe nursing shortage. Adams-Ender reflected on one of her accomplishments:

I got a few things accomplished of which I'm proud. One of them was, there was a time when we were having another problem with the

shortages of nurses coming and going, and shortages of nurses being in the country, and we needed a program in order to be able to recruit some more nurses, and we had gotten into the all-volunteer army. At that time we had on active duty over five thousand medics. This is the enlisted people that had two years of college or above. And, of course, nursing goes two plus two. You know, you do two years of general education, and then you do your two years of professional education. Well, I reasoned that if we could manage to get some of those people into school, and get them into their last two years of professional education, we could bring them on active duty as lieutenants, and we could retain them more, because they'd usually been in the service four or five years before they got picked up to go to school, and that they would make better nurse corps officers (Oral History with Clara Adams Ender, 2005).

She served as Chief of the Army Nurse Corps until 1991, when she was named commanding general at Fort Belvoir, Virginia, the first army nurse and African American woman ever to command a major army base. Adams-Ender retired from the Army in 1993 (Adams-Ender & Walker, 2002). Adams-Ender is an educator, lecturer, consultant, and author. She has 14 honorary doctoral degrees in law, public service, science, and the humanities. Her military honors and awards include the Distinguished Service Medal (with Oak Leaf Cluster), the Legion of Merit, the Meritorious Service Medal (with 3 Oak Leaf Clusters), the Army Commendation Medal, the Army Good Conduct Medal, the Expert Field Medical Badge and the Army Staff Identification Badge. She has also received numerous nonmilitary awards that included the Roy Wilkins Meritorious Service Award of the NAACP, the Gertrude E. Rush Award for Leadership from the National Bar Association, and, in 1996, was named one of the 350 women who changed the world by Working Women magazine. She is a Fellow in the American Academy of Nurses (Adams-Ender & Walker, 2002).

Terry Taylor, RN: Courageous HIV/AIDS Activist

Terry Sullivan Taylor was born into a loving, middle-class, White Protestant family in Charlotte, North Carolina, in 1941. Her father, Andrew Taylor, was a well-known and well-loved local physician. Taylors's mother, Anne, stayed busy raising Terry, her older sister, Tonda, and a younger brother, Andrew. There was nothing to foretell that Terry would become a national leader in the

fight for acceptance for gay and lesbian people and humane care for those with HIV/AIDS.

As a teenager, Taylor often accompanied her father on his rounds as he visited patients in their homes. After graduating from the local Meyers Park High School, Terry pursued her interest in health care, graduating from Watts Hospital School of Nursing in 1959. While Terry was in nursing school, her older sister Tonda informed her family that she was a lesbian. Her parents reacted as most parents reacted to this news in 1959—they sent her to a psychiatrist to "get straightened out." It would take another 14 years before the American Medical Association and the American Psychological Association declared that homosexuality was not a disorder that needed to be cured (T. Taylor, personal communication, March 8, 2012).

During her psychiatric rotation as a student nurse at Dix Hospital in Raleigh, North Carolina, Taylor cared for homosexual and transgendered patients who were housed in a locked ward apart from other patients. In an effort to better understand homosexuality, Taylor accepted a job in a psychiatric hospital, the Thigpen-Cleckley clinic in Atlanta, Georgia. She cared for homosexual patients who were routinely treated with unsuccessful electric shock therapy to reverse their sexual orientation. Taylor was deeply moved by these experiences. She was also a fighter who led other nurses to fight to make caps optional nursing attire and to ban smoking in hospital wards (T. Taylor, personal communication, March 8, 2012).

By the early 1980s, Taylor had returned to Charlotte and was working as an emergency room nurse at Charlotte Memorial Hospital. It was there she cared for her first AIDS patient. At the same time Taylor was learning about HIV/AIDS as a nurse, the disease hit her family hard. Ironically, it was not Tonda, her lesbian sister, who was diagnosed with the disease, but her heterosexual brother and father who would die as victims of HIV/AIDS (T. Taylor, personal communication, March 8, 2012).

In 1984, her brother Andrew was diagnosed with an advanced malignant tumor. His treatment required numerous blood transfusions as well as chemotherapy, radiation, and surgery to save his life. Two years into his remission, he developed a fever of unknown origin and was soon diagnosed with HIV/AIDS. Andrew received contaminated blood during his transfusions in 1984, a year before national testing for the AIDS virus in donated blood and organs began. Taylor's father, Dr. Andrew Taylor, had a heart bypass in 1984, and like his son, received tainted blood products during the surgery. In 1987, he too was diagnosed with HIV/AIDS.

In the mid-1980s, HIV/AIDS was commonly misunderstood and feared. According to Grmek (1990), "In the popular press, AIDS had become a disease

of the 'four H club'—homosexuals, heroin addicts, haemophiliacs, and Haitians" (Grmek, 1990).

People with AIDS were discriminated against and stigmatized. They often had trouble getting health insurance and were routinely denied jobs and places to live if they divulged their health status. Jerry Falwell, a noted conservative preacher and founder of the Moral Majority, declared, "AIDS is not just God's punishment for homosexuals; it is God's punishment for the society that tolerates homosexuals" (Press, 2007, 1). After his HIV/AIDS diagnosis, Taylor's brother Andrew became part of the Metrolina AIDS Project, a support group for those living with HIV/AIDS in Charlotte. Through this group, Andrew became friends with many victims of HIV/AIDS, both gay and straight. Taylor remembers,

He joined a little army to fight a war of ignorance and fear. He was armed with an enormous amount of love, compassion, and understanding of same sex attraction. Although tired and frail, he'd get in his car and go to a church group or civic group or school and talk about "do unto others as you would have them do unto you." He was the bravest of the brave in the ongoing war on AIDS and attitudes (T. Taylor, personal communication, January 5, 2013).

Both Andrew Taylors used the last years of their lives to educate the public about HIV/AIDS. Dr. Taylor died in June 1989, and his son died 7 months later.

Shortly after their deaths, Terry Taylor married and moved to Boone, North Carolina, a small, rural Appalachian college town. In this relatively remote, conservative corner of the Bible Belt, Taylor continued the work her father and brother started. Within a few short months of her arrival in Boone, Taylor started the first Parents and Friends of Lesbians and Gays (PFLAG) chapter in the region. PFLAG is made up of parents, families, friends, and straight allies of lesbian, gay, bisexual, and transgender (LGBT) people.

Taylor recalls, "Our PFLAG group had its first article in the paper in February, 1989. The negative, hateful phone calls were constant and letters were written in response to my articles that were vindictive and judgmental" (Press, 2007, 1). A local citizen wrote this letter to the editor in response to Taylor's first article about PFLAG and its mission.

I recently read the article on Feb. 5—PFLAG (about gays). How can the *Watauga Democrat* [the local newspaper] advertise this garbage? This is a small Christian town and I for one am offended that I have to see this in the local paper and concerned why. It is morally wrong the way these people choose to live their lives. If they are looking for sympathy, they don't have mine, and I for one am sick and tired of hav-

ing to be subjected to seeing it advertised. The Bible says to take them out to the sea and cast them away, so be it. As citizens, or any group that is opposed to this trash, let's get united and put an end to it in our community (Letter to the Editor, 1989, 8).

Taylor recalls her encounter with the first AIDS patient at the local hospital.

My husband was a physician and received his first AIDS patient from Appalachian State University. It was March 1989. The student was an exchange student from Zaire, Africa. My husband asked me if I would visit him in the hospital. I went the next day. Signs were on the door to gown up, put on gloves, and a mask before entering the room. I chose not to do that. I walked in, introduced myself and sat by the bedside. He said nothing for a long time. I said "I thought you might need a friend." He turned his head to look at me and said, "I've been praying for a friend—you're not what I expected, but thank you" (T. Taylor, personal communication, December 5, 2012).

Within a month of this encounter, Taylor invited health care professionals, people with HIV/AIDS, local clergy and other interested people to her home to establish the HOPE Support Group. Seventeen people were at the initial meeting. For the next three years, they continued to meet in Taylor's home once or twice a month. Taylor and other HOPE volunteers cared for AIDS patients in their homes bringing meals and support, visiting people with HIV/AIDS when they were hospitalized, and driving many to Winston-Salem, North Carolina, almost 90 miles away, to see the closest Infectious Disease Specialist. They sat at many bedsides of the dying. HOPE volunteers spent significant amounts of time with people whose families had rejected them when they learned their family member was gay and/or had HIV/AIDS (T. Taylor, personal communication, December 5, 2012).

Word of Taylor's personal and professional work with HIV/AIDS patients spread. In 1989, she was invited to present a workshop at the PFLAG Task Force on AIDS at the PFLAG National Conference in Washington, DC. Her presentation was so well received that much of her time for the next decade was spent traveling around the country speaking about HIV/AIDS. She was sometimes referred to as Terry Taylor, RN, Storyteller (T. Taylor, personal communication, December 5, 2012). Taylor described one significant moment during these years.

My job was to open hearts and minds through personal experiences I had with people with AIDS. One of the best compliments I received was the night I was ready to go to the podium at George Mason Uni-

versity. Before I was introduced, the leader of the conference whispered to me "I was up here on this stage three weeks ago introducing Bill Clinton. I was given no instructions. For your presentation I was told to be sure all the name tags of those in the audience were written with permanent ink so it wouldn't run down their shirts when their tears hit them" (T. Taylor, personal communication, December 5, 2012).

Even during her busiest travel years, Taylor remained a leader in the local PFLAG and HOPE (now Mountain AIDS Support Council) chapters. Her home was always open to anyone needing a shoulder to cry on, a listening ear, or an embrace. She gave talks to local schoolchildren and church groups, never giving in to hatred, threats, or intimidation.

Over time, many people came to agree that homosexuality was neither a sin nor a medical or psychological disorder. As treatments and more knowledge about the virus that causes HIV/AIDS became available, the disease lost some of its stigma. The 2001 American Nurse Association's (ANA) Code of Ethics extolled nurses to "practice with compassion and respect for the inherent dignity, worth and uniqueness of every individual." The Association of Nurses in AIDS Care was organized and in 2006 they, and the American Nurses Association co-published the *New Scope and Standards of Practice on HIV/AIDS Nursing*. More recently, in 2012, the American Academy of Nursing endorsed marriage equality.

Terry Sullivan Taylor's name and deeds rank with those nurses who earlier fought for civil rights and women's rights. She was not deterred by prejudice, ignorance, or the threat of violence. Her compassion and dedication to those marginalized by society, because of a frightening fatal disease, illuminate the highest calling in nursing. She was willing to risk her reputation, her livelihood and her life for those under her care.

Charlotte Brody, RN, Environmental Activist

It's a dangerous myth to believe that you can make yourself into a healthy person on a sick planet. You can eat wild salmon instead of tuna to reduce your exposure to mercury. You can exercise and reduce your risk of heart disease and hypertension. But we can't shop our way or lifestyle our way out of being connected to everything else on our planet (Charlotte Brody, as cited in Hukill, 2004, 3).

As a young nurse in the late 1960s and early 1970s, Charlotte Brody was involved in many issues of the day. A feminist and peace activist, she began her

career working with vulnerable people who experienced disparities in the health care system. Brody's commitment to making the world a healthier and safer place has expressed itself in her life and work in an Appalachian public health department, the Carolina Brown Lung Association, Planned Parenthood, Health Care Without Harm, and most recently at the Blue Green Alliance. Reflecting on pivotal experiences in her nursing education as a diploma student at the University of Tennessee at Nashville, Brody notes:

I had one med-surg instructor who really stressed the role of nurses as community educators and advocates. That made a big impression on me. I was also lucky enough to be in Nashville when the [Vander-bilt University] Center for Health Services was organizing nursing and medical students to spend their summers in Appalachia and West Tennessee doing one day screening clinics. My volunteer work with the Center and at the Nashville Free Clinic taught me so much about the difference health care providers could make (C. Brody, personal communication, May 12, 2011).

Brody's first job was as a public health nurse in the Appalachian region of Georgia providing care to women and children. Just as continuing government funding for her position was put in jeopardy, she read an article about cotton textile workers becoming sick with an environmentally induced lung disease called byssinosis or Brown Lung Disease (C. Brody, communication, May 12, 2011). Brown Lung Disease is caused by inhaling cotton dust in inadequately ventilated cotton mills. Through her student work with the Vanderbilt Center for Health Services, Brody was aware of the environmental/occupational disease pneumoconiosis or Black Lung Disease, a similar condition caused by breathing coal dust in poorly ventilated coal mines that harmed many Appalachian coal miners and their families. She knew that a coalition of miners, health care providers, and the United Mine Workers of America Union had successfully worked to strengthen air quality measures in the mines and to increase services and disability pay to miners affected by Black Lung Disease.

This undeniable link between human health and environmental/occupational conditions motivated Charlotte to take a new job working to improve the health of southern textile workers. In 1974, she joined the Carolina Brown Lung Association (CBLA) as a chapter organizer in Roanoke Rapids, North Carolina. Roanoke Rapids was, at that time, the site of the effort to organize a chapter of the Textile Workers Union of American (TWUA) at the JP Stevens Company, memorialized in the movie *Norma Rae*.

As the only nurse of the staff at CBLA, Brody quickly became invaluable to the organization. She used her nursing skills to assess the workers, coordinate screening clinics, organize volunteers, refer people for appropriate follow-up care, and collaborate with diseased workers to advocate for better working conditions. The collaboration between textile workers, CBLA, TWUA, and health care providers, resulted in reforms in workers' compensation laws and industrial standards improving air quality in textile mills (Collection, Southern Historical Collection, Wilson Library). Brody's understanding of the relationship between human health and environmental conditions deepened as did her respect for collaborative practice and patient advocacy. She later stated in a video interview, "It's Good Science," that "it's not the environment and us ... the environment is in us. There's no physical separation between the external world we create and the world inside our bodies.... Everything is connected to everything" (Its good science, n.d.).

In 1982, after Brody moved to Charlotte, North Carolina, she became the state public affairs director for Planned Parenthood affiliates in North Carolina. For 12 years, she worked to provide health care services for women while advocating for increased access to family planning services across the state, eventually becoming the Charlotte-based affiliate's executive director. In 1994, the U.S. Environmental Protection Agency issued a report about medical waste incineration that would change her life. The study "Medical Waste Incinerators—Background Information for Proposed Standards and Guidelines" found that a byproduct of burning medical waste was dioxin, a deadly carcinogen (National Service Center for Environmental Publications [NSCEP]). In fact, medical waste incineration was the primary source of dioxin in the United States and around the world. Hukill (2004) reported Brody's reaction to this report:

The thought that Planned Parenthood had been poisoning the air sent Brody reeling. "We thought the more waste we could incinerate, the safer we were making our patients, because incineration burned up all the hepatitis and HIV bugs"... Brody was stunned to learn that the waste was coming back into the hospital clinic as dioxin lodged in the breasts of women "whom we were trying so hard to keep healthy until they were ready to become mothers. I was particularly floored because I was very attached and proud of my breastfeeding of my sons," Brody recalls. "And the idea that I downloaded 20 years of toxic chemicals into my firstborn was just shocking and outrageous and deeply depressing" (p. 1).

These revelations were so appalling that Brody left Planned Parenthood to participate in the founding of Health Care Without Harm (HCWH), whose mission, according to their website, is to "transform the health care sector ... so it is no longer a source of harm to people and the environment." HCWH's first project was to reduce and ultimately to eliminate hospital waste incineration.

"Since there were alternatives to incineration, there was a sense that this was a problem we could solve if we just educated people and created an effort to make social change," Brody said. "And we've done it" (Hukill, 2004, 1). The estimated number of medical incinerators operating nationwide has dropped from 6,000 in 1994 to less than 100 today (Hulkill, 2004, 1). HCWH has grown into an international coalition representing over 470 agencies in 52 countries collectively working to eliminate pollution in health care practices without compromising patient safety or quality of care. HCWH members are leading the global movement for environmentally responsible health care. Constituent agencies promote environmentally friendly practices, technologies, and products and educate administrators of health care institutions, health care providers and consumers about the health and environmental consequences of current health practices and policies.

In 2003, Brody became one of eight people who had their body burden of toxic chemicals tested as part of a study led by Mount Sinai School of Medicine in New York. She wrote in a blog,

I am one of eight people who got their body burden of chemicals tested.... So I know about the pesticides and other pollution in me. My tests showed that my body was carrying 85 contaminants, including 45 carcinogens and 56 chemicals that can impact the brain and nervous system. My blood and urine contained two organochlorine insecticides and four organophosphate pesticides, including the now banned Dursban, made by Dow Chemical. How did these chemicals get into me? I never use pesticides in my house or garden, and I try to buy organic. But the pesticides still could have been on something that I ate or the chemicals may have been sprayed in a room that I walked through. I don't know. What I do know is that no one knows what the combination of pesticides and dioxins and furans and PCBs and phthalates and metals and volatile organic compounds that I am carrying around is doing to my health. The chemical industry issues press releases assuring the public that these levels are too low to be dangerous. But the testing that these press releases are based on does not look for the effects from combinations of chemicals or for the subtle or long-term health effects of chemicals on people and the environment. As a nurse who has spent many hours going over informed consent forms, I get riled up thinking about how the chemical industry enrolled all of us in this giant experiment on our health without having to get our permission. I never got the form (Brody, 2003).

To inspire nurses to work for cleaner, safer, and healthier environments, Brody helped launch the Luminary Project in 2005. This web-based project tells the stories of nurses who are "creatively, strategically and courageously addressing issues related to human health and the environment and illuminating the way toward safe hospitals, communities with clean air, land and water, and children born without toxic chemicals in their bodies," (The Luminary Project, n.d.).

The American Nurses Association, the Public Health Nursing Section of the American Public Health Association, the American Journal of Nursing and numerous other professional organizations support the Luminary Project. The very next year, 2006, the Luminary Project sponsors created the Charlotte Brody Award, which is given annually to an individual nurse "for lighting the way to a healthier environment and inspiring other nurses to do the same."

One hundred and fifty years ago, the founder of modern nursing, Florence Nightingale, was one of the first scientists to study the relationship between human health and the environment. While caring for the casualties of the Crimean War, she concluded that pure air and water as well as proper waste disposal systems were necessary for the maintenance of good health and healing from disease (Nightingale, 1860). Charlotte Brody enhanced Nightingale's ideas by infusing them with both twenty-first century science and a deep understanding of how political, economic and ethical considerations influence human wellbeing. Brody's life and work are a testament to the power of what nurses can accomplish.

Chapter 11

Final Thoughts

The truth is this: The march of Providence is so slow and our desires so impatient; the work of progress so immense and our means of aiding it so feeble; the life of humanity is so long, that of the individual so brief, that we often see only the ebb of the advancing wave and are thus discouraged. It is history that teaches us to hope (Lee, 1870).

The story of professional nursing in North Carolina from the Civil War through the centennial celebration in 2002 is full of hope. Our history illustrates the determination of thousands of people—mostly women, mostly rural, mostly from modest backgrounds—to create a profession while alleviating suffering and promoting well-being. They have simultaneously served the public, built a profession and found personal and professional satisfaction in their careers.

North Carolina Nursing History Highlights

With tenacity, grace, and hope, nurses created the first female professional organization in North Carolina. By 1902, almost two decades before women won the right to vote, nurses organized themselves and lobbied state legislators to recognize nursing as an esteemed profession. After creating regulatory bodies including the North Carolina Board of Nursing and the Standardization Board, nurses worked to uphold high standards in nursing education and entry into the profession in order to safeguard the public from charlatans and quackery.

Registered nurses of many religious beliefs, a variety of races, and both genders have labored long hours to meet the health care needs of all the citizens of the Tar Heel State. From the Eastern Band Cherokee Indians in the far western Appalachian Mountains to the islanders of the Outer Banks in the Atlantic Ocean, there have been nurses, sometimes neighbors and kin, sometimes from the outside world, bringing the latest scientific knowledge, skilled hands and

caring hearts to ease pain and agony. During the dark days of the Great Depression, public health nurses provided hope through health promotion and disease prevention programs in urban and rural neighborhoods. Throughout the 1930s, they vaccinated, taught people to use sanitary privies [outhouses], and to "put by" nutritious foods, thus greatly decreasing the incidence of disease. Around the same time, North Carolina nurses were the first in the nation to offer family planning advice and devises through the state health department system. Low-cost accessible family planning gave hope for a better life to many women worn out by carrying and then caring for too many babies too close together. Knowing that an academic education would best prepare nurses for the future, dedicated nursing leaders in the 1940s and 1950s created bachelor of science in nursing programs. Interestingly, in the 1950s, North Carolina taxpayers supported two baccalaureate programs for African Americans and only one for Whites. Two decades later, North Carolina nurses were among the first to expand their practice into diagnosis and prescription through nurse practitioner programs, thereby meeting the needs of the thousands of people seeking primary care.

Heroic North Carolina Nurses in War Time

Throughout the century, in times of war, Tar Heel nurses have answered the call of national service. Cherokee Nurse, Lula Gloyne, was the only Eastern Band Cherokee officer in WWI. Nurse Glory Hancock of Asheville was the most decorated woman, let alone nurse, from any country in WWI. Nurse Della Rainey Jackson, a graduate and employee of Lincoln Hospital in Durham, was the first African American nurse to join the U.S. Army Nurse Corps in WWII. Nurse Mildred Irene Clark of Elkton was at Pearl Harbor when the Japanese attacked, and she moved into the hospital for weeks administering anesthesia to the wounded men needing surgery. Nurse Evelyn Whitlow of Leasburg was captured on Bataan and was held captive by the Japanese for 3 years in the Philippines, earning her the title, "Angel of Bataan and Corregidor." Efland nurse Annie Ruth Graham's name is engraved on "The Wall," forever commemorating her service in Vietnam. Nurse Patricia Horoho of Fayetteville was in her Pentagon office on September 11, 2001, when the terrorists flew an airplane into the building. She was first on the scene administering nursing care for the injured, and she stayed until the last patient had been evacuated. Three North Carolina nurses have served as the Chief of the U.S. Army Nurse Corps, leading thousands of nurses in times of battle and peace.

North Carolina Nurses Promoting a More Just Society

In a state and a time when racial segregation and gender discrimination were enforced by law and custom, many North Carolina nurses were at the forefront of identifying these as problems and addressing them. The 1950 American Nurses Association Code of Ethics read in part: "Service to humankind is the primary function of nurses and the reason for the existence of the nursing profession. Need for nursing service is universal. Professional nursing service is therefore unrestricted by considerations of nationality, race, creed, or color." In 1949, the North Carolina State Nurses Association was the first professional association in the state to integrate its ranks and welcome all practitioners regardless of race, religion, or gender.

Knowing a more just society betters the health of its citizens, several North Carolina nurses were active in the civil rights movement and the women's rights movement seeking greater equality in the state and nation. Nurse Clara Adams-Ender of Willow Springs was an early participant in the "sit-in" movement to desegregate public accommodations across the south. Nurse Sandi Smith was murdered in Greensboro in 1979 at a "Death to the Ku Klux Klan" rally. In 1975, the North Carolina Nurse Association endorsed the Equal Rights Amendment, which, had it passed, would have legally guaranteed equal treatment for men and women in employment, housing, and education. A decade later, North Carolina nurses were on the forefront in caring for those affected with HIV/AIDS and working to end discrimination based on sexual preference. Others were early to recognize health hazards related to environmental degradation and worked to make the planet a healthier place.

Into the Future

Following the lead of twentieth-century nursing leaders, nurses today are reaching new heights. Race and gender no longer play a significant role in determining nurses' expectations of themselves or the services they provide to the public. In 2010, the North Carolina Nurses Association elected its first African American male president, Ernest Grant, RN, MSN.

It's challenging and rewarding to make a difference in someone's life every day, even if it's a transition from this life to the next. I read once that nursing is the foundation of health care, and it truly is. We are there 24 hours a day, 7 days a week. We're the ones the family remembers. We're making a difference ("The Influencer," 2003).

Ernest James Grant was born on October 6, 1958, in Swannanoa, North Carolina, a small rural town in the Blue Ridge Mountains. When Ernest was a boy, segregation ruled in education, housing and employment. However, Grant recalls his childhood warmly.

It was a great town—like the fictional Mayberry—where you could leave your home unlocked and your keys in the car.... It also was a town that epitomized the saying, "It takes a village to raise a child," My mother worked in the post office, and she knew everyone. I couldn't get in trouble without her finding out. It was worse than being the preacher's kid (Trossman, 2006, para 5).

The youngest of seven children, Grant was 5 years old when his father died. The Grant extended family and local community provided strong emotional and spiritual support, but had little money for his education. In high school, Grant became interested in a career in health care so his high school guidance counselor urged him to start out in an LPN program. Grant heeded her advice and in the fall of 1976, began his long and illustrious career in nursing as a student at the Asheville Buncombe Technical Community College's (A-B Tech) licensed practical nursing program. Grant may have been the first African American male to graduate from this program. As Grant said, "If it wasn't for the community college system, I would not be where I am today. It was a leg up to continue my education. I went to a one-year nursing program and decided that I really loved nursing" (Trossman, 2006, para. 4).

Grant moved to Chapel Hill in the early 1980s and began work at the JayCee Burn Center at North Carolina Memorial Hospital. He found his life's calling.

Even in his first months as a burn nurse, he was struck by the need for prevention. He remembers one toddler in particular who was about the same age as his nephew. The child had been underfoot in the kitchen as his mother prepared dinner—chicken fried in a pot of hot oil. When she turned away for a moment, the child pulled the pot of hot grease down on top of himself, sustaining deep, life-threatening burns. Most burn nurses will tell you that for almost every burn injury, they can clearly see the possibility of prevention. Grant became a man with a mission (Mitiguy, 2002, para. 8).

Knowing he wanted to provide more services than his LPN credential would allow, Grant returned to school earning a bachelor of science in nursing de-

gree from North Carolina Central University in 1985 and a master's of science in nursing degree from UNC-Greensboro in 1993.

While providing excellent clinical care for burn victims, Grant knew more could be done to prevent burn injuries and deaths. He became a statewide, and later national and international, leader in burn prevention education and policy advocacy. An article in the *Nurseweek Magazine* (Mitiguy, 2002) listed Grant's achievements in fire safety in North Carolina up to that time:

- Grant lobbied the state legislature, citing data from a 5-year study, for the
 revision of a law passed in 1993 that allowed the sale of fireworks to all
 people of all ages. The law now restricts sale to those age 16 and older,
 and Grant continues to work on tighter restrictions.
- Grant successfully lobbied the North Carolina Legislature to pass a bill
 mandating that hot water heaters be preset to 120 F and labeled with information about preventing scalds.
- He piloted and widely disseminated the LNTB program throughout North Carolina and other areas of the Southeast.
- Grant helped design and implemented the "Remembering When" program for seniors, a fall and fire prevention initiative that uses games and group work to teach safety to senior citizens.
- He developed a long-term National Burn Awareness Campaign that focuses on different burn prevention topics each year, such as prevention of camping and recreational burns, gasoline injuries, and scald injuries.

For over 20 years, Grant has coordinated the nationally acclaimed burn prevention outreach programs at the JayCee Burn Center in Chapel Hill. Each year he personally educates several thousand citizens. Grant is on the road most of the week, bringing awareness to burn prevention through fire safety seminars, health fairs, visits to civic organizations, and coalitions with fire safety professionals at the state, national, and international levels. He is invited to give upwards of 150 presentations a year. As full as his schedule is, Grant still maintains his skill as an expert clinician and arranges and supervises learning experiences for student nurses, first responders, and paramedics from across the state. In addition to his clinical, educational, and public policy work in burn prevention in North Carolina, Grant regularly teaches burn management to the military at Fort Sam Huston, Texas. Following September 11, 2001, he volunteered in The Burn Center, New York Weill Cornell Medical Center-New York Presbyterian Hospital and cared for patients injured during the attacks on the World Trade Center. For 10 days straight, he worked 12hour night shifts. For over a decade, Grant has served as a consultant to the government in South Africa preparing fire safety curricula for children, adults and

senior citizens and advising the Congress on burn prevention law and policies ("The Influencer," 2003).

Grant's passion for fire safety is rivaled only by his passion for professional nursing. He has been active in a variety of professional nursing organizations at the local, state, and national level. Grant has served on almost every committee and held almost every office in the North Carolina Nurses Association including becoming the first African American male President in 2010. His leadership involvement at the national level includes his tenure on the American Nurses Association Board of Directors, 2004–2008 and the Board of Directors of the American Nurses Credentialing Center from 2004–2007. He has been an active member of the American Association of Men in Nursing, serving as a role model for young men of color entering the profession. In 2011, he was inducted into the prestigious Fellowship of the American Academy in Nursing.

Grant is a sought after speaker and has written several articles for professional journals. In addition to his nursing activities, Grant is also busy in fire safety organizations. In 2012, he served as the First Vice Chair of the National Fire Protection Association Board of Directors. He is also involved in several church ministries and sings in an award-winning gospel choir (E. Grant, personal communication, 2012).

Grant has earned numerous awards during his career including Nurse of the Year Award from President George W. Bush for his work treating burn victims at the Cornell Burn Center near the World Trade Center site, American Nurses Association (ANA) Honorary Nursing Practice Award, Nursing Spectrum's Nurse of the Year, and UNC-Greensboro Alumnus of the Year Award.

Grant has many aspirations for the future. He is enrolled in a doctoral program in nursing at UNC-Greensboro and is considering both more involvement in politics and seeking the Presidency of the American Nurses Association. When asked to describe himself for a recent magazine article, he modestly replied, "I consider myself a preventionist" (Trossman, 2006, para. 5).

Another recent significant event for North Carolina nurses was the election of Nurse Laura Easton, as the first woman and the first nurse to assume the Presidency of the North Carolina Hospital Association. Easton earned her bachelor of science in nursing from Duke University School of Nursing in 1983 and her master of science in nursing from the University of Pennsylvania School of Nursing in 1986. For a decade, she held both administrative and clinical positions in several prestigious hospitals including Johns Hopkins University Hospital in Baltimore, Thomas Jefferson University Hospital in Philadelphia, Dartmouth Hitchcock Medical Center in New Hampshire, and Moses Cone Memorial Hospital in Greensboro, NC. Easton's greatest abilities and interests

are in nursing and hospital administration. She earned a Certificate in Administration from the Wharton School of Business at the University of Pennsylvania. Additionally, she completed a Kellogg Health Policy Fellowship in Washington, D.C. in 1986, and a Healthcare Executive Fellowship in Management at the J. L. Kellogg Graduate School of Management at Northwestern University (Caldwell Memorial, 2013).

In 1995, she accepted a position as Vice President of Nursing at Caldwell Memorial Hospital (CMH) in Lenoir, North Carolina. Easton was promoted in 2002 to the position of Senior Vice President and Chief Operating Officer of CMH, and in December 2004 assumed the Presidency and Chief Executive Officer position at CMH. Easton is an active member of several professional organizations including the American College of Healthcare Executives, the American Organization of Nurse Executives, and the North Carolina and American Hospitals Associations. She has written several successful grants and authored a number of articles in professional journals (Clemmons, 2004). David Horn, Vice President for Business Development at CMH, discussed some of Easton's strengths:

During her tenure, she has demonstrated her keen awareness of health-care issues and guided many of the hospital's efforts to strengthen its position as the hospital of choice for Caldwell County residents. Easton is a strategic thinker who articulates a reasoned vision for the future of this hospital and a deliberate plan to make it happen. She gives focused attention to the challenges facing the delivery in healthcare in our community and wrestles with those challenges until a plan can be developed, implemented, evaluated and adjusted until it works (Caldwell Memorial, 2013).

Illuminating the challenges hospitals will be facing in the twenty-first century, Easton explains,

The leaders of North Carolina's hospitals look into the future and recognize the immense challenge before us. We feel the challenge to sustain our hospitals so that they are available and accessible when that critical moment arrives. We feel the challenge to deliver the quality of care to each patient that we desire for our own family members. We feel the challenge to reduce the sometimes crippling financial burden to our patients, our industries and our government (Easton, 2013, para. 4).

Although the North Carolina Hospital Association was established in 1918 with a steering committee composed of three registered nurses and three physicians, the relationship between professional nursing organizations in the state

and the North Carolina Hospital Association (NCHA) has often been one of conflict. The original mission of the NCHA in 1918 was "the promotion of economy and efficiency in hospital management and the welfare of hospitals and hospital workers in North Carolina" (Our History, 2013, para. 2).

The "promotion of economy" in some hospitals resulted in poor pay, 60 plus hour work weeks, crowded living conditions, lack of healthy foods in the employee/student nurse cafeterias, and insufficient physical and fiscal resources for nursing schools run by some hospitals. Lawsuits were filed by the NCHA and its members against the North Carolina Board of Nursing over regulatory authority of nursing education programs and the scope of nursing practice. In addition, the organizations have taken opposite sides in almost every piece of legislation affecting nursing in the twentieth century.

The election of Laura Easton to the presidency of the NCHA sets a new course for the future. It is a major step for nurses in North Carolina to have one of their own at the helm of the NCHA. The opinions and interests of nurses will be heard and considered as they never have before. Innovations and improvements in patient care, cost containment and nurses involvement

in decision making should grow through this new relationship.

Dr. Sharon Elliott-Bynum, RN: Nurse, Humanitarian, Political Activist

While nurses Ernest Grant and Laura Easton are making momentous strides in organized nursing and professional health care organizations, Dr. Sharon Elliott-Bynum, RN, is blazing new paths for practicing nurses by creating, overseeing and providing health care for the homeless and destitute in Durham.

I was very frustrated with what I was seeing in terms of the treatment and care given to people in accordance to their care source ... Medicaid people or people who didn't have much money, they didn't have the same types of rooms or the same ratio of nurse-to-patient as persons with private pay or insurance. So, as an administrative nurse, that didn't sit well with me because I felt like everyone deserved equal attention, so I went about changing that whole thing ... (Sharon Elliott-Bynum quoted in Brokaw, 2012).

CAARE is a grassroots non-profit organization in Durham, North Carolina that promotes a holistic and community approach to health. We provide a wide variety of services that help treat not only the medical roots of chronic diseases, but also the social and human factors that contribute to these health deficits. CAARE seeks to address disparities in health care access, and over the past seventeen years has created a community devoted to helping people make all parts of their lives healthier ("Mission statement," 2013).

Born African American and female in the segregated south of the 1950s, Sharon Elliott-Bynum had much to overcome before becoming an international leader in providing community health services to the least fortunate in our society. Her sense of compassion and fairness was nurtured while she was still a high school student at Durham's Northern High School when she took a job at the Lincoln Community Health Center as part of a Neighborhood Youth Corps program. Her passion for providing high quality health care in her hometown was ignited. As a teenager, Elliott-Bynum was a member of the Black Youth Forum where African American leaders including Howard Fuller and Ben Chavis inspired her by expecting all the teens to excel in life and give back to their communities (Brokaw, 2012).

After graduating from high school at age 16, Elliott-Bynum earned her Licensed Practical Nurse degree from Durham Technical Institute in 1976, her Registered Nurse diploma from Watts Hospital School of Nursing in 1985, and her Bachelor of Science Degree in Nursing from North Carolina Central University in 1993. Throughout her many years of nursing education she worked in a variety of nursing jobs in and around Durham. During those years Elliott-Bynum developed

extensive leadership experience in nursing, health education and prevention, non-traditional outreach in community based settings, HIV testing, substance abuse and community based participatory research (Alumnus, n.d.).

Not long after completing her nursing education Elliott-Bynum found her life's calling.

In the 1990s, Durham County tripled the state average of arrests for possession of opium and cocaine (Offen, 2009), The NC State Center for Health Statistics ranked Durham County in the top five counties for residents with HIV/AIDS throughout the 1980s and 1990s. Further, Durham had a large homeless population, including many homeless African American veterans. These facts and figures and the people they represent spurred Elliott-Bynum and her sister, Pat Amaechi to co-found Case Management for AIDS/Addiction through Resources/Referrals and Education, Inc. (CAARE) in 1995. The two

sisters worried about the increasing impact of AIDS on the local low-income community. Pat was a passionate advocate for social change, and Sharon, "like all nurses," wanted to change the world (Creating housing, n.d.).

Their first goal was to provide education and support to people with HIV/AIDS, their families and the local high risk population. The sisters began by offering free HIV testing and counseling services in local low income areas. Soon, that led to case management services for those found to be HIV positive. Because many of their HIV positive clients also had problems with drug and alcohol addiction, Elliott-Bynum and Amaechi started substance abuse counseling services and support groups. Before long, they began a community food pantry providing nutritious foods for those in need. When patients learned they had hypertension or diabetes and were told to change their diets, the food pantry allowed them to obtain appropriate foods and in CAARE classes, learn to prepare them nutritiously. "Not only do we want to give away food but we want to show you how to prepare it without all the fats," explained Elliott-Bynum. Dr. Elliott-Bynum recalled the early days of CAARE this way:

After initially arranging for free AIDS testing for clients, many years ago, we moved naturally into case management—if someone is found to have AIDS, what are you going to do with them?—and then, as we grew, it was simply a question of being led by obvious unmet needs and wrapping our services around those needs (Brokaw, 2008).

Soon, CAARE began providing comprehensive health services from prevention to diagnosis for the regions uninsured. Blood pressure, blood sugar, HIV, mammograms and pap smears were among the first services CAARE offered. In addition to medical testing, CAARE provided community health education. Classes and support groups for weight management, substance abuse, alcoholism, smoking, fitness, parenting and many other topics have been a mainstay at CAARE since its early years.

To better help her clients and her community, Elliott-Bynum earned a Master of Arts degree in Counseling from Victory International College in 2001 and a PhD in theology from the same institution in 2004. The CAARE program expanded to address more of the underlying causes of health disparities in Durham city and county and the surrounding region. Elliott-Bynum and Amaechi added mental health services, a GED program, job readiness training and transitional housing for homeless veterans to the services offered by CAARE (Brokaw, 2012).

Elliott-Bynum's influence spread overseas in 2006. In that year she went on a church sponsored mission trip to Nakuru, Kenya to participate in a women's conference and coordinate a health fair. While there, she met Pastor Ayub Khayo,

of Deliverance Church. Elliott-Bynum learned that Pastor Khayo and the villagers were trying to build a church-based health clinic. After returning to the United States, she, her sister Pat Amaechi and her daughter Ebony Elliott-Covington raised the \$6,800 needed through creating a Martin Luther King Day "Keeping the Dream Alive" fundraiser in January 2007 (Brokaw, 2008). "God knew that was a test," Elliott-Bynum said. "Be careful when you say yes, because attached to that yes is a lot of responsibility." Since it opened in 2009 the clinic has provided care to hundreds of Kenyans each year. In tribute to her many contributions, North Carolina Governor Beverly Perdue awarded Elliott-Bynum the Order of the Long Leaf Pine, one of the state's highest honors.

In 2012, Elliott-Bynum and her leadership team began focusing on five major health issues: cancer, heart disease, diabetes, obesity and HIV/AIDS. Each program that CAARE offers affects at least one of these major health concerns. Hundreds of volunteers work in CAARE's various programs, classes and clinics. Over 1,000 clients are served each month. Between 350–500 people use the food pantry for fruits and vegetables each week and about the same number participate in substance abuse counseling sessions and/or support groups each week. Wednesday mornings are reserved for the Senior Program which offers age appropriate health screening and an exercise class taught by senior citizens.

"It's not magic. It's just listening to what their [the CAARE clients] greatest needs are and trying to find a way to meet those need" ("Person of the week," 2009). Elliott-Bynum and the CAARE staff and volunteers believe that people are holistic with biological, psychological, social and spiritual needs. In an effort to address those varied needs, the CAARE facility has a gym with personal trainers available, massage therapists to relieve stress, a bistro with coffee shop serving healthy meals and providing a pleasant place to socialize. A dental clinic opened in 2011 and a chapel is under construction to help meet the spiritual needs of those CAARE serves. A dental clinic is on the drawing board. Working closely with the Veterans Administration, Elliott-Bynum hopes to expand the transitional housing for veterans program.

Elliott-Bynum believes the work of CAARE is as important and necessary today as it was almost two decades ago. Health care costs have soared, the economy continues to stall, unemployment remains high, particularly in minority communities, people are still contracting HIV/AIDS. Replying to a reporter's question about what motivated her to continue in her work after seventeen years, Elliott-Bynum replied ("Finalist," 2012),

Simply knowing that I have been able to increase access to both routine medical and dental care through our Free Clinic motivates me. Wit-

nessing patients begin to take charge of their health keeps me motivated as well. I enjoy being a change agent.

Conclusions

As the nurses of today and tomorrow continue the efforts to ensure every person has adequate health care and that nurses control nursing education and practice, they can learn from nurses who have gone before. Understanding the history of professional nursing in North Carolina provides strength, wisdom, inspiration, and hope to the nurses of today and into the future to advance the profession and create a healthier North Carolina in the twenty-first century. Dean William Cody, RN, of the Blair College of Health Sciences at Queen's University in Charlotte reminds us that "The greatest challenge for nursing is to really own our own history and our destiny ... and to assert the uniqueness of the profession in the service of humankind so that we can improve human care" (Centennial Committee, 2003).

References

16th biennial report of the NC Board of Health. (1917). Raleigh, NC: Edwards and Broughton Printing Company.

1943 Survey of Registered Nurse. (1943). Tar Heel Nurse, 5 (1), 10-12.

"A & T adds new instructors." (1955). Tar Heel Nurse, 17 (4). 27.

A Model "A" angel. (1990, Summer). Mountaineer Times. 5-8.

A new breed of nurse. (1971). Tar Heel Nurse, 33(3), 40.

A tribute to Margaret Dolan. (1974). American Journal of Public Health 64(5):518.

Adams-Ender, C., & Walker, B.S. (2002) My rise to the stars: How a sharecropper's daughter became an army general. Cape May, NJ: CAPE.

Alumnus to be honored at Durham Committees Anniversary. (n.d.) Retrieved from: http://www.nccubaltimore.org/elliott.bynum.html

American Nurse Association Hall of Fame (2007). Margaret Baggett Dolan. Retrieved from http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/WhereWeComeFrom/HallofFame/19761984/dolamb5532.aspx.

"A.N.A. awards honors to members and consultants." (1972). American Journal of Nursing, 72(6). 1029–1030.

Anderson, L. (1926). North Carolina women of the confederacy. Fayetteville, NC: North Carolina Daughters of the Confederacy.

An Informal Report of the Work of Miss Lydia Holman. (1915). Boston, MA: The Association.

"Annie Ruth Graham" (n.d.) Retrieved from: http://www.virtualwall.org/dg/ GrahamAR01a.htm.

Announcement. (1956, March). North Carolina League of Nursing Education Journal, 8.

Arnette, E. (1972). For whom our public schools were named. Greensboro, NC: Piedmont Press.

Ashmun, M. (1933). Cause and cure of unemployment. *The American Journal* of *Nursing*, 33, 653–658.

Avery County Red Cross, (1928, July, 1). The Avery Advocate, p. 1.

Avery County Red Cross Chapter. (1928, August 8). The Avery Advocate, p. 1.

Badger, A.J. (1981). North Carolina and the New Deal. Raleigh, NC: N.C. Division of Archives and History.

Ballance, A. (1989). Ocracokers. Chapel Hill, NC: University of North Car-

olina Press.

Batterham, M.R. (n.d.) *History of nursing in western North Carolina*. Speech given to Asheville, NC Nurse's Association found in the vertical files of Pack Library, Asheville, NC.

Batterham, M.R. (1920) "Be a nurse." Speech given to the Federation of Women's Clubs, Asheville, NC. Text found in the vertical files on nursing at the

Pack Library. Asheville, NC.

Batterham, M.R. (1923) How can private duty nurses help public health nurses?

American Journal of Nursing, 23(5) 417-418.

Blythe, L. (1966). 38th Evac: the story of the men and women who served in World War II with the 38th Evacuation Hospital in North Africa and Italy. Charlotte, NC: Heritage Printers.

Booth, A. (1977). Legal Accommodation of the Nurse Practitioner Concept: The Process in North Carolina. *The Nurse Practitioner*, 2(8), 13–15.

Botts, M.F. (2007). Mental health services. Retrieved from: http://www.sog-pubs.unc.edu/cmg/cmg44.pdf.

Boykin, J.H. (1966). St. Augustine's College, 1938–1958. [unpublished monograph] found in the Archives, St. Augustine's College, Raleigh, NC.

Brody, C. (2003, May 12). Blog. Grist: Environmental News, Commentary, Advice. Retrieved January 16, 2012, from http://grist.org.

Brokaw, S. (2008, September 11) Health clinic for Kenya moving closer to reality. *The Triangle Tribune*. p. A-1.

Brokaw, S. (2012, December 10). The Triangle Tribune. p. A-3.

Brown, L. (1977). Collective bargaining council. Tar Heel Nurse, 38(8), 25.

Brown, M. (1943). State and county nurse deputies. Tar Heel Nurse. 5(1),7.

Brown, R.E. (1964) Report of survey of nursing education in North Carolina. [Brochure]. No publishing information available.

Buhler-Wilkinson, K. (1993). Guarded by standards and directed by strangers. Nursing History Review, 1, 139–54.

Bullough, V.L., Sentz, L. & Stein, A.P. (Eds.). (1992). American nursing: A biographical dictionary. Vol. II. New York, NY: Garland.

Caldwell Memorial. (2013) Caldwell Memorial Hospital Board Names New CEO. Retrieved September 24, 2013 from http://caldwellmemorial.org/news-article/?article=47.

Candidates for ANA elections. (1960). *American Journal of Nursing*. 60(3):314–326. Capt. Mary Lee Mills (n.d.) Retrieved from: www.nursingworld.org/MaryleeMills.

- Carden, S. (1983, November 17). Former boundary field nurse got first hospital opened. *The Sylva Herald*, pp. 4–5.
- Carnegie, Mary Elizabeth. (2000) The path we tread: Blacks in nursing worldwide, 1854–1994 Sudbury, Massachusetts: Jones and Bartlett Publishers.
- Carney, V.M. (2005). Eastern Band Cherokee Women. University of Tennessee Press.
- Centennial Committee. (2003) North Carolina Nurses: A century of caring [videorecording]. Charlotte: North Carolina Board of Nursing.
- Charlotte Brody blog. (n.d.). Retrieved from http://grist.org/article/brody-hcwh/?source=daily.
- Cheers, M. (1989, June). Nurse corps chief. Ebony Magazine, p. 64-68.
- Church hospital kidnapped patients. (1936, September). Southern Hospital, 8-13.
- "Clara Adams-Ender: Army achiever" (March 27, 2007). Broadcast on national Public radio retrieved on September 24, 2013 at: http://www.npr.org/templates/story/story.php?storyId=9152636.
- Clemmons, S. (2004, Winter). Diversity in action. Minority Nurse. 4-6.
- Cockrell, D.L. (1996). 'A blessing in disguise': The influenza pandemic of 1918 and North Carolina's medical and public health communities. North Carolina Historical Review 73(3):309–27.
- Coleman, N. (1964, November 18) Not all nurses are female. *The Raleigh News and Observer*, n.p.
- Coley, F. (1977, November 11) Hospital's beginnings were shaky. *The Charlotte Weekly*. p. A-1.
- [Collection Number: 04463], in the Brown Lung Association Records # 4463, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.
- Conley, R.J. (2005). The Cherokee Nation: A History. University of New Mexico Press.
- Cooper, G.M. (1934). A state program of school health in North Carolina. *Public Health Nursing 26*, 90–93.
- Cooper, G., Pratt, F., and Hagood, M. (1941) Four Years of Contraception as a Public Health Service in North Carolina. *American Journal of Public Health*, 31(12):1248.
- Council, R. (1935). State ERA activities. Public Health Nurse, 50(5), 33-38.
- Creating housing for homeless vets (n.d.) *Health & Healing*. Retrieved from: http://healthandhealingonline.com/creating-housing-for-homeless-vets/
- D'Antonio, P. (2011). American nursing: A history of knowledge, authority, and the meaning of work. Baltimore, MD: John's Hopkins University Press.

Daughtry, M. (1959). Practical nursing in North Carolina. NC Department of Public Instruction, Raleigh, NC.

Davidson, J.W., & Lytle, M.H. (1988). The United States, A history of the republic.

Englewood Cliffs, NJ: Prentice Hall.

Dix, D.L. (1848) Memorial Soliciting a State Hospital for the Protection and Cure of the insane, Submitted to the General Assembly of North Carolina. Raleigh: Seaton Gales, Printer for the State. 3.

Duke argues for use of unlicensed staff in state board suit (1980). American

Journal of Nursing. 80(12). 2126.

Duke challenges ruling of NCBON. (1980). Tar Heel Nurse, 43(2), 1.

Duke University Medical Center Archives (n.d.), Paper Files on Donna Harris, BSN, RN.

Duke University School of Nursing. (2011). Duke University School of Nursing: Promise and progress 1931–1971. Durham, N.C.: Duke University school of Nursing.

Dunphy, L. (2001). The steel cocoon. Nursing History Review. 9. 3-33.

Dunn, B. (1918, September 4). Letter to Miss Stafford found in the North Carolina State Archives, Raleigh, NC.

Dunnwyche: North Carolina State Nurses Home, Black Mountain. (n.d.) Advertising booklet for Dunnwyche, Raleigh, NC: Carroll Advertising & Letter Writing Co., found in the North Carolina State Archives.

Durden, R.F. (1998). Lasting legacy to the Carolinas: the Duke Endowment 1929–1994. Durham, NC: Duke University Press.

Durden, R.F. (2003). Bold entrepreneur: A life of James B. Duke. Durham, NC: Carolina Academic Press.

E & GW News. (1975). Tar Heel Nurse, 37, 6.

Easton, L. (2013). Many challenges to hospitals' sacred mission. *Raleigh News and Observer* online. Retrieved September 24, 2013 from http://www.newsobserver.com/2013/01/07/2588999/many-challenges-to-hospitals-sacred.html.

"Editorial comment." (1903). American Journal of Nursing, 3(9). 749-750.

Ehrenfeld, R.M. (1922) The relation of public health nursing to other phases of work of the State Board of Health with special reference to that of the Division of Child Health. *American Journal of Public Health*. 12(3):218–221.

"Evelyn Barbara Whitlow." (n.d.). Retrieved October 12, 2013 from: http://ncccha.blogspot.com/2007/10/click-on-photograph-for-larger-image.html

"Evelyn Whitlow." (n.d.) Evelyn Whitlow: nurse and Prisoner of War. Retrieved from: http://nccultureblogger.wordpress.com/2013/03/01/evelyn-b-whitlow-nurse-and-prisoner-of-war/.

- Explorer group studies implications and issues of mandatory continuing education. (1976). *Tar Heel Nurse*, 38(7), 1–2.
- Faust, D.G. (1996). *Mothers of invention*. University of North Carolina Press: Chapel Hill, NC.
- Feldt, G. (2006, October 15). Margaret Sanger's Obscenity. *New York Times*. Retrieved from: http://www.nytimes.com/2006/10/15/opinion/nyregion opinions/15CIfeldt.html?_r=0.
- Finalist: Dr. Sharon Elliott-Bynum Community Outreach. (2012, March 23) Triangle Business News. Retrieved from: http://www.bizjournals.com/ triangle/print-edition/2012/03/23/finalist-dr-sharon-elliott-bynum.html?page-all.
- Finger, J.R. (1992). Cherokee Americans: The Eastern Band of the Cherokee in the Twentieth Century. University of Nebraska Press.
- Fisher, A.L. (1936). Nurse of the month. Public Health Nurse, 28 (12).
- Fitzgerald, G. (1991). The School of Nursing at the University of North Carolina in Chapel Hill and the pioneers who built it. Raleigh, NC: self published.
- Fitzpatrick, M.L. (1975). The National Organization of Public Health Nursing 1912–1952. New York, NY: NLN.
- FNP Program Summary. (n.d.). Manuscript retrieved from the Family Nurse Practitioner files at the Mountain Area Health Education center in Asheville, NC.
- Ford, J.H. (1918). Details of military medical administration. York, PA: Maple Press
- GEC to hear staff report on Board of Nursing on Aug. 8. (1980). Tar Heel Nurse, 42(4), 1.
- Gellhorn, M. (1936). The trouble I've seen. New York, NY: Morrow.
- Gilmore, G.E. (1996). *Gender and Jim Crow*. Chapel Hill: The University of North Carolina Press.
- Glenton, M. (1920). "The story of a Hospital." Text of a speech given in 1920, found in the archives of St. Augustine College, Raleigh, NC.
- "Glory" Battle Hancock: Heroine of the Great War. (2011, July 7). Northeastern North Carolina stories. Retrieved October 12, 2013 from http://northeastern ncstories.blogspot.com/2011/07/glory-battle-hancock-heroine-of-great.html.
- Goerch, C. (1956). Ocracoke. Winston-Salem, NC: John F. Blair Press.
- Goldmark, J. (1923). Nursing and nursing education in the United States. New York: McMillian.
- Graf, Mercedes. (2010). A very few good nurses: Prologue. Retrieved October 12, 2013 fromhttp://www.scribd.com/NAprologue/d/41752871-A-Very-Few-Good-Nurses-Prologue-Fall-2010.
- Grant application found in the Ruby Leila Wilson papers, 1959-1985, Box 12.

Great tribute to the memory of Jane Wilkes. (1913, January 21). Charlotte Evening Times, p. A-2.

Green, J. (2008, April 1) 1948 Polio Epidemic: When Greensboro put aside racial segregation to tackle a health. Yes magazine. p. 1.

Greenwood, J. (1991) Presbyterian Hospital: The Spirit of Caring 1903-1985.

Dallas: Taylor Publishing Company, 1991.

Grmek, M. (1990). History of AIDS: Emergence and origin of a modern pandemic. Princeton, NJ: Princeton University Press.

Gunn, I.P. (2000). Pearl Harbor, the Korean Conflict and Col. Mildred Irene Clark. AANA Journal, 68 (6). 487-490.

Haase, P. (1990). The Origins and Rise of Associate Degree Nursing Education. National League of Nursing Press: Durham, NC.

Halliburton, D. (1937). A history of St. Augustine's College 1867-1937. St. Au-

gustine's College, Raleigh, NC.

Hampton, I.A. (1893). Educational standards for nurses. Hospitals, Dispensaries, and Nursing: Papers and Discussions in the International Congress of Charities, Correction & Philanthropy, Section III. Chicago June 12–17, 1893. J.S. Billings, & H.M. Hurd (Eds.). Baltimore, 31-42.

Hancock, G. (1918) Letters found in the Betty Carter Women's History Archives at the University of North Carolina at Greensboro.

Harris, D. (2005). The Hickory miracle. Our State Magazine. 26-27.

Hawkins, J.W. (1988). Dictionary of American nursing. New York: Greenwood Press.

History. (2013). History of the North Carolina Association of Student Nurses. Retrieved on September 24, 2013. http://www.ncans.org/history-of-ncans/.

Hobbs, C.E. (1919) Report of Wilkes nurse. The Health Bulletin, 34 (11).

Holman, L. (1907). Visiting nursing in the mountains of western North Carolina. American Journal of Nursing, 7, 831-836.

Holman, L. (1915). Civic conditions in our mountain communities. Paper presented at The Second Annual Meeting of the Holman Association, Baltimore MD.

Hubbard, F. (2009). Physicians, medical practice and development of hospitals in Wilkes County, 1830 to 1975. Self-published by the author Wilkesboro, NC.

Hughes, E.C., & American Nurses Association. (1958). Twenty thousand nurses tell their story: A report on studies of nursing functions. Philadelphia: Lippincott.

Hukill, T. (2004, December 3). The Godmother of green health. AlterNet. Retrieved January 16, 2012, from http://www.alternet.org/brody-hcwh.

Humphries, A. & Pollitt, P. (Fall 2012). North Carolina Nurses in the Spanish American War. Junior Tar Heel Historian, 35-36.

- Hunter, E. (1997, April–May). Hot Springs health care pioneers. *Appalachian Magazine*.
- ICN Baedeker. (1964). American Journal of Nursing, 64(12):90-92.
- Ingles, T.M., Haradon, S., Haradon, V., Wheeldon, P. (2013). Care from the heart. La Mesa, CA: BTW Publishing.
- It's Good Science. (n.d.). *GlobalOnenessProject*. Retrieved January 16, 2012, from www.globalonenessproject.org/videos/charlottebodyclip2.
- Joins A&T. (1956). Tar Heel Nurse. 18(6) 37.
- Jordan, P. (1979) Women of Guilford County, North Carolina: A study of women's contributions, 1740–1979. Greensboro, NC: Women of Guilford.
- Judd, D. & Sitzman, K. (2013). A history of American nursing. Burlington, MA: Jones and Bartlett.
- Kalisch, P.A., & Kalisch, B.J. (2003). *The advance of American nursing*. Philadelphia, PA: J.B. Lippincott.
- Kaufman, M. (Ed.). (1988). Dictionary of American nursing biography. Westport, CT: Greenwood.
- Kernodle, P. (1949). *The Red Cross nurse in Action: 1882–1948.* New York, NY: Harper and Row.
- Kerr, J. (1953). State nursing law threatened. Tar Heel Nurse. 15(1) 4.
- Knowles, J.C. (2006, October 5). Glory Hancock: North Carolina Minute. Retrieved September 12, 2013 from: http://www.topsailadvertiser.com/articles/whistler-772-battle-war.html.
- Koon, D. (2009). Polio in North Carolina. Retrieved from: www.northcarolina history.org/encyclopedia/285/entry
- LaRocco, S. (2008). An interview with Russell Eugene (Gene) Tranbarger. Interaction, 25(3).1.
- Laszlo, J. & Neelon, F. (2005). The doctor's doctor: A biography of Eugene A. Stead. Carolina Academic Press: Durham, NC.
- Lee, R.E. (1870). Letter to Lt. Col. Charles Marshall. Retrieved from http://en.wikiquote.org/wiki/Robert_E._Lee.
- Lefler, C. (1987) She rode a horse named midnight. Watauga County Times Past. 8–10.
- Lemaire, B. (2003). Gene Tranbarger on men in nursing. Nursing Weekly.
- Letter found in the records of the Office of the Dean of the School of Medicine, 1905–1998, #40118) in the Southern Historical Collection at UNC-CH.
- "Letter to the Editor" (February 5, 1989). Watauga Democrat. A-8.
- Leuchtenburg, A. (1963). Franklin D. Roosevelt and the New Deal. New York, NY: Harper and Row.
- Lindsey, D. (1994). Indians at Hampton Institute, 1877–1923. University of Illinois Press.

"Lt. Whitlow tells about liberation" (1945, March 14). The Danville Bee (n.p.). Lula West report to the NC Board of Nurse Examiners (1925). n.p. Found in the NCSNA records at the NC State Archives in Raleigh, NC.

"Lydia Holman dies." (1960 March 3). TriCounty News. p. 16.

Maxwell, A.C. (1918). What Presbyterian Hospital (New York) nurses are doing. American Journal of Nursing. 18(8). 727–728.

May, L.T. (n.d.). A history of midwifery in North Carolina. Retrieved April 10, 2012 from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCsQFjAA&url=http%3A%2F%2Fwww.ncfom.org%2FResources%2FDocuments%2FA_History_of_Midwifery_in_North_Carolina.pdf&ei=m99BUpnDEYfq8gSrmoDABA&usg=AFQjCNF5OEYlBah6Yh53qNEWOoompZjzWQ&bvm=bv.52434380,d.eWU.

McClendon, W., Denny, F and Blythe, W. (2007). Bettering the Health of the People: W. Reece Berryhill, the UNC School of Medicine, and the North Carolina Good Health Movement. Chapel Hill: University of North Carolina Press.

McIver, P. (1936). Public health nursing under the Social Security Act: Developments under the United States Public Health Service. Public Health Nurse, 28, 585–590.

McKay, E.M. (1935). Catawba County preventorium for undernourished and underprivileged children. *Health Bulletin*, 50 (11), 8–9.

Medical highlights. (1968). American Journal of Nursing. 68(6):1307-1332.

Medical waste incinerators—background information. (n.d.). NSCEP. Retrieved January 16, 2012, from www.nepis.epa.gov.

Melosh, B. (1982). The physician's hand: Work culture and conflict in American nursing. Philadelphia, PA: Temple University Press.

Miller, H., (1983). Contemporary minority leaders in nursing. Philadelphia, PA: Temple University Press.

Miss Batterham tenderly buried. (1927 April 7) Asheville Citizen Times. 4.

Miss Rose Batterham. (1927 April 9) Asheville Citizen Times. 1.

Mitiguy, J. (2002). Ernest Grant—Nurse of the year. Nursing Week. Retrieved September 24, 2013 from http://www2.nursingspectrum.com/articles/article.cfm?aid=6517.

Montag, M. (19589). Community College Education for Nursing. New York: McGraw-Hill.

"Mother Peck: tributes from those who knew her." (1926, July 4), Greensboro Daily News.

Mrs. "Gloria" Hancock decorated five times, returns for visit. (1919 July 30) p. 1.

Murphy, P.L. (1897). Report of the State Hospital at Morganton, North Carolina, from December 1, 1894 to December 1, 1896. Winston: M.I. and J.C. Stewart. 9.

National League for Nursing (2009). Retrieved from: http://www.nln.org/.

NCBON. (1979, December). Minutes. Retrieved from the NCNA files at the NC State Archives in Raleigh, NC.

NCNA to file amicus brief (1980). Tar Heel Nurse. 42(4) 1.

NCSNA important message to North Carolina nurses. (1973). Tar Heel Nurse, 35(9), 1.

New Assistant Professor named at A&T. (1956). Tar Heel Nurse, 18(3), 31.

New FNP program. (1973). Tar Heel Nurse, 35(1), 2.

Nightingale, F. (1860). Notes on Nursing. London: Harrison.

NLRB upholds NCSNA on bargaining unit. (1975). Tar Heel Nurse, 37(3), 1.

No Contact Yet at Columbus County. (1976). Tar Heel Nurse, 38(5), 1.

Noell, M. (1963) If You Ask Me: What Steps Has Your Association Taken to Provide for Integrated Facilities, Housing, and Meals for Your Association's Meetings? *The American Journal of Nursing*, Vol. 63(9), 64.

Norman, E. (2000). We Band of Angels. New York: Atria Books.

North Carolina Board of Health. (1939). Plans to further coordinate health activities in the public schools of North Carolina. *The Health Bulletin*, 54, (10).

North Carolina Board of Health (1966). A history of the North Carolina Board of Health. Raleigh, NC: North Carolina Board of Health.

North Carolina Department of Health. (1933). Health work among the Cherokee Indians. *North Carolina Health Bulletin*, 6–8.

North Carolina Nurses Association (2003). North Carolina Nurses: A Century of Caring calendar.

North Carolina Nurses Association, District 23 (1978). Recognition of Lula (Owl) Gloyne. Paper presented at May 1, 1978 meeting.

"North Carolina: the first state to require trained nurses to be licensed." (1903, January 29). *Raleigh News and Observer*, A-1.

Nurse practitioners gaining recognition in profession. (1972). Nursing Outlook, 22(2), 70-1.

Nurses hard battle. (1903, February 10) Raleigh News and Observer, p. A-1.

Nursing and nursing education. (1950) Nursing and Nursing Education in North Carolina. Report of the Committee to Study Nursing Education sponsored by the NC Medical Care Commission and the University of North Carolina at Chapel Hill.

Nursing Board rejects mandatory continuing education plan. (1979). *Tar Heel Nurse*, 41, p. 1.

Nursing group approves recommendation for mandatory continuing education. (1978). Tar Heel Nurse 40(2), p. 1–2.

Nursing news and announcements: Deaths. (1912). American Journal of Nurs-

ing, 12 (6), 614.

Nursing record of "firsts." (1926, September 5). Asheville Citizen Times.

Nursing shortage: yes, no but ... (1971). The Health Bulletin, 86(9), 4.

O'Berry, T. (1936). Emergency relief in North Carolina. A record of the development and the activities of the North Carolina emergency relief administration, 1932–1935. Raleigh, NC: Edwards and Broughton.

Obituary: Clarence Gamble. (1966, July 18). The New York Times, 27.

Obituary: Mattie Donnell Hicks. (2004, March 31). Greensboro Daily News. B-22.

Offen, N. (2009, April 20). Durham opium, cocaine arrests. *The Herald Sun*, C-1.

O'Lynn, C.E., & Tranbarger, R.E. (2007). Men in nursing. New York, NY: Springer.

"Operation Input" conferences. (1973). Tar Heel Nurse, 35(5), 6.

Oral History with Clara Adams-Ender (2005). Retrieved from Betty H. Carter Women Veterans History Project at the University of North Carolina at Greensboro.

Our History (2013). Our history (of the NC Hospital Association website). Retrieved on September 24, 2013 from https://www.ncha.org/about.

Palmer, S.F. (1902). The ABC of state registration. American Journal of Nursing, 3(2) 156-158.

Papers found in the Margaret Baggett Dolan Nursing Collection, (n.d.) in the Southern Historical Collection of the Wilson Library University of North Carolina, Chapel Hill.

Papers found in the Ruby Leila Wilson papers, 1959–1985, Box 12 Folder: "Expansion of the child health nurse practitioner role" in the Duke University

Medical Center Archives in Durham, NC.

Parrott, J.M. (1932). Annual Address to the North Carolina State. North Carolina State Archives.

Paysour, D. (1966, April12). Traveling days are over. Greensboro Daily Record. D-1.

Person of the week: Sharon Elliott-Bynum. (2009, July 31). Channel 11, ABC Affiliate. Durham, NC. Retrieved from: http://abclocal.go.com/lotvd/story?section=news/localid-6942511.

Pickard, G, & Watkins, J. (1976). Current directions in family nurse practitioner curricula. Proceedings of a National Conference of Representatives from Family Nurse Practitioner Programs, Chapel Hill, North Carolina.

- Plyler, J.A. (1980). Public health nursing in North Carolina: Oral histories of the early years. Unpublished Masters Thesis found at the Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.
- Pollitt, P. (1991). Lydia Holman: Community health pioneer. Nursing Outlook, 39, 230-232.
- Pollitt, P.A. (2009, Summer). Making history: Nursing ambassador to the world. *Minority Nurse*, 24–25.
- Pollitt, P.A. (2009). A look to the past: NC nursing greats. Mary Lewis Wyche. *Tar Heel Nurse*, 71(1), 18.
- Pollitt, P.A. (2010, Spring). Public Spirit. Minority Nurse. 25-26.
- Pollitt, P.A. (2010, Summer). Eugene Tranbarger: Renaissance nurse. *Minority Nurse*, 27–30.
- Pollitt, P.A. (2011). Mary Rose Batterham: The second registered nurse in the United States. *Now and Then*, 14(2), 11–12.
- Pollitt, P.A. (2012). First Registered Nurse in the United States: Josephine (Bradham) Burton. American Association for the History of Nursing Bulletin. 106. 11–12.
- Pollitt, P.A. & Humphries, A. (2013). Nursing in a time and place of peril: five heroic North Carolina nurses. *Journal of Nursing Education and Practice*, 3(9), 176–180.
- Pollitt, P.A. & Miller, W.E. (2010) North Carolina: Pioneer in American nursing, *American Journal of Nursing*, 110 (2), 70–71.
- Pollitt, P.A. and Moore, K. (1992). Appalachian Health Care: The Grace Hospital School of Nursing. *American Presbyterian*, 70(4), 239–246.
- Pollitt, P. & Reese, C. (1997a). Nursing and the New Deal: We met the challenge. *Public Health Nursing*, 14(6), 373–382.
- Pollitt, P.A. & Reese, C. (Fall, 1997b) School nursing in NC: From new idea to the New Deal. American Association for the History of Nursing Bulletin. p. 4–6.
- Pollitt, P.A. and Reese, C. (1999). Jane Renwick Smedburg Wilkes. American History of Nursing Bulletin, Spring, 4-6.
- Pollitt, P. & Reese, C. (2000). St. Agnes School of Nursing: A legacy of hope. *ABFN Journal*, 11(1), 3–6.
- Pollitt, P.A. and Reese, C. (2002). Nursing in North Carolina during the Civil War. *Confederate Veteran*, 2, 23–34.
- Pollitt, P.A. & Reesman, K.S. (2011). Back to the Beginning. Advance for NPs and PAs, 2(11), 37–9.
- Pols, H. & Oak, S. (2007). War and military mental health. *Am J Public Health*. *97*(12):2132–2142. doi: 10.2105/AJPH.2006.090910.

Position statement on mandatory relicensure. (1973). Tar Heel Nurse, 35(2), 3. Powell, W.S. (ed) (1994). Dictionary of North Carolina biography: Vol. 5. Chapel Hill, NC: University of North Carolina Press.

Pratt, F.R. (1940). Programs for Public Health Nurses in Birth Control Work.

American Journal of Public Health, 30(9), 1096-1098.

Press, B. (2007, May 18). The sad legacy of Jerry Falwell. The Midwest Daily News. Retrieved from http://www.metrowestdailynews.com/opinion/ x1987843539.

Rankin, W.S. (1922). Annual report of the NC Board of Health. The North Carolina Health Bulletin 37(5), 9.

Records of the Office of the Dean of the School of Medicine, 1905-1998 #40118, in the Southern Historical Collection, UNC-Chapel Hill.

Redwine, E. (1917). Management of a small hospital. American Journal of Nursing, 18(3). 197-202.

Redwine, E. (1924). A plea for training school standardization. North Carolina Hospital Association. pp. 17-24.

Report made on nursing services here. (1930). Newland, NC: The Avery Advocate, 1.

Requirements of nurses to pass the State Board Examination and the course in a training school (1907). Charlotte, NC: Board of Nurse Examiners.

Resolutions. (1973). Tar Heel Nurse, 35(9), 2.

Reynolds, P. (1992). Watts hospital of Durham, North Carolina, 1895-1976: Keeping the doors open. Durham, NC: Fund for Advancement of Science & Math.

Reynolds, P. (1997). Hospitals and civil rights 1945-1963. Annals of Internal Medicine, 126(11), 898-906.

Reynolds, P (2001). Durham's Lincoln hospital. Charleston, SC: Arcadia.

Rhoden, J. (2011). Cake ladies. New York: Lark Publishing Company.

Roberts, M. (1933). Speech found in the Southern Division of the American Nurse Association papers in the Southern Historical Collection at Wilson Library, University of North Carolina Chapel Hill.

Rogers, D. (2006) A tradition of excellence. Durham, NC: Watts Hospital Alumni Association.

Rogers, L. (1917). The school nurse. New York, NY: G.P. Putnam.

Rogers, L. (1949). Tar Heel women. Raleigh, NC: Warren Press.

Rosner, R. (1924, May 11). Toll of childbirth greater than wars. NY Times, p. 6. Rothwell, K. (2001). Nurses continue fighting for their rights. Nursezone online magazine, para. 7. Retrieved from http://www.nursezone.com/nursingnews-events/more-features/Nurses-Continue-Fighting-for-Their-Rights_ 21332.aspx.

Ruby L. Wilson Papers Box 28. Suit between Duke Hospital and North Car-

olina State Board of Nursing May/June 1981.

- Saltonstall, N., & Graham, J.S. (2004). "Out here at the front": The World War I letters of Nora Saltonstall. Boston: Northeastern University Press.
- "Sam Beam." (1980). Sam Beam is N.C.'s first registered nurse legislator. *Tar Heel Nurse*. 42(1) 9.
- Sargent, E.G. (1933). The nursing profession works for recovery. *The American Journal of Nursing*, 33,(12) 1165–1172.
- Sarnecky, M.T. (1999). A history of the U.S. Army Nurse Corps. Philadelphia: University of Pennsylvania Press.
- Scott, A.F. (1991). Natural allies. Urbana, IL: University of Illinois Press.
- Settlement reached in Duke vs. Board of Nursing lawsuit. (1981). Tar Heel Nurse, 43(5), 1.
- Sink, A. (1998). The Grit behind the miracle. Lanham, MD: University Press of America.
- Sistrom, M. (2004). North Carolinians and the Great War. Chapel Hill: University of North Carolina Press.
- Small Hospital vs. Large Hospital House Bill 906. (1932). Copy of proposed bill found in the NCSNA files at the State Archives in Raleigh, NC.
- Smith, J.C. (1991). Notable Black American women (Vol. 1). Detroit, MI: Gale Press.
- "South Pacific and Veterans Day" WFAE Public Radio Show, November 11, 2009.
- Standardization Board Minutes. (1947). Found in the files of the North Carolina Nurses Association in the North Carolina State Archives in Raleigh, NC.
- State Wide Minimum Employment standards. (1948). American Journal of Nursing 48 (5), 514-519.
- Steiner, B.D., Denham, A.C., Ashkin, E., Newton, W.P., Wroth, T.W. & Dobson, L.A. (2008). Community care of North Carolina. *Community Health Networks*, 6(4), 361–367.
- Streeter, C. (2011), Theatrical entertainments and kind words: nursing the insane in Western North Carolina, 1882–1907. *Journal of Psychiatric and Mental Health Nursing*, 18:904–913. doi: 10.1111/j.1365-2850.2011.01746.x.
- "Study of Relicensure" underway in NCSNA. (1972). Tar Heel Nurse, 34(7), 4.
- Student Handbook. (2011). Division of Nursing Undergraduate Student Handbook 2011–2012. Winston Salem State University: Winston-Salem, N.C.
- The family nurse practitioner. (1973). Unpublished memo found in the Records of the Office of the Dean of the School of Medicine, 1905–1998 #40118, in the Southern Historical Collection, UNC-Chapel Hill.
- The First Twenty Years (1952). The First Twenty Years: A History of the Duke University Schools of Medicine, Nursing and Health Services, and Duke Hospital, 1930–1950. Durham, NC: Duke University Press.

The great train raid: "Captain Thomas R. Sharp C.S.A." (2011). Retrieved from http://www.greattrainraid.com/index.php?option=com_content&view=article&id=16&Itemid=2.

The great work of a little woman. (1910, December 24). Outlook, 909-910.

The Homefront: Charlotte, Mecklenburg, 1941–1945. (n.d.) Retrieved October 14, 2013 from: http://www.cmstory.org/homefront/credits.htm.

"The Influencer" (2003). "Ernest Grant" from the Aetna calendar of African American of nursing leaders. Retrieved September 24, 30134 from: https://wwwl.aetna.com/diversity/aahcalendar/2003/feblead.html.

The Luminary Project. (n.d.). www.theluminaryproject.org. Retrieved January

16, 2012, from http://theluminaryproject.org.

Thoms, A. (1929). Pathfinders: A history of the progress of Colored graduate nurses. New York: Kay Print House.

Thomas, K. (2011). Deluxe Jim Crow. Athens: University of Georgia Press.

To the good health of all North Carolina. (1945). Edited by the North Carolina Hospital and Medical Care Commission.

Toney, S.P. (2009). Garner Webb University School of Nursing: History and heritage. Westmoreland: Shelby, NC.

Toomer, L. (1917) Report on North Carolina schools of nursing. Found in the NC Board of Nursing Collection at the State Archives of NC Raleigh, NC.

Trained nurses employed. (1898 May 20). Miss Lucy Sharp and Miss Amy Parquaharson to go on a hospital ship. The Sun: Baltimore, Maryland, A-10.

Tranbarger, G. (2003a). North Carolina nurses: A century of caring, Raleigh, NC: UNC-TV. Retrieved from http://nursinghistory.appstate.edu/century-caring-video.

Tranbarger honored by ANA with 1st Luther Christman Award. (2008). Tar

Heel Nurse, 70(3), 5.

Tranbarger, G. (2003b). Where are the men? Nursing, 33(7), 43-44.

Trossman, S. (2006). Sparky speaks! American Nurse, 38(6), 8-13.

Vietnam Veterans Memorial: The Wall-USA.

Volunteer nurses are needed for polio duty. (1948, August 13,). Kansas City Plain Dealer, A-6.

Wald, L. (1915). The house on Henry Street. New York, NY: Henry Holt.

"Weaver, Brown and Batterham were pioneers in public health nursing." (1960 July 17). Asheville Citizen Times. C-1.

Welch, B. (1975, October 20). Women learning to accept men in nursing. The Chapel Hill Newspaper, n.p.

West, M and Hawkins, C. (1950). Nursing schools at mid-century. New York: National Committee for the Improvement of Nursing Services.

- Whitaker, R. (2010). Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America. New York: Crown Publishers.
- Whitener, D. (1949). A history of Watauga County. Boone NC: Allen County Public Library Genealogy Center.
- "Who's who in the nursing world: Mary Rose Batterham" (1926) American Journal of Nursing 26(9). 700.
- Wicker, E. (2013). Voices: Lincoln Hospital School of Nursing, Durham, North Carolina 1903–1972. Booker Jones Publishing Company.
- Wilkes, J. (1903). Unpublished autobiography located in the "Jane Wilkes" File. Charlotte, NC Public Library.
- Williams, T. (1958). Kathleen Bragg has been Ocracoke Island's Angel of Mercy for years. Wilmington Star-News. March 27, 1958 p. A-24.
- Wilson, L. (1916) Makers of America: Biographies of Leading Men. Washington, D.C.: B.F. Johnson, Inc.
- With the ICN in Australia. (1961). American Journal of Nursing, 61(7):60-71.
- Women in the military service calendar (1999) Retrieved from http://www.loc.gov/rr/frd/Heritage-Calendars/pdf-files/1999.pdf.
- Wyche, M.L. (1894). Unpublished autobiography found in the NCSNA files in the NC State Archives in Raleigh, NC.
- Wyche, M.L. (1938). The history of nursing in North Carolina. Chapel Hill: UNC Press.

Index

A Aabel, Evelyn, 159 Act to Provide for State Registration for Trained Nurses in North Carolina, 19-26, 30, 40, 41 Act to Regulate the Practice of Midwifery, 186 Adams-Ender, Clara Mae Leach, 186, 187-90, 201 adult nurse practitioners, 155 Advanced Dressing Stations, 55 advanced practice nurses/nursing, 128, 129-31; Dolan and, 137; in history of NC nursing, 185; in lieu of physicians, 157; Mills and, 138; MSN programs and, 115, 128 - 31

African American nurses: ANA and, 47–48, 112; in Army Nurse Corps, 3, 97–98, 188–89; and community health nursing/services, 48–49, 206–7; and community mental health nursing, 144–45; employment of, 148; integration with White nurses, 112–14; as LPNs, 111t; male, 201–4; NACGN and, 48; NCACGN and, 47–49; NCANRNI and, 48; on NCBON,

149; NCSNA and, 47, 112–14; in nursery schools, 86–87; and polio epidemic, 108–9; and public health, 38, 86, 87–88, 138–40, 144–45; Red Cross and, 48; as registered nurses, 3, 48; salaries, 80; as school nurses, 60, 75t; segregation/discrimination and, 112

African American students: Duke University School of Nursing and, 149–50; of LPN program, 202; MSN, 118–19; schools of nursing and, 10–12, 47, 107

African Americans: and Cherokee, 64; children treated for polio, 108; disenfranchisement of, 59; education of, 138; Hampton Normal and Agricultural Institute and, 64–65; and hospitals, 7, 148–49; nursing education, 7, 10–12, 118–19, 200; as physicians, 148; psychiatric hospitals for, 12

Alamance General Hospital School of Practical Nursing, 111t Alexander, Edna E., 57t Alexander, Jessie Mae, 107t Allen, Anne, 172 Allen, Frances, 104t

Allen, Goldie, 61-62 Allen, Lake, 106t

Amaechi, Pat, 207-8, 209

American Academy of Nursing: endorsement of marriage equality, 194; Grant and, 204; Tranbarger and, 176

American Assembly for Men in Nursing (AAMN), 176, 204

American Association of Industrial Nurses, and Nursing Council for National Defense, 94

American Journal of Nursing: Company, 136, 137; and Luminary Project, 198; on registration legislation, 30; on Sharp, 14-15

American Medical Association: and family planning, 89; and homosexuality, 191; and Sheppard-Towner Act, 68, 69

American Nurses Association (ANA): and African American nurses, 47-48, 112; and baccalaureate degree, 135, 145; and BSN degree, 145-46; and clinical nursing practice, 130; Code of Ethics, 194, 201; and collective bargaining/unionization, 170, 171; Committee on Current and Long Term Goals, 145; Committee on Education, 145; Council on Continuing Education, 167; Dolan and, 136, 137; Educational Preparation for Nurse Practitioners and Assistants to Nurses, 146; Grant on Board of Directors, 204; Hall of Fame, 138; Honorary Nursing Practice Award, 204; and Luminary Project, 198; male members of, 174; Mary Mahoney Award, 140; membership in, 47-48; New Scope and Standards of Practice on HIV/AIDS Nursing, 194; and Nursing Council for National Defense, 94; and Sheppard-Towner Act, 68; Tranbarger and, 176

American Nurses Credentialing Center. 204

American Nurses Foundation, 125,

American Public Health Association: Dolan and, 136, 137; and Luminary Project, 198

American Red Cross (ARC): and African American nurses, 48, 98; courses, 103; Depression and, 79, 81; employment criteria, 53, 71; NCACGN members, 48; numbers of nurses employed by, 53, 94; and nurses during WWI, 65; and nurses during WWII, 94; and nurses for Spanish-American War, 14; nurses' unemployment and, 79; and Nursing Council for National Defense, 94; Peck and, 37; and polio epidemic, 108-9; poverty relief, 81; and professionalization of nursing, 52-53; and public health nurses, 38, 53; public health programs, 79; Town and Country Nursing Service, 53

Andrews, Gwendolyn, 118, 165

Angel Brothers Hospital (Franklin), admission of men into nursing programs, 32

Angels of Bataan and Corregidor, 94, 97

antibiotics, 69, 101, 110
Area Health Education Centers, 155
Area Health Education Centers
(AHEC): and FNP program, 165;
Mountain (MAHEC), 166
Armstrong, Allison, 166

Army Nurse Corps (ANC): Adams-Ender and, 188-90; African American nurses in, 3, 97-98, 188-89; BSN and, 142; Clark and, 136, 142; desegregation of, 112; founding of, 15; Graham and, 150; Hicks and, 132; Jackson and, 3, 97-98, 200; and Korean War, 131-33, 150-51; male nurses in, 142; numbers of nurses in, 93, 94; nurses as chiefs of, 142, 200; nurses' rankings in, 142, 189-90; and Nursing Council for National Defense, 94; race and, 97-98; Sharp and, 15; training programs and, 53; Tranbarger in, 175-76; and World War I, 53, 65; and World War II, 93, 94 Army School for Nursing, 93-94

Asheville: about, 164; Association for Public Health Nursing, 74t; Blue Ridge Hospital Training School for Nurses, 35; FNP education in, 166; Memorial Mission Hospital (see Memorial Mission Hospital (Asheville)); public health nursing in, 38, 72–77t; schools of nursing by race, 33t; tuberculosis care in, 54

Asheville-Buncombe Technical Community College, 202 Ashmun, M., 80 associate degrees in nursing (ADN), 115, 127–28, 146–48, 174

Association of Collegiate Schools of Nursing, and Nursing Council for National Defense, 94

Association of Nurses in AIDS Care, 194

Association of Superintendents of Hospitals and Training Schools (ASHTS), 49

associations/organizations: and continuing education, 167; men in, 175; and racial discrimination, 112; racial integration of, 149

Asylum for the Colored Insane (later Cherry Hospital; Goldsboro), 12 Atlantic Christian College (Wilson;

later Barton University), FNP program, 165

Austin, Montrose, 106t Avery, W.E., 91 Avery County, school health in, 62 Axley, Nina L., 57t Azalea, Oteen Hospital, 54, 70

B

Baby Milk Station, 73t

baccalaureate programs/degree: for African Americans, 200; ANA and, 145; Duke University and, 116; NCSNA and, 145–46; promotion as foundation for professional practice, 135; racial integration and, 149; UNC-Chapel Hill and, 116

bachelor of science in nursing (BSN) programs/degrees: ADN and, 127, 128; and Army Nurse Corps (ANC), 142; creation of, 200;

growth of, 115; introduction of, 91–92, 118–19; men and, 174; as minimum qualification for registered nurses (RNs), 145–46; at NCA&T, 118–19; RN programs and, 115; at WSSU, 118–19

Baggett, Allene Keeter, 136
Baggett, John, 136
Bailey, Mrs. W. W., 106t
Bailey (Kneedler), Mary King, 104t
Baise, June, 159
Baker, Bessie, 91–92
Baker Sanitorium Training School for
Nurses (Lumberton), 141
Ballance, A., 89

Banner Elk, Grace Hospital, 35–36, 111t

Bantist Hospital (Winston-Salem)

Baptist Hospital (Winston-Salem), first African American on board of directors, 118

Barbee, Stella, 38

Barnhill, Judge, 121

Barnhill, Maud Louise, 57t

Barour, Anna Ruth, 165

Barrett, Miss, 27t

Barrier, Amy Louise Fisher, 88

Barton University (Wilson). See Atlantic Christian College

Base Hospital 65, 54

Bataan, 95, 200

Batterham, Mary Rose, 18-19, 26,

27t, 28-29, 38-42

Battle, Alice Maude, 55

Battle, Mrs., 28t

Battle, Samuel Westray, 55

Beam, Cora, 60

Beam, Sam, 184-85

Beaman, Manna, 109

Beard, Mary, 98

bedside nursing: classroom education vs., 52; FERA and, 83; in hospitals, 33, 52; Nurse Practice Act of 1953 and, 122; and nursing qualifications, 127; by public health nurses, 36, 38; Wilkes and, 7; WPA nurses and, 84

Bell, Bertha, 107t

Bell, Harriet, 35

Benton, Gussie, 34t

Bernstein, Jim, 164

Berry, Thelma, 107t

Betts, L.F., 113

black lung disease (pneumoconiosis), 195

Bledsoe, Miss, 27t

Blow, Miss, 27t

Blue Green Alliance, 195

Blue Ridge Hospital Training School for Nurses (Asheville), 35

Board of Examiners of Trained Nurses of North Carolina (later Board of Nurse Examiners (NCBNE)), 20, 49; What the Board Understands as Training Given Nurses in a Training School Connected with a General Hospital, 31–33

Board of Nurse Examiners (NCBNE): and average daily patient censuses, 90; composition of, 122; Education Director, 71; HHSON and, 121, 179–80; and LPNs, 111; North Carolina Hospital Association and, 179; Nurse Practice Act (1917) and, 50; and practical testing, 51; Senate Bills regarding authority of, 121–22; Standardization Board and, 52, 121

Board of Nurse Registration and Brown, Janet, 73t Nursing Education (later North Brown, Ray, 146-47 Carolina Board of Nursing brown lung disease (byssinosis), 195-96 (NCBON)), 118, 122, 127 Boehrer, Alice, 127 BSN degree/programs. See bachelor Bollock, Mrs. John, 106t of science in nursing (BSN) pro-Bolton, Frances, 103 grams/degrees Bureau of Maternity and Infancy (ear-Bolton Act, 103 lier Bureau of Public Health and Boone, 192 Booth, Audrey: on BSN program, Infant Hygiene), 68 117-18; career, 126; and FNP Bureau of Rural Sanitation, 59 program, 157, 164, 165, 166; as burn prevention, 202-4 MSN student, 126; and Opera-Burton, Joel, 29 tion Input, 168; and relicensure, Burton, Josephine (Bradham), 3, 26, 168; and revision of 1965 Nurse 28 - 30, 42Practice Act, 184 Bush, George W., 204 Borican, Eva, 119 Butler, Geraldine, 119 Bowen, Miss, 27t Byrum, Mrs. Leon, 107t byssinosis (brown lung disease), Boyles, Ruth, 117 Bradham, Caleb D., 29 195 - 96Bradham, George Washington, 29 Bradham, Josephine (Burton). See Burton, Josephine (Bradham) Cabaniss, Sadie H., 58 Bradham, Julia Sheffield, 29 Cadet Nurse Corps (CNC), 103, 107 Bragg, Kathleen, 88-89 Caldwell, Joe, 175 Breeze, Lillian, 104t Caldwell Memorial Hospital (CMH; Brewer, Eva, 106t Lenoir), 205 British Expeditionary Forces, 53 Camp Yokohama Osaka Army Hos-Broadfoot, Carrie Early, 47, 48 pital, 150 Broadhurst, Mrs. E. D., 37 Campbell, Mrs. Ernest, 105t Brocker, Edith, 163 Carhart, Josephine, 38, 73t Brody, Charlotte, 186, 194-98 Carnegie, Elizabeth, The Path We Bronson, Benjamin, 6 Tread: Blacks in Nursing World-Broughton, Governor, 103 wide, 140 Broughton Hospital (earlier Western Carolina Brown Lung Association North Carolina Insane Asylum; (CBLA), 195-96 Morganton), 12, 125; school of Carrboro, OEO-funded clinic in, 160 nursing, 13 Carrington, Elizabeth Scott, 117 Brown, Jane, 38, 72t Carter, Bettye, 119

Case, Emma, 27t

Case Management for AIDS/Addiction through Resources/Referrals and Education, Inc. (CAARE), 206-8, 209

Catawba County Preventorium for Undernourished and Underprivileged Children, 85-86

Central Carolina Convalescent Hospital (Greensboro), 109

Central Piedmont Community College (CPCC), ADN program, 148

Chance, Edith Bunton, 105t

Chapel Hill: North Carolina Memorial Hospital, 117. See also UNC-Chapel Hill

Chapman, Bessie, 28-29

Charlotte: 38th Evacuation Hospital, 99-100, 101; Blair College of Health Sciences, 210; Civil War and, 6; Confederate Hospital, 6; Cooperative Nursing Association, 74t, 75t, 76-77t; District Nurse and Relief Committee, 73t; Good Samaritan Hospital (see Good Samaritan Hospital (Charlotte)); Home and Hospital (later St. Peter's Hospital), 6-7; Metrolina AIDS Project, 192; Military Hospital, 6, 20; Museum of the New South, 101-2; Presbyterian Hospital/Queens-Chicora College consortia, 91; public health nursing in, 38, 72-77t; schools of nursing by race, 33t; St. Peter's Hospital (see St. Peter's Hospital); Wayside Hospital, 5, 6, 7. See also UNC-Charlotte

Charlotte Brody Award, 198

Charlotte Memorial Hospital (CMH): graduate/unlicensed nurses in, 180; Mitchell and, 102; polio ward, 108; School of Nursing, 99, 102; Smith and, 175; Taylor employed at, 191

Chavis, Ben, 207

chemical warfare, 54

Cherokee (town), 63, 65-66

Cherokee people, 63-64; Eastern Band (EBCI), 64, 65, 66, 67, 200

Cherry Hospital (earlier name Asylum for the Colored Insane; Goldsboro), 12

Chessam, Evelyn, 105t

children: African American, 108; Depression and, 87; health of, 37, 59-62, 68, 69, 85, 109-10; infant mortality, 68, 69, 85; malnutrition and, 87, 108; Native American, 108; polio epidemic and, 108. See also maternal and child health/care; pediatric nurse practitioners

Chowan College, 147

Civil Rights Act, 135, 149, 153

civil rights movement, 188, 201

Civil War: and Charlotte, 6; and hospitals, 4-5; nurses and, 4-5, 6-7, 13-14; and open air hospitals, 95; Wilkes and, 6-7

Civil Works Act/Administration (CWA), 82, 83-84, 86-88

Clark, Irene, 104t

Clark, Martha, 141

Clark, Mildred Irene (Woodman),

136, 141-43, 200

Clark, William James, 141

Clegg, Miss, 27t

Clement, Elizabeth, 105t Cline, Mrs. Karl, 104t Clingman, Elizabeth, 57t clinical nurse practitioners/specialists, 128, 129-30, 131 Coble, Mary Helen, 57t Cody, William, 210 Coffin, Miss, 27t Coles, Estelle, 109 collective bargaining, 170-71, 172, 173 Collins, Agnes, 11 Collins, Ola, 104t Collins, T. L., 11 Columbus County Hospital (Whiteville), 172-74 Committee for the Study of Nursing Education, 51-52 community colleges, 146-48 Community Health Clinics, 158 community health nurses/nursing: African American and, 48-49, 207-8; in community mental health centers, 144-45; numbers of, 79; SSA and, 84-85. See also public health nurses/nursing community mental health: centers, 143-45; Community Mental Health Act, 135, 143. See also mental illness Compton, Betty Baines, 159, 160-62 Comstock Laws, 89 Conant, Lucy, 137, 157-58 continuing education (CE), 167-69 Continuing Education Recognition Program (CERP), 169 Cook, Sallie Hardester, 73t Cooper, George, 60-61 Corregidor, 95

Council of the Southern Mountains, 164 Council on Continuing Education, county nurse deputies, 103, 104-7t Craigmont Sanatorium, 70 Cratt, Eva, 104t Craven, Mrs. Morrison, 104t Crimean War, 5, 13-14, 198 Crowe, Leila, 35 Crowell, Beatrice, 104t Crowson, Miss, 27t Culpepper, Mrs. F. D., 105t curriculum: in early 20th century, 30, 49; Nurse Practice Act (1917) and, 50, 52; registration and, 30; standardization of, 52; in Watts Hospital School of Nursing, 9-10 Cutchin, Lawrence, 166

D Dalrymple, Ruth, 117 Dalton, Bess, 105t Dalton, Georgia, 27t D'Antonio, P., 36 Daughtry, M. Estelle, 57t Daughtry, Miriam, 111 Davis, Evelyn, 104t Davis Hospital School of Nursing (Statesville), 120 death. See mortality/death DeMaria, William, 163-64 dental health, 42 Devane, Anna L., 27t Developmental Evaluation Center, Dickson, Mrs. Clyde, 38 Dietz, Harriet, 172 dioxin, 196-97

diploma programs: academic education vs., 127; accreditation by NLN, 115; Baker and, 92; BNS program vs., 118; phasing out of, 146; as residential, 147 discrimination: gender, 201; against people with AIDS, 192. See also racial discrimination diseases: public health nurses and, 200; tropical, 95 District Nurse and Relief Committee (Charlotte), 73t Dix, Dorothea, 12 Dix Hospital (Raleigh): graduate/unlicensed nurses in, 180; history of, 12; Rowell and, 174-75; school of nursing, 125; Taylor and, 191 Dock, Lavinia I., Materia Medica, 9 doctoral programs/degrees, 117, 176, 186, 204 Dolan, Margaret Baggett, 136-38, 145, 155-56 Donnell, John, 131 Donnell, Josephine, 131 Donnell, Mattie. See Hicks, Mattie

Donnell

Donohue, Mimi, 166

Doxey, Cyrena, 119

Draper, Bessie, 105t

Drewry, John C., 19

Duke, James B., 70, 91 Duke Endowment, 70-71

drugs/drug addiction, 207, 208

Duke University Hospital: founding of, 91; lawsuit against NCBON,

nurses practising in, 180-83 Duke University Medical Center, 131

179-83, 184, 185; unlicensed

accreditation of, 181; advanced practice MSN program, 128-31; African American graduates from, 149-50; anesthesia postdiploma program, 92; Associate in Arts in Nursing degree program, 147; and baccalaureate program/degree, 92, 116, 149; Baker as first dean of, 91-92; and BSN program/degree, 92, 119; creation of, 91-92; Easton and, 204: Harris and, 149-50; and MSN program/degree, 3, 115, 125-26; "Nursing Schools at the Mid-Century" on, 117; Pediatric Nurse Practitioner program, 162-64; School of Practical Nursing, 111t; settlement proposal to NCBON, 185 Dunn, Birdie, 27t, 60, 69-70 Dunnwyche, 69-70 Durham: Lincoln Hospital (see Lin-

Duke University School of Nursing:

coln Hospital (Durham)); Neighborhood Youth Corps, 207; public health nursing in, 38; schools of nursing by race, 33t; Technical Institute, 207; VA hospital, 171; Watts Hospital (see Watts Hospital (Durham)). See also headings beginning Duke University

Durham County, social problems in, 207

East Carolina University (formerly East Carolina College; Greenville): doctoral education at, 186; FNP

program, 166-67; nurse midwifery program, 185-86; Pedifaculty. See under schools of nursing atric Nurse Practitioner program, Falls, Ruby, 57t 162; Tranbarger and, 176 Falwell, Jerry, 192 Eastern Band of Cherokee Indians family nurse practitioners (FNPs): in (EBCI), 64, 65, 66, 67, 200 community/rural health clinics, Easton, Laura, 204-6 164-67; Compton as, 160-62; Eaton, Edith, 34t education, 165-67; medical acts, Economic Status of the Registered Pro-166; program at UNC-Chapel fessional Nurse (U.S. Department Hill, 156-58, 159-60; programs, of Labor), 170 126 Edgecombe General Memorial Hosfamily planning, 89-90, 196, 200 Fayetteville: Highsmith Hospital pital, FNP program, 165 education: nursing (see nursing edu-School of Nursing, 10; VA hoscation). See under schools pital, 171; Wayside Hospital, 5 Educational Preparation for Nurse Fearing, Charlotte, 106t Practitioners and Assistants to Federal Emergency Relief Act/Ad-Nurses (ANA), 146 ministration (FERA), 82-83, 84, Edwards, Bertha, 105t Efird, Ruth, 159 Federal Mediation and Conciliation Ehrenfeld, Rose, 38, 68 Service (FMCS), 172-73 Elkins, Eriene, 172 Federation of Nursing Organizations, Eller, Vercie, 169 184 Elliott, Ruby, 106t Fentress, Lillie, 105t, 106t Elliott-Bynum, Sharon, 206-10 Ferguson, Anne, 27t Elliott-Covington, Ebony, 209 Fields, Johnny Sutton, 144 Emergency Relief Appropriations Act, fire safety, 203 84 Fisher, Violet, 106t Ender, Heinz, 189 Fisher Barrier, Amy Louise. See Barenvironmental activism, 186, 194-98 rier, Amy Louise Fisher epidemics, 42-43 Fletcher, Mountain Sanitarium Train-Equal Rights Amendment (ERA), 201 ing School of Nurses, 32 Eudy, Hattie, 107t Floyd, Mary, 104t evacuation hospitals, 99-102, 132, food pantries, 208, 209 Forbus, Sample, 120 151 - 52Evans, Hester, 27t Ford, Loretta, 131, 156 Evans, Margaret, 105t Fowle Hospital Training School for Explorer Task Force, 169 Nurses, admission of men into nursing programs, 32

Franklin, Angel Brothers Hospital, 32 Franklin, Martha, 48 Freund, Cynthia, 165–66 Fulcher, Beth, 105t Fuller, Howard, 207 Fuller, Willie B., 76t

G Gabrielson, Rosamond, 168-69 Gaines, Mrs. Robert, 106t Gaines ruling, 118 Gamble, Clarence, 90 Garland, Hettie Nagel, 166 Garner Webb Junior College (Boiling Springs), 147 Gaserowski, Rae Ann, 164 Gastonia, Depression and health conditions in, 81 Gellhorn, Martha, 81 gender: discrimination, 201; in nursing profession, 176, 201 (see also male nurses) General Hospital 19. See Oteen Hospital George, Lillian, 106t George, Rose, 168 George Mason University, 193-94

Gifford, Alice, 117 Gilliland, Miss, 27t Gloyne, Jack, 65 Gloyne, Lula Leta Owl, 57t, 63, 65–68, 200 Goforth, Elizabeth, 57t

Goldmark, Josephine, 51 Goldmark Report, 51–52

Goldsboro: Asylum for the Colored Insane (later Cherry Hospital), 12; Wayside Hospital, 5 Good Health Plan (GHP), 109-10, 117

Good Samaritan Hospital (Charlotte), 7, 34, 47

Gordon, Ruby, 57t

Gould, George M., Medical Dictionary for Nurses, 9

Governmental Evaluation Commission (GEC; Sunset Commission), 183, 184

Grace Hospital (Banner Elk): School of Practical Nursing, 111t; Training School, 35–36

graduate (unregistered) nurses, 180, 184. See also licensure; registered nurses (RNs)

Graham, Annie Ruth, 150, 200

Graham, J.D., 150

Graham, Tiny, 150

Grant, Ernest James, 201-4

Grant, Frances, 105t

Gray, Ada, 106t

Gray, R. T., 19

Great Depression, 79–86; and Army/Navy Corps nurses, 93; and public health nursing, 136, 200; and school nursing services, 62–63

Green, Margaret, 105t

Green, Tina, 181

Greenberg, Bernie, 157

Greenfield, Evelyn Barbara Whitlow. See Whitlow, Evelyn Barbara Greenfield

Greenfield, Milton, 97

Greensboro: Central Carolina Convalescent Hospital, 109; District Nurse and Relief Association, 37; Moses H. Cone Memorial Hos-

pital (see Moses H. Cone Memorial Hospital (Greensboro)); Nursing Council, 75t, 76t; polio epidemic in, 108; public health nursing in, 72–77t; schools of nursing by race, 33t; Tuberculosis Association, 37; Wayside Hospital, 5. See also UNC-Greensboro

Griffin, Agnes, 11 Grim, Miss, 27t Grmek, M., 191–92 Grogan, Annie, 73t Grouse, Elizabeth, 107t Groves, Anna Augusta, 11

H

Hamlet Hospital School of Nursing (HHSON): lawsuit against North Carolina Board of Nurse Examiners, 115, 179–80; and Standardization Board, 120–22

Hampton Normal and Agricultural Institute, 64–65

Hancock, Glory. See Von Hellencourt, Madelon "Glory" Battle Hancock

Hancock, Mortimer, 55, 56

Hancock, Westray Battle, 55

Hardy, Carrie, 119

Harrell, Jean, 57t

Harris, Donna Allen, 149

Harviel, Mrs. J. C., 106t

Hatch, Mrs., 107t

Hayden, Dorothy (Conyers), 57t

Hayes, Corinne Mae, 106t

Hayes, Lena, 105t

Hayes, S. A., 27t

health: of children, 37, 59-62, 109-10; Depression and, 136; Good Health Plan and, 109-10;

in Ledger, 42–43; of Native Americans, 66–67; public health nursing and promotion of, 36; status of population, 85, 109–10. See also maternal and child health/care; public health

Health Amendments Act of 1956, 125 health care: for homeless/destitute, 206–10; lack of, 156; national systems of, 140; nursing as foundation of, 201–2; racial integration in, 148–49; as right, 137, 155–56

Health Care Without Harm (HCWH), 195, 196–97

health centers/clinics: FNPs in, 164–67; maternal and child, 140; in rural areas, 158, 165

Hellencourt, Madelon "Glory" Battle Hancock Von. See Von Hellencourt, Madelon "Glory" Battle Hancock

hemorrhagic fever, 132

Henderson, Eugenia, 27t

Henry, Esther, 113

Henry Street Nursing Settlement (New York City), 36, 58

Herndon, Kate, 105t

Hester, Gladys, 104t

Hickory, polio in, 108

Hicks, Mattie Donnell, 131-33

Hicks, Mrs. A., 106t

Higgs, Lucy Hawkins, 57t

Higgs, Miss, 27t

High Point, Wayside Hospital in, 5

Highsmith Hospital School of Nursing (Fayetteville), 10

Hill, Elizabeth, 105t

Hill, Miss, 27t

Hill, Myra, 105t Hill-Burton (Hospital Survey and Construction) Act, 110, 148 The History of Nursing in North Carolina (Wyche), 69-70 HIV/AIDS, 186, 191-94, 207, 208, 209 Hobbs, Cleone, 27t, 60-61 Hockaday, Bertie, 172 Hogan, Mrs. Norwood, 104t Hogan, Sandra, 159 Holland, Rebecca, 165 Holloman, Mrs. Henry, 105t Holman, Lydia, 38-39, 42-44 Holmes, Tiny Pearly, 119 Holshauser, James, 158 Home Moravian Church, Wayside Workers, 37, 72t homes: births and midwives in, 185; nursing in, 49; public health nursing in, 36; student nurses and nursing in, 49; surgery in, 39 - 40homosexuality, 191, 194 Hood, Phoebe, 159 Hook, Mrs. Chas., 74t Hoover, Herbert, 44 HOPE Support Group, 193, 194 Horn, David, 205 Horoho, Patricia, 200 Horry, Mary, 38, 74t, 75t hospital administrators: and accreditation of nursing education, 115; nurses as, 205-6; and registration/licensing of nurses, 20, 181-82; and regulation of nursing education/practice, 185 Hospital Survey and Construction

(Hill-Burton) Act. See Hill-Burton

(Hospital Survey and Construction) Act

hospital-based training schools/ schools of nursing: 1950 report on, 116; Goldmark Report and, 51–52; Nightingale model in, 14; Nurse Practice Act of 1925 and, 52; and regulation of nursing education/practice, 185; students in, 31–34. See also schools of nursing

hospitals: and African Americans, 7, 148-49; average daily patient censuses (see patient censuses); charity care in, 71; in Cherokee, 66; Civil War and, 4-5; Duke Endowment and, 71; and extent/ scope of nursing practice, 179-83; Good Health Plan and, 110; in Hyde County, 89; matrons, 34t, 35-36, 49; numbers of, 79; numbers of beds in, 122; Nurse Practice Act (1953) and nursing schools' connection to, 124; nurses' unionization and, 170, 172-74; ownership of, 31; physicians as owners of, 52, 121; polio, 109; and registration, 47; in rural areas, 71; segregation by, 32, 98, 148-49; and student nurses, 49-50; surgery in, 39-40; training of nurses, 14; for underprivileged, 6; waste incineration, 196-97; Wilkes and, 6-7. See also Wayside Hospitals

Hot Springs Health Program (HSHP), 164

Hudson, Dr., 74t Hukill, T., 196, 197 Hume, Edgar, 142 Hume, Jane, 27t Hunt, Jim, 183 Hunter, Sara, 11

Illidge, Florence, 35 illness prevention, 36 immunization/vaccination, 42, 108 Indian Citizenship (Snyder) Act. See Snyder (Indian Citizenship) Act Indian Territory, 64 Indians. See Native Americans infantile paralysis. See polio epidemics infectious diseases, 85 Ingles, Thelma, 3, 128-30, 131 integration: of minorities within NCSNA, 112-14, 201. See also racial integration International Council of Nurses, 18, 137, 139 Isom, Mary, 119

J
Jackson, Della H. Rainey, 3, 97–98, 102, 200
Jackson, George H., 97
Jackson, Willie V., 97
JayCee Burn Center, 202, 203
Jenkins, Lucille, 106t
Johnson, Gladys, 109
Johnson, Harriet Odella, 57t
Johnson, Jean, 101–2
Johnson, Loretta, 29
Johnson, Lyndon B., 137
Johnson, M. Celia, 57t
Johnson-Saylor, Margaret, 166
Joint Commission for the Improvement of Care of the Patient (later

Joint Commission on Accreditation of Hospitals/Joint Commission), 167–68 Joint Practice Committeee (JPC), 165 Jones, Mrs. Joseph, 107t Jones, Virginia, 107t Jones, Wiletta T., 119 Josey, Ethel, 57t JP Stevens Company, 195

K
Kate Bitting Reynolds Memorial Hospital (Winston-Salem), 109, 118
Keith, Miss, 28t
Kellogg Foundation, 146
Kelly, Agnes, 106t
Kemble, Elizabeth, 117–18, 126
Kennedy, John F., 137
Kerr Scott, William, 117
Khayo, Ayub, 208–9
King, Miss, 27t
Knight, Beverly, 118
Knowles, J. C., 55
Korean War, 131, 132–33, 142, 150–51

L
Labor Relations Act, 170
Lambe, Blanche T., 38, 74t, 75t
Lancaster, L. E., 28
Lassiter, Irene, 105t
Latta, Julia, 35
Laurence, Marion H., 27t
Lawler, Terri, 166
Lawrison, Amelia, 37, 38, 72t
Laxton, Mary, 49
Leach, Caretha, 187
Ledbetter, Myra, 106t
Ledger: health in, 42–43; Holman in, 42–44

Lumberton, Baker Sanitorium Train-Lee, Alam, 119 Lee, Lena May, 27t ing School for Nurses, 141 Legislative Research Commissions Luminary Project, 198 Committee to Study the Lawful lung/respiratory conditions, 54 Role of the Nurse in Delivery of Luther Christman Award, 176 Comprehensive Health Care, 164 - 65M Lenich, Agnes, 107t malaria, 95, 100, 139-40 Lenoir Rhyne College (Hickory), Pemale nurses, 174-78; African American, 201-4; in Army Nurse diatric Nurse Practitioner pro-Corps (ANC), 142; as LPNs, 202; gram, 162 Lewis, Eloise, 176 marginalization of, 176 licensed practical nurses (LPNs): male nursing students, 32; residential education programs and, 147; African Americans as, 202; on in schools of nursing, 34t, 174 Board of Nurse Registration and Nursing Education, 122; history Malinta Tunnel, 95 of, 111; men as, 202; nursing malnutrition: children and, 87, 108; Depression and, 87; in Japanese shortages and, 111, 128 licensure: continuing education and POW camps, 96 Manila, U.S. Army nurses imprisoned relicensure, 168-69; of registered nurses, 152-53; requirements for in, 95-96 examinations, 123-24; unli-Manning, Dora, 105t Mansfield, Mary, 127 censed nurses, 180-83 Ligon, Roddey, 181 Marques, Caroline, 34t Lincoln Community Health Center, Martin, Mary, 27t Mary Elizabeth Hospital School of 207 Practical Nursing, 111t Lincoln Hospital (Durham): Jackson and, 200; Latta and, 35; Nurses Mashburn, Elaine, 104t Training School, 35; nursing Mashburn, Linda Ocker, 164 school for African Americans at, Mason, Virginia, 12 master of science in nursing (MSN) 34, 47; School of Nursing, 97, programs: advanced practice 138 literacy, 59 nursing and, 115, 128-31; Livingston, Katherine, 60 African American graduates, Lloyd, Betty Clingman Vaughn, 73t 118-19; Duke University and, 3, Loman, Charles, 175 125-26; first program, 3; FNPs Lord, Athalia, 27t and, 167; midwifery program, Lowe, Maye, 36 186; Miller's recommendation Lowry, Hattie, 57t for, 116; Tranbarger and, 176;

UNC-Chapel Hill and, 115, 118, 125 - 26Materia Medica (Dock), 9 maternal and child health/care: health clinics, 140; need for more nurses in, 41; Sheppard-Towner Act and, 41, 58, 63, 68; state government and, 58 Mathews, Mrs. Emily, 106t matrons, 34t, 35-36, 49 Maxwell, Anna, 55-56 McArthur, Douglas, 95 McCall, Clara, 104t McCall, Gertrude, 57t McCallister, Caroline, 181 McCarthy, Stella, 62 McCorckle, Mary, 106t McCracken, Mrs. Rufus, 105t McDaniel, Louise, 106t McGregor, Annie, 106t McIntyre, Marie, 157 McLeod, Eleanor, 105t McLeod, Nancy, 106t McManus, Mary, 106t McMillan, Elizabeth. See Thompson, Elizabeth McMillan McNeil, Mattie, 57t McNeill, Effie, 7 McNichols, Ella, 34t, 49 McRee, Mary, 180 Mecklenburg County, Depression and, 80 Medicaid, 133, 135, 137, 156 Medical Association of North Carolina, 119 Medical Dictionary for Nurses (Gould), Medical Inspection of Schools Unit, 59, 60

Medical Practice Act, 164-65 medical surgical nursing, 129-30 "Medical Waste Incinerators" (U.S. EPA), 196-97 Medicare, 133, 135, 137, 156 medications: psychiatric, 124-25, 143; World War II and, 101, 110. See also antibiotics Memorial Mission Hospital (Asheville): and FNP program, 166; male graduates from School of Nursing, 174-75; School of Nursing, 10; Snyder and, 175 Men in Nursing (Tranbarger), 176 Mental Health Study Act, 125 Mental Health Training Grant Award, 126 mental illness: and community care, 143-44; early care, 12-13; employment of persons with, 144-45; treatment of, 124-25; World War II and, 124. See also community mental health; psychiatric hospitals; psychiatric nursing Metrolina AIDS Project (Charlotte), midwifery, 68-69, 88, 138, 185-86 migrant worker health programs, 140 Mildred I. Clark Health Clinic, 143 Milko, Clara, 166 Miller, Frances, 168, 184 Miller, Helen, 149 Miller, Julia M., 116, 125 Mills, Mary, 136, 138-40 Mission Hospital (Asheville). See Memorial Mission Hospital (Asheville) Mitchell, Martha Pegram, 99-102

Mitchell, Ramon (Jack), 99, 102 Mitchell County, 42–44 Mobile Army Surgical Hospitals (MASH), 55, 100, 132, 142 Model County Midwife Regulations,

Model County Midwife Regulations, 68–69

Modern Health Crusader clubs, 62 Moncure, OEO-funded clinic in, 160 Montag, Mildred, 127

Moore, Dan K., 149

Moore, Ethel A., 57t

Moore, Maggie, 106t

moral therapy, 13, 124-25

Morganton: Broughton Hospital (see Broughton Hospital (Morganton)); Western North Carolina Insane Asylum (see Western North Carolina Insane Asylum (Morganton))

Morris, Annie, 34t

mortality/death: causes of, 63; infant, 68, 69, 85; rates from disease, 85; in Spanish flu epidemic, 44

Moses H. Cone Memorial Hospital (Greensboro): ADN students at, 127; and African Americans, 148; Easton and, 204; nursing excellence program at, 177–78; quality of, 177; Tranbarger and, 177–78; UNC-Greensboro and,

Moses H. Cone Memorial Hospital, Simkins v., 135, 148-49

Mott, Susan, 7

Mountain AIDS Support Council, 193, 194

Mountain Sanitarium Training School for Nurses (Fletcher), admission of male students, 32 Museum of the New South (Charlotte), 101–2

N

Nakuru, Kenya, 208-9

National Association of Colored Graduate Nurses (NACGN), 48, 94

National Burn Awareness Campaign, 203

National Foundation for Infantile Paralysis, 108, 109

National Institute of Mental Health, 124, 126

National Labor Relations Board (NLRB), 172, 173-74

National League for Nursing (NLN): accreditation of North Carolina Memorial Hospital school, 118; accreditation of Watts Hospital School of Nursing diploma program, 115; and clinical nursing practice, 130, 131; Dolan and, 136; and Duke MSN program, 130

National League for Nursing Education: and Nursing Council for National Defense, 94; and psychiatric nursing education, 125; Standard Curriculum for Schools of Nursing, 50

National Mental Health Act, 124 National Negro Health Week, 48

National Organization of Public Health Nursing, 94

Native Americans: children treated for polio, 108; health of, 66–67; public health nursing for, 63–68; Snyder Act and, 63; students at

Hampton Normal and Agricultural Institute, 65. *See also* Cherokee people

Navy Nurse Corps: desegregation of, 112; founding of, 15; numbers of nurses in, 93. 94; training programs and, 53; and World War II, 93, 94

Neighborhood Youth Corps (Durham), 207

Neilson, Delia Oliver, 73t Nelson, Elizabeth, 36 "A New Breed of Nurse," 159–60 New Deal, 80, 82–86, 136 New Hanover Memorial Hospital

(Wilmington), 175

New Scope and Standards of Practice on HIV/AIDS Nursing (ANA; Association of Nurses in AIDS Care), 194

Newman, Martha, 104t

Newton, Hilda, 165

Niblock, Laura, 107t

Nichols, J. R., 104t

Nichols, Phyllis, 166

Nightingale, Florence, 5, 13–14, 37, 174, 198; Notes on Nursing, 6

Nixon, Richard, 158

Noell, Marie B., 113-14

North Carolina Agricultural and Technical College (NCA&T), 187–88

North Carolina Area Health Education Centers, 126

North Carolina Association of Colored Graduate Nurses (NCACGN), 47–49, 71

North Carolina Association of Negro Registered Nurses, Inc. (NCAN-RNI), 48, 112–14 North Carolina Association of Nursing Students (NCANS): establishment of, 115; history of, 119–20; NSOY and, 119–20

North Carolina Board of Nurse Examiners (NCBNE). See Board of Nurse Examiners (NCBNE)

North Carolina Board of Nursing (NCBON), 126; African American nurses on, 149; and continuing education/relicensure, 169; creation of, 199; Duke University Hospital/School of Nursing lawsuit against, 179–83, 184, 185; as elected, 184; election of nurse members to, 3; GEC examination of, 183; Hamlet Hospital School of Nursing lawsuit against, 115; men and, 175; NCHA lawsuits against, 206; NCNA review of composition of, 183–84; Tranbarger and, 176

North Carolina Board of Pharmacy, 166

North Carolina Central University (earlier North Carolina College): Elliott-Bynum as graduate from, 207; Grant and, 203

North Carolina College (NCC; later North Carolina Central University): baccalaureate program at, 149; public health nursing program, 139; RN to BSN program, 115; White students at, 149

North Carolina Emergency Relief Administration (NCERA), 85–86, 87

North Carolina Hospital Association (NCHA): and Duke University

Hospital lawsuit against NCBON, 181; Easton as President of, 204; lawsuits against North Carolina Board of Nursing, 206; and North Carolina Board of Nurse Examiners and Standardization Board, 179; and NSOY contest, 119; proposal of bills to weaken NCSNA and Nurse Practice Act, 52; relationship with nursing organizations, 205–6

North Carolina League for Nursing, study on psychiatric nursing, 125

North Carolina League for Nursing Education (NCLNE): 1953 Nurse Practice Act and, 124; ASHTS and creation of, 50; and continuing education, 169; creation of, 71; Dolan and, 136; and NSOY contest, 119

North Carolina League of Nursing Education Journal, 126

North Carolina Licensed Practical Nurses' Association (NCLPNA), and Duke/NCBON lawsuit, 181

North Carolina Medical Care Commission: Nursing and Nursing Education, 116; and survey of nursing and nursing education, 146

North Carolina Medical Society, 153 North Carolina Memorial Hospital (Chapel Hill): Continuing Care Clinic, 156; and Good Health Plan, 117; Tranbarger and, 176

North Carolina Nurses Association (NCNA): Batterham and, 38; and collective bargaining, 174; and Columbus County Hospital strike, 174; Compton and, 161; and Duke/NCBON lawsuit, 181; endorsement of ERA, 201; and family nurse practitioners, 161; Grant as first African American male president, 201, 204; men and, 175; review of composition of NCBON, 183–84; Tranbarger and, 176, 177

North Carolina Nursing Council for War Service, 103

North Carolina State Board of Education, and survey of nursing and nursing education, 146

North Carolina State Board of Health: and African American nurses, 60; and Bureau of Rural Sanitation, 59; and family planning, 90; and pediatric nurse practitioners, 163–64

North Carolina State Nurses Association (NCSNA): and "Act to Provide for State Registration for Trained Nurses in North Carolina," 22-26; and ADN program, 127; and African American nurses, 47, 112-14; and baccalaureate degree, 135, 145-46; Batterham and, 39; and Board of Nurse Examiners, 50; charter members, 27-28t; as collective bargaining unit, 172-74; Committee on Continuing Education, 169; and compulsory registration for employment as registered nurse, 152-53; and continuing education, 168-69; Council of Practice, 168; Dolan and, 136; and Dunnwyche, 69-70; found-

ing of, 18-19, 39, 47; and home for sick/disabled nurses, 69-70; integration of minorities within, 112-14, 201; Legislative Committee, 19; membership in, 47, 112-13; Miller as first African American President, 149; and NCANRNI, 112-13; NCANS, 119; NCHA and, 52; and NSOY contest, 119; Nurse Practice Act of 1953 and, 124: and nurse registration, 26, 28; racial integration and, 149; and registered nursing legislation, 3; and registration status, 26, 28; Relicensure Committee, 168: Relief Fund, 70; and standards for nursing education, 91; and study on psychiatric nursing, 125; survey of graduate registered nurses, 103; topics discussed at early conventions, 49; and unionization, 171

North Carolina Woman's College (later UNC-Greensboro), and ADN program, 127–28 Northwood, Maude, 34t Notes on Nursing (Nightingale), 6 Nuckolls, Kit (Katherine), 166 nurse anesthetists, 92, 142, 185 nurse midwives. See midwifery

Nurse Practice Act (NPA): 1903 Act, 47, 179; 1917 amendments, 50–51; 1925 amendments, 52, 90; 1947 amendments, 111; 1950s changes to, 115; 1953 revision, 121–24; 1965 revision, 152–53, 180–81, 183–85; 1972 call for amendments to, 164–65; 1981 Act, 177, 183, 184–85; FNPs and, 164–65; LPNs and, 111. *See also* nursing practice

nurse practitioners (NPs), 155–62; 1981 Nurse Practice Act and, 185; adult, 155; Duke University Hospital and, 131; family (FNP), 155 (see also family nurse practitioners (FNPs)); geriatric, 155; MSN program and, 128; pediatric, 131, 155, 162–64; programs, 200

nurse/nursing administrators/administration: MSN and, 125–26; programs, 115, 177

nursery schools, 86-87

Nurses Clubs, 69

nurses/nursing: about, 3–4; achievements of, 15; during Civil War, 4–5, 6–7, 13–14; definition in 1953 Nurse Practice Act, 122–23; in evacuation hospitals, 99–101; illness of nurses, 69–70; North Carolina firsts, 3; as a profession, 14, 15; professionalization of, 45, 52–53; and Spanish American War, 13, 14–16; uses/misuses of terminology, 17–18; workforce data repository, 103; working/living conditions, 41

Nursing and Nursing Education (UNC-Chapel Hill; North Carolina Medical Care Commission, 116

Nursing and Nursing Education in the United States (Committee for the Study of Nursing Education), 51–52

Nursing Council for National Defense, 94

nursing education: during 50s, 115; academic- vs. hospital-based, 127, 135, 185; for African Americans, 118-19; as apprenticeship, 32; and Army/Navy Nurse Corps, 53: Board of Nurse Examiners and, 50-51; Cadet Nurse Corps and, 103, 107; content of, 32-33 (see also curriculum); continuing, 116; courses and hours, 123t (see also curriculum); daily patient censuses and (see patient censuses); educational directors of, 50-51; examinations, 33; expansion of options for, 133; in hospitals, 90-91; Ingles and, 131; legislation regarding, 30; length of, 127; Medicare/Medicaid and, 133; men and, 174; national dialog in, 135; Nightingale model of, 174; physicians and, 33, 52; postwar debates regarding, 127; psychiatric, 125; racial integration of, 149; regulation of, 115, 179-80, 185, 206; residential, 147, 174; standardization in, 45, 47, 49-52; state survey of, 146; surveys regarding, 116; Western North Carolina Insane Asylum and, 12. See also schools of nursing

nursing practice: baccalaureate degree and, 135; control over scope of, 179; definition of, 152; expansion/elevation of, 155, 156; hospital control over extent/ scope, 179–83; professional vs. technical levels of, 146; regulation of, 52–53, 179, 185, 206;

scope of, 206. See also Nurse Practice Act (NPA) nursing schools. See schools of nursing Nursing Schools at the Mid-Century, 116–17 Nursing Spectrum Nurse of the Year, 204 Nursing Student of the Year (NSOY) contest, 119–20 nursing students. See student nurses Nutter, Hazel, 35

0

O'Berry, T., 85, 86, 87 Ocean House, 144 Ocracoke, 88-89 Odom, Pearl, 12 Office of Economic Opportunity (OEO), 156, 158-59, 160 Office of International Health, 139 - 40Office of Rural Health, 158 Oliver, Mary, 105t open air hospitals, 95, 108 Operation Input, 168-69 Operation Torch, 100 Orange-Chatham Comprehensive Health Services (OCCHS), 158-59, 160 Order of the Long Leaf Pine, 140, 209 Orr, Adeline, 27t Oteen Hospital, 54, 70 Overseas Replacement Depot, 109 Owen, R., 106t Owl, Daniel Lloyd, 64 Owl, Lula Leta. See Gloyne, Lula Leta Owl Owl, Nettie Harris, 64

P Palmer, Eva, 38 Parents and Friends of Lesbians and Gays (PFLAG), 192-93, 194 Park View Hospital School of Nursing (Rocky Mount), 89, 103 Parker, Pauline, 105t Parkinson, Annie Groves, 38 Parrott, James M., 82 The Path We Tread: Blacks in Nursing Worldwide (Carnegie), 140 patient censuses: ARC and, 53; in Charlotte Home and Hospital, 6; Depression and, 90-91; and nursing school accreditation/ standards, 52, 103, 107, 120, 122; in psychiatric hospitals, 143-44 Patterson, Lelia, 105t Pearl Harbor, 93, 94, 95, 141-42, 200 Pearl McIvor Public Health Nurse Award, 137 Peck, Clara, 37, 38 pediatric nurse practitioners, 155, 162 - 64Pegram, Amanda, 99 Pegram, Martha. See Mitchell, Martha Pegram Pegram, Wirt, 99 pellagra, 80 Pence, Imogene, 104t penicillin, 101, 110 Perdue, Beverly, 209 Perkins, Etta Mae, 58t Perry, Evelyn, 163, 166 Perry, Mallie, 166 Pesch, Leroy, 157-58 Pfohl, Constance, 28t Philippines, Army nurses in, 94-97 Phillips, Kathleen Barnhill, 58t

physicians: and accreditation of nursing education, 115; and advanced medical surgical nursing course, 129-30; advanced practice nurses in lieu of, 157; African American, 148; on Board of Nurse Registration and Nursing Education, 122; in Cherokee, 66; duties performed by other health-care providers, 129, 131; and FNPs, 161; as hospital owners, 31, 52, 121; as instructors in MSN program, 129, 130; and legislation of registration/licensing of nurses, 20; maldistribution of, 156; midwives and, 186; and nursing education, 8-9, 33, 52, 118; and public health nursing, 43; and regulation of nursing education/practice, 185; and schools of nursing, 31; shortage of, 128, 156; and Standardization Board, 91; in World War I, 53-54 physicians' assistants (PAs), 128, 131, 166 Pickard, Emily, 38 Pickard, Glen, 156, 157 Pittman, Mary D., 27t Planned Parenthood, 195, 196 Plyler, Georgia, 35 pneumoconiosis (black lung disease), polio epidemics, 107-9 Potter, Mary Lee, 172 poverty: Depression and, 79, 80-83; and health care, 206-10; and hospitals, 6 Powers, Alicia, 7 Powers, Percy, 37, 38, 72t, 76t

Pratt, Frances, 90

Presbyterian Hospital School of Nursing, 91, 92

President's Committee on Health Resources, 137

President's Committee on the Status of Women, 137

primary care professionals, 128, 129 prisoners of war (POWs): German, 102; Japanese, 93, 94, 95–97

Pritchard, Margaret, 36

private duty nursing: Batterham and, 39–41; Depression and, 79, 80; Holman and, 42; and nurses' living conditions, 69; and registration, 47; and surgery in home, 39–40

Privette, Mary, 104t

professionalization of nursing: opposition to, 45; Red Cross and, 52–53. See also licensure; registration

Profitt, Mrs., 107t

Progressive Program for Better Health, 62

Promotion of the Welfare and Hygiene of Maternity and Infancy (Sheppard-Towner) Act. See Sheppard-Towner Act

Prospect Hill Community Center, 159-62

psychiatric hospitals: deinstitutionalization and, 143–44; male nurses in, 174–75; schools of nursing in, 125. *See also* mental illness

psychiatric nursing: MSN and, 125-26; in postwar period, 124-25; programs, 115 psychiatry, and homosexuality, 191 public health: Depression and, 81–82, 136; federal laws, 63; and Native Americans, 66; science and, 59; WPA and, 84. *See also* U.S. Public Health Service (USPS)

public health nurses/nursing: African American, 86, 138-40, 144-45; African Americans and, 38; Batterham on, 40-41; and bedside nursing, 36, 38; benefits/value of, 38, 63; Brody as, 195-98; Depression and, 79-80, 136, 200; and diseases, 200; emergence of, 36-38; as family nurse practitioners, 160; and family planning, 89; in Ledger, 42-44; Native American, 63-68; NCERA and, 85-86; numbers of, 87-88; and nurse practitioner program, 156; physicians and, 43; and private duty nursing, 40-41; Red Cross and, 38, 53, 79; and school health, 61-62; Spanish flu and, 44; SSA and, 84-85, 87-88; state government and, 58; timeline of, 72-77t; Town and Country Nursing Service and, 53; Wald and, 36; women's organizations and, 37; WPA and, 84. See also community health nurses/nursing

Pyle, Ernie, 100, 101

Q Qualla Boundary, 63, 64, 66 Queens-Chicora College, 91, 92

R

race: of nursing students, 32; and nursing training standards, 91;

schools of nursing by, 33t. See also African American nurses

racial discrimination: and African American nurses, 48-49; Hill-Burton Act and, 110; legislation banning, 135; and nursing associations, 112; in professional nursing, 112; in school nursing program, 60; as widespread in early 20th century, 47. See also racial segregation

racial integration: Adams-Ender and, 187–88; and baccalaureate programs, 149; Civil Rights Act and, 135, 149; in health care, 148–49; history of, 135; NCANRNI and, 112–13; NCSNA and, 112–14, 149, 201; of nursing education, 149; Wilkes and, 7

racial segregation: in armed forces, 131; in Army hospitals, 98; Army Nurse Corps and, 112; Good Health Plan/Hill-Burton Act and, 110; Grant and, 202; hospitals and, 32, 148-49; legislation banning, 135; Mills and, 138; Navy Nurse Corps and, 112; and nursing education for African Amer-118-19; of nursing icans, students, 32; polio epidemics and, 108; in professional nursing, 112; psychiatric hospitals and, 12. See also racial discrimination

Rafferty, Mrs. J. D., 106t Rahlston, Mrs. Lewis. See Fuller, Willie B.

Raleigh: Dix Hospital (see Dix Hospital (Raleigh)); Nurses Association,

18; public health nursing in, 38; schools of nursing by race, 33t; St. Agnes Hospital (*see* St. Agnes Hospital (Raleigh)); St. Augustine College, 11–12

Rankin, Mrs. Ellis, 105t

Ray, Flora, 60

Red Cross. See American Red Cross (ARC)

Redwine, Edith, 35, 50-51 Reece, Belle, 28t

Reginas, Bertha, 72t

Register of Trained Nurses, 20-21

registered nurses (RNs): in 1965 Nurse Practice Act, 184; African American, 48; Batterham as first, 28-29, 40; Board of Examiners of Trained Nurses of North Carolina and, 20; on Board of Nurse Registration and Nursing Education, 122; BSN degree and, 115, 145-46; Burton as first, 28-29, 41; CWA employment of, 86-88; definition of, 152; examinations for status as, 20; licensing of, 152-53; mandatory CE for, 168-69; NCERA employment of, 85-86, 87; NCSNA survey of, 103; Register of Trained Nurses and, 20-21; "registered trained nurse" designation, 19; unlicensed staff performing duties of, 180; use of title, 21; WPA employment of, 84

registration: advantages of, 17; of African American nurses, 3; and curriculum, 30; hospitals and, 47; legislation regarding, 19–26, 30, 40, 41; length of study for, 9;

as mandatory, 30, 41, 152–53; of midwives, 186; NCSNA and, 26, 28; need for/benefits of, 18; North Carolina as first state to institute, 3; private duty nurses and, 47; Registration Examination, 50

regulation: increase in, 45; of nursing education, 52–53, 115, 179–80, 185, 206; of nursing practice, 47, 52–53, 179, 185, 206; of schools of nursing, 180

Reid, Jean, 172

Reinhardt, Hettie, 58t

relicensure. See under licensure

Relief (U.S. Navy hospital ship), 14–15 Reveley, Annie, 58t

Rex Hospital Training School for Nurses, 8–9

Reynolds, G. E., 74t

Rhone, Charlotte, 3, 48

Roanoke-Chowan Hospital, 147

Robb, Isabel Hampton, 17-18

Roberts, Elizabeth, 58t

Roberts, Mary, 79

Robertson, Myrtle F., 76t

Rockefeller Foundation, 51, 129, 131

Rockingham Community College, ADN program, 148

Rocky Mount, Park View Hospital School of Nursing, 89, 103

Rogers, Mary Ellen, 165

Roosevelt, Franklin, 80, 82-83, 94, 112, 136

Rosenwald Foundation/Fund, 75t, 80

Ross, Clara, 76t

Rowell, Billy Joe, 174-75

Rural and Community Health Clinics, 165

rural areas: Bureau of Rural Sanitation and, 59; FNPs in, 164–67; health centers/clinics in, 158, 165; hospitals in, 71

Rural Health Centers, 158

5

salaries: of African American vs. White nurses, 80; charity funding paying for, 71; of colored school nurses, 75t; during Depression, 76t, 80, 86; education in lieu of, 10; for military nurses, 53; paid by service organizations, 72t, 75t; of public health nurses, 38, 72t, 74t, 75t, 76–77t; of student nurses, 10

Salem: health of school children in, 37. See also Winston-Salem

Salisbury: VA hospital, 171; Wayside Hospital, 5

Salk, Jonas, 108

Sandhills Community College, ADN program, 148

Sanger, Margaret, 89

sanitation: advances in, and need for trained nurses, 7; during Depression, 86; in Japanese POW camps, 95; private duty nursing and, 40; public health nurses and, 36, 63, 86; and school nursing, 59; and Spanish flu epidemic, 44; during Spanish-American War, 14, 15; teaching of, 37. See also public health

Santo Tomas University (Manila), 95-96

Sargent, E. G., 80

schools: education conditions in early 20th century, 59; health of children in, 37; nursery, 86-87; nurses/nursing in, 37, 38, 58-63; public health nurse visiting, 88 schools of nursing: accreditation of, 115, 120-21, 124; African Americans and, 7, 10-12, 47, 107; amenities, 49, 51; and Cadet Nurse Corps, 103, 107; categorization of, 117; classification of, 52; disparities among, 31-32, 36; faculty, 116, 122, 124; first, 8-9; grading of, 50, 52; inspectresses of, 35, 49; LPN, 111t; matrons in, 34t, 35-36, 49; men and, 34t, 174; numbers of graduates from, 34t; "Nursing Schools at the Mid-Century" on, 116-17; physicians and, 31, 118; professional criteria for, 116; in psychiatric hospitals, 125; by race, 33t; regulation of, 180; standards for, 120-21; U.S. Department of Education and, 34; Wyche and, 8-9. See also hospital-based training schools/schools of nursing scientific knowledge: Civil War and, 5; and public health, 59; and trained nurses, 7 Seely, Fred L., 73t segregation. See racial segregation seniors' programs, 209 September 11, 2001 terrorist attacks, 200, 203 sexually transmitted diseases. See venereal disease Shaffner, Louis, 158 Sharp, Lucy Ashby, 13-16

Shaw, Nora, 38 Sheetz, Mary, 28t Sheppard, Ruth, 104t Sheppard-Towner (Promotion of the Welfare and Hygiene of Maternity and Infancy) Act, 41, 58, 63, 68 - 69Sherwood Village Apartments, 144 shortages, nursing: during 50s, 116, 142; Adams-Ender and, 189-90; ADN programs and, 146; and economic status of nurses, 170; of graduate nurses, 116; and LPNs, 111; post-World War II, 102-3; World War II and, 93 shortages, of physicians, 128, 156 sick/disabled nurses, home for, 69-70 Silver, Henry, 131, 156 Simkins, George, 148 Simkins v. Moses H. Cone Memorial Hospital, 135, 148-49 Simpson, Mrs. W. T., 107t Singleton, Caroline L., 58t Sink, William, 175 Small, Ernestine, 184 smallpox, 86, 139-40 Smith, Elizabeth Herbert, 58t Smith, Eugene, 175 Smith, Sandi, 201 Snyder, Gaylord, 175 Snyder (Indian Citizenship) Act, 63 Social Security Act (SSA), 80, 82, 83, 84-85, 87-88 Solberg, Patrice, 181 Southeastern Center, 144-45 Southeastern Community College, ADN program, 148 Spanish-American War, 13, 14-16

Spanish influenza pandemic, 37, 44

252

Speight, E. S., 28t St. Agnes Hospital (Raleigh), 109; School of Nursing, 11-12, 34, 47; Training School for Nurses, 35 St. Augustine College (Raleigh), 11-12 St. Peter's Episcopal Church (Charlotte), 6-7 St. Peter's Hospital (earlier Charlotte Home and Hospital), 6-7, 50; School of Nursing, 7, 20 Stacy, H.E., 121 Stafford, Miss, 70 Stamery, Nancy, 166 Standard Curriculum for Schools of Nursing (National League for Nursing Education), 50 standardization, 45, 47, 49-52 Standardization Board: abolition of, 121-22; and average daily patient census in ranking of training programs, 90; creation of, 52, 90, 199; HHSON lawsuit against, 115, 120-21; North Carolina Hospital Association vs., 179; physicians and membership of, 91; and State Board of Nurse Examiners, 52. See also Board of Nurse Registration and Nursing Education Stanley, Eleanor, 58t Stanley County Hospital, School of Practical Nursing, 111t State Board of Examiners of Nursing. See Board of Examiners of Trained Nurses of North Carolina State Board of Health. See North Carolina State Board of Health

Staurovsky, Linda, 165

Stead, Eugene, 3, 128-31

Stevens, Mrs. R. E., 107t Stewart, Bonnie, 106t Stokes, Mary, 106t Strain, Sarah, 34t streptomycin, 110 Strickland, Girlie Jones, 73t strikes, 170, 173 Strocio, Norma, 172 student nurses: African American, 10-12; exploitation of, 45; first class of, 8-9; and home nursing, 49; hospitals and, 31, 32, 33, 36, 49-50; married/parent, 147; men as, 32; qualities of, 31-32; race of, 32; segregation of, 32; at Watts Hospital School of Nursing, 9-10 Sturgeon, Annie, 28t substance abuse, 207, 208, 209 sulfonamides, 101 Sumpter, Almeta, 172 surgery, in homes, 39-40 Sutton, Frances, 105t Sutton, Mattie, 106t Sweatt, Loretta, 106t Sykes, Josephine, 104t syphilis, 67, 81, 86. See also venereal disease T Taft-Hartley (Labor Management Relations) Act, 170, 172, 173-74 Tarboro, Wayside Hospital in, 5 Taylor, Andrew (brother of Terry), 190, 191, 192 Taylor, Andrew (father of Terry), 190, 191, 192 Taylor, Anne, 190 Taylor, Ferebee, 156-57

Taylor, Isaac, 137, 157-58 Taylor, Mary Louise, 106t Taylor, Terry Sullivan, 186, 190-94 Taylor, Tonda, 190 Teague, Mary, 104t A Textbook of Nursing (Weeks), 9 textile workers, 195-96 Thompson, Elizabeth McMillan, 86, 112, 113 Thompson, Florence, 104t Toney, S.P., 147 Toomer, Lois, 49-50, 51 Torney, George H., 14 Tranbarger, G., 31 Tranbarger, Russell Eugene: and 1965 Nurse Practice Act, 183; about, 175-78; Men in Nursing, 176; and revision of 1965 Nurse Practice Act, 184 Trexler, Helen, 105t Trist, Mary Helen, 49 Trottman, Mozel, 107t Truman, Harry S., 124, 131 Truman, Miss, 28t tuberculosis, 37, 54, 58, 66, 67, 69, 70, 86, 132 Tuberculosis Association (Greensboro chapter), 37 Tull, Linda, 166 Turner, Helen, 107t typhoid, 18, 42

U

UNC-Chapel Hill: and baccalaureate nursing programs, 116; Compton and, 160; FNP program, 165, 166–67; Good Health Plan and teaching hospital at, 110; Nursing and Nursing Education, 116; OEO grant for Orange-Chatham Comprehensive Health Services (OCCHS), 158–59; PhD program, 186; Tranbarger and, 176

UNC-Chapel Hill Health Services Research Center, program evaluation of FNP program, 160

UNC-Chapel Hill School of Medicine: Compton and, 160, 161; Department of Pediatrics, 161; Department of Social and Administrative Medicine, 161; and FNP program, 156–58, 161, 165; and pediatric nurse practitioner program, 163

UNC-Chapel Hill School of Nursing (SON): Booth's career with, 126; Compton and, 161; establishment of, 117; first African American MSN graduate, 118; FNP program, 156–58, 161, 165; male graduates, 175; Mental Health Training Grant Award, 126; MSN program/degree, 115, 125–26; pediatric nurse practitioner program, 162; and study on psychiatric nursing, 125; Tranbarger and, 176

UNC-Chapel Hill School of Public Health: Dolan and, 136–37; and FNP program, 156–57; Graham and, 150; and pediatric nurse practitioner program, 163

UNC-Charlotte, Pediatric Nurse Practitioner program, 162

UNC-Greensboro: ADN program at, 127–28, 147; Grant and, 203, 204; and Moses H. Cone Hospital, 177; Pediatric Nurse Practi-

W tioner program, 162. See also Wachacha, Mary, 64 Women's College Wagner, Patricia, 181 underprivileged people. See poverty Wakefield, Flora, 103, 109-10 unemployment: Depression and, 79, 81, 82-84; of nurses, 79-80 Wald, Lillian, 36, 58 unions/unionization, 155, 170-74 Walker, Margaret, 104t Walker, Miss, 28t United States v. One Package of Japan-Walkingstick, Ernestine, 67 ese Pessaries, 89 Wallace, Miss, 28t unlicensed nurses. See under licen-Walstonburg clinic, 156, 160 sure Ware, Emma, 106t U.S. Army Hospital (Frankfurt, Gerwars: casualties, 5, 198; nurses during, many), 189 200; and women, 4. See also Civil U.S. Army Student Nurse Corps pro-War; Spanish American War; gram, 142 World War I; World War II U.S. Department of Labor, Economic Watauga County, public health in, 88 Status of the Registered Profes-Watkins, Julia, 157, 166 sional Nurse, 170 Watts, George, 9-10 U.S. Environmental Protection Agency, Watts, Jean, 172 "Medical Waste Incinerators," Watts Hospital (Durham), Compton 196-97 employed by, 160 U.S. Indian Health Services, 63, 66 Watts Hospital School of Nursing U.S. Public Health Service (USPS): (Durham): accreditation by Dolan and, 136; employment of NLN, 115; Compton and, 160; nurses, 53, 71, 85; Mills and, 136, Elliott-Bynum as graduate from, 138, 139, 140 207; Graham and, 150; opening U.S. Veteran's Administration, 54 of, 9-10; and postwar refresher courses, 103; as School of Practical Nursing, 111t; Taylor as Vankinscott, Vernice, 119 graduate of, 191; as Training venereal disease, 86, 89, 100. See also syphilis School, 51 Veterans' Administration (VA): Wayne County Memorial Hospital School of Practical Nursing, 111t CAARE and, 209; unionization in hospitals, 171 Wayside Hospitals, 5, 6, 7 Vietnam War, 142, 150, 151-52, 156, Weaver, Pearl, 73t Weaver, Zebulon, 122 176, 200 Von Hellencourt, Madelon "Glory" Webster, Sadie, 119 Battle Hancock, 3, 54-58, 200 Weeks, Clara, A Textbook of Nursing,

9

Weldon, Wayside Hospital in, 5 Wesley Long Community Hospital, West, Claudia, 12 West, Lula, 51 Western Carolina University, Pediatric Nurse Practitioner program, 162 Western North Carolina Insane Asylum (later Broughton Hospital (Morganton)), 10, 12-13 Western Piedmont Community College, ADN program, 148 What the Board Understands as Training Given Nurses in a Training School Connected with a General Hospital (Board of Examiners of Trained Nurses of North Carolina), 31-32, 32-33 White, Katherine, 105t Whitehurst, Minnie, 105t Whitlow, Evelyn Barbara Greenfield, 95, 96-97, 102, 200 Whitlow, Robert, 95 Whitlow, Ruth, 95 Wilkes, Jane Renwick Smedburg, 6, 7, 20 Wilkes County, children's health in, 60 - 61Wilkman, Margaret, 159, 166 Willett, Ruth, 106t Williams, E. May, 28t Williams, Lucile, 113 Williams, Ola H., 104t Wilmington: New Hanover Memorial Hospital, 175; public health nursing in, 72-77t; schools of

nursing by race, 33t; Wayside

Hospital, 5

Wilmington College, ADN program, 148 Wilson, Depression and health conditions in, 81 Wilson, Glen, 156–57 Wilson, Ruby, 180 Wilson Sanatorium, 20, 32 Winston-Salem: Baptist Hospital, 118; health department, 37; HIV/

health department, 37; HIV/
AIDS patients and, 193; Kate Bitting Reynolds Memorial Hospital, 109, 118; public health nursing in, 72–77t

W.K. Kellogg Foundation, 127 Women's College: typhoid epidemic at, 18. *See also* UNC-Greensboro Woodman, Ernest, 142

Woodman, Mildred Irene Clark. See Clark, Mildred Irene (Woodman) Works Progress/Projects Act/Admin-

Works Progress/Projects Act/Admin istration (WPA), 82, 83, 84

World Health Organization, 139

World War I: chemical warfare during, 54; and Dunnwyche, 70; entry of U.S. into, 53, 65; nurses in, 53–58, 93, 200; Von Hellencourt and, 3

World War II: Cadet Nurse Corps in, 103, 107; Clark and, 141–42; County Deputy Nurses during, 103, 104–7t; entry of U.S. into, 93; evacuation hospitals in, 99–101; and health of population, 109–10; and medications, 101, 110; and mental illness, 124; nurses and, 93–103, 102, 111, 200; and nursing shortage, 102–3; onset of, 93; and psychiatric services, 143; U.S. entry into, 94

Wortham, Effie, 11
Wright, Martha T., 76t
Wyche, Mary Lewis: and ASHTS, 49;
and BSN degree, 91–92; as charter member of State Nurses Association, 28t, 40; and Dunnwyche, 69–70; on early public health nursing in NC, 37; The History of Nursing in North Carolina, 69–70;

on Holman, 42; as matron of Watts Hospital, 34t; and North Carolina State Nurses Association, 18–19; nursing education, 8–9; and Raleigh Nurses Association, 18; and Women's College typhoid epidemic, 18; and Wyche Hall, 10 Wyche Hall, 10



A History of Professional Nursing in North Carolina, 1902–2002 is the first comprehensive exploration of nursing history in the state since 1938. The scholarship on the history of health, illness, medicine, and public health is largely either physician-centered or focused on specific health care institutions. The history of nursing has been comparatively ignored. Nursing's emergence as a profession in the early twentieth century and the influence nursing has had on the quality of life of virtually every resident and every health care institution in North Carolina in its first 100 years is a compelling story.

Nursing is an occupation and role that touches everyone. Most people are related to nurses; virtually everyone has received care from nurses. Yet they tend to be somewhat invisible. The individual experiences of nurses and the unique development of nursing organizations, education, and practice have received scant attention from scholars. This book enhances the historical record by recounting the triumphs of individual nurses and the political and professional successes and failures professional nursing has experienced in its first century.

This book is unique in its inclusion of accounts of and from African American, Cherokee, and male nurses. Readers interested in the history of North Carolina and its counties, health care, labor, professionalization, education, and the expansion of women's roles in society should find this book thought-provoking and insightful.

Phoebe Pollitt is an Associate Professor of Nursing at Appalachian State University.

ISBN 978-1-61163-163-0 9 0 9 78 16 1 1 6 3 1 6 3 0