

Bill Friday

Q: How did NC become the first state to pass a nurse registration law?

Well, NC is an unusual state in lots of ways. It had no fixed pattern of population, even when it was being founded and they said all the thieves and renegades came to NC that ran away from Norfolk and Charleston, you've heard that old story. But, its the spirit of the people around here that I think, you know, I'm sure in those days there was an Elizabeth Carrington somewhere. And you know that lady, by herself, did what she did for the school of nursing in Chapel Hill, well you look back in NC's history, Cornelia Phillips Spencer reopened the University after the Civil War. One woman, one ambition. It was in the spirit of the people that it happened.

Q: How have nurses changed the public perception of nursing in this state?

It moved from being something that the military word was "orderly" that's the term you'll hear anywhere you go in the military. From that to today where it's a recognized profession. You can go as far as the Ph.D. degree in nursing. And that means teaching and research as well as doing what you do in personal service. Now, it was the way doctors looked at nurses, it was the way the public was trained by the doctors sometimes to look at nurses, but that victory was won here on campus, I remember it very well. With the likes of Mrs. Carrington, Elizabeth Kemble, Frances Fox, Martha Love – that's power and they changed the whole form of language about it.

Q: Tell me about Kemble.

She was a very intelligent person, but intelligence wouldn't have won the battle. It was tenacity. She was quite, but very full of raw courage. She'd just stay with you, you couldn't cause it to move away and she knew what her purpose was and she set out to be the person who was going to achieve that in NC. You can't tell the story unless you remember that immediately after the end of WWII, NC achieved a statistic it didn't want to achieve and that was that one was that it led the nation in the numbers of its young people rejected for physical disability in WWII. That was my generation and I remember so very well that Gov. Broughton, Clarence Poe, a very progressive farmer, people of that high level of public commitment got together and said we're going to do something about this. The doing part fell to Billy Carmichael and Kay Kyser and Paul Whitaker and people like that who got together and rode the state literally in what became know as the Good Health Program. Kay brought Frank Sinatra here, he brought Dinah Shore here, he brought all kinds of his buddies who were in the entertainment business. And if you went out in those days, you bought milk in a glass bottle and you went out on your front porch and it had a thing around the neck of it just said One, going to be number one. And that was his way of merchandizing this issue. But what happened you see is we redirected the whole thinking in this state that health was important, that you aren't going to enjoy life unless you do know what health is and that set in motion what was then to be the Division of Health Affairs here, a 4 year medical school instead of 2, nursing, dentistry, pharmacy, allied health and so on. And it was an enormous undertaking and a very

expensive one, but here it is and the state I'm sure is not leading in the rejection rate of its young people today.

Q: How were nurses able to change the public perception of their profession?

Well, it's cyclical in a way, but my experience with it was there was an acute shortage. And no one when they're sick wants to be left alone. And the key person there in recovery today is the nurse. But you now have what is called nurse practitioner which are people trained above the level of what you would consider regular nursing training. And you have all kinds of auxiliary programs and the community colleges have done a wonderful job here developing health personnel. And all of these things, you know you can't have that volume of happening without changing something and people began to understand that yes it is a profession, yes it is very worthy to do this. You get enormous sense of personal satisfaction seeing someone walk out of a hospital well. And it's a way a life can be lived that's very creative and fulfilling. That's why I think it changed. There was just such a hungry need in this state that even today is not satisfied.

Q: How did you leaders in NC react to that statistic of leading the nation in rejections?

Well from time to time the leadership of a state will sit down together and a state like ours which was not structured so much like NY or others where you had a long history of bureaucratic type of organization, we're still a small state, everybody had a neighbor and everybody still talked like neighbors and every once in a while you'll see that leadership get together and I said this is going to be the first priority for us in the next period of time. That's what caused this to happen. People were sort of ashamed of it to tell you the truth. People didn't like to think we couldn't do things in dental care and preventive medicine and infant mortality and things that are so essential to any community. But if you didn't know it then, you know it now, that you start with health, everything else follows. A sick child can't learn in school, a sick worker can't produce, a mentally disturbed person is not a productive person. But all of these people you see are a part of the commonwealth and part of the work force and they are still our neighbors and we are bonded to deal with this. I've been a volunteer now for 50 years in many programs but none did I gain the perception of this state the way I did with the study of the Institute of Medicine and Health Care delivery in our state. We could lower the cost of health care by 40% if we would engage in preventive medicine in a way we have not thought about. By that I mean, don't smoke, take your immunizations and your vaccinations when you're supposed to, exercise regularly, watch your weight, be moderate in all things. You do those things, your costs will go down. And we are living so much longer now and this says that people have to be knowledgeable about things like prostate cancer which we didn't talk about. Now nurse practitioners see have to be skilled in these identification skills. It's not just taking blood pressures and looking at my tonsils, these people are real professionals and we need every single one of them.

Q: How are all nurses important in this prevention effort?

Well, if I were going to put my finger on the number one health problem in NC today it would be this: 5% of our schools out of 2200 schools have within them anyone who is a full-time health professional. Now that is a very bad situation because there is where you start teaching prevention. Even, I was talking this over with a principal down in Greene County not so long ago. She said she spent the first 2 weeks in this discipline teaching children how to brush their teeth and that it was important to do and here's why it's important to do and go back and teach mother and father how to do it. Well, here you see they learned why vaccination against polio and these other things are so important and they also learned this business of obesity and they use picture books and clever ways of teaching. So if I were putting the budget together and I were the governor I'd put in there enough money to have at least half of these schools staffed this way within the next years. Look at what you prevent by doing it. And when you look at the subsidies the state has to pay for lots of these cases like drug addiction that could be prevented, you'll understand why it's a good investment. Now sometimes I hear that they've been defeated because the negative side says oh they're nothing more than abortion clinics. Well, every thoughtful person knows that's not so and what we're doing here is something most of these families can't do for themselves. They can't afford these very costly procedures, but these nurses can intercept it in time to make a real difference in prevention.

Q: Could you talk about the surprise and shock of that statistic and how it motivated the GHC?

Well, if you grew up in the Depression Years as my generation did, before WWII, you were busy playing baseball, you were busy swimming, you did a lot of physical work. It was inconceivable that we would lead the country in the number of our people, young people, who had these disabilities. And it makes you, it shakes you because you think, right here, right under you, you aren't paying attention. You aren't doing for the greatest asset you have and that's the children. You aren't doing what you ought to be doing. And it was not only a shock but it was a great embarrassment to really thoughtful people how in the world could we abandon a generation this way. So, once the facts were known, once you assembled that group the first time, under the aegis of the governor, there was no problem after that. You went to work. And we plotted a course of action that set up rural clinics where there hadn't been any before that made this a 4 year medical school instead of a 2 year medical school and then surrounded it with all these other professional schools that have made such a huge difference in this state.

Q: Can you talk about NPs?

Well, what's so interesting today about the nursing field is it's diversification. Nurses have to be as much specialists as doctors, in their own way. And the establishment of the nurse practitioner category of profession is a clear recognition of the sensitivity of the work that the nurses do, but also the high degree of scientific skill these individuals have to have today. Doctors are much more effective when they have people like nurse practitioners to relieve them of some of the more routine kinds of things, but not, every patient is so different and so unique that nothing is routine in my opinion from observing

them. But they know by instinct, or they wouldn't be nurses in the first place, but there's a marvelous instinctive quality in these individuals that make them so effective when they've had that advanced training. And I'm sure there are outposts in NC, that's all the help they have. I know we have counties where there isn't a single doctor and the nurse practitioner is in effect the only medical care in the region.

Q: The NP movement started during your tenure here. Can you talk about that?

I think as a part of the Good Health Program one of the great stories is the nursing profession. You can't write about anything in this state now in that interval of time without going back and talking about the work that Elizabeth Carrington did, motivated because she was a wife of a doctor who saw all these needs. Margaret Dolan and all that she did. Betty Kemble, Frances Fox who was herself a doctor, but a greatly compassionate woman. And you go out across the state Ruth Noell in the state health the state nursing group, strong-willed, qualified, professionally-oriented. There was no way you could do anything but get out of the way and let these women develop what is now one of the great stories of public health. You know it's not always been a popular profession, start with nursing, it's always, in the early days it was sort of a trade kind of thing, today it stands there shoulder to shoulder with all of them. And you can go back over that 25 year interval in Chapel Hill, there's where the leadership came from. Now with all the programs all over the state with the community college systems and other degree-granting institutions, it's still a fact that we do not have enough nurses or nurse practitioners and it's sort of like public school teachers. When we decide as a public that we are going to treat these people like real professionals and pay them what they should have and give them the tools with which to work, then we'll solve these problems. But I have no patience with people who are so condemning of the schools and the degree of health care when they don't take the time to take a hard look at it, what it is we are doing. Look at us as a culture. This year the average player in major league baseball will make over a million dollars, the average player. That's more money than the best teacher in the best school in the state, wherever that may be, or here at Chapel Hill or even Broughton or wherever in Charlotte will make in 20 years. Now whose priorities are out of kilter? If you really believe that good health is that essential and you want your child to have a good life, then you better go back and start thinking about these things. You know you can't be so caustic about schools and all that they do and not understand that you are being self-critical in the process. Nursing as a career has a classic history of the evolution of that process to full professional status. It's there now and everybody's applauding it.

Q: Please tell us about Kay Kyser.

There was a time at the UNC at CH before WWII when Kay Kyser, John Scott Trotter, Hal Kemp and half a dozen others who became great orchestra personalities were all here one year or another. Kay became the head cheerleader and he used to tell a great story about going to the tryout. It was down in what was then the old baseball field. And he said it was about as dull a thing as he had ever seen. And you had to volunteer to try out and he went down and when his time came, he didn't know why he ever did it, he said he

hadn't thought about it 2 cents, and he meant absolutely no disrespect, but he got up in front of that crowd, put his hands up over his head and said let's give three cheers for the Baptist Church. And he said that it upset them so that everybody broke out, that the baseball team didn't know what was going on. They were paying no attention to the game. That's the kind of nonsense he put out but always with a motive. He was one of the most compassionate, understanding and caring men I've ever known. He left this campus with his orchestra and wound up in those days number one among the dance bands of our country, without any question. He had a great show that he toured the nation with. I remember the first time I ever saw it, Kay was over in Raleigh Memorial Auditorium. I got the last ticket on the last row. The College of Musical Knowledge. And his wonderful wife, Georgia, she used to sing with the orchestra but she now lives here in Chapel Hill. But Kay, he showed that he was infused with Chapel Hill's influence. He went all over the world, leading his orchestra with the USO movement during WWII, and yet right at the height of his career, he worked with the Ford Motor Company, he had tried television and you can't do what Kay does if you don't have an audience to react to and react with. He didn't like it. He literally shut down his entertainment career, moved back to Chapel Hill, became a very religious, devout leader in his church and became an enormous influence in an entirely different way. But he was the man who led the popular movement to build the medical school and nursing school and all the others. So you've got to give old Kay a tremendous vote of thanks here. He was that kind of person. He was misunderstood by a lot of people because he was, as he said, a zany fellow, but a product of the Rocky Mount schools and Chapel Hill and very proud of him.

Q: Why did he care so much about the GHC?

Well, he's like a lot of other North Carolinians, especially graduates of this, of Chapel Hill. When your university calls you, or your state calls you, you go home. You go do your thing. Because it's that old notion, but a marvelous tradition in this state that you give back. We've all profited so from the school systems, from the universities where we attended, from the atmosphere of this state and when you are asked to do something that can make a real difference, invariably you'll do it. And he was setting an example. And he had everybody, let me tell you, there was nobody in show business that he couldn't bring here. And he did. And they even cut records that they'd give away and go and make appearances all over the place. And in that sense, it was a fun thing. But you just enjoyed watching him. He was really quite a character.

Q: Why was it determined that UNC needed a 4 year baccalaureate nursing program?

Well, this was another judgement that derived from WWII. You couldn't go through a war like that, watching science and technology change so dramatically, discoveries of things like penicillin and the application in masses. You knew that this was not going to stop, and when you get human nature motivated as it was to extend life, make life better, and when my generation came home from that war, there had been so much killing and so much destruction, you eagerly sought any chance you could find, any opportunity you could get your hands on to do better, to turn the thinking another way and be sure that

you did your part to see that that was done. You don't build a big medical center and not have comparable baccalaureate efforts. So it had to be true in dentistry, public health, nursing, medicine. Everybody had to have the basic degree. Then you go on from there. It was not any more a menial kind of, so you're here, you had to be trained. And if you were going to keep up with modern medicine, you had to get the education that was required to be a really first rate nurse, as in first rate anything. So, I'm sure that was the mentality behind it.

Q: What should people know about Elizabeth Carrington?

When she was over 70, I got a postcard one time, she was astride the back of a camel in Egypt and on the writing side of that she said "Wish you were here!" That was her great spirit, this woman. She came out of the Scott tradition in NC. Her brother was governor, another brother senator, the descendant and nephew became governor, now she's got another one whose commissioner of agriculture. That family was the personification of this business of self-giving, tough, Presbyterians, days work, days pay, this kind of attitude about it. But her motivation came because she was associated with the hospital in Alamance County. Her husband was a surgeon, George Carrington. And Elizabeth was in medicine all of her life, but she knew that when she had a brother sitting where Ralph was sitting that if there ever was going to be a school of nursing, politically speaking, here was her chance. And she moved right in, Kerr Scott, Bob Scott, Ralph Scott, one right after the other. And her success story is a remarkable one of organized political effort, some residual of that old business of that they really aren't professional people talk, but when she, when her eyes narrowed in a conversation, look out because all the patience was about to leave. She was going to tell you in as plain and simple and blunt a way as a mortal can say things, and just remind you to get on with it, let's get this school built. I never argued with her too much. I would say, 'Well, Elizabeth, what is you want to do today? Tell me what it is and let's go get it done.' And we had a wonderful friendship because I knew she...

Q: Could you please tell us about Eloise Lewis?

Well, I don't know if Betty Kemble could have made it without Eloise Lewis, they were so in tandem. Eloise was, if you know how effective a home demonstration worker is with farm people, she was that kind of an effective personality with people who had to make up their minds in counties and cities about what to do about county health departments and nursing and so on. She had a hard time here pulling up and going to Greensboro, but she did it and years later she told me how happy she was she had done that. She built a first rate program there, got the O. Max Gardner award for what that meant which was for that year being chosen as the most serving administrative faculty member in the entire university system. We used to talk even after she retired, she would call me and we'd just visit a little bit. She was so outgoing, had to be, was a compulsion with her. She had to give back all of herself, all of the time. And then if you want to know about Eloise, about how successful she really was, well just look around you what you see in NC. That generation of young people are hers. And I admired her greatly.

Q: What was special about her commitment to nursing?

Well, it was the intensity of it. It was what do you want to do about a program that extends human life or that makes human life better or that makes me more able to work. She had an intensity about that that you just had to do it, you didn't argue, you just went on. And she had the great sense of developing a school at UNCG in companionship with what was going on here, not that they weren't competitive for students, to be sure, but they didn't try to replicate and cause all kinds of unnecessary friction. And she built a solid program, I think her, in those days, her rate of completion and passing on exam was as high as anybody's. And she'd let you know it. She was just the kind of person you adored.

Q: Why were additional schools of nursing needed?

NC from WWII to today has been a growing state. Within that parameter were medical schools that were doing cutting edge medicine, so the speak. Duke University, Bowman Gray, Chapel Hill, and so on and now East Carolina. The nature of the qualifications changed so rapidly that you had to do this kind of a thing. Now here we are now the tenth largest state in the union and we've probably got as acute a shortage of first rate nursing personnel as any time in the 60 years I've watched it. And that tells you that it never ends. Because you see people who are trained in these fields are now employed by corporations, by the schools, by all kinds of federal programs. So career options are out there in dozens of ways they didn't exist in the '40s. So they've made it happen, you see, made themselves important, made themselves essential. Which is the way most professions do that are (*worthy?*).

Q: What about the Carnegie Commission and AHEC?

It was a national commission that was supposed to look at higher education in the United States. It had some very strong people on, very strong-willed people like David Reising, the sociologist, William Scranton, the very aggressive governor of Pennsylvania, the president of Harvard, the president of the U. of California, the head of the Carnegie Foundation, political leadership, an industrialist, the head of the NY Telephone Company. Very strong-willed people. And we had to decide among ourselves, well what field do we start and mind you this was an organization that lasted for 6 years and met every month and published 40 some volumes of work. Well, we all decided it was health. And I'll never forget, we were down in Atlanta, Georgia. It was a Saturday morning, a rainy, messy day, and we had a man appearing before us who used to be in Chapel Hill. His name was Rashee Fine, he was an economist. And Rashee was telling us, he was at Harvard at that time, he was giving his views about what had to happen in health care delivery, cost of it, where do you start and all this. Well, it was abundantly clear that we all agreed that we had to do something here. The argument then was on inner city, out city, farm populations, what do we do? Area Health Education Centers was the very first major recommendation of the Carnegie Commission in all of its history. It was meant to be a process that would deliver what we knew to areas in the

state where they needed upgrading or didn't have any kind of talent and take it out there and get to work. NC became the number one state to begin this program. I never will forget getting that first million dollars. It was very difficult and we started with some very enterprising people in Carrboro and in Rocky Mount and the dean of the medical school then and a succession of them really and the very creative men and women who headed this organization turned it into the number one program of its kind in the entire world. And it's worked. What five or six airplanes now? You fly doctors out every morning, fly patients in. You try to take the very difficult, very sophisticated cases we can't make it here, we go there and the system has worked. I don't know of anything that's had singularly the impact that that program's had among all the so-called outreach programs this one has augured quite well for our country. And I'm very pleased to have been a part of that.

Q: How did NC get the first grant?

Remember now, you're not too far away from the fulfillment of the Good Health Program. I'm making the point that there was here the thrust, it was still alive. Here was something very unique, why in the world would you do this? Well, it became quite clear when you don't have a doctor in the county, how you get care for those people? Well, you send it to them, or you bring it in. You train people. And this is what this program really did and it, we were just that aggressive about it. We didn't wait on anybody. NC had not done its job as fully as it had to be done. So those are the reasons that I remember.

Q: What was the message the Commission was sending?

It was all of those things because, here again, this was a national manifestation of post-war knowledge. All over the country then, medical science was moving so swiftly, you just didn't have then, at the local level, the kind and quality of understanding that had to be, let alone the multiplicity of it that was needed. So this was an attempt to bridge that gap. But it was not a stressful kind of recommendation, one everybody could push. And we carried it all the way to the national scene. People in what is now the HEWR Human Services division of government. And we weren't bashful about it at all, we said here is something that can be proven to be very successful. And I think this state did abundantly and the doctors have all said to me over and over, we had a big celebration of its birthday not too long ago and you keep saying to yourself, 'Well, why didn't we do it before?' You know, but that's part of growing up and developing. The phenomenal thing here is that of all the things that happen to human beings, I suppose medical science and its rate of acceleration of knowledge and as great as it's been in space, and these things are interrelated and you can tell by the fact that I'm nearly 81 years of age and I feel quite good. I've done what these modern scientists have told me do with myself. I use that illustration to say that there are thousands of people now in this age range, now you wouldn't have thought of this WWII. This introduces a whole new dimension. You ever heard of the word 'gerontology' before WWII? You know, geriatrics, these kind, they're whole industries now out there. But these produce very difficult problems because retirement age is everybody said 65. Well, you're just hitting your stride now. It's a



stupid policy that kicks people out at the age when you know they're productive mentally as well as physically. So medical science has sort of shaken the whole fabric with what it's doing. And the fuss about social security, the fuss about post-retirement thing, we aren't using this generation the way it should be used in the sense of its knowledge base. But, in every aspect of this, you've had to have a knowledgeable person and that's the fight that we've been waging all along. Keep up, keep up. Mrs. Friday and I, our own daughter's a professional nurse and I've watched and talked and listened to her about what she experiences herself. This is first-hand training for me. And it's been an incredible experience to see this. But it isn't going to slow down, that's the remarkable thing about it. And a decade or so now, I don't think it'd be uncommon at all to see people 100 years, if they take care of themselves. Most of it is that though.

Q: Please talk about Margaret Dolan.

Well, she carried the professional nurse into the field of public health. And she was a very dominant person, you know, tall lady, powerful lady, good voice. A lovely woman, you just felt power when she walked into the room. Well, she did something else. She knew what she was talking about, she studied her lessons. And she didn't go into anything unprepared. I've watched her time and time again. But she picked up where the Good Health Commission terminated its work. She knew that you aren't going to change the face of health problems in a generation, it takes 2, maybe 3. She was building the process that said this will go on for a quarter of a century. Get people in the habits of things, you know. Get your immunizations early. Prenatal care, was something she began really to put before the minds of people. Dental care. An uncommon spirit really is the only way you can characterize Margaret. Her whole life was what she did.

Q: How had NC used adversity to overcome its disadvantages?

Adversity is a great teacher. If you were raised in the Depression, as I was, and you looked to your left or your right and no one had anymore than you had, everybody shared. That included everything. Pick you up and give you a ride, if anybody had a car. Help you doing chores around the house. It was a sharing experience, but one that taught you you can get along without a whole lot of material things. Life isn't measured by that standard, it's measured by a highly different one. But being as diverse as this state it, it's actually 3 different populations, west of Charlotte, east of Raleigh, and the middle. But it's also a very diverse state when it comes to re, look at your religious history, the middle part the Moravian, Presbyterian influence up the Cape Fear River, you go out in the mountains it's another, you go down east, it's still yet another. This was the colonial tradition. It was the manufacturing tradition. The mountains were the free spirit tradition as you hear it said. Now our governor is saying we're one state, one people, one process. That's come about because technology makes you one state now. You don't have to go to an office and sit in front a computer and communicate anywhere in the world, which is an incredible thing for me to conceive of and we didn't even have a calculator when I went through high school. What binds you together then? Historians will tell you it was the church, was the land, was the people. Well, what weaves that together? It's health. Nutrition is a health consideration. Habit, moderation in all things is a health principle.

Just look around you. So, wherever you were, you understood that we all had to be alike in certain dimensions or we didn't make it. Now what we're saying today as a modern society, be better, do more, be more extensive in all dimensions of that pronouncement and I think that's what we're struggling to do. But I have seen from my own experience as a patient, as a father, as an administrator, that it won't happen without the nursing profession. No way. And a remarkable thing today is how many men are nurses when it where it was always thought to be a female profession. It's not true anymore. The military taught that in a way. And it will grow because the profession itself now has the dignity, has the history and has the qualifications for being what it is which is simply a first rate place to give your life.

Q: What is the significance of the black schools of nursing?

Well, some of that you have to attribute to WWII also. You know? That took a whole generation, remember this, and spread us all over the world. You learned how people lived wherever there are. You understand that other cultures, some of them are more historic than ours will ever be. They have contributions to make we could never make. If you've ever traveled any, you know this. Just look around you. We came out of that war much more cosmopolitan, world-oriented mentality. This said, make something of yourself and then go contribute. Nursing in these institutions was a first step for a generation of young women. It was something that was needed badly, it was something that was already accepted as something in the health field and it was a way to create a career for those who didn't want to teach. It was the brand new thing. And now of course, it's law, it's dentistry, it's anything you want to do. But then was the breakthrough and we were all struggling with these problems in the early '50s and I think it's to the credit of these schools that they've done so well. If I'm not mistaken I think NC Central led the exam report not too long ago. If I were the chancellor there I'd be very proud.

Q: Could you talk about Helen Miller?

I knew who she was. She worked with the folks here extensively. You know most folks don't have any knowledge, any reason they should have, but long before there were any court decrees, we had companion programs between NC Central and Chapel Hill where racial mixing took place all the time. In the field of health education, I've seen that dramatically, and the head of the department here was also the head of the department there. Well, these kinds of things called the Reading Club which was just a convenient way to bring the two student bodies together. At one time Mrs. Roosevelt was down here giving the Wheel (?) lectures at Chapel Hill and I asked her if how 'bout we walk over here, I want you to see something. And I took her over there and she just had the time of her life. Talking about her own experiences this way. Well, you know, bringing races together. Central and Chapel Hill have a rich history that has ever been told.

Q: Do you know anything about ECU's school of midwifery?

I know it's there but that's all.

Well, I wouldn't say this for the film because I don't know, but I'll give you a guess. When I was talking with a sociologist over there at East Carolina recently he said if you took the 41 counties from Raleigh to the sea, and they were the 51<sup>st</sup> state, they would rank 51<sup>st</sup> in the quality of life and longevity of expectation. Now this is because there are no doctors out there. And that particularly is true of childbirth. So what do you do? Midwifery becomes a someone at ECU said, 'Let's make it as qualified as we can make it.' Let teach health practices, sanitation, what do you look for, or if you see this, call me immediately, tell me or the doctor. That's my surmise of how it happened. They have a great sense of public service at that school. And I was down on the Outer Banks a few years ago and I developed an acute problem. And they have a little three bed clinic down there way out there in Dare Co. and they stopped the bleeding for me, sent me home and I got in with the doctor instantly, took care of me, put me back on my feet, but that fellow got up on a Saturday night to come out there on the outer Banks to go down to that little place and give me an examination and I'll never forget. So that kind of spirit underpins all of these things. You have to be an uncommonly devoted person to be a health person, I think because you're so much sometimes the companion of death, always suffering. But you do it I suppose because you know that somewhere inside you there's a skill that might make that person walk out well. Healthy and ready to go back. And I don't know of a greater personal satisfaction than that. Just to see it happen, and you can see it in the faces of doctors over here and the people who know that most intimately are the nurses.

Q: Community colleges, surge in the '60s, educating and preparing nurses?

The community college system grew out of an experience in NC called the Carlyle Commission report. This was an agency created by Gov. Sanford. I never will forget one afternoon, Dallas Herring who was head of the State Board of Education, Gov. Sanford and I sat down on the floor in the Executive Mansion to plan this whole strategy for this thing for the simple reason that there were tens of thousands of people who weren't getting any opportunity to do anything. And our state suffers so much by virtue of the fact that so few of our college-age people go on to anything. So, we said let's take the community college idea. University having built enterprises in Charlotte, Wilmington and Asheville for the returning veterans under the aegis of the extension division here. Well, they grew. So the Carlyle Commission provided a recommendation that called for the expansion of this 2 year type work, provided the community would do this much, then the state would do this much. It was one of those raging wildfire things once it got started. A part of any effort like that would have to be nursing because it was the one thing that high school seniors could do, go get a little advanced training like this and immediately hospitals would retain them, or doctors' offices. It was not a question of not getting a job. It was the best way to a job for a lot of young women. That's the way it happened in NC. We have 57 of them now and their passing rate on exams are quite good.