

COMMENCEMENT ADDRESS
by
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House of Representatives

I know that all of us here, but particularly the graduating class, are experiencing a moment so important and so exciting that I shall waste no time. I shall come directly to the purpose of this joyous meeting: the gathering together of this audience to offer congratulations, and to share the happiness of the young women who are graduating today.

Commencement is a ceremony which gives formal recognition to the end of one period and the beginning of the next. The graduation which this commencement observes marks a most important step in the lives of the graduating class. It signifies that you are ready to go out on your own to practice your profession. You will now take your places as full contributing members of the health community.

Anniversaries such as this commencement are times for congratulations and for stocktaking. Anniversaries are times for reminiscing and for looking ahead; for thinking of the past with affection -- sometimes with sorrow -- and of the future with curiosity and courage.

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The human beings of tomorrow are destined to be born in the usual way, to grow, age, and die on this planet as they have since time immemorial, I would therefore like to talk to you for just a moment about the history of the dedicated service which you graduates will be carrying out.

In the early days of our Nation, it was mostly rural, with wide open spaces, long miles between one farm and the next, little villages, and boom towns. Women expected to nurse their own families. Often there were no physicians and the entire medical and nursing care of the family came from mother, grandmother, an experienced neighbor, or that priceless family jewel -- the maiden aunt. Each community tended to have maiden aunts, widows and other women who had to work to support themselves. From this self sufficient group came those women with the grace of nursing skill. They were the community's nursing resource.

As time went on, physicians turned increasingly to these experienced practical nurses for the care of their private patients. Indeed, a busy doctor might have several such women whom he could call on in emergency.

Round-the-clock nursing was the rule. Often the nurse remained on 24-hour duty, sleeping on a cot beside her patient's bed. As communities grew and epidemics ravished the country, mature women who had a knack for nursing won the confidence of physicians and found ready employment.

Such women had to be strong of body and stout of heart and mind; patient, kind, self-effacing, despising no chore that contributed to the welfare of the sick persons, observant, methodical, and calm in crisis.

They were often gentle of face but always energetic of spirit and looked up to in the community for their skill and wisdom.

Much of what they did would not be approved of by modern medical practice. Many of them, I am told used roots and leaves, herbs and barks in their treatment of the conditions which the patient might complain of. Some of them secretly thought they knew more about illness than the doctors for whom they worked and maybe, in those days they were sometimes right. They did have the advantage of constant observation of the patient who the doctor saw only briefly.

Women like these early practical nurses probably live now only in the memories of the oldest generation. But many of their finest qualities have been left to us in the person of the practical nurse — the resourcefulness, innate gentleness, and down-to-earthness, and the ability to provide that elusive thing called TLC — tender, loving care.

These are the qualities we find in the practical nurse today. In fact, I noted in a textbook on this subject the following attributes which are expected of the modern-day practical nurse, "cheerfulness, tact, dignity, kindness, adaptability, honesty, loyalty, respect for authority, practice of economy, eagerness to learn."

The practical nurse of the 20th century has, of course, a great deal more to offer than the maiden aunts and widow ladies of an earlier day. Part of this is because she has come to belong to a highly organized team which can produce the benefits and sometimes even the miracles of modern medicine. She has specific training, a precise course of instruction, and a license to protect her. Practical nursing, without losing the ideal of the "friendly neighbor", now is definite, exact and skilled.

The evolution does not stop here, however. Despite the rules of the road as they are today, both as to training and function, the role of the practical nurse is still changing. This is not the result of her own doing, but comes from the circumstances surrounding our whole medical care picture in the years since the end of World War II.

By the end of the war, the hospitals employed practical nurses and nurse aides; some even provided training for both groups. The Federal government and the States have, since 1956 supported such training and, as you know, Congress has recently passed a bill extending for four years the program of support for practical nurse training.

In Rhode Island practical nurse training has been taught since 1951 when your school was founded. The 600 graduates of the Rhode Island School of Practical Nursing have helped to alleviate the nursing shortage in our State. The school also has alumnae serving as far afield as the West Coast, the Southwest and the South. Graduates of this school serve in industry and the Armed forces, in public health and State institutions, in nursing homes and hospitals.

I am glad to say that the hospitals of the United States, where many of you graduates will work, have been very much improved in recent years as a result of the joint efforts of local communities and the Federal Government in the hospital building program. And I am pleased to have played a small part in developing the Federal role in hospital construction. In our own State of Rhode Island, during the past 10 years the number of general hospital beds has almost doubled and more than half of the increase has been achieved with Federal assistance from the hospital construction program. Some of you will undoubtedly be working in these new hospitals or may shortly be carving out careers in hospitals even now being expanded, like The South County Hospital in Wakefield, The Osteopathic General Hospital in Cranston, The Our Lady of Fatima Hospital of North Providence and The Newport Hospital. The increase in our hospital resources will add to your opportunities and support your skills.

But hospitals will not be enough as we add to the proportion of the aged in our population and begin to cope more effectively with problems of chronic disease. It is high time for the professions, the public, and the powers-that-be in health insurance and public medical care programs to think and act more favorably about sickness in the home. They should not disregard the other and seemingly more urgent claims. But they should be more considerate of patients and their families, especially of that largest group of all, the independent middle-class families who are the country's backbone and its least-served citizens.

Nowadays, it is very difficult for any organization-minded person in our society to admit or understand that many families would like to have a practical nurse in their homes -- without the intervention of any organization. All they want is a recommendation from their physician and the assurance that the nurse is qualified as to character, experience, and training.

Now, if my audience, especially the 1961 graduating class, will keep its eyes on this practical nurse of today, I would like to take a quick look at the future before we part.

The demands for practical nursing, already far in excess of supply, will mount steeply in the next decade. By 1970, the United States population will total upwards of 220 millions. There will be a great many more old people and children, the groups who especially need practical nurse service in institutions or their own homes.

The movement for more home care of long-term patients will gain momentum. Also, I believe we shall see, fairly soon now, a further shortening of the hospital stay for obstetric patients and their babies. It has been found that the shorter the hospital stay, the less opportunity for infants and mothers to become infected with antibiotic resistant strains of staphylococci, the cause of many epidemics in nurseries and the transmission of disease to mothers and other family members in the home. Obstetricians and pediatricians, however, will wish to be sure that adequate nursing and household service is available in the home. Adequate service in the first two weeks does not mean one or two instructive visits from a public health or visiting nurse. It means practical nursing in the home.

In addition physical therapy will become a universal service in the care of chronically ill and aged patients. Practical nurses will need to work with visiting physical therapists both in nursing homes and private homes. Patients with stroke and many other crippling diseases or injuries can restore their impaired functions much sooner if proper care and exercise are begun immediately. Great improvement can be made under such care even after prolonged impairment. The most effective practical nurse will be able to follow the physician's and the physical therapist's instructions in this regard. She will encourage her patients, whether at home or in an institution, to do more for themselves.

I am hopeful too that there will be more opportunities for practical nurses in public health departments and visiting nurse associations in the future. This will depend upon the extent to which these agencies develop community-wide programs of home nursing services for the chronically ill and the aged, in comparison with their emphasis in most communities on maternity cases and communicable disease control. A recent issue of Nursing Outlook indicates that practical nurses are not extensively employed in visiting nurse and public health agencies, and that when they are their duties seldom exceed in difficulty those that might just as well be performed by a well-trained nurse aide. In short, these agencies have not yet learned how to utilize the services of graduate practical nurses most effectively in delivering a real "pitch-in-and-help" home nursing service to their communities. Moreover,

practical nurses, accustomed in other types of employment to close and fairly sustained contact with patients and their families, may not enjoy the peripatetic type of service to which the public health and visiting nurse agencies are devoted.

Practical nurses already are represented on the nursing staffs of hospitals in nearly the same proportion as professional staff nurses -- 22 percent and 27 percent respectively. As the concepts of "Progressive Care" are more widely accepted and applied in general hospitals, it may be that communities will turn to the hospital as a source of practical nursing in the home.

For example, "Progressive Care" includes providing special convalescent units in the hospital for patients who need only minimal nursing care, can wear their usual clothes, and go to a cafeteria for meals. Why could not many patients who no longer require intensive care be discharged, accompanied to their homes for limited periods by practical nurses, nurses whom they have learned to know in the hospital? This would be an extension of the hospital service and paid for as such, but without the extra costs to the patient of occupying a hospital bed and using hospital facilities. Perhaps this would be a useful way of bridging the gap between hospital and home for patients and their families, at the same time easing the financial burden and preventing too rapid assumption of full family responsibility on the part of the patients.

Some large metropolitan hospitals have already developed comprehensive home medical care programs as extension services for the medically indigent. There seems no reason why a modified extension service, such as I have suggested, should not be made available to private practitioners and their hospitalized patients.

In closing, I would like to speak with utmost seriousness to the graduating class about the use of a chosen work to give meaning to your life. Your life is a very precious thing -- to you and to those with whom you share it: your patients, your friends and neighbors, your community, and your Nation. Your life is much too precious to waste, but it is also much too precious to hoard. Most of your working hours will be spent at work, and I assure you that if your work is performed with pleasure, your effort given freely, the most menial service rendered gladly, your life will be greater and a more happy one. This was the concept of the great religious orders, one of whose missions was nursing: a concept of calling and of dedication. It transfigured and rewarded the lives of those who accepted its burdens.

Today our approach to the goals of good health are quite different than they were in previous centuries. But, from personal experience, I can assure you that the cause of health is just as rewarding now as it was then. So I hope that your lives too may be uplifted in following the dedicated cause of healing the sick, and that your ideals of service will not only bring comfort to your patients but carry over into the thought and life of your families, your associates, and your communities, to achieve greater spiritual as well as physical health for America's tomorrows.