

Dr. Henry Clark

Q: Why did nursing schools become necessary in the early 1900s?

Nursing schools became more important because medical science was progressing rapidly and the patients in the process of getting well just needed more care and more attention. And therefore, the doctors themselves were not able to provide all that attention so they needed a right hand assistants to help them take care of patients. But as medical science progressed, the needs for really well-trained people to carry out this function increased and the young ladies who were giving their lives out of a desire to be helpful to humanity needed some scientific background in which to do their jobs better.

Q: How did the complexity of therapeutic procedures impact nursing?

Well, the, particularly during WWII, there was a explosion in research in the field of medicine. And the soldiers who were wounded in battle were fortunately beneficiaries of the scientific progress which was taking place, particularly in terms of surgery, blood transfusions, the use of blood in surgery, surgical operations improved greatly. And in the case of infections following wounds in WWII, the sulfa drugs and penicillin came into being during the WWII era and these produced a major new mechanism for rendering medical care, but it also called for people to supervise their administration and this called for more skilled help to the doctors involved in the procedures.

Q: What was the difference in the schools of public health and the schools of nursing in the 1940s?

Public, the schools of public health or public health as a profession really is concerned with the with the the the prevention side of medicine. The schools of medicine really were concerned with the curative side of medicine and there was a group of nurses trained in the public health field which were, which participated in the prevention side of medicine through the mechanism of inoculations and through assisting with epidemics when they came along. Whereas, most of the nurses, or almost all the nurses trained in nursing schools for example, went into to work in hospitals taking care of patients who are in the curative side of medicine, or more recently in the long term care institutions or perhaps working in doctors offices. And therefore the need for increasing skills was pretty evident by what the the the march of science produced.

Q: Where were the graduates of the schools of public health in the '30s and '40s going to work?

They would, they would mostly go be, go to work with county health departments which were concerned with, which were manned by a whole group of public health personnel. The nursing program in the School of Public Health in Chapel Hill, for example, and this was true of, there were only about 12 schools of public health in the country in the late 1930s and early '40s. That number increased rapidly as time went by, but those schools of public health were were designed during the earlier era to really to take physicians

who were working in public health departments and give them the advanced training in public health itself. Most of, most, most of the personnel in public health departments were really physicians who who, they have a second career by transferring over from medical practice to administrative roles in public health. But they were not real prepared to take charge of the public health activities. So many of the students in schools of public health represented people who came from working positions in the field, financed by their county health departments and so they, they, their capabilities were upgraded so they could do their jobs more effectively. Public health is concerned with, one major division of public health relates to water and sewage, food supervision, but public health has a whole range of activities of which nursing is only one.

Q: What were some of the shortcomings of early hospital schools of nursing?

Well, the there were, as I recall it, there were about 45 schools of nursing in hospitals around the state. In fact, all training programs for nurses in the early part of the 19, in the first half of the 19, of the 20th century were based in hospitals. And there was a serious need in all hospitals for caretakers for patients and the hospital, the hospitals, there were, the hospitals all drew, well they traded on the idealism of young people to run the service to their fellow man by going into the field of nursing which was a beautiful opportunity to do that. But most of the hospital schools of nursing were very limited in their organization. There were, unfortunately, few qualified teachers for those schools of nursing and as a consequence all of the training was really on-the-job training in which the girls worked under the supervision of the ward nurses and learned by emulating, by emulating the people they were working with. But the, as a consequence, they were,

although the state Nurses' Association attempted and actually put into effect some standards for schools, many of those standards could not be adequately lived up to because there were simply no qualified no real qualified teachers to teach in the schools of nursing, the hospital schools of nursing.

Q: Could you say that again?

Well, it wasn't almost indentured servit, it was actually indentured servance, servitude. The girls are actually, usually were given a room, board and a maybe a small token of maybe a small amount of spending money, but their lives were pretty hard because their work days were long and the type of work they were doing was very challenging. But actually, if you look back, the career, the career opportunities for young girls in the first half of the 20th century were rather limited. I mean, girls went into teaching, teaching positions in the public schools or they became secretaries. Nursing was a very, a very popular choice among the girls. And since this was an era in which the community churches were strong, and the girls were being taught in church to be mindful of the needs of others, the field of nursing became a very popular outlet to express to fulfill that objective. So, we had a we had many hundreds of young girls who volunteered or in a sense decided to go into nursing as a way fulfilling their own dreams.

Q: Tell us about NC's rate of rejection for WWII.

Well, in in around, actually it was the year 1944, when a group of doctors from the state Medical Society approached Gov. Broughton and asked him to set up a study commission that would look toward relieving the fairly dismal program, problems in the medical care program in the state. And a part of their recommendation was that the 2 year school of medicine at Chapel Hill be expanded into a full 4-year program in order to train more physicians for the state, but also the school of nursing be created and eventually it involved creating the school of dentistry and a, a, a major hospital in which the students could get their training. The governor brought this message to the trustees of the university and got their sign of, got their approval to, a, to make a major study of the medical conditions in NC. And in the process of making the study, it was discovered that 57% of the draftees who were at least examined in NC, were rejected because of physical defects. It was also discovered that, of a parallel study, that 1500 products of three orphanages in NC over a period of time, only 3% of the young men were rejected because of physical defects and it was pretty clear that the main reason for this was that the young people in the orphanages were under the routine medical supervision, whereas the bulk of the people who were being drafted or at least were under study for draft, for being drafted were from the rural areas, or lots of them were and they had not had adequate medical supervision so that some of their medical problems had been neglected and to the point where they simply didn't qualify for military service.

Q: What was the reaction in the state to these statistics?

Well, you try to make the bad things, uh, uh, sort of the stimulus for good things. And the people who were involved at the trustee level and at the commission, and the commission that was set up by the legislature to make the study and to recommend the plan of action, you you you develop a convincing story about presenting this in a dramatic form to the people in the state. And this story, and this and many other things, this actually, not only were the draftees rejected because of physical defects but the studies disclosed that the, the, the in terms of the numbers of physicians per population the number of dentists per population, the number of nurses per population, the number of hospital beds per population, NC ranked very close to bottom across the state. And this total message was carried to the people of NC by very dramatic campaign known as the Good Health Movement. And the organizer and stimulus for the Good Health Movement came in large part from Billy Carmichael who was here with the university and at one point, well he was the chief finance officer and at one point was the acting president. And Kay Kyser who was a prominent band leader at the time, but though a native of North, Rocky Mount, NC, and a certainly a good Tar Heel and he brought a whole host of his friends from Hollywood intermittently to speak and to have staged events which dramatized the needs in a way which touched every crossroads in the state of NC. So the Good Health Campaign really brought to light the need for major, major attention to the medical, whole medical program in NC of which there were several components.

Q: What are your favorite examples of the publicity schemes they used?

Well, they used civic club meetings, they used billboards, they used the newspapers, they used dramatic meetings. I mean staged meetings in different towns that would be put on by local sponsors who were interested in the total cause. They used personal appearances, I, I, I was not present in NC when this took place and all I know about it is occurred just from reading about it after I got here.

Q: Could you repeat the list of things in which NC was close to bottom in terms of health care in the nation?

The studies of the medical situation in NC disclosed that in a number of ways that measures relative quality of program, NC was near the bottom in the nation of the states in the, there were 48 states at that time in the nation, in terms of physicians per population, in terms of dentists per population, in terms of nurses per population, in terms of hospital beds per population, and all together that's a fairly good indication of, of, a, of the quality of care.

Q: Why was the quality of care so lacking at that time?

Well, I think the starting point would be that our economy was near the bottom, too, at least I remember as I was coming along in those days, we used to say 'Thank God for SC' because in many ways our economy was a very best per capita income was pretty low. Near the bottom, Mississippi was lower, but we were somewhere in the mid-40s of the 48 states. But if you look below that, you get the fact that we are largely a rural population. We had about 25% of the population was black at that time, the level of that section of the population in particular were in terms of medical care were almost dismal and this was partially where the 57% rejections took place. The, a, it's the small towns of NC often did not have the social amenities, the schools, the other attractions which, which, which, sought which doctors sought when they were carrying their families to relocate. And so many of the small towns simply were not well-served in terms of professional, medical health personnel. And altogether it led to a pretty dismal total health picture.

Q: What about the construction of hospitals at this time?

Well, when the economy was low and there simply wasn't the money and there wasn't the medical leadership to to build hospitals. That's just about the answer to it. Hospitals are fairly expensive buildings of services to bill and you need a good deal of local leadership to produce that, produce the money and to organize the local peoples to build the buildings. Later on, however, and actually in 1946, there was passed an act of our Congress under the banner of the Hill-Burton program which provided major sums of matching money to the states in proportion to the economy of the various states, so there was a larger amount of money given to a some, a state like NC than to other states which had a higher per capita income. That money that could be used to match state funds and local funds in order to build, to upgrade the whole hospital system in the areas. So parallel to the studies in which the governor, or one aspect of the studies which the governor, the governor's commission addressed was the organization and launching of a

complete hospital rehabilitation program of the of the poorer physical facilities, hospitals around the state. But the construction of a whole host of new hospitals and particularly in the new hospitals went into the counties in the states that didn't have a hospital in the 1940s.

Q: Why was a baccalaureate school of nursing necessary?

Well, the I think I can best answer that by citing what the objectives of the school were and I might start that off by saying that at the time our school of nursing was established and that was, it was launched in 1951 and graduated its first class of nurses in 1955, there were only, this was the only school, the only collegiate program of nursing in the state, the only program in which the, the young ladies who were taking nursing training got a college degree. There were only 3 such programs in the Southeastern part of the United States and only about 12 or 15 in the whole country of the United States. The objective of this school was to train first level nurses that were more competent and better prepared to render nursing super, nursing care that was needed in that era than any of the nurses in training at the time. And so the, the first year of their program was in the Arts and Sciences and the last 3 years of their training was in the medical sciences or the nursing sciences and preparing them for their degree and for their first level work. But, however, then the so this was the first objective for the school of nursing. The second objective was to take a, a qualified applicants from the service programs, from the hospitals around the state, people who had full-time jobs, but who wanted to upgrade their own professional capabilities by obtaining a university degree and tailoring a program for each, each accepted applicant that took in consideration her background and experience and gave her credit for certain of certain of her experience to date, but added on a considerable level of of of nursing instruction in the nursing school. So that in a period of time, less than 4 years, she could obtain a college degree too. And she would, the idea was, often the people who came to the university under that umbrella was people who were being financed by their local hospitals or communities and with the idea that they would return and be in much better position to upgrade the whole program back home, particularly if there were several of them rather than just simply one. The third thing was the was, not immediately but within 2 or 3 years after the start, the school developed a series of master's degrees programs which really sought to prepare people for nursing supervision, for directors of nursing service or teachers in the schools of nursing so that gradually, progressively the schools in the state would have an infusion of qualified teachers and would, and would, in fact, be much better prepared to prepare quality nurses in their own home towns. The 4th program simply envisioned a series of short courses and extension activities from the school of nursing with meetings in Chapel Hill or meetings in various parts of the state to address collections of nurses from all around from all over the state to and to cover spot subjects which represented in many instances new developments in nursing and to introduce that in such a way, it had to to enter immediately into the experience, to their experience so that their, their nursing care programs are had a benefit almost immediately of the results of these short courses. So, collectively, this represented pretty much the total program of the school of nursing and it was in full operation by the mid-1950s.

Q: Why did the nursing profession in NC consider a 4-year baccalaureate program to be important?

I think they I think we have to accept the fact or recognize the fact that that nursing in the earlier periods was a was a, a not a very highly respected profession. In fact, there was, there were not even often surprisingly enough doctors and the nurses, doctors more or less in many instances just considered nurses as hands and feet servants rather than as colleagues on the medical care team. And nursing, the leaders of the nursing profession here saw the, I, I certainly I feel, saw the school here as their primary way of getting recognition of the true professional level program activities and the professional level people coming out of the school which in fact, which in turn would uplift the whole nursing program around the state. I, I, I would not, I did not have extensive contact with the nursing leadership when I first came to Chapel Hill, but I had because I looked to dean of the school of nursing to work closely with the nursing leaders of the state, but I had enough contact to realize that they really felt that the school of nursing here was the was their hope for the future in terms of, of professional recognition.

Q: How was Elizabeth Carrington uniquely capable of establishing the UNC SON?

Well, Elizabeth Carrington was, had, was a very dynamic lady. A very handsome lady. But she had some, she had some other qualities too that were important, or other circumstances. She had graduated from the school of nursing at the University of Pennsylvania, I think. And she had a commitment to improve, her personal commitment to improve the functioning of nurses throughout the state of NC. And she saw her greatest opportunity to do that through working with and through and for the school of nursing. She was in a very fortunate position to do that because her her brother was governor of the state and her nephew later became governor of the state. And she was, she knew very well people in the legislature and she herself was a good, wholesome politician. Also her husband was a doctor in Burlington and a leader in the state Medical Society. And so she knew the medical element of the state. She was particularly instrumental in the early days of the school of nursing and in traveling around the state and raising money to help pay the tuition of some of the early applicants to the school who who were good candidates but were, but were personally not able to finance the university education. And this led to a, eventually to a substantial nursing financing program through the Medical Foundation of NC. And certainly a number of young ladies were fortunate to get help, and the school was fortunate to get her help in filling out the ranks of its class with highly qualified students. So altogether, she was a great leader and a, a, and personally a good friend of mine as was her husband.

Q: How was the nursing school administrated?

Well, that was a basic, a basic decision that was made before I came here, but with which I highly agreed. Most, most, in most universities around the country the schools of nursing function under the wing of the school of medicine. But there are some advantages, I think tactically, to being independently, you can chart your own course and

and I, actually the dean of the school of nursing reported to me administratively and I had had the experience at University of Rochester where I had gone to medical school and later was the assistant director of the hospital in Rochester in which the school of nursing was one one element under the hospital supervision, but it had a program in the U. of Rochester that was in which there were candidates for nursing that were in two streams. One took a 5 year program with 2 years at the school in the U. of Rochester and then 3 years of nursing. There was also a 3 year program in which the students simply got RNs in nursing without a, but the first group got college grades, the second group simply an RN degree. At Vanderbilt where I was director of the hospital, there was an independent school of nursing, much like the one at Chapel Hill became and I had, I had the opportunity to work closely with that school of nursing, but it was, it had been endowed by the Rockefeller Foundation with a substantial endowment and this was one of the 2 schools of nursing in the South that had a college-level program. So.

Q: Could you give a summary statement about how the UNC SON would be administered?

Well, the university school of nursing was administered by the dean who had the not absolute authority, but was the leadership or agent in the school of nursing. She had an advisory committee or an executive committee, I expect it was, of her own school of nursing which was joined with her in formulating program activities and seeing that they were implemented. And she responded administratively to me as as the vice-chancellor of health affairs and through me to the chancellor of the university. She was coordinate with the deans of medicine, dentistry, public health and pharmacy, and coordinate with the director of the hospital. Part of the education of the students in the school of nursing, a good bit of it was done in the hospital. But this, interestingly enough, was done by contract agreement, which I participated in and which a part of the student's time was spent with supervision from faculty of the school of nursing in purely academic pursuits in the hospital itself teaching assignments. Part of it was spent under the aegis of hospital nursing staff where the nurses were actually assigned patient duties in the care of patients and the nursing students were given an hourly pay, hourly wage for the time they spent in that capacity.

Q: How was it unique that UNC SON was administrated independently?

Well, from the nursing standpoint it was a good way to it, and advantageous because they had a budget of their own. They controlled the money and they could spend it as they saw wise and fit. They could organize their teaching programs the way they envisioned it and I think in the sum total that's the important thing from their standpoint.

Q: How were UNC nursing students treated?

Well, in the first year they were actually living on campus so they were members of sororities and fraternities, I was going to say fraternities but I guess they weren't members of fraternities. But they were students in every sense. In fact they were students in every sense during their 4 years here. My wife happens to have been, happens

to have been a pharmacy student in a little earlier era and she reminds me that she was one of only two students entering the first year class in the university when she first entered the, female students, that is, so that, so pharmacy, pharmacy, women in pharmacy were the first to get freshman admission. But the, when the nursing school opened up this brought a whole new group of undergraduate freshmen women students to the university and they functioned as actual full-time academic students without, well obviously they were nursing students but they had a part in the total university life right from the beginning.

Q: Could you tell me who these students would take classes from?

Well, their academic program in the first year involved mostly arts and sciences, and this would have English, math and sociology and psychology and chemistry and physics. But as time went by they also would begin to have courses in the school of medicine – anatomy, physiology and I think pharmacology perhaps because they were seriously involved in administering medicines and being aware of the, the side effects sometimes, the undesirables and that would be important. That really has, but then the bulk of their time really was spent with nursing faculty the last 2 years all with all working under the supervision of the hospital nursing staff to get clinical training which was really fitting them to go out and function in the either continue to function here in a paid situation or to function out in the state in hospital settings.

Q: What was the relationship between nursing students and students of the other health professions?

Well, there was they took some class work with them, but the main interaction really took place outside the class. My own dream was that the organization of health affairs, such as it was, would have the overall ultimate effect of developing the health team because not only the students, but the faculty would learn, would learn to work together and respect each other and would do some research together with, and the ideal which I had in mind for this never was completely fulfilled, but young people do what they want to and the nursing students were an attractive group of 50 young girls in a university which at the time was a dominantly male and so inevitably they became well acquainted with students from the other health affairs areas and since they rubbed elbows in the hospital with nursing, with medical students when they were on, were on the assignments of the wards and to some degree with students in the other health affairs areas, I think they developed a pretty close bond in many instances as that accomplished what I hoped would be accomplished. I don't, I think it would be interesting to study how many romances and marriages took place out of this, but I don't know if any study was ever conducted of that but that would have represented a fairly complete bonding.

Q: Could you give a summary statement of how this prepared nurses to become full members of the health team?

Well, I right at the moment I don't have any specific examples within the well, there were some planned sessions that involved bringing the students together to consider the

developing a plan of action for the handling of the therapy of selected patients. So that they all participated in joint discussions of how each, how each disciplines, what contributions each discipline would make to the general welfare of the patients. But I think there would be other examples of activities that went on out of the classroom and I'm thinking right now particularly of and this is 2001 we're talking about now, but there is a joint venture between the students in medicine, public health, pharmacy and nursing involved in planning, raising the money and building houses in the Habitat for Humanity. And by George, when you're going through the process of raising \$45,000 and spending all your weekends for several weeks building a house, working together it's a there's a great deal of togetherness that takes place when you're hammering nails next to each other.

Q: What was the mandate of the division of Health Affairs when it was created at UNC?

The legislative actions which led to the appropriation of money was based on recommendation from the governor's NC, the medical care commission. But and that those actions took place in 1947 and 1949. However, the vision for the the the medical care commission adopted, came from a report called the Sanger report. And the Sanger report envisioned that the overall medical center or the division of Health Affairs, would be concerned with with developing an overall program that sought to bring good quality medical care to the total population at a price they could pay. Now this does not mean that the university medical center would be concerned with providing medical care to 4 million citizens of the state, but the university was assigned the responsibility of developing a conceptual plan of action that would coordinate the functioning of the health elements throughout the state toward the end that the overall health program would be improved and eventually all citizens of the state would be served and with good quality medical care. We did not fully achieve that objective, it's an idealistic objective that had not been achieved anywhere yet in the U.S. or throughout the world for a matter of fact, but we made substantial steps toward it. And indeed, shortly after I left Chapel Hill, there was federal legislation which called for the creation of regional medical programs that would cover the geographical area of the whole country and would in fact do that achieve that objective. I envision NC as being the pioneer medical, regional medical program in the country and we made strides in that direction, but did not completely fulfill it. The idea of bringing together people of different professions across the state and into a close working harmony was was a very ambitious scheme as as you might guess. But is what we tried, what we tried to do, particularly what I tried to do as the administrator of Health Affairs.

Q: Why is it significant that NC passed the first nurse registration law?

Well, it tells me first that there were some people a long time ago that we should be very proud of and I don't know fully who they were but in concept I'm very proud of that fact.

(Noise)

Well, I think we should recognize that very early there were people who felt that our program needed some uplifting and they were seeking from the beginning to find ways of doing it. And eventually they did, so I think organized nursing in the state can take a lot of satisfactions out of what has, what has, what has taken place during the past 100 years. And if we, we've just got to build on that and make the next 100 years equally productive.