Thereasea Delerine Elder Oral History Interview 1

Interview Conducted by
Jennifer Greeson
June 25, 1993

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Title: Thereasea Delerine Elder oral history interview 1, 1993 June 25

Description: Thereasea Elder recounts her life and career as a public health nurse in Charlotte, North Carolina. Before going into public health, Mrs. Elder was a nurse at Good Samaritan Hospital, the region's only hospital for African Americans. She discusses working at the hospital and how her job differed from that of white nurses at the segregated Charlotte Memorial Hospital. She explains that she left Good Samaritan to work in public health because she had seen what the lack of preventive services and education could do. Mrs. Elder joined the Mecklenburg County Health Department in 1962, and she discusses her experience as one of two African American nurses who integrated the public health nursing service. She also explains how the department's approach to public health nursing evolved over the years. She describes her health consulting and volunteer work with organizations including hospice, the Cancer Prevention Coalition, Energy Committed to Offenders, and the Greenville Community Historical Society. Mrs. Elder discusses growing up in the Greenville neighborhood and the negative effects the Southern Asbestos Company Mills had on the health of her family and the community. She also discusses how the African American community's perception of hospitals and the medical profession changed over time from the 1930s to the 1950s. Mrs. Elder concludes by discussing the growing problem of teen pregnancy at the time of the interview and the challenges women faced before abortion was legal and birth control was easily obtainable.

Biography: Thereasea Elder was a 65-year-old woman at the time of interview. She was born in Charlotte, North Carolina, in 1927. She was educated at Johnson C. Smith University, Lincoln Hospital School of Nursing (Durham, North Carolina), Livingstone College, and the University of North Carolina at Chapel Hill, and was employed as a nurse.

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Related Collections Note: Thereasea D. Elder papers, circa 1930-2014. J. Murrey Atkins Library Special Collections, University of North Carolina at Charlotte.

Related Interviews Note: Thereasea Elder oral history interview 2, 2001 May 9. J. Murrey Atkins Library Special Collections. University of North Carolina at Charlotte.; Thereasea Elder oral history interview 3, 2004 March 7. J. Murrey Atkins Library Special Collections. University of North Carolina at Charlotte.; Thereasea Elder oral history interview 4, 2004 March 19. J. Murrey Atkins Library Special Collections. University of North Carolina at Charlotte.

Transcript Notes: JG: Jennifer Greeson
TE: Thereasea Elder

Thereasea Delerine Elder Oral History Interview Transcript 1

Tape 1, Side A begins.

JG: Okay. This is Jennifer Greeson with Mrs. Elder at the Public Library, and it is ten until twelve in the morning--oops, no it's not. It's ten o'clock in the morning. Excuse me. (laughs) And I'm here with you because I, I know that you've been involved in nursing and public health and I'd love for you to just tell me anything you want to.

TE: Well, first Jennifer, I would like to, to start with the reason why I chose nursing as a profession. I, you know, as we were talking earlier, I said that I was a, one of six children, and two died at a, at a very early age. And at that time, I, I felt like if a nurse had been, you know, in our home, that my sister and brother would not have died. So I was about five years old and used to watch daily this nurse that would go to her job. And I thought she was a nurse, but she was just an office person. But I thought her beautiful, crisp white uniform, white stockings and white shoes were just lovely, and I wanted to be the same as she was. And I always thought, you know, wondered why my mama and those didn't get her to come, because she was a community person. And the community that I lived in was a very close-knit, neighborhood. During the illness of my brother and my sister, my home was always filled with the neighbors that were there to, to take care of my sister and my brother. They were there around the clock, and I often wondered why, you know, the nurse did not come but she did not have the skills that the people that were there in the home that were doing, I didn't learn that until later on. And that made me, encouraged me even more to, to go into nursing and to help the people, you know, in the community. I've always been one that wanted to relieve pain and suffering, and still do to this day. My parents wanted me to go, after going through, you know, growing up and going to high school, I graduated from West Charlotte High School, they wanted me to proceed the same as my older sisters and brothers and that was to go to college. And I really did not want to go to college but they insisted that I enroll at Johnson C. Smith University because I wanted to go into nursing. And at that time World War II started in '41 and I graduated from high school in '44 and I was going into the U.S. Cadet Nurses program [U.S. Cadet Nurse Corps]. So they insisted that I go to Smith so I enrolled in Smith, and I was there almost a year and was very unhappy. My father said to me, "If you want to go in nursing, go into nursing." So I enrolled in the nursing program at Lincoln Hospital, located in Durham, North Carolina. And three years of U.S. Cadet nursing was, was enjoyable. I enjoyed Durham. We did programs at Duke University. We had instructors that came over from Duke. We had a very full program. Part of the program we studied pediatric nursing at Freeman Hospital in Washington, D.C. and went to, had some studies over at Howard University also.

After graduating from Lincoln Hospital School of Nursing, I came back to Charlotte and started to work at the Good Samaritan Hospital. This was--I know you have the history of that. We brought to that hospital some new ideas and things that, that we brought from Durham. I was the operating nurse there for, working three to eleven. Enjoyed, you know, doing that. It was a lot of manual labor. You did not use a lot of knowledge that we had learned in, you know, in school, and it was due to the time that, that we lived in. Well, you know you probably had to wash some linen, you just had to do everything that today nurses don't do. We had to do the procedures in the operating room as well as prepare all of the things, the washing the instruments, the gloves, the sharpening the needles. You just had everything to do and yet you still had to hold on to the

skills of assisting physicians. So I did that for about fourteen years and the hospital asked me to head up (pause) the maternity ward. So I left O-R, and that was because I had two children, and I had just fixed their dinner. At that time, nurses were not staying at the hospital. You were on what we call "on call." And you were on call, you know, maybe a whole weekend. And you were on call maybe from Friday to Monday morning, and you just had to go whenever someone, you know, needed emergency surgery. So I had just picked up my children from, my mother would keep them, I had just picked them up from her and carried them home. And just the time I got home and had been just getting ready to feed them, the hospital called. And I remember that I was there about two days, you know, didn't get to come home at all. I had to take my children back to my mother's. And I said to the hospital that, you know, "I want you to pay for babysitting. I cannot wear my parents this way. And I would have to engage someone to care for my children if I was going to be on call, whether they had to come in or not." I had a lady in my community that, you know, had said that she would do this, but she could not, you know, do it if I did not have to go. So the hospital did not want to do that. They said they'd, that they would pay her if I had to come back, but I could not monopolize her time that way. So what I did, I asked to be moved. So they, said, "Well, this is, you know really great, you know." So they moved me to the maternity ward, and at that we had--I was head nurse, and had to do all of the clinic deliveries, and a lot of the private doctors' deliveries also, we did. That was very thrilling to watch new life. It was really a time when women did not have a lot of prenatal care. It was a lot of education that was going on, and a lot that we had to do because, although they had a maternity clinic, you know, it was not like it is today. It was very hard for the people to get there. They say it is now but it was even more so back then. And we had people always coming in with no prenatal care. And although we would, I think blessed by God, that we did not have as many problems as I've seen today. We didn't have near the problem of teen pregnancy, you know, then. These were women, that had no means of getting to the clinic, and they didn't have the finances to, to pay, you know, for a private doctor. And everything at that time was really segregated, and we had the one clinic there, you know, at the hospital. The outlying health department had clinics up in the county where people would go and carry their children or get some counseling from nurses that were, were working up in the county. The health department was located on Fourth Street, and it had a maternity clinic there, but it was very hard, the same as today, only transportation was even worse. We have more transportation today and yet people can't get to, you know, to the services. But during that time, they could not, you know, get there but they would always get to the hospital to delivery. And this was amazing to me that they could get to the hospital and yet not get to the clinic. But this was something that we accepted and there was no, you know, reprimanding from, from women at all. We encouraged them before they left, talked to them about getting pregnant again, talked to them about planning pregnancies, and the only thing that was available was the condom. And the women had no control over that. So they had no controls over their own lives, you know, at that time, and, and, and we just accepted that, you know. And some of the women, with, you know, with the permission of their husbands, you know, after so many pregnancies, would have tubal ligations, you know. And that is to prevent pregnancy. That was the only thing that they had.

JG: Did they have to have their husbands' permission?

TE: Of course. The husband didn't have to sign, but they had to have their husbands' permission, you know.

JG: Was that the hospital's policy?

TE: That was patient policies, you know. That was their policies. The husband usually would be in on, on counseling, you know, when this had to be done. We had, did have some premature babies, but, and we had a unit where we, you know, kept these babies, you know, totally, you know, in a whole new area. All of the babies were placed in incubators with oxygen, you know, and needless they found out later that this could cause blindness, and this sort of thing, and it happened to some children. And that was all over the U.S. We were practicing here the same that they were practicing throughout. The studies and things that have come out later have, you know, showed a lot of improvement as well as I'm speaking today in '93, ten years from day, from today there will still be, you know, more improvement. And this is one thing that I feel really great about, is the improvement in medicine. It is constantly changing every day. And most of us cannot keep up with all of the new programs and the new machines, the new procedures, the treatments, you know. We cannot keep up with them. We even have holistic, you know nursing now, you know, which is, is wonderful. And I have a, a, a deep belief in that, as well as the professional part of the mechanism that nurses have to go through and the procedures. It is a very difficult profession. I thought I would never learn anatomy and physiology. I thought I would never learn pharmacology. I thought I would never learn chemistry. You spend all of your days disciplined, learning, to put, you know, what you are learning into practice. Because it's one thing that you do not have time to run to a book to find out what you're supposed to do when somebody needs you. You have to know what to do. And this is--the world is, is so technical now, this is why nurses specialize in, in areas, because you cannot learn everything. We had to, we had to learn every phase of the body, the knowledge, and how to put it into practice. And it was one thing that, that we went through. Every procedure that we had to, to, to do on a patient, we had to go through that procedure ourselves. I was, I had twenty-six classmates, and I was stuck twenty-six times by those classmates. (laughs) And you know so it built within us the, the sensitivity of the needs of a patient. We also had to, to be sensitized to when a patient is there sick, you got to nurse that whole family. All of this paid off for me when I went into public health nursing. I went into public health nursing after leaving the hospital. In the maternity ward and delivering so many babies I wanted to get in on the, on the preventive part and I wanted to get in on an educational part of educating people and women and families, you know in preventive health. Because we saw a lot of deaths that was needlessly, you know, and, and things that could have been done to prevent, you know, this crippling or the disease that, that would bring babies in too early from no prenatal care, and clinics were springing up. We were now being integrated in the hospitals, clinics and those sorts of things, so we saw a great deal of opportunities to educate people, and that was one thing that we wanted to, you know, to do.

I went into public health nursing after going down to Chapel Hill and at the University of, of North Carolina at Chapel Hill, in the public health program and getting certification there. And was able to get on at the health department in 1962. And saw a tremendous amount of changes there and thoroughly enjoyed--that was the most enjoyable period of my nursing. I was on an end where I could prevent, instead of working the problems that, that was already, you know, damaging to people. We--when I went into public health nursing, we were doing what they called a total program. A nurse had a whole area, what we called, you know, your section of town. I was given an area that included part of Bethune School, Billingsville School, Biddleville School, and it was called, you know, like a northeast area. And you had to take care of

everything in that area. And that was truly fascinating that you were responsible for all of the people in that area. And we were had, we had school health. We had to do our clinics. We had to do the teaching. We had what they called the mobilities. And it was--and you had nowhere to really send the mobilities. The school and the health department provided the dental care, or you would send, you know, make home visits and talk to the parents about their children or problems, orthopedic problems. Everything was left. We did have an orthopedic clinic, we had a dental clinic, and we had medical clinics for children that we could do. We were fortunate in, a lot of the doctors would donate time to come to the schools and we would set up complete physicals. I can remember at Bethune School we washed every child's ear out at Bethune School because we had so many ear problems. Hearing problems, attention problems. And we, we got, we got bugs. We got ( ) flies, we got roaches, we got cotton balls, we got aluminum foil, we got everything, all that you can imagine out of children's ears. And one mother came to school and she thought her child was very slow, retarded. And it was packed full of wax, cotton, roaches. And when the child could hear, it, it, it was just amazing. I never will forget Dr. Waterhouse, and we called her, that was her real name, Waterhouse, but she used more water. I carried mine, you know, pot, and that's how we washed out the kids' ears. The electric coffee pot. We heated water that way, and we washed every child's ear in Bethune School that year. And it was just simply something to do. And, and to hear the children and see the response on children that could hear and children attention spans, you know, being increased. It, it was just a, amazing. We found a lot of ear infections that Dr. Waterhouse treated. She was there just for, because she had such a strong belief in, in hearing. Be, and she was a clinic physician that worked for the health department and had seen a lot of ear problems and she felt like this was a part of some of the children's emotional problems and things. So that was a, that was a, a great experience for me. We also had the mentally retarded children, the mentally slow children. We had the orthopedic handicapped children. You just cared for everything and you provided everything for that family. If there was not adequate clothing, food, heating, or whatever, you were the social worker there and you were the nurse. You were the social worker and you did all of those things.

That was the early part of public health nursing in, in Mecklenburg County that I went into in 1962. And at that time, black nurses could only visit black families, you know. So, we at the health department, I was a part of a team that, it was two black nurses that were selected. Her name was Minnie Graham, and myself, were selected to be a part of the team that would integrate public health nursing here in Charlotte-Mecklenburg. We worked, we were assigned an area that was really an area of controversy. It was in the Paw Creek area. It was a lot of, of (pause) undesirable white people. (laughs) You know, like the Klans or, you know, people that just did not like black people. And they felt like if we could integrate that area, that integration would move in Charlotte for black nurses to visit, you know, white homes. We had a wonderful supervisor, and that was truly an experience. Nurses had a, a habit of not wearing their hats, you know we had public health uniforms. You were dressed, you had a code that you had to dress by. That's no longer, you don't have to do that now. But I was very happy to have that code because I felt like it helped me a lot through the areas. There were many homes that did not have an address. There were you know, they just didn't have no house number there and you would have to go and knock on doors to find a house. And often, I was sent, you know, they said to me, "Well, that's a white family. Why are you--?" You know, "You’re a nigger and you're looking for a white family." I always wore my hat and I always carried my nursing bag, and I said, "They are sick and I am here to render, you know, the service." We had been forewarned about all of this,

you know, and it was up to us and we were told, to sell public health nursing to white families. I was stung, when I, the first time with the nurse who had the area and I was introduced to all of her patients. And one lady in particular was a bed patient, and--excuse me. (cough) Excuse me. One nurse, you know, she said to her that she didn't want, you know, me to come. So she needed the services and could not get it. She told her that, “She will come and she will give the service. You know, if you don't want it, we will not come. She will, it has to be done.” So she accepted it. And before, you know, I left, you know, the area, we stayed there a year in that area working and selling, you know, the idea that black nurses can provide. And I got a whooping send-off when I told them I was leaving, and they moved me to southeast Charlotte. After being out there awhile, it was wonderful. People are people wherever you go. I got hugs, I got kisses. And she shared with me that she had, although we were giving her a B-12 shot, she said if I hurt her, she already had a gun, she was going to, you know what she was going to do to me. And she was, she was just wonderful. Her daughters, everybody. They were just wonderful and they said, "We don't want another white nurse to come in." But people will do that, you know, because we, we kept everything very professional, and we respected them and the family, and we spent time with them, talking and listening, you know, to what--this is the one thing that I feel that the medical profession fail people in, even today. They do not listen. The same as what we are saying to parents, "Listen to what your children are saying," I would say to doctors and nurses today, "Listen to what patients are telling you." They don't listen, you know. They have their mind, and I know that they're busy. And this is one thing that I was, you know, really in hopes that, as a retired person, that I can help, you know, help people to listen, or to help people over some of the things. I have people calling me everyday, telling me what the doctor has said and what does it mean?

JG: Now?

TE: Now. You know, I was on the phone yesterday about an hour. I belong to a professional nursing organization that is called the Chi Eta Phi Sorority, Incorporated. It's an international organization of professional nurses that are supposed to help relieve and bring to front the issues and things that are affecting people, you know, in their health. We have been here in Charlotte about fifty years, and just recently we find that what we are trying to do is to build that kind of awareness, to let doctors know, clinics know, private physicians, whomever, if they get a person that they need some education with that person, that we are available for that. That we can go out and, and talk to people. Or we can help to have educational classes at churches, at clinics, at neighborhood centers. We are available for that. We go into, to churches to teach them how to check TPRs [Temperature, Pulse, Respiration] , you know, know how to check people blood pressures, how to keep records. We go in and have nutritional programs, or educational programs, or ‘How to Take Care of Yourself’. We go in and teach all of the agencies that are available, you know, to people, you know, in, in any setting. If it's a community organization or a church organization, we, we go in to do that, to tell them that. We also are trying, is trying to get an office space in some of the clinics, where the patients come into the clinics, if they don't really understand what the doctor says, they can refer us right around the, refer to us right around the comer, that we will be able to be there to help that patient understand what is meant, you know, by what the doctor has said, or interpret what they said for them to do. We know that the full medical field cannot care for all of the things that a patient need. One thing that I feel very strongly about today is the, is the problem that face teenage girls and, and the overwhelming

problem of teen pregnancy. It's no longer teen pregnancy. We are saying children pregnancy. When you're seeing children nine, ten years old pregnant, and a multitude of eleven, twelve. Personally, I feel that there should be legal investigation into that home. I think the medical profession should not send that child back. We see the second, third, and fourth pregnancy because they've gone back into that same environment where they did not give the consent, you know, to have, you know, sex relationship to get pregnant. And, and I just think that's one thing that, that I myself is working on now, to try to bring to the front that we as medical people have a responsibility not to send children back into an environment like that. I, I just feel like the legal profession needs to say something. A lot of these children have sexual partners that are drug dealers, or someone that is in their twenty, twenty-five. And these are studies that are available to anyone that want to do the studies. I truly believe in education as a preventive measure for almost any illnesses. You know, whether it's high blood pressure or whether it's diabetes, whether it's cancer and we have film, slides, we have all of these things that we're using now to try and educate people. We will go anywhere in Charlotte-Mecklenburg to teach people to, to live by, what to eat, you know, how to avoid stress. We do all of those programs. We do programs in parenting. We also work with trying to keep children in school. Because we cannot, you know, say enough about education. I don't care in what form. You know, the knowledge that you receive gives you the reason to make choices, and to make correct choices and then you hold yourself responsible when you make your choices and they are not, you know, choices that you can live with later on. Or not live with later on. They're your choices once you get the information.

JG: Can we rest?

Pause in Recording.

TE: Well, Jennifer, I would like to go back and pick up some, an area in public health nursing that we did not talk about before, and that is after the integration of black nurses, you know, going into homes, white homes. We were already working in clinics and all of those things and the last part of integration in public health nursing was the black nurse going into, you know, the homes to, to, to do. And that is all over Charlotte-Mecklenburg. The health department then went into what was known as team nursing, and the teams were assigned a geographical area, and we had what we called team leaders that made assignments and devoted areas, the whole team would go into a school to carry out that school program, or they would go into a clinic and, and, and you know, for the immunizations, or orthopedic clinic. The whole team would do that. And it was divided up and it was, you accomplish so much more. But a nurse had to go in and make plans, but the team would come in and carry out the team assignment. It was sort of like any other team. You would plan and you would, you know, decide how things was going to be done. An individual went in and worked with the principal and the students, or worked with a, an organization that say, for instance, orthopedic clinic, if you were going to go in to help with that. Or if you had a Well Child Clinic that was located in an area, you would make all of the plans but the team would come in and help you with that, and then they would go and you would have to do the rest. Everything had a team approached. Then, you know how things change.

The health department started specializing, still specializing in teams. You had teams of what we call, you know, the children team. We had the mobility team that was dealing with the

chronically ill. We had orthopedic teams. We all specialized in that. I was given another unique task, and that was with the high-risk infants. We were having so many young people having babies, and the state came up with a program they called the High-Risk Infant Program. I was, did a pilot project on that. We went from different areas here in North Carolina. We set up a high-risk infant program here, in Charlotte, and we were dealing, at that time, what we considered a high-risk infant born was anyone who was that born from nineteen, nineteen years of age. And most of our clients were seventeen to nineteen. We did that about three years. The program is still in effect. But as I said, we had to move. We could no longer handle the caseload. We had to drop seventeen, nineteen through seventeen, as high-risk. That's what we started, the age level that we started out with. But, as time marched on (pause) the mothers got much younger. We dropped from fifteen and under. And the year that I retired, in 1989, we had dropped fourteen and under. We could not care for the caseload of high-risk infants. However, there were still the nineteen-year-olds that were having, but we could not handle them, because it was too many. And now, you know, we had ten, eleven. We even had one nine-year-old. And we know that these children have not given consent. And this is another area that, that we're working on. We feel that children need the education and they need it from day one. From kindergarten up through twelfth grade. That they, too, have a choice they can make. They do not have to accept the things that, that is being put on them. And, and we as adults need to protect them more. We need to, to, to know that education is the key to all of the problems that can face children. You know, if they know that it's not their fault, that it's not them, that they can, they have a choice. And they have someone to report it to. And they should do something about it. That was a, another program that we were very, very proud of and we did that program, we did a study program for about three years, and then it was incorporated into a, a, a team approach, too. And I wanted to, to talk about that period. And then we, after we divided up into even more technical and professional, you know, teams, we had to do studies on that. So when I retired, I was known as a, a maternal and child health, you know, nurse. And that was, that was very, very enjoyable. And most of our clients were fifteen and under. And a caseload that we could not, you know, really care for. We were always running behind. And there was, on my team, we started out with about nineteen nurses and, you know. When I left, there was about eight. It's overwhelming, you know, the problem that you see young people have. You know, and you're seeing it repeat. And the things that, that we used to handle, you know, the problems of the, the children escalated. You would see not only pregnancy, you would see a, you know, see a lot of poverty. And that is what we deal with as public health nurses, because you work with the have-nots. And oftentimes, in the area where I was, in mothers and babies, you know, you had a, a, a lot of things that you had to give, you know. And the, the thing that--I retired after forty-five years of nursing. And I got tired of pushing papers. I didn't mind the people, but it was the paperwork that I just, just was overwhelming, to have one little baby and filling out thirteen pages was just not my idea of nursing. I've always liked hand-on, you know, caring and, and teaching and easing pains, and I was spending too much time doing paperwork. And, and I think that's one thing most of us, you know, grumble about all the time was the paperwork, the paperwork. And, and we felt that it was, not all that paperwork was necessary. A lot of it, as medical people you know the documents that you have to do. But a lot of it was just, I felt was unnecessary. And, and still feel that way, you know, even today.

So after retiring from, I retired in, in 1989, and the first call I got was from Presbyterian Hospital. They were getting ready to do the Parish Nurse Program, so I went through that program with

them and acted as a consultant. And that was very good. And then everybody started calling at night. (laughs) To do volunteer work. And I had had so many tragedies in my life at that time that I was, accepted it. I lost my husband in 1987 to lung cancer. Hospice was there. I have two wonderful sons, three wonderful grandchildren. Both my sons are engineers. The oldest one is an engineer at Ford Motor in research. The youngest one works for the engineering department here. I had a request from Mecklenburg Adolescent/Teenage Pregnancy to, to join their board, and that has really been a joy in, in working with that. It's also been a real joy with Hospice. We all know that--when Hospice called me to, to come, you know, and be a volunteer, you know, for Hospice, I really didn't want to do that kind of, you know, nursing because I had had so much, and I said, "Well, no more nursing." I wanted to be on another end. And when I learned that, and I had been in many homes where Hospice were providing care. And always, the volunteers were white. Whether they were in a white home that we were visiting, or a black home. And then when I learned that there were only four African American volunteers, and that was in 1990, we started working. We have worked, we have talked to many churches, many groups, many individuals, many festivals, and today we have about twenty-five, and that's been since 1990. It is an area that is, that really needs a lot of work. We still go around talking and trying to get African Americans to, to volunteer. We know that the future holds that more people are going to be dying at home, because we cannot keep them in the hospital because most of the illnesses now are chronic illnesses. You know like AIDS. We have a high percentage of, of AIDS in the black community. And we're going to have to care for them at home. And we're going to have to help families do this. The same thing with cancer. And, and this is the message that we're trying to, to give, that we are, you know, keepers of our brothers. And we're going to have to share this responsibility. We're trying to get churches to care for their own when they become ill. We're trying to get communities to care for their own when they get ill. Because it's going to be something that's the wave of the future, and I think most of us know this and realize this. And, and Hospice is the best program to teach you to be, and this is Hospice at Charlotte, you know, that has a long, fifteen year history of doing this. And they have trained many volunteers. And what we are trying to do now is, is to help, you know, raise funds and also help raise the consciousness and awareness, you know, in the black community of the need to volunteer. We have today, I would say, around twenty-five since 1990. And I can imagine I have talked to over 5000 people. You know, to, to encourage to do, to do this. We're in the process of, of going backwards now and trying to ask churches, organizations, individuals, you know, "Are you ready to, to give of some time or do something, you know, for the community?" Because we know it's a melting pot, you know. It's going to happen to, to all of us. We don't know where it is. But the same as what we did when I was a girl. We're going to have to go back to that, because the, because of the, the finances. We cannot just rely on one person doing that. I do work with the Urban League Guild, and--I forgot what else (laughs) the National Association of Negro Business and Professional Women's Club is an organization that we work with trying to enhance the life of, of young people, and make aware the needs of children. We do give scholarships. This past year, right now we have about four children in college, you know, that we, you know, give funds to every year, to keep them there. And we usually take in one new one a year, you know. And give them the scholarship, and it's usually about $1000, and we usually give about five each year.

JG: And they were--?

TE: To help--huh?

JG: Are those women students that you send?

TE: No, they're boys.

JG: Or girls?

TE: Um-hum.

JG: Okay.

TE: We give both. And, and we encourage young men. We have a youth organization that we work with and we do have young men in that. You know and this is an international organization also, so we have national mandates that we have to do and we have to provide, you know, as a national group, you know, of women and most of it is enhancing, it is a business and professional group. Help people grow in their professions. Or, and also as entrepreneurs, and it's a nationwide network. We have, a charter member of the Black Women's Caucus. We are a nonpartisan group that tries to enhance--

Tape 1, Side A ends; Tape 1, Side B begins.

TE: --mental health as well as physical health. Emotional health, religion health. I look at it all as a total package of the health field. Of all the things that I do, I, I look at it as a growth in the medical field. I worked with the women's commission in mentoring kids in junior high. We've had a wonderful year this year, and this is--we've worked with children that have emotional problems, and, and spend time with them, you know, carry them to, you know (pause) outings, or encouraging them in whatever they do, school functions, their basketball games, going to the mall, making sure that they are encouraged when they, you know, do something very good in school. We, you know, stroke them for that. My little mentor, she’s getting an, an award tomorrow at the Black Women's Caucus Annual Blackberry Brunch. She's being honored. And she's going on to high school this year, and this is great, you know. And what we’re trying to do is let them know that they don't have to delay their dreams. Visions can be enhanced. Study hard, you make good grades, and you can get a scholarship, there are funds out there for you to do this, you know. And don't let--and don't get pregnant, you know. Delay all of those things. But you do not have to delay your dreams or your visions of what you want to do.

I work with the Community Relations Committee, and this is, you know, enhancing the whole person in a community. Community relations is relationship with other people, and, and to me this too, is a, a mental health program, enhancing and promoting relationships and the wholeness of every person, in dealing with relationship. I also work with the Clean City Committee. I look at this, too, as a health program. We have been able to design, as a chair of community organization, we have designed programs where communities will get--they go in and clean up and, you know, rid their community of any debris, or whatever that is unsightly. We have gotten, the city council presents them with a certificate, an award. There is organizations that we go out and we talk to them about what the clean city is about and how to organize and how we will

bring them in as a part of the Clean City, you know. And this, too, promotes health. We teach them how to call the city, special agencies, or use any, any form of the city government that, that they can enhance their own community and beautifying it, making it safe for children, you know, to grow. I've worked in my own community, in Rockwell Park Community Organization. And as I said, we, we work with Hospice. I also work with a group that is called ECO. This is the Energy Committed to Offenders. I don't know whether you know what that is or not. This is where people are between prison and home. We have women that we work with, and I work with the board there in designing programs to help these people become productive citizens back into our community. It's a, it’s a dynamic program. And the subjects that we, the people that, that, that have gone through the program are really wonderful. They are back in, the usual stay is about two, two years, you know, in the program, and most of them are back. To my knowledge there is only one that has gone back to prison, you know, out of about five years. So, you know, and the program is a very good program, and it's endorsed by the state. And, and Charlotte-Mecklenburg is the only place that really has this, and, and it's a very good program. One thing about Charlotte, it is leader in a lot of programs and things that, that, that is designed and, and carried out. And I, and I think that we know this, because we are, you know, a city of, of caring for, for each other. I've always found that out. I've always known that, being a native Charlottean. When I was off in school, I, you know, I got, I got letters from the people my, my parents worked for. I got letters from them with money in it. You know, that helped a lot. It was really wonderful.

I also worked with the Cancer Prevention Coalition. This was a program that was started at the health department, and we are still working with that. We now have a van that goes around the city, you know, in, in low-income areas or where ever, to do breast exams, teach people how to do breast exams, and do breast X-rays, also, right on that same van. And that’s available through the health department. I am a board member at the American Red Cross. I joined the Red Cross in 1948, and I have been a board member and an executive board member over health services and, and (pause) emergency services, and that health services also. We are working with my sorority and the National American Red Cross is working throughout this country to do facilitators in the sorority to carry information to the city. And this is because of the high percentage of, of African Americans, you know, with AIDS. And this is one thing that my sorority and the Red Cross is working on now, you know, here, you know, to do that.

I belong to Second Calvary Baptist Church, the church my father started, in 1914 along with six other deacons. You know, they're all deceased now, but there is still, you know, the generations in the church. And I'm in the process of raising $100,000 to build a fellowship hall. And we started in January. In July we will be, we're around $46,000 now, you know. And we plan to be through with that in December. Our halfway mark, we will have a big celebration, so we will be doing for that. I am the founder of the African American Historical Society, the one that I told you that hung the picture of Harvey Gantt in the Afro Center. We have the Charlotte-Mecklenburg African American Research Coalition. I think you--I am the chairman of the Greenville Historical Society. That's where I was born and reared, so that, after that we organized, got together the old people from the Greenville Historical Society and organized that. I, I, I feel it is the most unique part of the Coalition, because the Greenville society, the ol--it links the old to the new, and, and also bridging on to the children in the future. We have--when Greenville was demolished, you know, the citizens were, were smart enough to say that you will

have to put homes back in there and they had to sign a contract. And that's how the Greenville area now have homeowners instead of all businesses. But in--and we have a close relationship. We're doing the history, you know, preserving the history with them. We just finished a tape, I should have brought that, on *Welcome Back, Greenville*. I don't know, have you seen it?

JG: Uh-uh.

TE: Oh, it's one that was done by Vision Cable, Cablevision, Vision Cable. Lindsey did it, and, it aired on Vision Cable for the month of June. Or no, it was May, it was May, the month of May, I'm sorry. And it's, it's a, a documentary of a lot of things that we have done over the years, and how we have bridged the old Greenville with the new. And we'll have our festival, August the sixth and the seventh, and we will be having a, a celebration on the history of Greenville. We do this in February. We did, was a video on that also, of what we do every year is going back and bringing all of the, the thirteen old churches that were there and all of the old homeowners, the school people, all of those pictures and all of those things are, are wrapped up into, you know, what we are trying to preserve, you know, into with that. So, the Greenville Historical Society meets every fourth Sunday, at the Greenville Center. We keep the bulletin boards at Greenville Center current, you know, on the history of maybe the new or maybe the old area. Recently I was put on the allocation board of the United Way, and I deal with health services, special health services there. And I accepted that because of the health services, as a board member there. And I think that about--on of the League of Women Voters, the Committee of Women at Johnson C. Smith. That's it.

JG: Well, can I start asking you questions?

TE: Sure.

JG: Or do you want to pause for a minute or do you want--?

TE: Yeah, that'll be fine.

Pause in Recording.

TE: Okay. Are you--?

JG: Is that on? Is that okay?

TE: (speaking at same time) Is that on? Oh, yeah? That's fine.

JG: ( )

TE: I was born in the Greenville area, and I lived on Hamilton Street, and Hamilton Street was right in front of the Southern Asbestos [Southern Asbestos Company Mills; now the NC Music Factory]. And Southern Asbestos, all of their waste. We had to clean it off of our screens and doors twice a day during the summer months. They had the windows open, and they had a waste dump out there that was, I guess, twenty feet high, that we played in every day. There had been a

lot of people, and as I told you, my husband died of lung cancer. My father. All the people had coughs, you know, they had these lung problems, they had chest problems, and I myself have scarred lung tissues. And everybody I know that were born and reared in that area there have had problems with that. And I think even, people smoking, it aggravated, you know, even more. But now, the Southern Asbestos is still there. We used to look at the people who worked there and they were very small, they always coughed a lot and they always smoked. But what we always knew that it was the people that worked in the plant. I mean later on we did, that worked in that area, was affected by that. My whole family was, and all of the families that were around there. Because we, we lived that stuff every day, you know. I've often said to, and I have written letters to the Asbestos (coughs) people that, you know, check here in North Carolina, asking them about checking and learning something about the people that lived in that, you know. Maybe they could do some studies about people that--we talk about it in the ceiling but this was the raw material that we played in and walked in every day. And I have--that's the reason I have sometimes the hoarseness and stuff comes and goes. We have tried to, to do some studies and things on that, but it has just has not materialized with that.

JG: And you said they're still there?

TE: The Southern Asbestos? Yes. But they have people that--at that time, I learned later on, that there were only two in the country one was in California and the other one was here and it's located on Seaboard, between Seaboard and Hamilton, and it's still there. But the windows are now bricked up, and, and the people wear masks, you know. I don't know what happened to any, any of the people that worked there, whether they were compensated for any of the illnesses or anything. We don't know that.

JG: But the people who lived there, in the community, were not.

TE: No, they didn't. No they, none of them were. We know that. And I always felt that, that all of Greenville was, was destroyed because of that, you know, to scatter the people. Because when they found out, I'm, I'm sure that they did not know the danger. And when they learned of the danger, I just think they, they wanted to the area a business area, you know. The asbestos, although they expanded the building, you know, it's much larger now than it was when I was a child. But all the, there is no openings to the outside. All of those windows were since bricked up.

JG: Um-hum.

TE: And all of that debris, although it was there for years, you know, it, it's been moved. I'm sure the grounds and things around there still have some, you know, contamination, but I guess environmental health takes care of that. But there is no homes in that area. This is--and they wanted to make all of that area a business area, but the citizens, I, I think they were so smart, that lived in Greenville. They were, they were so up on everything. And they were so together, it was a close-knit community and they were together. That they got a contract that they had to put homes back in the area, because most of the areas that they, you know, go through and tear down, they don't put houses back there, you know. But they had to put Greenville back there and that's why the tape and the video that was done, you know, by Vision Cable, is called *Welcome*

Back, Greenville, you know. Because we had so much history and stuff there, you know, about that. ( ).

JG: When you were growing up in Greenville, what--? You, you said that your two younger siblings were real sick. Were they sick from asbestos coming in or--?

TE: I don't know. We wouldn't know that because, see, many, many years later we learned the damage--

JG: Right.

TE: --that asbestos was causing people you know.

JG: Right.

TE: And I was fully-grown, and by this time, you know, there was a wealth of people, you know, in that area, that, that had been affected by that. But, you know, knowing then, a native Charlottean and knowing the history and the deaths of a lot of people, you know, that, that have died from lung cancer and these sort of things, you know. Most of the professionals will say, "Well, they smoked," but most people smoked back then, you know. But there are people that, that never was hospitalized, you know. They were diagnosed as cancer. But they died at home, they were not hospitalized, you know. So we really don't really know.

JG: Um-hum.

TE: You know, the cause of all the deaths, whether they were from the asbestos or from smoking.

JG: Well, what was your experience of health care in Charlotte whenever you were growing up? Did you ever go inside Good Samaritan Hospital? Did you ever see it, or--? I mean, what--? Because I, I know you said that your, your siblings weren't put in the hospital then.

TE: No, they weren't. The only time I can remember anyone in my family going to the hospital, my youngest sister went in for a tonsillectomy. And I think she was about five or six at that time. And then my mother went to the hospital to have the last baby, you know, that she had. All the rest had been delivered at home, so I was told. I, I don't remember, you know. You know, the older kids, because I was next to the youngest. The viewpoint when I was growing up, if you went to a hospital, you went to die, you know. You just wasn't coming back. They usually had something like what they would do when a person would die is cover the mirrors. So when a person went to the hospital, they usually covered the mirror, and the mirrors, all the mirrors in the house were covered. And, and this was, you know, like a ritual thing that they went through and I don't know why. All I know is they did it, I never learned why they would, you know, take a sheet and cover the mirrors, you know, in a room. I can remember when my, when my sister went to have her tonsils out, they didn't do that. Because she walked out. But most times people would go out on what we called an ambulance stretcher, you know.

JG: Um-hum.

TE: And this--the ambulance was provided by the funeral homes. They were the undertakers were the ambulance. You know, it was not like it is now. You, you would call the, you would call the funeral home, and they would send they stretchers. That was all, you know, everywhere, that you were delivered on that same stretcher to, they provided. That they had the sirens and things and they would, you know, carry you to the hospital. And the siren was something that, when anyone in that community went to the hospital, the whole community was there. They would all gather around that house, they would all be very supportive of that family. That family was not by themselves. They would be there with them. And if it was a parent, the adults would come in and take care of, of their children as well as the rest. They, they, they looked out for them. Recreation and play was always supervised by these same adults in that area. Children were not left alone. They were always under the supervision--if parents had to go, there was always someone in that community that knew that them children were there alone. And they were always there for them. They always looked out for them. And the, the healthcare was given by the health department. You, you got your shots at your schools. And, you know, as far as preventive health, this was all handed down. You know, you, you would, what you would eat or what you would do. There were certain times of the year that, that you would take certain things, you know. If you had asthma or if you had any wheezing or anything, there were certain things that they did, and I don't know what they were, they would mix them up and you would grease in this. If you had a cold there were certain things you would do, to get rid of that cold, and there was--you know, and if someone was sick, they would just sit there, and if the body was hot, they would nurse you back.

JG: Were there certain people in the community who would do that?

TE: Not really.

JG: Almost everyone in the family would know how to do it?

TE: Um-hum. So if you sick it was like a, it was almost like a trade-off. If there was, you know, something like what they would mix (laughs), you know, would cause, you know, like it would, might be you were grease in Vaseline or they would take sulfur. And sulfur was the drug then, before penicillin. That's all that was, was there available. You know, after penicillin came in, and penicillin didn't come in until the, in the ‘40s, you know.

JG: Um-hum.

TE: And that, with, with the sulfur and the Vaseline, or whatever they mixed, and some of it sometimes would be with lard. I think they mixed whatever they had. And they would use a lot of roots, you know, like root herbs, and this sort of thing, you know. I can remember that onion was, was, was something that, that they would use. Castor oil was something else that they used, that, that we really hated, you know, because you would take castor oil at, you know, you almost have to line up with the kids getting the castor oil. I can remember giving out orange, a slice of orange, you know. But everybody was fed, you know, well. There was a lot of things that we, you know, really love now. You know, there was always a hot breakfast, and there was always a

hot, you know, supper. There was not a lot of meat, you know. There was a lot of vegetables, a lot of fruit, and those sort of things. A lot of milk. Milk was brought in by the farmers, you know, by horse and buggy. And you would buy it off the street, you know, for that. The ice came the same way, you know, in growing up, that but--the children, there was not that much illness, you know. I don't remember there being. I remember adults, you know, that were sick, that died. But children did not, were not, were not that, that sick.

JG: Right.

TE: You know, I don't remember ever losing, you know, a child but my sister and my brother. You know, they died, but, my, my brother, he was about three years old when he died and he died of pneumonia. And I can remember the doctor stayed at our house all night that night. You know, he was there along with all the other people, you know. In, in the neighborhood, they were there helping the doctor, with packs and these sorts of things, the hot packs and that sort of thing. And, and, and everything was wood and coaled, you know, the wood stove, and there were people that even kept the fires going, that sort of thing. And that's what they did, you know. Cared for, you know, each other during those kind of things.

JG: But didn't want to send people to the hospital?

TE: No, they did not. Not usually.

JG: When do you think that changed? Did that change by the time you came back to work at the hospital, or did people still feel the same way about it then?

TE: Even while I was in nursing, and would come home for visits, I would go visit everyone in the neighborhood and find out what was going on because it was still something that they did not do. I think as the generations, you know, grew, ideas and things change. You know, everybody that was pregnant then was going to the hospital to have their babies, you know. They no longer stayed at home and midwives came to, you know, to deliver.

JG: Um-hum.

TE: Or the doctor would come out and deliver and help people to do it, to do these things. People were going to the hospital by the time that I got into nursing.

JG: Um-hum.

TE: You know, and would come home for visits. We would talk about it, you know.

JG: Um-hum.

TE: But people were going to the hospital.

JG: Um-hum.

TE: To, and they were going to private doctors' office, you know, more then, because there was not a clinic. And they were going to, you know, they were not going no every month, you know, or every six weeks to the doctor. They would go and he'd say, "You're pregnant." "Oh, my goodness!" you know. And then, "You do these certain things." And, and most of them were, you know, healthy people, you know.

JG: Um-hum. Did it tend to be, when everything was based in home remedies, like you were talking about before, did it tend to be the women in the families who passed down the remedies and nursed them?

TE: Yes, Um-hum. But there were men, too, who would do the same things. The men would come. I can remember a Mr. Abbott Foster sitting at my brother's bed all night long, changing alcohol sponges. He and his wife that were there. And he did a lot of mixing of herbs and roots and, and the men had the same knowledge.

JG: Um-hum.

TE: And, and they would, if the women would do it, and things, things threw no results, they would come in and say, “Try this." You know, a lot of things went on because all of them came from different backgrounds. And, because they were not born in that area, some were, were from maybe South Carolina, somebody was from Georgia or somewhere, (clears throat) somewhere else, and they tried different things what they had been accustomed to. And, and I, I can remember a mustard poultice that they used to use. And that was just, just plain mustard. But the thing would burn, they would put pepper and stuff in it. And they would grease you with that. And you had to wear, if you were a person that was prone to colds and things, you wore certain pin-up things like wools. You would cover just this part here. And I don't know what it was, but it sure protected you.

JG: Um-hum. Okay. You mentioned U.S. Cadet Nursing? What exactly is that?

TE: The United Stat, States Cadet Nurses program was during World War II. There was a shortage of nurses, and the government paid for you to go into nursing, and a lot of nurses went into the armed forces after that. And that's what, I went to school. I, I, I left Smith--

JG: Right.

TE: --and went into the Cadet Nursing program. And you were considered, but you were, it was uniform, and they paid all the bills and things. You know, for you to go into the nursing, and to, to do that. And then by the time I graduated from, you know, the nursing curriculum, because now there were girls in the same, you know, hospital setting that I was in that were not Cadet Nurses. You know, because see it was just, you know, something that the government did. Girls went into nursing and a lot of them went on to work in different hospitals. We, we did a lot of work out at some of the VA hospitals. They were not called VA hospitals then, they were like our own camp for wounded soldiers coming back in. Although we were student nurses and but, we would have to go out there and we did not provide the care but we provided entertainment

and writing letters home, or, or doing things for, for the morale, you know. But now, graduates went out there to do that, but we were students during that time.

JG: Were, were you only allowed to work with black soldiers then or was that integrated?

TE: It was just only blacks. (laughs)

JG: Um-hum.

TE: Um-hum.

JG: Why, oh, why did your, why do you think your parents wanted you to go to college so much instead of, why didn't they want you to go to nursing school?

TE: Because, see, they had, they didn't want me to go into nursing because I wanted to go into the Cadet Nurses. They felt like you would go right in there and be shipped overseas.

JG: Oh.

TE: That was, that was it. They, they felt like, you know how people are leery of government? They said they would tell you this, and they thought the war would still be going on and they did not want me to be shipped. We had a, I had a brother that was in the, that was, you know, in the European Theater, and this is what they thought, that I would be shipped out of there. And they didn't think that was a place for a girl. They always thought the place for a girl was the classroom, teachers. Everybody in my family was teachers.

JG: Um-hum.

TE: You know, all my sisters.

JG: Why did you decide to go to, go up to Durham instead of going to Good Samaritan School of Nursing?

TE: Durham had a better curriculum. I had been told this by, you know, the counselor, teachers and things at school. And Durham had such a high rating. None of the graduates from Lincoln Hospital ever failed the state board. You got a rounded education and you were a part of Duke, you know. You, you got support from the Duke, you know, University over there.

JG: Um-hum.

TE: And they had a real program, too, down at the black college, North Carolina Central. You had classes there. It was a, it was a better curriculum, and this is what we were looking for, you know something--and also, they had the Cadet Nurses program. They didn't have that here. Um-hum. And they looked so much better! (laughs) When you, and I think that's another, a wonderful reason for, for people really being frightened. Because the hospital, the nurses had on,

you know, black stockings, black, black shoes. They just looked really drab, they looked like death. You know, really coming, the uniform was a dark color.

JG: Um-hum.

TE: And, and at Lincoln they had the striped blue and it was just so much airier, you know, and so much more, you know, looked health, you know, to me. And I was, you know, glad about that. But, but, but the main reason was the curriculum, and, and the U.S. Cadet Nurse.

JG: Was it, was it unusual for, for a black nursing school to get to work so closely with a white hospital like that?

TE: Uh-huh. Yeah. Because see, Good Samaritan--

JG: Do you have any idea why?

TE: Well, it was, it was, you know, it was segregation, you know.

JG: Oh, no, I mean why they did worked closely with Duke?

TE: Because Durham was such a forward place. And Lincoln got so much money from the Duke Foundation. And Duke has always been--say for instance, the diocese here from Good Samaritans, you know, received funds and things from, you know, from Duke. And, and I think at that time, and World War II, you know, was, was going on, or getting ready to end and a lot of that had to, you know, came into play. You know but even before that, we had such an aggressive director of nursing because, see, before she, I went in under her, she was there about half a year before I got there, and it had not gone on before. See, it was not that kind of relationship. But she built bridges. She was a trailblazer. And she did a lot, even, with the college. You know, with the, North Carolina Central, you know. Classes were--she believed in, in, in education, you know. And she believed in those relationships. She did a lot of outreach programs in the, in the city that, that brought black leaders, you know, that, that, that had a lot of relationship with administrations and Duke, that did this. And I always felt like it was her that built that bridges, you know, you know for us to do that.

JG: Um-hum.

TE: And that.

JG: Well, why did you decide to come back to Charlotte after you had been up in Durham?

TE: My husband was a, was a World War II veteran, and he was trying to get in the--see, I was, went to school in Durham, and, and came back to Charlotte. Then I went to, to Washington and worked out of Washington and Maryland and those areas because--and then my husband was supposed to have gotten a, in school, you know, at A&T. And he couldn't get in. I had gone to Greensboro to work. And I came back to Charlotte because he got in school here, you know, instead. And that's why. I married--I graduated in '48 and I married in '48. You know, because he

got back out of the army in '45 and, you know, he was back here after World War II was over. And he came back and got in school here, and, I couldn't stand being that far away from him. He was a childhood sweetheart. We had, we had dated for thirteen years. You know, prior to that. We dated thirteen years before we got married.

JG: How long were you in nursing school?

TE: We're in nursing school three years.

JG: How do you--? Okay, I already asked you kind of how you how you thought Good Samaritan had changed whenever you came back, to work there--?

TE: The nurses were, the nurses wore pretty uniforms. They wore nice uniforms. And, as all hospitals everywhere changed, they had a, they had a, another good leader here that brought about a lot of changes in things that, that was perceived, and people accepted coming to the hospital more. You didn't die when you went to the hospital, you know, you, you were cared for and you came back home. That image of hospitalization had changed, you know, and the care that a person received. Also, you know, your doctors that, that made home visits. You know, they were no longer really going home. They relied on the nurses' skill and the nurses' role expanded and, you know, in the hospital, in the things that you did. And, and, and the hospital itself grew. And the image of, of hospitalization, you know, grew. People perceived this as, "You're going to get better." It was something that, that they would willingly do, you know, especially how they were cared for, they were pampered a little more, you know. And cared for a lot. And the family was, was not. And then the communities were expanding. People were not as close related in coming and sitting with, with you. That changed, you know, a great deal. Technology and a, a lot of things developed after World War II that, that created a lot of changes, you know, in the community. A lot of people grew up and left, you know. The area, and areas were left with more senior citizens, and, and the area divided because usually, when you, when you grew up and married, you stayed right down the street or, you know, right over here somewhere. But you know, Charlotte grew. You know, into areas and people moved out. You know, no longer would you marry and live right around the corner from Mom, or something. You, you moved further away. And new people came in and expanded. That way.

JG: Do you, do you feel like the change in perception of the image of the hospital really, was actually accurate in that fewer people were dying and more people were coming home, at that time than they had been before?

TE: I, I think so. You know, people were getting--well, penicillin was out then, you know. And, and this was one way you had to go there to get the penicillin, you know. And, and the people, you know, knew this, because penicillin was a won, wonder drug. And we no longer died from, or had to use rubs, or, you know, because you did the same thing in the hospital that you did, you could do at home, you know. And that was using the sulfur, and that was all that was available, you know, to us. But then, penicillin came, and penicillin was, was something that you, you would have to be in the hospital to get. So they did that. The hospital stays were, were shorter. You know, people no longer cried and, and, when you had to go, you know. You know for that. And, and they, and they welcomed the change because they, they, they saw the, the, the good in,

you know, in being in the hospital, and it would prove to be better because people would come back and talk about it. And, and that kind of word spread.

JG: Let’s see. You said that whenever you were head of the maternity ward, you were personally doing the deliveries.

TE: Yeah, nurses did.

JG: Uh-huh.

TE: You know, we, we did not have, did not have physicians there to do it so you, you would, you would have to do it. You know, the deliveries. I delivered a lot of babies. You know, although we didn't sign the delivery slip but, we, we did it. I wasn't the only one, you know. Because I was only there, you know, for, you know, eight hours. And the other ones that covered the other sixteen hours had to do the same thing. And, and the doctors could not be there all the time, and babies don't wait. (laughs) So we were taught, you know, how to do it. And we did not have doctors around the clock. And, and sometimes people would come in and their private physician could not even get there, that we would have to take care of.

JG: Well, how do you feel about the way that it's so professionalized now? I mean, a nurse could never deliver a baby in a hospital now. How do you feel about that?

TE: Well, you know, they have, they have special areas, now. People have more complications now than they had back then, and (laughs) and I, I think the good Lord just took care of us, in doing a lot of the things that we did do. And I think there's so much more knowledge. There's so much more medical problems, too. At that time, we, see, we didn't know anything about AIDS. It was very rarely that we did a C-section.

JG: Did you do C-sections?

TE: No. I did, I did operating room work and, you know, and assisted, you know, with that and sometimes was the first assistant. You know, in that and especially during, during the war years, as a scrub nurse, you were sometimes the first assistant to a physician, you know in doing, during that. But not, not to, not to operate. Assisted with that, you know, as a scrub nurse and sometimes as the first assistant, when the doctor didn't have anyone else. But those things now, and nobody ever thought about suing anybody. You know. See, that's another thing that, that comes into play. As you grow, you get more complicated problems and, and things. But, but I think I see it much more professional now, and rightfully so, because we have--you know, I never had a nine, ten, eleven-year-old girl to deliver, you know, when I was doing this. You, you have to look at all of that now. And somebody have to really be, you know, to specialize in really doing this. What we did, it was not, not from, you know, the knowledge that, that a doctor has now. We did it out of necessity. We had to do it. The same thing as before that, they were delivering, there were midwives at, you know, delivering babies at home. And, you know, God took care of them, too. But we do a lot more C-sections, now. We save more babies, now, than, than we did. Because if, if somebody, if, if someone was in trouble, you know, in, in, at home in doing a delivery at that time, usually the baby was not saved. The mother went through a lot of agony. And, and we still

had the, we still had the, the resources to call in physicians when I was there, if we felt like we were in, in problems. I can remember delivering triplets, and had the third triplet we were going to have to start a Pitocin drip, and that's to keep the cervix open. And we had to get a doctor in, you know, to do that.

Tape 1, Side 2 ends; Tape 2, Side 1 begins.

JG: It’s working okay. (laughs)

TE: Um-hum. This is the mobile breast, this is the unit that we got.

JG: That looks very expensive.

TE: Um-hum.

JG: That's great.

TE: Yeah. Okay.

JG: Let me see. Let me ask you about Good Samaritan too. Whenever you were there, how did, how did you feel like the difference in equipment and resources that you had compared to the white hospitals in Charlotte? Was there a difference?

TE: Yes! A whole, a, a, a lot of difference. There were times that we didn't have linen. We had to wash walls. We had to wash windows. A lot of time we had to--I was on the maternity ward, and in our private room we took up collection to buy drapes. There was never enough linen. Never. Never, ever enough linen. There was not equipment. There was faulty bedpan cleaners, you had to wash bedpans. We did not have the personnel to do that, nurses had to do that. We had to wash walls, the walls were not painted and we had to do that. And that was also in Durham, you know, that was not just, you know, here. That was one of the, the things with black hospitals. There was a lack of enough equipment, you know, to work with. Nurses had to do a lot of things besides, you know, your nursing skills, you still had to do a lot of manual things that, that other nurses in other hospitals didn't do. And the reason why I know that is, from high school and the time that I spent at Smith, I, I, I worked at Charlotte Memorial Hospital. After I got out of school, at night until eleven o’clock. And I worked in the diet kitchen there, at Charlotte Memorial and what we did, we would help in--I worked in the diet kitchen, we would clean the floors, the diet kitchen things upstairs, and we would fill the salt and pepper shakers, and we would do things like that. The nurses on the floor knew that we were, you know, wanting to be nurses, it was a girlfriend of mine that she and I both wanted to be nurses. And they would have people on the floor, there were actually other African Americans on the floor doing the type of work that nurses had to do in the other hospitals because the, the pay, they did not have the people doing that kind of work. They didn't have the money to pay the people to do the kind of work that the African Americans were doing at Charlotte Memorial. I, I, I don't think nurses cleaned bedpans, you know, while we were there. There were people to do that. There were people to mop the floor, to, you know. We had to do things like that. And plus to your nursing duties. And, at the time that we were delivering babies, you know, the white nurses were not

delivering babies at, you know, the other hospitals. We had to deliver the babies then we had to empty the pans. We had to freeze the placenta. We had to--it, it was just so much to do. We had to wash all of the instruments in the operating room. We had to fold all of the linen. We had to autoclave all of it. We had to wash down the walls. We had everything to do, with, you know, sterilizing all the equipment. We had to stop in the midst of that and have emergency surgery or do your surgery, and, and you just had to do that. You just did not have the money, or the hospital didn't have the money, you know, to, to pay, you know, people for doing that. And nurses did it.

JG: How do you feel that affected your ability to take care of people?

TE: I always put per, patients first. And if I had to stay over to do the manual other stuff, that's what we did. I don't feel that, that it--I'm sure it did, but I didn't see it that way. I think that if I could have just concentrated on, you know, nursing, we could have raised the standards. People would have accepted, you know, much sooner, you know, of coming into the hospital and getting the service. I, I, I think that means more than, to me than, than what I was doing then. If, if someone could have taken this part, you would have been more able to, to spend that time educating people and talking to people, you know, about their lives. But we didn't, we didn’t have that freedom, you know, to do that. You, you had to do the other manual things, you know, and that.

JG: It sounds exhausting.

TE: (laughs) It was. And usually nurses are still burned out. You know, even today, it's, it’s the technology that, that they have to deal with. And then there is still the stress. You know, you don't ever get rid of the stress. And then, the relationship with other hospital personnel. You see we didn't have all of that. We, we had to start all the blood transfusion, we had to start all the IVs. You know, but now you have all of these other entities in the hospital that you have to deal with. And these are all things that nurses are not, you know, allowed to do now. You, you, you do these sort of things and that's what's in all of these escalating, you know, prices because you have everybody there specializing. You have your, you have your social worker, you have your discharge nurse, you have this nurse, you have the nurse for IVs, you know, you have specialized people. And, and, and, I really believe in, you know, specialization, because I think the, the more you have specialized people, the better services that you can render, you know, and, and I don't, I don’t like anything that, if you're not giving, giving the top servicing in medicine, you should just move on, you know. Because I still believe that half of nursing is nursing the patients and their families. You know, feelings and dealing with, with the stress that they're under. And, you know, that's personal, along with, with all of the other, you know, things that we have, you know, technical machines and all of that. I think the time should be spent in teaching and educating, you know, patients, and the family.

JG: How did your family, your husband and your two sons, deal with you being so busy all the time?

TE: (laughs) Are you talking about with the things that I worked with, or with--? Because during the time that my children were small, I did a lot of church work. The opportunities that, things

that I deal with now and work with now, they were not available. Those things were not here. I did a lot of community work, but I carried my children with me everywhere I went. There was not too much entertainment for, for black children growing up. We would take them to the park, and, and that was that. Or they played ball. Or they would, they had a swimming pool, you know but that was just about it. We would spend this time--the church provided a lot of outlet for children, you know. And, and another thing that, that we grew up with, you know, in the Greenville area there was all of these different churches. And what the churches did, they would get together and have vacation Bible school at different times and, and by the time summer was over, the kids had, you know, things that they would do from, whether it was a Baptist, Presbyterian or Methodist, you went to that, to that area, you know for that, for that type thing. So what my church did is, is provided a lot of outlet, you know, for the children, you know, in growing up. My husband worked all the time. (laughs) He wasn't there anyway because he, he had to work double jobs to, you know, to make ends meet, you know. It was, the economy was still varied. You know, very shaky for, for African American families. My home I built myself, my husband and I built with our own hands. You know, that, that I stay in today, you know. But we had so much help with that. There were brick masons, there were tile setters. They would just come and donate the time. They, they--it, it was just like, you know, pioneering in America. That's what they did. And they, they built that with, with no, you know, the only thing that I would do was probably cook some, you know, big pot of pinto beans or something like that and, you know, fry some fish or something and they would eat. They would have a good time. And that's the kind of, you know, thing that we grew up with, you know, people helping people. And, and no--almost like Habitat. And that's the way my house was built.

JG: So, did your, did your relatives, did your mom and everybody take care of the kids since your husband was always working?

TE: Oh, yes. My mother took care of my children when I worked. And there was in that, that neighborhood, a retired teacher that had, that had a nursery and a, and a kindergarten. And she would take the children in our community and teach them. She also taught me. She taught us how to entertain, how to set a table, how to be ladylike, things that you would serve. And she would do those things for us, she didn’t have any children but she taught us that. And, because our parents were, were not educated, you know, parents. But she taught us how to entertain, taught us how to, you, how you would, you know, sip your tea, or you would serve, you know, cookies, and how you would, you know, set a table, and your conversation and what was ladylike and what wasn't. Of course, your parents did that also but she was that teacher that, that taught you all of these things. And she stayed down the street from us because in, in the community that I, I grew up in, we had teachers, you know, in that community. But she was the one that just, you know, would call you in and, and also did Bible study. We also had Bible studies in her home and in the other homes. She was the, she was a teacher in the community as well as the school. And I think that's why most of us right now give a lot, you know. Most people that I know give a lot, they go a lot and give a lot.

JG: Um-hum. I’m sorry, go ahead.

TE: And it’s mostly in their churches. In their churches. Most of them work endlessly in their churches. Um-hum.

JG: I wanted to ask you if you knew Mrs. E.C. Marshall?

TE: That, um-hum. But not, yeah, I mean, just the name, that's all.

JG: Oh, you never worked with her. She supposedly worked with the hospital, but--

TE: Uh-hm. Um-hm. She, she--see, I wasn't a graduate of Good Samaritan, and she mostly worked with the, the diocese.

JG: Oh.

TE: The Episcopalian, that was an Episcopalian.

JG: Right.

TE: And she was greatly respected by other nurses there, there were requirements for them. You know the, the chapel? You see, I didn't have to do that, you know, because that was for all Good Samaritan graduates, you know. I, I would always respect her, speak to her, you know, but most of her time was spent with Good Samaritan graduates.

JG: Right, okay.

TE: Um-hum. And they could, there is a lady here by the name of Rose Jones that is a, is a native Charlottean and also a graduate of Good Samaritan, that could really give you a lot of history about that.

JG: Um-hum.

TE: Because she, she had to come in from the county and had to room with people to finish Second Ward [Second Ward High School], and after she left Second Ward, she went to Good Samaritan.

JG: Um-hum.

TE: And, and was a graduate, you know, from Good Samaritan.

JG: Um-hum.

TE: And, and also a native Charlottean that--and she's still living. But, in order to talk to Rose, you would, would have to visit with her. She has some problems with her eyes now.

JG: Um-hum.

TE: But she would be, you know, a wonderful person to talk to about the history of Good Samaritan.

JG: Okay.

TE: Um-hum. And she's one of the older nurses here. You may have heard of Julia Washington but Julia Washington was not around. She is a, a graduate from Good Samaritan but Rose is a native Charlottean that could really speak from that, that, that point of view.

JG: There weren't high schools in the county?

TE: No, there was only one high school, that was Second Ward.

JG: Um-hum.

TE: And they had to--she was born out, you know, lived down in the Pineville-Mint Hill area. And her parents had to bring her up to live and room, you know, with someone. That's the way they did. They brought them up and roomed, where she could go to school here. And, from the upper end of, of the county, up around Huntersville and Davidson and those areas, they went over to Barber-Scotia.

JG: Uh-hum.

TE: You know, to, to school there. But there was only one school. West Charlotte was, was built in '38, and I, I, I did go to West Charlotte.

JG: So it was pretty new.

TE: Yeah. It was brand new.

JG: Yeah.

TE: Um-hum. I was in the first, I was in the seventh grade when I went to, to West Charlotte.

JG: Uh-hum. Was that exciting?

TE: Oh, yes. Yes.

JG: Going to the new school?

TE: I traveled out of the community. (laughs) All by myself. We had to walk from Greenville to West Charlotte, and that was a long ways to walk. I wish we had had a bus. It was winter, cold, hot. And Oakland Avenue would be full of kids walking, you know, from Greenville to, to, it, it's now Northwest Junior High, but it was West Charlotte then. I thought that a long, long ways, you know. It's only about two and a half miles, something like that.

JG: ( ) Actually whenever you went to Chapel Hill, how was that? They hadn't had, they hadn’t had many African American students up to that point, had they?

TE: Yeah, oh yeah. Um-hum. There were, they had, I think Cleo Young who's here now. And Cleo is about, I guess Cleo's about seventy-eight. She was the first black that went to Chapel Hill, you know, in public health nursing. And Cleo is here. Her, her, her--I don't know Rose Jones' telephone number but Cleo's telephone number is [redacted from transcript for privacy concerns].

JG: Uh-hum.

TE: But Rose Jones is also, you know, here. But Cleo had a wealth of history. She was the first one to graduate, you know, from, from Chapel Hill, you know, in certification in public health. First black. But there had been, you know, prior to that, you know, because Cleo worked thirty-eight years at the health department.

JG: Uh-hum.

TE: And there had been Minnie Graham and Rose Jones, and, oh, many of them. Way before me.

JG: Had gone to Chapel Hill?

TE: Um-hum. No, they were in Chapel Hill.

JG: Um-hum.

TE: You know, they were in Chapel Hill.

JG: Um-hum.

TE: You know, to the public health nursing program. I, I went up there in ‘60--I think it was '61 to '62, ’61 to ‘62.

JG: Uh-hum, uh-hum.

TE: And it was, you know, well established.

JG: It was?

TE: Um-hum.

JG: Okay. It’s different from some other programs up there, then. (laughs)

TE: Yeah, yeah, especially in, in, you know, public health. Because the health department was sending nurses up there all the time. You know, to, to become--but they were raising their own stan, standards of, of nursing. They had a, a, a progressive director of nurses there, you know, and what she did.

JG: How long did it take you to finish your certification?

TE: Oh, we, I think it was, in public health. (pause) I think it was about, to get--you, you don't ever finish, but to get in, I think we went that summer.

JG: Uh-hum.

TE: That summer month, it was about six weeks for that summer month.

JG: Uh-hum.

TE: And you go through a battery of courses, but then you continue to go back, you don’t, you don’t, you know, you, you take these things over and over. Not over and over. Things are added that you continue to do.

JG: Right.

TE: You know because you go back for renew of this and renew of that and, but the, the course itself was about six weeks, something like that.

JG: Of coursework?

TE: Um-hum. Yeah, I remember that was 1960. And, you know, you go through, most people were working, and they had these things geared, you stay all day. (laughs) In class all day and, and, and it would almost probably be equivalent to a semester. Of what you would spend, you know, and do. And then you would go back, and then you would have to go back, you know, certain length of times to take this and to get TB or to get something else that was revealing. And, and I really don't, I really can't put it into perspective, because you, we had to go a week to, a week or two weeks or something up Morganton and to the mental health institution. You see, all of that's part of your training.

JG: Okay.

TE: And the health department administration kept up with that, you know, what you had to go through. And by the time you, you finished, you had the equivalent of, probably, you know, a BS or, or something in, in public health.

JG: Whenever you came on to the health department, you said in 1962, were there many black nurses in the health department or--?

TE: Um-hum.

JG: There were?

TE: Um-hum. Yeah, there was a lot.

JG: So, and, and they kept you in specific neighborhoods, but--

TE: Yeah. You were, you were in black neighborhoods.

JG: But there were a lot?

TE: There were, I don't know how many, but there were a great deal of black nurses, you know, there.

JG: Uh-hum.

TE: Enough to cover. They had nurses that covered the black areas.

JG: Um-hum.

TE: Um-hum, yeah, they had. And it was hard for me to get on. I had applied the minute I came from, I came home from Durham. I applied to get in public health but you could not get in public health, unless you was a Good Samaritan graduate, you know. Because see, the director of nurses wanted to make sure that there was a relationship that worked and the girls from Good Samaritan went through the public health department here, you know, to get their public health training. And they were aware of them, they, you know, found out those people that they could, you know, could, could hire. I, I really was hired because of Miss Blee and Miss Hay. Ms. Blee and Ms. Hay was head of the public health nursing division at Chapel Hill and they called here and told them to hire me (laughs) Because it was very, see, I didn't know any of the nurses, you know, at, at the health department. And, and if you didn't know them, they would call them in and say, "Do you know her?" And they said, "No," they wouldn't hire you. You had to be known by the black nurses there, you know, to be hired. But with the intervention of--and, see, I didn't even know this, there was, where I had gone to school in Durham, one of the physician's wives were, were here and she was working and she told me what to do, so. She told me to call Miss Blee and Miss Hay. And that's what I did. And they called and said, "Hire her." And they are legends at, in Chapel Hill, at the university.

JG: Who are?

TE: Miss Blee and Miss Hay.

JG: Uh-huh, uh-huh.

TE: Yeah, they were, they were two little ladies that, that ran that department. Um-hum.

JG: When they sent you out, sent you out to integrate Paw Creek, or whatever-- (laughs)

TE: Whatever that area was.

JG: Did they send you by yourself?

TE: Yeah. You had to go. You know, the, the, the nurse, the white nurse that was, that was working in that area when they chose to, to, to use that area as a pilot area, I went with her and

was introduced as the nurse that was coming, you know. But after that one time, you had to go by yourself. Yeah. Yeah, I, I was a public health nurse.

JG: Uh-hum.

TE: And, and, and administration had said that, you know, "We have chosen you to, you know, to be that person." You know and, and I, I felt heavy responsibility to, you know, to, to sell public health nursing to, you know, the population and that, as a black nurse, you know, you, you had the responsibility to do it. And they really made me believe that it was really up to me to do it, you know? (laughs) And, and I wanted to. I really wanted to, to do it. It was a challenge, and, and, a delight then. Um-hum. Enjoyed it.

JG: Did you ever feel like you were in danger up there?

TE: Oh yes! Oh, yes, and not only, I felt more in danger a year after leaving there when I was assigned to southeast Charlotte, than I was there, really. (whispers) Cut that off.

Pause in Recording.

TE: You know, get sort of upset when I read about a needless death.

JG: Um-hum. You mean that medical care could have prevented?

TE: Hum?

JG: That medical care could have prevented or--?

TE: Well, just, just in general. You know, the killing, these sort of things. A life lost early. Not really paying attention, and that bothers me a lot when the medical profession does not pay attention, to what patients are saying and not even taking an issue further. When, when, when a nine-year-old girl, ten-year girl shows up pregnant, somebody should ask.

JG: Oh, yeah.

TE: And they should see that that child not go back in that environment. Something is totally wrong. You know. If, what is going to happen to that little baby and to her, you know. I, I, I, I really fault them for that. Used to, we used to, would ask about the father. Because a lot of kids now in, in a lot of areas, it's from grown men that are handing kids money and parents allow this, you know. And that, it's, it’s really something that really bothers me, I just think that if, if a child shows up pregnant or a child telling you something, if you're in school and a child says something, we as adults have a responsibility to listen to that child and to talk to that child. And I know that they do not have the time but there is somebody, somewhere, that could be trained as volunteers to, to help relieve that or, or do an investigation. And I also think that when they have these children at (pause) when they go to social services to apply, it should be some investigation. It should be turned over to the legal profession. I, I fault the legal profession (laughs) and the medical profession. Because they should be, something should be done.

JG: Uh-hum.

TE: You know, when somebody, when a twenty-five-year-old man, or twenty-seven, or thirty something, impregnates kids, I, I think not only, it's not only immoral, it's, it's against the law! Or it should be. You know?

JG: Um-hum.

TE: I feel so sorry for the children. And see, a lot of the children don't even know, that they can say no or that they have someone to go and to talk to. I've known children to tell teachers, tell parents, or and even if they don't, nobody will listen to them. And they will tell you they don't listen. You know, I worked at TAPS for three years, that's the Teenage Pregnancy Program. And a lot of kids there don't even know what it, what they've done. They have no earthly idea. And then I've been there, where there was this girl that was seventeen was having her third one. And I don't think she should have been there, I think she should have been at home. You know, because when I went to see the babies, they weren't being cared for. They're probably be working on the fourth pregnancy. You know. Something.

JG: When have you seen this change? When have you seen the teen pregnancy problem start?

TE: I was working on the maternity ward at Good Samaritan hospital, and had teenage girls coming in but that was a rarity. And that was, that was in the '50s. (pause) And then, moving from, from that area to public health, and, and seeing, you know, the, the change in, in the viewpoints, by this time, television was, was very affluent in the areas and, and I always felt like the soap operas had a lot of, of empowerment over children. They felt like it was perfectly all right, you know, because they saw it happening and all the wonderful things happening. And then I saw it more acceptable, in the community. It was as if, you know, it's perfectly all right for you to, for you to have a baby. When I was growing up, if a girl got pregnant, you was ossified. You, you did not. I don't remember but one. And later on, we, we knew that that was incest. You know, we didn't then. But you were not allowed to, you weren't allowed to go to school, back to school. You were not allowed to, you were excommunicated from the church, you had to go before the church. And you were not associated with none of the girls in the community. You did not. And even the, the single boys did not, you know. You were just a total outcast. And after, you know, the girls would, would come back to, you know, when the trend started to coming back to school after a pregnancy. And then TAPS came and, and even if you have five you can still go back to TAPS. You know? And, you, you were, it, it just seems like the community was saying, "It's perfectly all right for you to do this. You know. You don't have any morals, or standards, or you can do this." And then some of the kids don't, don't have the choice. You know, you, I've seen all of this, you know, evolve over the years, from seeing two kids, you know, in the same year here, and not seeing this, and then moving into public health and seeing it escalate. And then seeing it escalate, you know, like from nineteen, you know, to seventeen and then down to sixteen. It was a beaucoups of sixteen and fifteen. And then when it moved from sixteen and you start having fourteen-year-olds. And then you start having these eleven, twelve. We had to get rid of the word "teens." It's no longer teen pregnancy. What we are seeing now, it's children, you know. You know, you know, twelve, eleven, ten. And even one year, a nine-year-old. And you know that most of these kids are not consenting adults. You can take the

kids that are fifteen, now, and up, they can give their consent or, you know, have the knowledge to say no. But there is that, that group of kids that, that are not teens, that are getting pregnant. We see the same number of children getting pregnant, but we see them younger, you know. It has dropped but they're, in age. (pause) That's what we need to work on, think about.

JG: Did you ever run into people who had tried to abort children, whenever you were working?

TE: Um-hum.

JG: Yeah.

TE: Yeah.

JG: That happen a lot?

TE: Um-hum. I had people to come and ask me about who did abortions.

JG: Uh-hum.

TE: You know, and that was before abortions became legal.

JG: Right.

TE: You know, and, you know, if they knew somebody that, if you knew somebody that did. And there were people that did abortions but, I would not have any part in that. Um-hum. And then some people came to, to seek their advice of whether they should. And these were married couples. These were husband and wife that did not want another baby. You know. And (pause) we have seen their products and some of the kids are doctors now, themselves. That come to mind is one little girl that's in Atlanta now. Beautiful child. You know, and they could not be happier. But they were, this child was about--I think they thought they were through with their family. She is about ten years younger than the, the other child. And they were, you know, she just didn't want another baby, you know. But yes, we saw that. And we saw people, evidence of people that were, that were really torn to shreds with coat hangers, you know, trying to, you know, do abortions and things. They were all mangled up, you know, trying to get rid off an unwanted pregnancy. Saw a lot.

JG: Did some people die?

TE: No but where they did not have--I saw one with a ruptured uterus, but she didn't die. You know. And that was a rarity, too, you know, being able to save her, you know, from that. Because usually, you know, in those days, that she had to have a hysterectomy, you know, as young as she was. It was mostly grown women. It was not teenagers that were doing this. These were women, you know, that, that just didn't, and the ones that I saw was mostly married. Um-hum. You know, with children that were older. And, and, and, and thought that they were through with having children. It was, if there was a woman that continued to have, you know, babies, you know, it just didn't seem to bother her but it was that long period that they thought

that they were, had finished. And that, that I was approached, you know, as to where can they get, you know, this. And that, too, was, was, was not something that I, I got every day. Not even every month. Most of them accepted it, you know. It was, it was not something that I, I ran into often. But I had been approached by it. And, and had some colleagues that lost their license because they did abortions.

JG: Doctors or nurses?

TE: Nurses. Um-hum. But they never lost a patient either.

JG: Right.

TE: But they, they also found out that they were doing it and they, they lost their license. I only know of one here, you know, in Charlotte, that did that.

JG: That lost her license?

TE: Um-hum. From doing abortions. And they were--so I was told, that this was done in her home. (whisper) Is this being documented? I would just say that it was, it was just very sad, you know.

JG: Um-hum, right.

TE: Because after that, she herself never did any good. That's not on, is it?

JG: Oh, sorry.

Pause in Recording.

TE: But you would talk to them about, you know, "Why you want to do this?" And, and you know, "Go talk to your doctor." Because doctors were available, you know, because abortions were unheard of when I was growing up like this. You know, they just didn't do that. This was after I got out of nursing, you know, and was working at the hospital. And my children were, were grown when I was--you know, my children were here and there were so many. The, the circle that we ran in, there wasn’t, by this time there was--oh, gosh. The diaphragm, you know, that you could use. And most of the, the young people used condoms, you know, you know to, to prevent pregnancy. It was widely used, you know, because families just didn't want big families. So, you know they, they, they did, and they used the condoms to prevent pregnancy.

JG: Uh-hum.

TE: And then the diaphragm, and then the Pill came. It was great.

JG: (laughs) It was great? Is that what you said?

TE: It was great. (laughs) You didn't have to worry anymore. And we, we worked in that, that clinic. You know, it was--because that came about when I went to work at the, at the health department, I was doing that. Um-hum.

JG: Did you prescribe that for a lot of people?

TE: Well, the doctors did. Yeah, but we, we did the education on it and we did follow-up work, you know, with the patients after that too. Yeah, it, it was something that just, it was the time that had, that arrived, and the women were ready for it. You know, so it was, it was widely used. It was much more widely used than, than the diaphragm. The women's could get used to it. The diaphragm was a funny thing, you know. (laughs) That was a, that was funny. We used to have a lot of laughs about that. You know, women would call and say, "Can I take this off now? I got to go to the bathroom!" (laughs) Yeah! And then they say, "I just can't hold it no longer!" "What do you mean?" It was a lot of fun.

JG: ( ).

TE: Um-hum. They would have the diaphragm in, they'd be done had sex the night before and have the diaphragm in the next day. "Can I take this thing off?" (laughs) And then we had people that their husbands didn't know they had a diaphragm, and they would put it on every night, going to bed. They wouldn't go to bed without it. It just was so funny. But they just didn't want to get pregnant. (laughs) And the husband couldn't find out why they were getting pregnant--why they weren't getting pregnant, they didn't know they had a diaphragm. We had husbands to tear them up. You know, they found them.

JG: Really?

TE: And would cut holes and things in them, tear them up. "Don't you bring that back!" But you know, we'd go.

JG: Because they wanted big families?

TE: Um-hum. Um-hum. It was a lot, it was a lot of stories and things, you know. Things left, you know, behind those things. A lot of fun. It's very good. Okay, I hope I answered all your--

End of Interview.