

Phoebe Pollitt  
Tape 37  
Time code 7:11:46

Q: Nursing's history in NC?

A: Interesting question, isn't it. We date nursing in North Carolina, official nursing history in North Carolina, from the Civil War. And of course North Carolina had a really hard time during the Civil War, a fourth of our white male population was dead or injured due to battles in the Civil War and of course the economy after the Civil War was in shambles, the Confederate currency was totally disrupted, social institutions like churches and schools had been disbanded, burned down, decimated, our population lost. The government, the state government pre-Civil War, was, many of them were dead. With the reconstruction government of federal troops, the government was replaced by reconstruction, northern carpetbaggers, freed slaves, Union sympathizers from before the Civil War, so all that impacts, North Carolina was a totally different place to be in 1866 than it was before 1860. Of course reconstruction didn't work. When the northern troops withdrew in 1876, the bourbons[?], the people who ran the state before the Civil War, there was this couple of decades of fighting back and forth but reemerged around the turn of the century, so we have the reemergence of Jim Crow laws, of sharecropping and tenant farming, a real aristocracy. And so for blacks particularly but also women and poor whites, there was no power, there was real sub-standard living conditions. That took a really long time, it pretty much stayed that way through the Depression, you know we always talked about the Great Depression of 1920 and our stock market crash in the 1930s, and of course for many, many, many North Carolinians, nothing really changed. Their lives were so desperate before that the stock market crashing didn't really make a lot of appreciable change, it wasn't really till World War II and post-World War II that, that the average person in North Carolina could count on a fairly decent education, access to healthcare, access to decent nutrition, choices in their lifestyle and work. Is this what you wanna know?

Q: NC's geography?

A: North Carolina, because of, partially because of geographical conditions, there have always been 3 separate parts of the state, we've got the coastal plains and the coast that always sort of was eastward toward the sea and other countries and has been, some of the cities have always been a bit more cosmopolitan and varied with religion and race and culture, and then the middle part of the state traditionally was tobacco farming, cotton, slaves, slavery before the Civil War, and then in the cities some sense of variability, and then of course where I'm from up in the mountains there were Scotch-Irish settled that part of the state and there was a whole different Appalachian culture, so we have 3 different cultural groups inhabiting 3 vastly different terrains which create different problems. For instance on the coast, hurricanes and water, that doesn't matter in the mountains and in the mountains our long cold winters, snow, transportation issues

because of lack of paved roads, snow and ice, hills, that wasn't really a factor for the Piedmont and the coast, so our state has had widely divergent interests and it's been hard sometimes to be together, there's been more infighting of fratricide than coming together historically politically in North Carolina.

Q: Again, abbreviated?

A: I guess the 3 greatest challenges I would say would be the terrible losses during the Civil War, the vastly different terrain and cultures that have arisen in the eastern, middle and western parts of the state, and I can't remember which one the other one is.

Q: One more time?

A: I guess some of the challenges North Carolina's had to face is, with the terrible loss and experience of the Civil War, reconstruction, the fact that North Carolina's been one of the poorest states in the union for most of its history, and the fact that within our state we have 3 separate cultures in the geographical terrains that have dealt with issues differently and often been set against each other instead of uniting to solve common problems. Nursing has had to, tried to be a unifying factor, and overcome a lot of these obstacles.

Q: Examples of how nurses have tried to help people in NC?

A: Historically in North Carolina, we've had a really poor, we've had poor rural people, we've had a lack of nutrition and all the diseases associated with poor, [word, plagraph?], beriberi, vitamin C deficiency, we've had very poor sanitation, it took us a long time to get city water and sewer and even screens for flies, so we've had a lot of the malaria, the yellow fever, the insect borne vector[?] diseases, we've had the other diseases like cholera and typhoid that come with unclean drinking water and unsanitary waste facilities. We've had a lot of problems with industrial accidents and other accidents, we haven't been a very safe society or put a premium on safety. We've just, we've led this country for a lot of our years in diseases, we were number one in tuberculosis for a long time in the early parts of this[?] year, and that's mostly a disease of sanitation and having clean air and safe living conditions. So we also were a leader infant, mothers, maternal-child deaths. We have a lack, part of it is a lack of healthcare providers and a lack of access. Black people, of course, we've had very few African American nurses, physicians, dental, public health workers in our history until the last few decades, and a lot of white healthcare providers would not provide healthcare to African Americans, so we had hundreds of thousands of people, of citizens, of our state who had nowhere to go even if they wanted to, and very few resources getting back to tenant farmers and sharecroppers, for instance. After slavery and well into the 1940s didn't have their own houses, so if they wanted to whitewash or put on screens or install ventilation or an indoor bathroom or indoor plumbing, they couldn't, it wasn't their house. And I guess some of the landowners at that time thought if they did for one they'd have to do for everybody and they didn't perceive that as a priority for their financial situation. So people would continue to have premature death, disease, suffering, from not having enough to eat, not having a clean place to live, not having even the basics of immunizations and screenings,

tests from healthcare providers. You know, I love North Carolina, but our health history is nothing to be proud of.

Q: Inherent southern problems to nursing success?

A: I think the 2 biggest obstacles are sexism and racism, probably with racism being the most important, with a history of slavery, followed by Jim Crow laws, discrimination in every aspect of life.

For black people to become nurses or doctors or other healthcare providers was virtually next to impossible, didn't have the education, didn't have jobs if they got the education, didn't have role models to even think of becoming professional healthcare providers.

Aside, alongside that was all the sexism inherent in not just southern culture but maybe more pronounced in southern culture than the rest of our country. Where women's roles in our state were fairly limited, there were not, it took us a while, well we still haven't passed the ERA, Equal Rights Amendment [laughs]. We didn't pass the women's right to vote until 1971, it became federal law in 1921, it took us 50 years for the state to even sign on that women should have the right to vote. So for women to form their own professional organizations to have a public sphere, to be public speaking, to form organizations that would lobby the legislation or city councils, to sometimes disagree with men or the power structure was taking a big step and women, on the whole, were not culturally trained to be assertive, to speak out, to take leadership roles, so they didn't see their mothers and grandmothers for the most part doing that sort of thing. So the post-Civil War generation were a rowdy lot and we're glad they were because they're the ones who got us started as a profession.

Q: Does that spirit persist?

A: Absolutely. I think the spirit of nursing has always been and continue to be women in nursing in North Carolina who push the envelope, who provide services, the original farmers[?] were the ones who started settlement houses in North Carolina, who started the Nurse Association, who pushed for reform, began school nurse programs, began county health departments. In the 1930s, during the midst of the Great Depression, we had nurses who were starting, places where they would see children, you didn't call them Cdatoriums[?], what'd they call those places, they were like sanitariums but they would stake starving children and give them milk and give them food and weigh them to get enough to eat. Currently one of the people, one of the groups I'm proud of are the midwives in Siler City, who have taken it upon themselves to start a practice, the midwives practice, it's been some number of years now, but they hired a doctor to work for them, they needed a physician to sign their records so they could have a legal practice, and instead of waiting to become employed and looking for a doctor who would hire them, they knew this was a service that women in the county wanted and could use and so they started it and hired a physician to do what they needed the physician to do instead of waiting to do what the doctor wanted them to do. So that was pretty cool, and there's

nurses today working in AIDS clinics, working in homeless shelters, working in nurse-managed clinics, you still that spirit of serving needs and serving the least of these and expanding practice, and it exists and continues to thrive.

Q: NC women in the Civil War?

A: During the Civil War, of course we were a Confederate state, and the Confederate Government of America, like the Union, had, knew that there would be battle casualties, although of course they thought the war would be quite short, and counted on their male soldiers, privates, to be nurses, this was before there was such a profession as nursing anywhere on the globe. So, casualties were quite high, many, as many people, soldiers, died of disease and injuries as died of actually being shot and killed on the battlefield. So women, Florence Nightingale, who was this British nurse who sort of started nursing, had been in the Crimea in the 1850s and written a book called Notes on Nursing, which we date as our first nursing bible. It had come to America in 1860 and so women in America had read Notes on Nursing. Florence wrote about nutrition, positioning, fresh air, clean sheets, being important to saving lots of lives. So women in the United States, this was new, and they, we still didn't know the germ theory of disease, I know you didn't ask this, but somehow it showed us that she was correct and that her experience could be replicated here in the United States, on both sides, on the Union and the Confederate. Well the Confederate government, different women approached, different Confederate women approached the Confederate government and said, "We would like to put into place some of what we've read from Florence Nightingale and other Catholic orders of nuns and stuff to help, because our fathers and our husbands and our sons are dying and we would like to try and do something about that." The Confederate said, "Nope, not interested, go home." So the women, who actually, the first women were in South Carolina, but the North Carolina women really took this up, started something called Wayside Hospital. There were trains of course and soldiers, our first battles were in Virginia, most of the early Civil War battles, so the soldiers, there weren't many hospitals, they put the injured people and the sick people on the train and let them ride back south to wherever their hometown was to be nursed at home, because there really weren't many military hospitals. Well, what happened is, they would get part of the way home and be so sick they couldn't continue to travel. So the women in South Carolina started something, they just started a hospital and it was by the side of the trains, so they called it the Wayside Hospital. Women of North Carolina, by the end of the Civil War had started 16 Wayside Hospitals, independent, separate from the Confederate government, separate from the Confederate army, on their own, I think it's really cool that they saw, now I'm not for the Confederacy, but they saw that there were soldiers injured, dying, sick, alone, away from home, young, old, hurting, suffering, and women, lots of women, hundreds of women in North Carolina decided that they needed to do something about it regardless of whether the government or army thought. And so they started in churches, mostly in churches, sometimes in other community buildings, one was in Kittrel[?] Springs, which is up near Kerr Lake. They took over a resort hotel, it had been a resort hotel at the Kittrel Springs before the Civil War, but they, the woman who owned the hotel said they could use that for a Wayside Hospital and that was beside railroad tracks, so that was pretty nice accommodations. But they were spread from one part of

the state to the other, wherever there was a train track, and the women would set up shop and injured soldiers would be kept and fed and cleaned, bathed, and get fresh air, and get good food, and get clean bandages and just be cared for, the psychological aspect of having someone tend to you I think contributes to healing. And after a while they did some studies, I don't know if they did studies, I guess, but they found out that the Wayside Hospital patients recovered about 3:1 better than patients, soldiers cared for in Confederate military hospitals, and I guess if you were better than you could go back and fight some more, so that was a good thing, and so eventually they started, by 1863, I guess, they let women actually join the Confederate military operation as military nurses, and eventually, by the end of the war it was almost all women nurses in the hospitals and the Confederate, official Confederate military hospitals. So in North Carolina we had two separate things going on, we have official Confederate military hospitals, and we had Wayside, the Wayside Hospitals never, the women never gave up, they never, not all those women could move to a site of an official Confederate military hospital, nor could the Confederate government probably pay for all the women who were willing to, in their home town when the train came through, take care of wounded and sick soldiers. But the women, the women took up, did what they needed to do, did more than they needed to do, did what they felt cause to do, and saved a lot of lives and prevented a lot of suffering.

Tape 38

Q: Fatima Worth?

A: Let me tell you about Fatima Worth. She was a woman in Fayetteville, North Carolina who had been quite privilege before the war, had a plantation house and was a Confederate sympathizer. One of the things that happened during the Civil War is that the northern, the Union side had a blockade again the South. The Confederacy, and before the Civil War most medicines were made in the north, most of the pharmaceutical companies and manufacturing places were in what was then the Union side. So there was very little medicine to take care of and help treat people, citizenry or the soldiers who got sick in those 4 or 5 years. Well, Fatima Worth did 2 things. First she turned over her house to be a Wayside Hospital to let soldiers recuperate, Fayetteville was then quite a large city and a railroad hub and a lot of sick and injured soldiers came through Fayetteville so a lot of them got to go out to her plantation home to recover which was nice. But she also turned 26 acres of her plantation into poppy production, and as we all know, poppy is the source of opium, which is a good narcotic drug, which takes away a lot of pain, and so she went into opium production and distributed the opium all through not just North Carolina but other Confederate states as well, and so it was a, really a main source in North Carolina of pain relieving medicine was her, and she did this on her own, her husband was off in the war, so she took it upon herself to a) make, turn her home into a hospital, and b) turn her plantation into a pharmacy. So, good for her.

Q: Again?

A: I just said, that I really respect and admire the Civil War nurses, because at that time they had nothing. The Confederate government didn't support them, the Confederate army didn't support them, their men were mostly gone off fighting, but they saw a need, and everything they did, they chose to do on their own, they had to make it, borrow it, create it, and just to, to start from nothing and create a system of hospitals, of Wayside Hospitals and Confederate hospitals and medications, supplies, out of, pretty much out of thin air,

they had no money, they had no support, official support. They had a wing and a prayer and they made it happen, and they saved a lot of lives and I don't think we've ever seen anything quite like that before, because they were the first ones, and we stand on their shoulders.

Q: NC women's response to the loss of the Civil War?

A: What happened in North Carolina's probably reflective of most of the country at that time. After the Civil War, so many men were, over 600,000 were dead. In North Carolina several hundred more thousand were injured, physically, and probably tens of thousands more who didn't have physical injuries had psychological injuries from having seen and lived through and participated in the carnage of the Civil War. After the Civil War without, it became a, in some ways a matriarchal society, the men were, a lot of the men were pretty dysfunctional for one reason and another, so the women, it gave them an opportunity that a lot of North Carolina women took advantage, I don't mean take advantage of in a bad way, but they took advantage of the opportunity to develop themselves as agents of action. They learned new skills, they formed organizations, they knew, a lot of them knew they weren't gonna get married and have children, there were not men available to marry and have children with. So it was a new day, they couldn't do what their moms did or their grandmothers did, and also a lot didn't want to, this country, this state was in such bad shape that a lot of women looked out and felt like, I guess they felt like they had to respond to the carnage and the waste and the poverty and the malnutrition and the homelessness that surrounded them, and it was a life's calling for them.

So women did all kinds of things. We see a big rise in women as teachers, we see the beginnings of the nursing profession in the 1870s and 1880s, even 1890s. We see the first women's university in the state, UNCG, opening up and women going to get educated and, mostly in the helping fields, you know women still had a sphere, that was the most acceptable sphere in the late-19th Century, was still in helping professions, nursing, teaching, library, the field of home economics opened up. There was a lot of [word, students?], it was called that time 'social housekeeping', that women didn't have their own household to take care of or else in addition to their own household would take care of society, they started kindergartens, they started public feeding programs, school lunch kinds of programs, school breakfast programs, clinics, especially for women and



children, maternal and child health, clinics, so they started with prenatal care, started school nursing programs, a lot of things for women and children. But women, you see the rise of things like the League of Women voters, [name, Sally?] Cotton's group, what was that called, you know Sally [middle name] Cotton? You sort of, they did good government kind of things, women starting going to be court watchers and watching what was happening. They started paying more attention to the legislature and actually lobbying the legislature, advocating for the right to vote, so women around those decades through all the loss and sorrow of the Civil War, out of, the phoenix out of the ashes I guess was the increased women's role in their society and their towns and in their states, and ultimately in the federal government policies and institutions. And I think this country is better for that.

Q: What's war's impact on nurses?

A: Ann Scott, who's one of my favorite historians, she writes that war is the liberator, the great liberator of women. And because what happens in war so many men are busy doing other things that it does give women the opportunity, take Fatima Worth for example, the woman we spoke about earlier in Fayetteville, well her husband's gone at war, by turning her plantation home into a hospital she learned a lot about nursing, but she also learned about public administration, she learned about financing and bookkeeping, she learned about personnel and maybe hiring and firing, she learned about public relations, to let people know that it was there and what services were offered and who should come. And so war historically has expanded women's abilities, skills, outlooks, it was kind of an ironic and kind of a sad irony, isn't it, that what's so awful for men had been basically helpful for women, but that's the way I see it.

Q: What's most special about Jane Wilkes?

A: Oh, Jane Wilkes, she's one of my favorites. Jane Wilkes is a woman that moved to Charlotte, North Carolina in the 1850s, when Charlotte was just a backwater kind of nothing town. She had some family down here, she had family up there and family down here, she became active in the Charlotte, Charlotte did have a railroad train, and she became active in the Wayside Hospital movement during the Civil War in Charlotte, and saw what a great deal of good nursing, really skilled and appropriate nursing care, did for sick and injured people. And she was very, very moved by that whole experience and very [word, active?]. So when the war ended, Jane decided that she would continue that, she looked around Charlotte and saw Charlotte was growing, more and more people were coming, and of course there weren't hospitals, there weren't hospitals then at all, very many hospitals at all, and what they were, were very primitive and there wasn't any in Charlotte, there wasn't any in North Carolina, there were sort of the beginnings of hospitals in some of the northeastern cities. So Jane Wilkes decided that Charlotte needed a hospital, that there were sick and injured people in Charlotte that if they got the same care, the same clean air, fresh linens, clean bandages, good food, attentions, that the soldiers had gotten during the Civil War, that they would feel better, feel more, continue living, they wouldn't be dying prematurely, things that were not necessary to die from. So she was an Episcopalian and rounded up mostly women and the preacher in her church

and started the first hospital in Charlotte. It started in a house, they got a house, and the neighbors thought, well, bringing together a lot of sick people, people with diseases, would be a very bad thing, they didn't want to live next door to people with tuberculosis and typhus and god knows what else Jane Wilkes was gonna bring into their neighborhood. So they had some armed resistance, didn't want the hospital in the neighborhood, but somehow that got calmed down and the hospital started and people did in fact improve, got better, went home, didn't die, the hospital grew and grew and is actually, that's the genesis of Carolina Medical Center. [break] That hospital was only for white people, as was custom and law at that time in Charlotte, and one really neat thing about Jane Wilkes, she was a white woman, and had been on the side of the Confederacy, which is why she was working at the Wayside Hospital in the Civil War, but she really believed I guess the biblical call to do for the least of these, and saw what good that a hospital did for the white folks of Charlotte and took it upon herself to start the first black hospital in Charlotte, Good Samaritans, got friends up north to donate money, worked with people in the black community, or the African American community, and about 6 or 7 years after the, Charlotte Home[?] and Hospital, the first white hospital was started, Good Samaritans got started.

And before long, each of those hospitals also had a school of nursing, she wanted to pass on training that she never had, what she learned and most of the Confederate era nurses learned was through trial and error and experience. But they wanted to pass on, they didn't want each generation to have to reinvent the wheel, so they started formalized training programs. So

Jane Wilkes not only contributed during the Civil War to alleviate suffering, but she started 2 hospitals, one for whites and one for African Americans, and 2 schools of nursing, and she was just a Charlotte housewife, she had a pretty rich husband and 8 or 9 kids and she could have hung out at home and I don't know, played croquet [laughs], but she decided that this was what she needed to do and the whole state of North Carolina, especially Charlotte and Mecklenberg County. But the good that those nurses who were trained in her nursing schools would go out and teach at other places, and found new hospitals and new schools of nursing and it spread and spread and spread. So we owe her a debt of gratitude.

Q: What was she up against?

A: She was up against several things, actually. One thing is, at that time there was still a cultural sense that women, well-bred women, wouldn't be nurses, that that, that you would be touching naked men and naked women and doing odd things to their bodies, and that well-bred and cultured and educated women shouldn't be doing those things. So by having Mrs. Wilkes, who was the wife of a fairly wealthy man and well-bred and



educated, do that, one thing she was up against, by her own involvement, it spoke strongly that, against, what she was up against.

Q: Again?

A: Jane Wilkes was up against a lot of things. One of the things she was up against was the cultural set, I'm gonna stumble again. What's the word I'm looking for? Yeah, the social mores of the time, that educated, thoughtful and well-bred women would not be nurses. Nursing of course involves touching and manipulating strangers' bodies, and that that was something that was in the realm of you know, can I say prostitutes [laughing], but the fact that Jane Wilkes and others were willing to take this on as a career and as a vocation set the stage that it was okay for other women to do that to, that one could be thoughtful and well-bred and educated and cultured and still feel a calling to take care of sick people and strangers, it wasn't just your family, but anyone in need, that it was okay to touch them and serve them and do what needed to be done to make them feel better. So that was one of the things she was up against. Of course she was also up against, when she started Good Samaritans Hospital, the racism that was so prevalent around the turn of the century. That was, a lot of historical scholars call that the nadir, the low part of African American history in North Carolina, we have Jim Crow laws that blacks couldn't vote, couldn't own property, couldn't have a lot of jobs, segregated schools, and here was this cultured, educated white woman advocating on their behalf, and not just on their behalf, Jane Wilkes really worked with people, more than for people, she formed alliances, went, had meals, went to dinner, had board meetings, she didn't live with them but worked with them. And again her example speaks volumes in terms of what is okay in breaking down stereotypes and racial barriers. So that was how she broke a lot of racial stereotypes and made it okay for other people, white people in Charlotte, to follow that example in supporting African American institutions and people. And of course sexism was always there, again, we're talking about 100 years ago, and a lot of people might have thought her place was at the tea table or something, having tea, or ordering the servants around to have some nice supper for her husband's business associates, and yet she was out in public, with a job, and more than a job, Jane Wilkes, she was organizing. She was an administrator, she was an organizer, she was an advocate, she was a very public figure in Charlotte. At her funeral hundreds and hundreds of people came, it was one of the few integrated funeral services that happened in that first decade in Charlotte, because her actions spoke to so many people, and I guess her methods were gentle that they got through to people, and so she became quite the role model.

Q: What was Mitchell County like in 1900?

A: Mitchell County is a very small county that borders Tennessee, it's a very remote, very rural, very mountainous county in western North Carolina. Circa 1900, Mitchell County had no electricity, no running water, no paved roads, no city of over 1000, no school above the 8th grade, and most of the people who lived there, there were just a few thousand souls in the county, actually, and they were mostly subsistence farmers, white, Anglo Saxon, mountaineers who eked out a living from farming and fishing and hunting

and it was very primitive, I guess it's what we would consider primitive, I don't want to cast aspersions on those people, but they really had nothing that made life easy or fun.

Q: Then what happened?

A: Then along came Lydia Holman[?], huh? Lydia Holman's a very interesting character in North Carolina nursing history. She was from Philadelphia, and it turns out, Mitchell County, besides all the things I've described, was, after the Civil War, parts of the North Carolina mountains became tourist resorts, and it was an escape from the heat, there wasn't malaria, there wasn't yellow fever, it's beautiful and it's very cool temperature wise, it's very cool. So the president of women's college, Bryn Mawr, I think had a vacation home in Mitchell County, her family did. She got a disease, what did she get? It might have been tuberculosis.

Q: What did she do?

A: Well, she came to Mitchell County to take care of the president of Wellesley, and nursed her back to health, but she took a look around and saw these, basically appalling living conditions, a lot of people who were deformed, a lot of people with blindness and deafness, orthopedic deformities, illnesses that could be prevented, premature deaths, deaths at an early age, and she said, "I have really got to do something about this." So interestingly enough, she took it upon herself to go back up north to get some additional training in public health, public health around 1900 was just emerging as an academic field of study. Public health is when we study a population, not just a person, we look at what's going on in a geographic community and how can we implement changes in that community so everyone will feel better, instead of looking at just you and just you and just you. So she went back up north and got two years of study in public health and came back to Mitchell County, where she lived out her entire rest of her 90 years being a nurse. She, there was a railroad, there was some mining in Mitchell County, so she got the Clinchfield Railroad to build a clinic for her, a lot of the miners and the railroad workers had terrible injuries and then they couldn't work so they couldn't produce money for the mine owners. So she started a clinic, and she did everything, a little bit of everything, she did some dentistry, she did birthing of babies, she did immunizations, she did screenings, she looked after the school children, she did health education, and

as the years went by she got programs, she got Red Cross nurses to come to the county, she had, she started as a group called the Holman Association, published pamphlets, went on speaking tours sometimes in the summer, recruited other nurses to come work with her. So there was a whole settlement house of nurses near Spruce Pine, North Carolina, who would ride horseback, go out in the mountains and take care of sick and injured people. This continued for a long time, actually an interesting story about Lydia is the 1930s, the roads became, slowly some of the roads got paved, however they were still riding horseback on the paved road because almost everything they did was from donations from supports and the people up there would pay them potatoes and chickens, live chickens, something, mostly stuff from the gardens or baskets. So they didn't have money, so she wrote Herbert Hoover, who was the president, and said that if he would

send her a car she would drive around and get the votes for him, take lots of people to the polls. Well, darn if a Model A Ford didn't show up, the first car in Spruce Pine I think, that President Hoover sent her, Lydia Holman, to take people to the polls, and of course she used it in her nursing work as well. So that was about the end of the horseback era in 1930. Another thing that happened to her, it was not long after that, I guess during the Depression and the war years, the towns grew and more people came to Mitchell County, including some doctors, and a young doctor came to the town of Spruce Pine and wanted more patients, and a lot of the patients, by then Lydia had been there since 1900 and we're talking I think 1936. So they, she had birthed them, and sometimes their parents, and had taken care of their extended family with whatever, so the doctor charged her with practicing medicine without a license. So they locked her up for a few hours, and citizens in Mitchell County came down to [word] the courthouse, and prevailed on the judge to let her go and drop the charges. So that was pretty cool, seeing a lot of public support.

Q: Lydia's time-frame compared to the emerging public health initiatives?

A: Lydia Holman was one of the first in the country of course not the first, but one of the very first, and the first in North Carolina to do what we would call 'settlement nursing', to go to an area, set up shop on her own, no help from doctors, hospitals, community health agencies, just to go on her own as a nurse or with other nurses and set up shop and be independent practitioners to increase the health of the population. The first federal government intervention we had was 1921, I don't know if you know that, there was a maternal and child health law passed at the federal level to provide some nursing care for pregnant women and infants. We really didn't get federal legislation until the New Deal, 1935, was the first federal funding, we had health clinics, any kind of nursing, public health department. Of course we had in Mitchell County some call it Appalachian Volunteers, which was sort of like VISTA, they came in 1960, with John Kennedy, to set up clinics and schools and workplace development, having people learn new job skills, and then we had VISTA, and then under Lyndon Johnson of course OEO, the Office of Economic Opportunity, but Lydia, we're talking 30, 40, 50, 60 years before the federal government caught up with her, so she was the first.

Q: What role did the first African American nursing hospital schools play in NC?

A: The first schools of nursing for African Americans were vital. As you may know, segregation was the law and the social more of the time, but it was the law, so, and of course at that time too there was no federal or state or local governmental support for education in any way, shape or form for women, I guess there was UNCG, but for nursing. So most schools of nursing were started by hospitals and most hospitals were owned by white men, and so there was nothing for African American women to, if they wanted to learn these skills and wanted to have a job opportunity, wanted to serve their communities.

So the churches, in North Carolina it was the churches that stepped in to meet the need, and so we have St. Agnes, which was associated with St. Augustine's in Raleigh, which is an Episcopal school, that was open, the first school of nursing for African Americans in North Carolina. Nursing, some jobs you could maybe decide that you wanna go do it, like if you wanna go to the mall and sell books, you could go down to the mall and sell books, if you wanted to flip burgers at McDonalds, if you wanna be a nurse, you can't just decide to be a nurse and walk in a hospital, you have got to know anatomy and physiology, pharmacology, some psychology, you've gotta know the equipment, you've gotta know the medicines you're putting inside people, and this has always been true. And so you have to have the training, you can't be a nurse without the training and the education. And so for African Americans, the African American community desperately needed nurses, and a lot of African American women wanted, were called to do the work and/or wanted the employment opportunities to do the work. So, and no one was gonna do it for them, it was another situation almost like the white women during the Civil War, where it was a need and people had to figure out how to meet their own needs and their community's needs, with virtually nothing on the outside helping them. So it was, sort of the call went out to the religious community in the state and in the country to help build these schools, to find faculty, to find facilities, a lot of the students who came, of course they were the first ones in their families to have any formal education, so they came with nothing, even to get a uniform and a cap and a cape and the shoes was huge, much less the textbooks and figuring out how to pay for room and board. Luckily most hospitals in those days, [word], but part of being in nursing school around the first decades of the 20th Century, was that they would have a nurses dorm, and so you could eat at the hospitals, what the patients were eating, or what you prepared for the patients to eat you could have a bit of yourself, and you could sleep in empty patient rooms or they would also have a few rooms sectioned off for the nursing students. Frequently the hospitals would give nursing something like \$5 or \$10 a week for the pay, they were expected to work generally 60 hours a week. It was sort of an apprenticeship on-the-job training situation, with formal classroom instruction at the end of the day, or sometimes even catch as catch can. But without some of the church-related, with the church-related early nursing schools for African Americans, the white schools weren't gonna let them in for another 60 years, and I don't know what would have happened. But luckily people, you know the great thing about nursing history is that it's over and over again people finding a way to make it happen on their own or with the help of like-minded people, but just forging ahead and doing what needs to be done to move forward the community and the society in general.

Tape 39

Q: NC's job of educating African American nurses?

A: Yeah, I actually think, given the times, that North Carolina has a lot to be proud of. Like you just mentioned, North Carolina did initiate three baccalaureate schools of nursing for African Americans in the 1950s. There was a time when discrimination and segregation

still ruled the country, and for North Carolina to put that kind of emphasis and financial backing towards college education for African Americans, particularly female African Americans, in that era was, I think is something we should be proud of. It took another 15 years for us to integrate our schools and have, and not have the segregation, which was even better, yet and still we needed, the state needed African American nurses to have college educations and know, learn the information that a baccalaureate curriculum offers, in public health and education and administration, that you can't cover in a two or three year program. So the state, by the 1950s was meeting its responsibility in meeting the needs in healthcare for its citizens by educating and providing access to education for African American women to become BSRNs.

Q: ?

A: I think it must have been really sad and frustrating and maybe some sense of betrayal. As you probably know, the American Nurse Association and the North Carolina Nurse Association were, at their founding, exclusively white. Actually the way the American Nurse Association worked was that you had to be a member of your state association to become a member of the national association. So North Carolina and in fact all the other old Confederate states, they would not allow African American nurses to be members of the state association so therefore they couldn't be members of the national association either. Professional associations are vitally important. They provide avenues for continuing education, for networking, for leadership opportunities, just a myriad of things that we all have come to expect from our professional associations, being denied that because of the color of your skin was of course a horrible thing.

But African American nurses in our state understood the importance and what professional associations could offer, and so once again took it upon themselves and founded the North Carolina Association of Colored Graduate Nurses. It started small but quickly grew to several hundred African American nurses, they held annual conventions. It was sort of parallel track to the North Carolina Nurse Association,

it's largely forgotten now, but they had meetings, had continuing education opportunities, lobbied the legislature, at times worked with the white NCA on issues that affected nurses as a whole. They worked to end discrimination in employment and education, attended national meetings, sometimes hosted national meetings. So, you know, we should have been integrated from the beginning as nurses and as human beings we should be able to see past those things, but our history is that we couldn't and we didn't as a group. However, one thing that I think it noteworthy is that the nurses' associations in North Carolina did merge in the 1940s, in 1949, which was extremely early, both in terms of nurse associations merging and in terms of North Carolina, any professional associations, almost every profession in North Carolina had this two-track professional association situation, and the nurses were the first ones to merge the black and white professional

associations into one professional group. So while it never should have had to have happened that way, sort of hooray for the black nurses for seeing the need and starting their own, and also hooray for all the nurses for ending it as quickly as they did, and becoming one unit to speak for all nurses in our state.

Q: NC had the first practice law?

A: The Nurse Practice Act was important and continues to be important because it provides consumer safety. Before 1903, in North Carolina and everywhere in the country, anybody could call themselves a nurse and in fact practice nursing, what nursing practice was wasn't defined, what it was, who could do it, under what circumstances, what was beyond nursing practice, what was unsafe nursing practice, none of that had been defined. And so the intent of the founders of the Nurse Association and the legislators who passed the first Nurse Practice Act in North Carolina was to standardize and define what good nursing care was, what it required to be able to provide that, what educational background was necessary to be able to provide the nursing care, who could provide good nursing care, and how consumers could find good nurses. That registration meant that there was a registry that each nurse who had been to school and passed the state exam could then place her name on an official document or list that was kept in each county courthouse. And people who wanted to hire a nurse or hospitals, [word] individual hospitals or health departments, anyone that wanted to hire a nurse could go, would go to the county courthouse and find who was eligible, who could practice nursing and provide safe and thoughtful and considered care to people so we had some, some hope that they would in fact improve and get better or be more healthy or whatever. So it's a real important thing, there's a lot of quackery in medicine and could be in nursing, a lot of practices of nurses who weren't trained were based on superstition or religious faith or often people would get worse instead of better when subjected to non-registered nursing nursing. So in 1903 it was very good for North Carolina to be the leader in the nation in providing standards, quality, and education before one could call one's self a nurse.

Q: What's most rewarding about your own work?

A: Well, I love school nursing. I have a lot of autonomy is what I probably like the best. I have 5000 children in nine different buildings spread out over several hundred square miles in Appalachian North Carolina, and because I'm the first school nurse they've ever had and the only school nurse they still have, I get to set my own priorities, I get to set up programs the way I think they should be run, it's very diverse during the day, I never do the same thing twice in one day,

I'm working with everything from pregnant teenagers who are giving birth, so I do have very young children, sometimes even I'm the school nurse up through the oldest cafeteria lady, who's maybe 65 or 66, has hypertension or diabetes, so I have a wide age range of mostly healthy people, I get to do community health, which I love, so I do population-



based health improvement, as well as a lot of individual nursing care. I do chronic disease, I do sex education, it's a great job.

Q: Frustrations?

A: Not having enough of me to go around, seeing lots and lots of unmet needs and trying to figure out how to, how to get kids, my first priority's the kids, how to get kids what they need, and not being able to do that all the time because we ought to have one nurse for every 750 school kids, is the national standard, and in our county we have 1 for 5000. So, while there's a lot of good stuff, the hard stuff is being spread too thin and seeing so much that I can't do.

Q: ?

A: Oh, yeah, because I think a lot of, here's what I also think, I think it depends what you want to do in nursing, but I think and this is very unpopular, but, and I'm very unpopular among most of the people in this committee, but if you wanna work in a hospital your whole career, or as long as you wanna work in a hospital and provide bedside nursing, I think two-year programs are fine for, have you?, no that's not the Nurse Association's party line.

[end of interview]