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Q: Please tell me the Dorothea Dix story.

Well, it's a kind of an interesting sidebar to nursing history in NC that the preeminent Northern American Civil War nurse had a hospital in NC named for her, Dorothea Dix. And it's not well known that the hospital was built and named for her before the war started that's why it seemed quite appropriate that, she was responsible for the improvement of the care for the mentally ill. And there was a pretty substantial movement in the early part of the 19th C. to build, construct humane hospitals for them. And the person that was responsible for these reforms in America was Dorothea Dix and so she did a number of hospitals around the country, NJ, MA and then the legislature in NC was convinced to build an institution. So she came here and on her recommendations they built a hospital and named it for her.

Q: How long did she stay here?

Several months, but while she was here she had made contact with a very influential woman. I think she was the wife of a prominent politician, so I'm not all that clear on all of the facts but I do know that her voice was given a great deal of prominence at the time as represented by the naming of the hospital for her.

Q: What were hospitals like prior to the Civil War?

Well, prior to the Civil War, hospitals were very few in number first of all. Relatively small, almost exclusively charitable and sometimes used for medical education experiences but they were not very well used, not very well supported. They were not very good places to be for the most part. So, hospitals had a very stormy history prior to the Civil War.

Q: Are you aware of any hospitals in NC prior to the Civil War?

I don't think that they're were any substantial hospital institutions as we know them that would have come out of the experiences of the Civil War. But NC was a very rural state and it was a very agriculture-intensive, the economy, so there were no very large cities to speak of, and there wasn't really much need for a hospital as we know it. Certainly the hospitals in America got a push from the establishment of anesthesia, use of anesthesia and the further development of surgery that anesthesia allowed. And almost all of this took place during the war, so almost nothing took place before 1865. And even in NC it was probably much after that that hospitals began.

Q: Why were hospitals not a place one wanted to be?

Well, the hospital reformer, the major hospital reformer of the 19th C. was Florence Nightingale. And Nightingale was an extraordinary synthesizer of knowledge that other people had developed. Her major contribution had to do with sanitary science and she

used the knowledge that was gained from sanitarians who were using statistics and the like to point out differences between what a sanitary building would be like versus an unsanitary one. So her writings and the writings that she was responsible for were in the main the application of sanitary science. So she was interested in the ventilation, the heating, the warming of a hospital, and doing it in such a way that the spread of infection from one patient to another didn't take place. She advocated the use of a pavilion design. One hospital in Paris was notoriously healthful and when she examined this hospital she found that it was in a certain shape, it had certain space between patients, windows were very common and open and allowed air to come in, and it created a much more healthful environment. So, these hospitals were on the verge of being created and with the advent of anesthesia it was also, we were on the verge of needing. So, all of this things came together very quickly with the Civil War in America. I mean there was almost an urgent need for them at that time and many of the hospitals that were constructed were temporary ones but they were all built with the recommendations that Nightingale had made about sanitation, light and the like.

Q: What was nursing prior to the Civil War?

Well, there were some examples of members of the new nursing order. Even Nightingale herself was trained as a nurse at the Kaiserworth institutions in Germany. She spent several months there learning the new-found nursing skills. And the Boston, MA medical society in one of their activities promoted the use of a sanitary reform in America. And one part of that was the introduction of these Kaiserworth-type trained nurses. So there was even before the Civil War some effort to introduce what we would call professional nurses in America.

Q: How about in NC?

No I think that there was very little nursing in NC as we know it. And again this is largely due to the different type of economy, Boston being a large city, having an established need for some concerted group activity after the industrial revolution. It certainly needed things that were not needed here. We had an agricultural economy, a plantation extensive. So a lot of what was done in NC was done very much decentralized, on these large farms or plantations.

Q: What role did women play in the Civil War?

Well, the American Civil War was a very, very large enterprise because both factions were in America, both North and South. And it was not uncommon for armies of 50 or 100 thousand to convene and battle each other. So there were large concentrations of soldiers and obviously one of the things they needed was to care for the wounded. The experience in America for soldiers in the Civil War came directly from the experience of the British army in the Crimea.

Q: What was the role of nurse in the Civil War?

Well, nurses in the American Civil War derived whatever direction they had from the Crimea. Nightingale became instantaneously famous all over the world because the Crimean War was the first war to be covered by a foreign correspondent. There was a man there who had access to the new telegraph and any problems that occurred, and there were major problems in hospitals, they telegraphed them right back to London and they appeared on the front page of the paper the next day. So there was an instant turn-around in information unlike in any other war in which it took a month to get results back to London. So here we had a situation where the government had to do something. They sent Nightingale out and Nightingale established a nursing service in the hospitals. And she was obviously quite aware that the patients were not doing well in the hospitals and once she came back after the war was over, she spent the next 6 or 8 years doing nothing but studying the problem and writing papers and books about the problem. She met with the queen, Queen Victoria, and Victoria, at her request, established a governmental commission. Now after a war is over, everybody wants to forget it and they want to go right back to business as usual and they want to not spend any time rehashing things. Certainly that was our experience after Viet Nam. But in the Crimea, Nightingale persisted and insisted that there be a special investigation. And they issued a series of official parliamentary reports, all about the health of the soldiers in the British army and these were published in 1858, 1859 and 1860 and of course that was one year before our Civil War broke out, and so naturally when people were looking for what they could anticipate should happen during a war in America, they looked at the experience of the British only less than 10 years before. So they looked at these reports and many of them were very, very statistically accurate. They were very specific about what was wrong and what should be done. And they were adopted in the U.S. They were adopted by a lay commission called the United States Sanitary Commission. And the Sanitary Commission grew out of an organization that was established in New York City called The Woman's Central Association for Relief. And The Woman's Central Association for Relief was started by the first physician in the U.S., to practice medicine, be educated as a doctor and practice medicine and her name was Elizabeth Blackwell. And among other pieces of trivia, Elizabeth Blackwell worked in a medical practice in Asheville, and Asheville, NC. has a small monument to Elizabeth Blackwell, the nation's first female physician. In any event, Blackwell was very well-known to Nightingale, and in fact, Nightingale asked Blackwell if she would start as the chief instructor in the first nursing school in the world. This is the one at St. Thomas Hospital and Blackwell did not accept her offer and came back to America, but was well aware of Nightingale's contributions and established this association for relief with prominent women in NYC. And almost immediately was taken over by men, renamed the US Sanitary Commission and they used all of the documents that had been prepared by the British in an attempt to prevent illness, to prevent the spread of illness. And during the first year of the war, after the Battle of Bull Run, for almost a complete year, many of these principles of sanitary science and they had the effect of reducing the amount of infectious disease that really decimated the British army in the Crimea. So, the disease mortality in the American Civil War was much, much less than it would have been had there been the same experience as the British had in the Crimea. And the difference between them was the intervention with these sanitary improvements that were largely responsible for preventing illness.

Q: How about the rise of women in nursing?

One of the books that Nightingale wrote was a book called “Notes on Nursing” and it was published in 1860 just as the war broke out and it was put into the hands of untold numbers of American women many of whom volunteered their service during the war. There was no official capacity for them, but they did volunteer their services. I think I read somewhere where carpet bags were prepared for women going off to war and invariably they’d have a copy of “Notes on Nursing” included in their carpet bags.

Q: How did women distinguish themselves in the Civil War?

Well certainly the role for women was very much limited and rejected in large measure by men until the scope of the American Civil War became clear. And once it became obvious that this war was going to include so much territory, so many soldiers and so much time then everyone was put to use in the effort. So women, while grudgingly rejected at first, they were more and more, as time went on, welcomed to contribute to their, to the well-being of the soldier. So gradually as the war went on, their role increased over the 4 year period.

Q: What impact did the Civil War have on creating the profession of nursing?

There’s no question that the Civil War had a major impact on the development of the nursing profession. The nursing profession as we knew it grew out of the Nightingale model that was established in 1860 at the St. Thomas Hospital in London. The first American nursing schools based on that model were established in 1872, so it was a matter of 12 years, and certainly the intervening war, that probably delayed the establishment of nursing schools until 1872. But once they were established at that time they began to be an integral part of hospitals. And the American hospital at the time got a great deal of, let’s say the hospitals developed at the time because of what was learned about surgery during the war. Untold numbers of soldiers were injured and many of them had surgical procedures, most of them being amputations, but there were an awful lot of soldiers who also had other types of operations, and the experience of the physicians and surgeons during the Civil War was such that they felt emboldened to do much more surgery that was practically impossible before the knowledge they gained during the Civil War. So the advent of anesthesia, the development of surgical techniques created a situation where these kinds of activities finally became beneficial. There was one other development, again in England, and that was the use of antiseptics in surgery so there was at last some effort made to control the spread of infections in the operating room. Lord Lister wrote a paper about use of carbolic acid spray in surgery and this was after the Civil War, but before the development of the American hospital. And these techniques created an environment where the hospital became beneficial.

Q: Can you give us a sense in the growth in numbers of nursing schools in the last 25 years of the 19th Century?

Well, the growth of nursing schools in America really started with the growth of hospitals and they started off in the 25 years, let's say from 1875 to 1900, there was a great increase in hospitals and nursing schools. And that number increased even much more rapidly between the time, between the turn of the century and the start of WWI. So this is really when the tremendous explosion in growth of hospitals in America took place. Really, the first 2 decades in the 20th Century. The groundwork had been laid, but the explosion of growth took place between 1900 and 1920.

Q: Why?

Well, the reason was the utility of the hospitals. In years past it had really been a charitable institution for the poor and there was really nothing that could be done to care for a lot of the maladies of mankind. But with the development of sanitary science, aseptic techniques as exemplified by the white uniforms of the nurse, and the surgical techniques, and anesthesia all of a sudden these places became very hopeful places where people could be cured of things that were incurable only a few years before.

Q: You stated earlier that by 1900 you couldn't have a hospital without nurses, is that true?

In 1875, when the first nurses were produced, it was kind of an unusual phenomenon and there were very few of them. By 1900, a mere 25 years later, you couldn't run a hospital without a critical mass of them. And that's why every hospital formed a nursing school and every community that wanted a hospital, the first building they put up was a building to house nurses who could help take care of the patients.

Q: What were the professional opportunities for women in the late 19th C?

Well, the 19th Century is an interesting century because it really gave rise to what we, many of the heroic pioneer in women's liberation, but it was also a time in which some institutions were rethinking they're commitment to women. So, my daughter graduated from Conn. College for Women that was established in the early part of the 20th C. because Wesleyan University stopped admitting women. So it was a curious contrast that some opportunities were given and other opportunities were denied. And nursing was certainly an opportunity that was given. There was almost universal recognition that women could be nurses and were encouraged to be nurses, encouraged to be educated to be nurses. So, that is the economic situation relative to women, having been denied opportunity in so many other fields of endeavor, that nursing was an exception. And they were welcomed into nursing.

Q: Was there resistance to women going into to nursing, especially in the South, to women ministering to strange men in intimate ways?

I think by the time people realized the scope and extent of the Civil War and how it was going to last, any opposition rapidly melted away. Certainly there was opposition, they didn't feel that the role for women was with men, certainly not rough and tough military

men, so the initial response to women joining and helping to relieve soldiers in the Civil War was negative, but that soon disappeared. Any opposition disappeared and because of the nature of the war, being so extensive, women were certainly welcomed.

Q: What role did female nurses play in the Spanish-American War?

Well, it's interesting that the military after their experience in the Civil War, particularly as it relates to the contribution that women made to the relief of soldiers during the Civil War, the military forgot it. And they put all of their activity into more traditional pursuits and before long another war broke out, the Spanish-American War, and when the soldiers took sick in a very unhealthy climate during the Spanish-American War, it was realized that none of the advances that had been made in the American Civil War were being applied to the Spanish-American War. So, literally they kind of backtracked and formed the Army Nurse Corps, comma, female in 1901 in reaction to the negative experience that they had during the Spanish-American War.

Q: The military was insisting on using male nurses?

Throughout the Civil War, men were used as nurses and they were not labeled nurses, they were labeled privates and corporals and sergeants but they were never really called nurses per se, so the idea of nurses became almost equated with women during the 35 or 40 years between the end of the Civil War and the Spanish-American, the start of the Spanish-American War. That's where the development and the opportunity for women took place, so when the Spanish-American War came on there were no women in the military, so it was obvious that they needed to do something about that and that's how the Army Nurse Corps, comma, female was established in 1901.

Q: What is the significance of NC passing the first nurse registration law?

I really don't know. I don't have much information about what gave rise to that. I imagine that's written in the history, but I'm not aware of it.

Q: Any theory as to why it wasn't NY or Conn. where nursing schools got a head start?

Well, I don't think that there was the tradition of hospitals in NC. So hospitals and nurses came together in NC whereas in NY and Philadelphia and Boston, hospitals existed before there were nurses as we know them. So the idea of displacing the nurses that were there and replacing them with educated people was a very difficult transition. In NC, we started from scratch, there was no tradition of having hospitals or established nurses who worked in those hospitals, they came together and as a consequence, I think it was much easier for a state like NC to have a licensure because there wasn't much opposition. There weren't a class of nurses who were in practice for years who wanted access to that license.

Q: Why was licensure so important at the time?

Well, I think licensure in a new field is something that the practitioners look at as a way to liken them to members of old, more established fields that were licensed – optometrists, physicians and lawyers – all had some formal activity where they were given a privilege to practice. So, I'm sure that this is what was on the minds of nurses, we want an equivalent type of certificate, recognition from the state and the like that will enable us to practice and differentiate our practice from people who didn't hold that license.

Q: How about from the public's perspective?

Well, the ostensible reason given by the nurses for petitioning for licensure was that their services were educated and knowledgeable services. So anyone who was practicing nursing without a license could be distinguished as a person who was not educated. So the education was something that was something to be a benefit to the citizens, that they could count of the nurses if they had a license and they had education and they were certified as capable of practicing. Whereas, if the person that was caring for them didn't have a license, they might have suffered some unfortunate experience by the lack of education.

Q: How common was the practice of nursing among the unlicensed, untrained in the late 19th C?

It really wasn't very common in the late 19th Century. Again, the older, more established hospitals did have a tradition of providing nursing services by untrained people. But the explosion in the number of hospitals and the scope of their coverage took place really at the very end of the 19th C and the beginning of the 20th. So that corresponded with the growth of nursing schools, so very quickly the number of well-educated nurses overwhelmed those that were capable of practicing as nurses in an uneducated way. Their number increased so rapidly during this period that the competition between them really was not significant.

Q: What were the downsides of these hospital schools of nursing?

Well, the tradition of hospital education for nurses was established with the Nightingale school, connection between St. Thomas Hospital and that was the model that was followed in the United States. So, it was thought to be the only way that nurses could be prepared. And it was largely through experience, there was relatively little formal education, but people were given supervised experience and this method of teaching is good for a certain period, but really has no lasting value. It soon disintegrates as science moves on, if people are not in the tradition of learning, book learning and library research and reference, if that is not their tradition, then they soon get left behind. And I think it's safe to say that many of the nurses who were prepared in the hospital schools were not afforded much education. They were given a great deal of supervised experience, but that was not sufficient and it became pretty clear in the early decades of the 20th C. that nursing education ought to move into the higher education mainstream in the United

States. And this was a very, very long and arduous process that has not yet ended. There is still a great deal of contention about where a nurse should be educated. The overwhelming amount of nursing now is in the higher education fields, but by and large, there's still a great deal of support for hospital schools. The federal government still pays hospitals to educate nurses. They don't pay universities to educate nurses.

Q: Can you talk about the Red Cross placing nurses in county health departments?

As I mentioned to you, nursing had its root in sanitary science. And sanitary science included what has grown into public health, the public health field. And if I were to point to a public health practitioner, I would describe that person as a nurse. And it was very clear to people in the Rockefeller Foundation and other bodies that nurses were absolutely crucial people to implement changes in public health practice. And so the Red Cross, the Rockefeller Foundation, a number of bodies who were very influential at the time, began to use nurses to do public health, to effect changes in public health.

Q: Why were nurses so particularly effective?

Well, the tradition of nurses is in sanitary science. Their white uniforms, the, their entire aura had to do with cleanliness and equating cleanliness with health. So it was a very natural place for them to be. In addition to that, prior to 1950, there was really no other way of treating infections other than letting the diseases run their course. So the hospitals were places where diseased persons would go to rest and recuperate, but they were not given any medications like antibiotics that would cure them, so as a result the role that nurses played was both prevention, prevention of the spread of illness, but also the relief of people who had these illness. So, it's sometimes confusing because relief is much more what they do today, whereas prevention is where they started. And before the antibiotic, prevention and relief were almost the same.

Q: The Shepherd Towner Maternity and Infant Act?

I have absolutely no idea. Rachel Stevens is the person to talk about that.

Q: What should be said about the number of men in nursing?

Well, I've been a nurse now for 40 years and it saddens me that I am still an unusual person in this society because there are so few other men in nursing. The latest figures that I've seen, hover around 5%, about 5% of the registered nurses in the United States are men. And that number I have tracked throughout the 20th Century, and interestingly at the turn of the 19th to the 20th Century there was nearly 10%, 11% of the nurses were men. Now, I believe that that large proportion, larger proportion, twice the number than we have today, that larger number was a holdover from the Civil War, men who were accepted and interested in nursing got their start in the Civil War and they were practicing towards the end of their careers around 1900 when the first census was taken. So that explains why there were so many. But every decade from then on there was an

accounting of nurses and every decade there were fewer men. So this number is about 5% now and it's been stable at 5% for perhaps 20 years.

Q: What should be done about that?

Well, I think that nurses have been treated as a class almost like women as a class. And up until 1972, with the advent of Title 9 of the Civil Rights Act, that class has really suffered a great deal of discrimination. In fact, they have been, they have not equal access to education, they certainly didn't have equal access to many of the benefits that men had access to in this society. So with the sudden introduction of Title 9, we have flipped about that and women have been welcomed into fields that have been predominantly male and those fields have largely been the professions that have good remuneration and high public prestige and the like. Yet, the nursing profession has not been afforded the same changes. I mentioned nursing education being one of those activities, there is actually less time spent in nursing education today than there was 25 years ago. The typical person who was studying nursing studied it for at least 3 years in 1975, and in the year 2000, it's 2 years. So we actually spend less time educating nurses today than we did 25 years ago. So, it's in that spirit that I think if we were to try and see what would encourage men to become nurses we would have to treat nursing very much like we treat the men's professions and that includes inexpensive education, fairly decent remuneration and the like. And that certainly hasn't occurred to this society that we should do that yet.

Q: What were the advantages and disadvantages of schools of nursing for Blacks in the South?

Well, one of the perverse effects of discrimination in the South was the establishment of parallel institutions for African-Americans. And some of the most distinguished universities, the traditionally Black colleges, are all in the South. So the South has a tradition of educating Black nurses in a manner that is superior than the way that most nurses in the country are educated. So, it's kind of worked out in the long run to have these institutions and to use them as the base for nurse training and to use them as the base for nurse training for African-Americans because they have the advantage of being better prepared by reason of their college education than most nurses in America who have less than a college education.

Q: What has been the upshot of that in NC?

Yes, we have a number I think of very important examples, people who have surfaced to become very influential, one of them being Beverly Malone, who was the dean of one of our traditionally Black colleges here and went on to head up the American Nurses' Association and now is in charge of the Royal College of Nursing in Great Britain. So she has an international career that was largely afforded by her connection with the traditionally Black universities that educated nurses in NC.

Q: Can you give a general statement about the group of leaders who have come out of these schools?

Well, I think that my experience has been both North and South, and in North, Black nurses have been educated in the community colleges and in the South, Black nurses have been educated in the traditionally segregated Black institutions, colleges. And as a consequence, the influence of nurse leaders from the African-American community has been greater in the South than it has been in the North.

Q: Why was health care in NC in such a bad state around the time of WWII?

Well, I think NC suffered from a Depression that started shortly after the Civil War. Most of the emphasis on manufacturing and the burgeoning economy took place in the North and the South continued to be a relatively rural, agricultural environment. And as time has gone on and prosperity in the North increased very substantially and all of their institutions and the like prospered, the distance between that circumstance and the South's became so obvious. Now with the high cost of labor and the movement of people back and forth from one part of the country to the other, just the reverse has taken place. And the South has become much more prosperous. But I think that things were in a very backward way because it was a somewhat impoverished area and it was an agricultural economy and it really couldn't be expected to have the kinds of things that you would find in an urban, industrial society.

Q: What specifically suffered in NC in terms of health care?

Well certainly the use of high technology in hospitals, operating rooms and the like. If anyone wanted to have any kind of procedure like that, you'd have to go somewhere else. There was really no medical education in NC until 1950 or so. Nursing education took place in the hospitals but the hospitals were not the prosperous institutions that they are now. So I would have to say that the general state of the economy prevented much from going on in terms of health and well-being. So much, many of the campaigns that were really effective in helping people were public health campaigns.

Q: What causes nursing shortages and what can and should be done about them?

Well, nursing shortages is a relative term. It's come to mean that if we have a patient in a bed and we don't have sufficient numbers of nurses to care for that patient in that bed, then we have a shortage. That's not to say that there isn't a bed in a hospital across town, or in another town very nearby who couldn't take care of that patient very adequately. So the question of nursing shortage is a very relative one. I personally and professionally don't use the term because I am aware that half, one half, of the world's registered nurses work in the United States. So we do something with nurses that no other country does. And that represents a real challenge to make the distinction. One of the things that we do is to use an inordinate amount of intensive care, we have perhaps 4 or 5 times the number of beds in intensive care as most any other advanced Western society. And the intensive care beds will consume 3 nurses for every patient that's not in intensive care. So this is one of the issues that gives rise to the nursing shortage that the number of intensive care beds in this country has increased very radically.

Q: What is the most unique aspect of the history of nursing in NC?

Well, the history of NC nursing is replete with people that have surfaced that have assumed leadership roles in the country and now in the world, so I would point to the tradition of educating nurses for roles that they play both locally, statewide and nationally. I think that's a very important contribution of NC nursing.

Q: Any idea where that commitment to nursing education comes from?

Well, I think it's our commitment to education overall, the University of NC system has a very, very important commitment from the state, the citizens of the state, it's supported like few other educational systems are anywhere. So, I think the citizens of NC should be very proud of the contribution of NC nurses and they have taken great pains in producing the situation that we have.

Q: What are the differences between baccalaureate, diploma and associate degree programs?

Well, nursing has always had 2 types of individuals – people who have been denied opportunity, women have not been welcomed into university systems until those systems were forced by reason of Title 9 of the Civil Rights Act. So all of a sudden the law school at the U of NC had to admit competitive women, and in doing so, they opened up the door to opportunity for all of the women that followed them. But prior to that time, women had very little opportunity and those women who were denied opportunity in the past came to nursing because it afforded them an education, it afforded them an opportunity to have an economic presence that was denied women of this type.

The larger class of women have been poorly educated from the beginning. They start in kindergarten and they are told that they didn't have to study math or they didn't have to study anything, so they were not well prepared for educational opportunity. But nursing afforded them an opportunity, so in the same manner that people were denied opportunity in some fields of endeavor, people who were capable of that, it also, nursing also offered opportunity for women who were not well prepared. So, the whole profession of nursing is made up of these contrasts, people who were afforded opportunity and people who were denied opportunity. The community colleges are an example now of institutions in the state that give opportunity to people who might not be able to otherwise afford or have access to education. So it doesn't surprise me that the community college system is a place where people who want to be nurses will become educated as nurses. It's an excellent opportunity to become a nurse.

Q: Where did people receive care before hospitals?

Before hospitals, what nursing there was was done by family members in the home and this was largely in rural communities, large extended families, people who took care of themselves. So nursing was done in the home.

Q: What were early hospitals like?

Hospitals prior to the reforms that the sanitarians are responsible for were horrible places to be. They were places where the very sick were congregating and if you weren't sick when you went to a hospital, you became sick while you were there because invariably, the sickness would pass from one patient to another. They tended to be crowded places, dirty places, and they were not at all healthful places and I don't think that they were ever meant to be healthful. We use the word hospital now in a very different way than it was used 150 years ago. It was much more of a charitable institution where people were taking care of each other and the issue of illness almost a by product, it was more of a place to be housed. If you improved your well-being in them, fine, but if you didn't and you died that was okay too. That's what hospitals were for.

Q: Thoughts on the future of nursing?

Well, my hopes for the future of nursing in NC involved the promotion of the profession sufficient to entice a critical mass of men to join us. I think it's not that men are the salvation of nursing by any means, but they are barometer of society's acceptance of support for the nursing profession. So extended education, benefits, working conditions and the like that would appeal to men would certainly be something that would attract them and currently that is not the case.

Q: What unique challenges has NC faced in nursing?

The citizens of NC have not been a very prosperous lot until very recent years. It's been an agricultural economy, it's been relatively rural in nature and scope and as a consequence, many of the innovations that took place in the North, bypassed NC, particularly in health care and public health. So when NC caught up with the rest of the country it really did so in a very rapid fashion and the improvements that have been made in the last few decades have been quite remarkable. So, I think the people of this state have a great deal to be proud of in their health care system.

Q: What is the community college situation?

The learned professions - law, medicine, even the clergy – have a great deal of control over who teaches and what is taught and where it is taught and who is taught. That is not the case for the nursing profession. The nursing profession does not have a lot of control over that so the community colleges were established to give communities access to education and nursing programs opened up in them at the expense of the university system. So as a consequence, there is a tension. People who would have gone to the university system for education were given another opportunity in the community colleges and that created a tension between them So that tension continues and it will continue until there is more consistence in what constitutes an educated nurse. As long as there are 2 systems, there's going to be tension.

Q: What should people know about nursing research?

Every profession has several functions to perform. First and foremost is service to its clients and nursing has done that very well. It is also responsible for the next generation of practitioners. And a third responsibility involves the next generation of methods that these practitioners will use. So nursing research is very important to develop what methods will be used to care for people in the future. I expect in NC as the population ages we'll be seeking alternatives to the institutional care that is now very prominent. So instead of building more nursing homes and institutionalizing people, we may want to unleash nurses into the community where they can work to prevent the institutional nature of most of our care today. So if we were to do more like that I think we would be better off.

Q: What will nursing be like in the future ?

In 1950 with the development and common use of the antibiotic, nursing as it was known prior to that time, pretty much went out of business. We were very much involved in sanitary science, the prevention of the spread of illness, the care of people, the relief of people who were suffering from illness and injury and the antibiotic pretty much ended that. People were able now to take pills that would relieve their need for the kind of nursing that was given before that time. So the question arises, what will nursing be like in the future. And it really relates to the needs of people in the future and people's needs will certainly evolve around chronic illnesses. So, our efforts have to be organized to reflect the needs of our patients. And those patients will increasingly be older, increasingly have chronic illness needs and I suspect it would be much better for them to have less and less exposure to institutions and more and more encouragement and support in the community. So, I would see nurses evolving from institutions to be practicing more in the community.