

Mary Mills

Tape 27

Time code: 7:17:24

Q: How'd you come to nursing school initially?

A: It wasn't my interest or my intention whatsoever, but at one time I thought about law, and then I saw so many hungry lawyers around I decided I have to go into something that will pay me some money to help me do something else, and my mother had a friend somewhere in South America, South Carolina, and she wrote my mother saying she was recruiting students for a school of nursing and would she help her. And I got ahold of that letter and read it, my mother didn't know I'd done it, but anyway I said, well perhaps this is an area that would offer me some money to help me do something else I might want to do. That was why I became interested. I was in a school in Burnville, CF Pope Elementary School, and then I went on to high school at [name]. But as I looked into nursing I felt I can get, if I can study nursing and get an assignment then I'd have some income to help me do whatever else I wanted to do.

Q: What was Lincoln School of Nursing like?

A: I can't say because I wasn't that interested in it. I had heard that Howard, Freedman Hospital, had a school of nursing, and I checked that out and there was somebody who had registered ages ago and they had never given them a response to their questions and so on. So at the same time I looked around to see where the schools were located, well I'll just send in 2 or 3, I'll send one to Lincoln, and whoever accepts me, that's where I'll go. And that's why I went to Lincoln, because when Freedman sent their letter of acceptance, I had already been accepted at Lincoln, and I wasn't willing to change.

Q: Where'd you live at Lincoln and what were the schools like then?

A: Well, you see, the school had what they called a nursing home, they provided housing for their students, and as a rule there were rooms with 2 bedrooms and it was convenient because some of your schedules were at night, and to be in a facility within walking distance to the hospital and so on, that was to the hospital's advantage and also to yours. Of course there was not as much, not as many problems at that time with people in and off the campus and so on. Safety was not a problem.

Q: The academic experience then?

A: Well, I guess I'm the wrong one to ask that question for this reason: I was interested in getting as much out of everything that I went into as possible, and so they didn't have to penalize me to get me to study and what have you. I did it, starting when I was in, 5 years old, I was the teacher's assistant in a school, so I had been academically interested and so on from a child.

Q: What was the environment like, not all that academic?

A: Well, you see it's only in these days I guess that they are discontinuing hospital schools, and schools are going into institutions. And that's something that really dates back, not many people, not many nurses I would think, of the older group had the opportunity, I didn't, to obtain nursing in an academic institution, they didn't exist. Because when that took place I had already gotten mine from somewhere else.

Q: How different was the hospital school then?

A: Well you can't compare them, or one of those comparisons and so on, because they're two different institutions. You didn't have the faculty that could have taught the students on that level because the faculty themselves didn't have it. However, I think they all did fairly well, that they, you see the states had something to do with the type of programs that you had, because it wasn't just the program at Lincoln, it was at Watts Hospital and the other institutions. It was even in rural regions. We had, what was the name of that [word], they made it into an institution for senior citizens that's [word] now, but I'm sure they had nursing programs, and that they were not academic programs. You know, that requires money, it requires faculty, it requires students that are prepared for those kinds of programs. I think they moved along, along with the times.

Q: In the history of nursing, where do African-American schools like Lincoln fall?

A: Well, in my opinion, you had to start where you were. You didn't have any place to start admitting those students and so on. I closed Lincoln's school when they were ready, I can give you that paper too, and I think that the kids have done all right. See, we had a, what you call a state board of nursing, and once you had completed your work, that institution had to prepare you to be able to take those examinations and they passed them, so they had to be doing something. So they don't exist any more, as I say I closed Lincoln, I don't know when the others closed.

Q: Tell me about that.

A: I don't know what I told them. That's been quite a while. I came from Washington to do it.

Q: What's Lincoln's legacy?

A: Well, hopefully Lincoln recruited the best prepared nurses that they could locate to become a part of that school and to work with those students, the best that they could find, because I can think of one person who was my instructor and she came from, where did she come from, anyway not North Carolina, she came from some other state, and so on, but they did the best they could with what they had. I really think that at Lincoln, as I say I worked, because I wanted to be able to pass my boards and I read the professional journals, newspapers, listened to the news, you know, what are the diseases that we're facing right now? Therefore I want to know about them because I'm sure I will meet them on the exam, and I was ready for them when they got there.

Q: Northampton County when you got there?

A: This was at the time that the social security was coming into being, and they provided funds for the education of doctors, nurses, uh, engineers, that would be, who would become responsible for our water and all of this, and somewhere I had had some contact with somebody about midwifery, there was no professional midwifery in North Carolina. I think that the school in, in, it's in existence now, I think it was in existence at that time or it was about to become in existence and that was, wasn't in North Carolina, wasn't even in New York, but we had these programs in New York, because one of the people who attended that school, she studied midwifery, and came back here and she was the one who started the program in, where is it now, no, no, it's, it's west of here.

Tape 28

Q: Dr. Cooper?

A: Dr. George Marion Cooper was the assistant state health officer in North Carolina, and he was also director of maternal and child health care. And I went to see him to talk to him about, would there be education programs in midwifery, that I was interested in midwifery, that I'd been somewhere and I'd met somebody who had told me about the program in New York and I wanted to follow it through. And so Dr. Cooper said, "Well, you've come just in time, we have this program in Northampton County, and we could use you over there." He said, "But you know, so far as providing the funds for you to study, how do we know you'll come back when it's over?" And so he said, "I tell you, I'll make a deal with you, if you will go to Northampton County and work for a year, and if you get along all right and what have you and so on, then we will provide funds," they were not his funds, they were social security but he had control of them, "then we will make arrangements for you to go to school." And so I went there and it was good that I did because I had to work with what you know they used to call them the 'granny midwife' the indigenous midwife who worked in communities and helped people and what have you, because they taught me so very much, and when I did enter midwifery school, I was ahead of the other kids because I'd been involved in a lot of stuff that, you know, I was going to receive at Lobenstine. And

we did not have a hospital in Northampton County. We had some private physicians, but you know they were far apart, and if we got in trouble, and often you did, I had to drive all the way over to north, to Roanoke Rapids Hospital to get my patient admitted over there. I'd take the midwife with me, she'd go and help, if we made it there. I remember on one occasion by the time we got to Ridge[?] Square, our patient was dead. We didn't, see that was primarily a rural farming program, was it peanuts and cotton and what have you. And we made the calls anytime that the midwife wanted us to come help them. Regardless to how far we were apart from each other, and so at, when I had finished that

period of time that Dr. Cooper had promised me, because he said, "I'll tell you this, Mary," he said, "when you finish your school work to come back here," and what have you, he said, "these nurses won't let you come in this office, in the state office, and work. I said, "I don't want to work here [laughs]. No problem. All I want to do is to get what it is that I feel I need, and then we will handle the balance." And when I came back, they sent me back to Northampton County, but I didn't stay that long, because they transferred me to Roxboro, and Roxboro at that time was in Chapel Hill's regional program, and Dr. Richardson, who was on the faculty, was my chief.

Q: How widespread were midwives in Northampton then?

A: They delivered all that they could manage, because a lot of problems, you cannot handle. And that's where we would go to the hospital with them, that's where we would call the private doctor to come in and help us, and he may join us to help get them into a hospital.

Q: How many deliveries, percent, were the midwives making?

A: Oh my, I would say maybe 50-75% of them were done, because **they are just poor farming people, they don't have any money,** and you know if you leave the mothers and the babies alone, a lot of them will get along all right anyway, you don't have these major problems with some of them. There are some situations where you have some real problems, and a lot of mothers have passed away in childbirth, kidney problems, actually, you know, problems that existed before they became pregnant. Well who is to tell you if you don't know, and maybe some of the doctors didn't even know. They'd be out in a rural area and so on, you're really in for it.

Q: How did Northampton rate as far as successful deliveries?

A: Well, I'm sure it was in a bad situation. But you know, kidney problems are some major problems. If you read the papers today, they're telling you what problems we're having with sugar today, a very difficult problem, and people don't know they have diabetes until maybe already the situation is so difficult, they may have major problems.

Q: What was the morbidity/mortality like?

A: Well they were. You can still see it, because in the first place, you have people who, well in the first place, North Carolina has, United States is one of the sorriest health providing facilities for its people in the world. And so people are not aware of their illnesses, they wouldn't have the money if they were, and you know what they say today, that medical care is so expensive that we're supposed to receive some relief at some time, because right now I give some of my social security to people who can't afford their medical care, to help them, even if you can get a prescription, maybe you can get just a small morsel of it filled. Some real, real problems.

Q: The midwife story when the mother died?

A: Well, now this was a situation, this was a big, Northampton is a big county, and let's say perhaps the telephone service isn't that good, but by the time the midwife could reach me by telephone and by the time I could drive from there, I'm thinking of Jackson that was the capital at that time, I came down through, no, Ridge Square and then from Ridge Square I had to go another distance and so on. And when I went in and she's busy telling me what the problems are and so on, and I'm saying, "Well, you know, let's get her ready to take her to the doctor, take her to the hospital." And it meant we had to get her dressed and all of that, and then get her into the car, I had a two-seated car, put her on the back seat, and then we started on to, actually we stopped in Ridge Square and asked the doctor to see her there, and then we saved that kind of time, hopefully, getting where we are going. And the mother began to have convulsions, and this told me that she had a kidney problem, and that before we could get into Ridge Square, she was gone. Because

I called my chief, Dr. Parker, in Jackson, and I told him what had happened, he said, "Well, as soon as you can get them to take her from the car and so on, you come on back to the office, and you take the day off, because I know you are all disturbed over it. I said, "No, we've done the best that we could." I said, "There's somebody else, I'll be ready to go to the next one."

Q: Why was it important to come in and help the indigenous health practitioners?

A: Well, you see it's the same thing with Dr. Cooper who was saying that because of this problem, we could give them more help than anybody else.

Q: Again?

A: The midwifery problem, mothers having trouble, well in the first place, you see, they hadn't had prenatal care, it didn't exist. And so with the nurses going in, they didn't have midwifery, all they could do was the best that they could, and then move on. As I said, it wasn't a hospital in Northampton County. I had always been interested in prevention, that is, why let somebody get sick and then want to try to do something for them? And I knew that with smallpox, chicken pox and all of these diseases, some of them could be prevented, because we could vaccinate people, we could separate them from families and have you. There was a time when the average mother, when the child got sick, she put the others in the room with him and let him catch it too. We don't have a public health program in the United States. We really have not set up one. It will come. And in Liberia for example, I was involved in chicken pox and smallpox and all kinds of things. We vaccinated wholesale.

Q: How'd NC compare in the '40s compare to other states?

A: It depended upon your pocketbook. Whoever had the most money, hopefully, they'd have the best education program, and they'd have the most money to use to help provide care for those people. If you didn't have the money, just like, as I say, I'm using social

security money now to help people to pay for their medical care and what have you. This is a story that will be of interest to you, there was a fellow in our neighborhood, and I knew him, and while I knew he was sick, I didn't know what was wrong with him, but when I would meet him, whatever I had in my pocket, the change, I would give it to him. And then one day I was going through his street and he was sitting out on the porch, so I stopped to speak to him, and he took me in the house, and I found out that that young man was suffering from sugar, he was on the dialysis machine, he couldn't take care of himself, and what have you. And so then I started giving him \$25 a month to help him with his medical care, whatever he needed. And they told me later, they said, "You know, if," and I gave it to him about the middle of the month, that when he didn't get that money the middle of the month, he got on his family because he thought they had taken his money. And don't you know that they were so touched because I would help him, that when I was packing to come back from Washington, one of the brothers that drove one of those big busses or trucks, they got themselves a couple of men and came up there to help move me back to North Carolina. And they said they were so impressed that I would try to help, and what it meant to them.

Q: Why did midwives used to be so prevalent?

A: Well, in the first place, there was nobody else to help the families, the mothers and the families. And I often think of some of the cases that I was involved in outside of the United States, in Africa, you've never seen such, I wanna say 'horrible' but seeing how mothers had to suffer. Now they told me I didn't see this, but I [word, lost this?] baby, there's an area where they didn't allow but one baby in the pack to live, and I had this set of twins, but there was nothing I could do, I couldn't prove it. And they wouldn't talk to me about it, but they got rid of one of my babies. And another mother, she was having, and it was pure ignorance, I mean the people didn't know what the situation was like, and this mother with probably a kidney condition, but anyway the husband said, "Mommy, if you don't call that other man's name, that's the father of this baby, let you die, oh." And in the end, they brought the box in for her to look at it, "we'll let you die and we'll bury you." And it happened. And sometimes I lock horns with the attorney general, when he would say, "Well, because this is the custom of the people," and so on, "I can't help you in this situation," and oblige them to take that person's leg up out of the hole, somebody has an injury on the leg, and the cure for it was to dig a hole and put the leg down in the hole and let it get some relief that way, and you're gonna die from gangrene. But as I said, I'd been to the attorney general, and said, "Please help me," but because that is the custom of the people, but in our situation, we didn't have anybody else to do it, and it had been done all along, that the midwife, and the midwife was nothing but a neighbor, a kind neighbor who joined in and did what she could to help another neighbor. In case you could have a kidney problem, and that could give you all kinds of trouble, and you may be so far away, you know we haven't always had doctors that were near enough to be able to come in and give us some help.

Q: What did you teach the midwives?

A: About soap and water and so on, you know, cleaning up the situation, a lot of things you get from not being able to take care of that kind of business. But that's one of your first things, you know, your soap and your water and what have you, clean up the mother, the midwife must be clean. Pans and pots and what have you, because you see we boil the water that we use for that kind of thing, but be sure that you boil it. You do the best you can and don't forget that the water is dirty to start with. What about the household effects and so on.

Q: Were midwives more prevalent amount African Americans?

A: As I say you have to think about how much money you got, do you have money so that you can afford to pay for these services, and I'm sure that families that had money, perhaps they had made plans with a doctor for maternity care, ahead of time, and they had had care all along. Well, you've had no care, because it didn't exist. So fortunately my mother didn't lose any of her children from the lack of maternity care, but the older people would know more about that than the younger people.

Q: Your public health training?

A: Wasn't any in North Carolina. If there was any here, they wouldn't let me have it.

Q: What do you mean?

A: Well, with the separation of schools and what have you, the black schools didn't have public health programs, I couldn't go to Chapel Hill. And so you know I will always have the feeling that somebody had to be interested in me, and the kinds of things that I was doing, because of the support that I received, perhaps they talked to other people, and other people talked to other people. I had no problem getting into, say, New York University, and the Medical College of Virginia and places like, no problem. Of course by the time I got to George Washington, there was no problem up there.

Q: Why was it so important that there weren't opportunities for blacks?

A: Well, I don't think it's just necessarily black people, but money is required to run these institutions, and your schools were separate, and these kinds of programs did not exist in your basic schools. I didn't know what it was, but I was busy trying to find out something about it. It's unbelievable that I got into those areas. My mother took the school teacher to live with her, so she could take me to school each day. So she took me by the hands, she called me 'Honey', took me by the hand and led me and we went to this little country school, and we made the fire, and we cleaned the lawn and so on, because I was asking her, "What was I like?" and she said, "Honey, then I would hear your lessons, and after I heard your lessons, then I gave you a group of little children over there in the corner, and you heard their lessons." So I was teaching at 5 years old.

Q: How'd you come to Central?

A: Because they wanted me. But no, what had happened, you see I had moved along, I had a study program in public health, and not many of us had that program, and they invited me to go, I didn't stay but 6 months.

Q: Why did Central think it was important to have a public health program in the '40s?

A: Well, why did they have one in Chapel Hill at that time? There shouldn't have been one at Central, it should have been in Chapel Hill, one school. And whatever was good for one group of students should have been good for all the students.

Because when you go out and you go to work, your problems, public health problems, are going to be essentially the same, or some of them will be. But you couldn't get into Chapel Hill. That was all right with me, because I knew I'd be somewhere, somewhere at some time. Because you know with contact with people, they're going to help you to get into the areas where you should be, and then when social security came in, and there were funds available, because I tried to get some students to join me and they started maybe a threat to them, you know, and their future assignments. So I went ahead and left[?] them.

Q: What did the Central folks say to people to tell them how important this was?

A: Well, I guess he could say, "This means we won't have to be bothered by them going to Chapel Hill [laughs], trying to get them in over there." I don't know.

Q: A general statement about the school's importance.

A: Well, in the first place, there is so much work that needs to be done, that's the first thing I said, we don't have a health care program in the United States, and so it has now become a part of curriculums, now that the schools are becoming consolidated and so on, there will be one program, and it should be a good program, since it's only one program. I really don't know how many basic hospital programs exist today, not many.

Tape 29

Q: Talk about Helen Miller.

A: Well the only thing I can say is, she kept it together, and it's still together today, and they had other people there and so on.

Q: What did she do especially?

A: You see I was only there about 6 months, and I'm sure she went to other schools to find out what they were doing and what they need to do there to bring it up, because I think she did some academic work at Yale, I think.

Q: Opportunities for African American students in nursing?

A: We have to go look, but anyway the first thing that happened before I came into that program, they decided they wanted to do a program, I think it was in maternal and child health, and I was the only one in the state with midwifery, and I came to Central and did that program that summer for them, and students came from all over the country for it, and there were some students in the group that I had been in class with in midwifery early on. And I'd had public health, and I got that from the Medical College of Virginia.

Q: Collaboration between Central and Chapel Hill?

A: Oh I don't know that there was anything particular because I had come out of a public health program, and I had talked with them about some things. One of the weaknesses in my own program was the fact that I had not had a teaching experience in an academic program, and I had made plans to go to Chicago to do that after my first year at Central. They were not sending me out looking for something myself, because the student should have the best that was available, and should be able to meet the requirements.

Q: Again, the collaboration between the universities?

A: There was, the greatest collaboration I think was in health education, and the person in charge of that was Dr. Lucy Morgan, I think they say she's not here any more, but anyway I used to work with Dr. Morgan and so on, but I wasn't in her program.

Q: What did UNC offer to Central?

A: I imagine at the time increased, as I say, I was only there actually 6 months, that there was more, I would think, but I was not there.

Q: Helen Miller, the bachelors degree program?

A: Well, in the first place, I think whomever was involved in this program would have the most to offer because that wasn't my area. Our area came up to the requirements of the, the, can't remember the name of this [word], see we had standards out of New York, they set the standards and so on, so that there were certain requirements that may not go all the way, but everybody had to meet those requirements. And I know we had come up to where we were supposed to have been at that time, and that was a beginning, I would say. And that we continued to try to improve on what we were doing.

Q: Helen Miller again?

A: Well, I imagine when she went to Yale, she acquired some more of the academics that she needed to help her in bringing the level up and up. I'm sure she went to Yale.

Q: Why did you go overseas?

A: Well, as I mentioned, it was, what did I tell you my doctor's name was? Yeah, Dr. Rosenau, perhaps he had the greatest persuasion on me to do it, and to take it just for a period of 18 months, to add to what I was doing and what I already had. And I, one of the

things that they were interested in was midwifery, because nobody had bothered with it. and so that was, they wanted me in the midwifery program, and they sent me to Liberia and there were times that I had conferences with the president about our midwifery program, because we really had some nasty problems over there. But that wasn't the only thing I was doing, I just happened to be one of those that had a public health certificate from the Medical College of Virginia as well, and also I had gotten a masters degree from New York University.

Q: What was most rewarding about overseas work?

A: All of it was rewarding. But I don't know that, as I say I got a chance to do an awful lot with childcare and midwifery. I had set up some schools of nursing. I did that in 3 or 4 areas, and what have you. But I guess the thing about it, I just took advantage of the situation wherever I was, and worked with the people. I selected students to come to America to study, doctors, engineers, in nursing I did the selection of those for them. As I say there was so much of it.

Q: NC was first to have a law, what's this say about NC?

A: In the first place, you know, we have an international nursing program, and I don't know that we have ever had an American in charge of that program, but it's all over and in addition to that, you see the women outside of the United States, I'm trying to think of this one in [name], one of the first women, you know they, we've had some smart women that we have benefited from their education and their position and what have you. Not some time ago I had to go to Detroit for an awards program, Mary Mahoney, and it was real interesting, and they were going to blame the president of the international association over here for it. and this was going to be the great surprise, and the great treat for me, having, meeting this person and so on. And so in May or June or something, we were permitted to wear summer uniforms, which is a white uniform, and so they were going to introduce me to this lady, and when they brought me in, we hugged and kissed and [word] each other for ages and what have you, so a lot of this leadership and information for women and so on has come from other countries. Now, the Finnish women, they, I don't know what the rank is now, smartest women in the world. and I've had some friends.

Q: What's it say about NC?

A: Well, the first think I would think, did you look at the problems that were in existence before that, I hope they were not so bad off that they had to do something about it.

Q: What kind of problems?

A: Well, for example, what kind of care were people receiving in the hospitals. Was it care that was commendable and helpful to people? [word], did they need some additional help? Or for example, you know, we'll see laws that they've passed that was for the purpose of improving the care that nurses gave to patients, and so on, but was it safe?

And I've actually never heard a discussion on that, but there was a reason that we had to have it. and sometimes if you go with other countries and what have you, are doing these kinds of things, that we benefit from them, take advantage of them. I know that education-wise, I've always been told that the Finnish women were the smartest women that existed. And I bet you the Finnish women got more money today than the men.

Q: What job has NC done of educating African American nurses?

A: Well another thing you have to keep in mind, and that is the source that you had to work with. You can't do some things when you don't have a thing to do with. So if you had faculty and staff and what have you that you could work with, and if you would give them the opportunities and keep them working in these areas to improve on what they are doing and what have you, that's, and as far as other states are concerned, I know that Georgia has excellent education programs and so on, and that their nurses and so on perhaps may have moved along a little faster than we did simply because they had resources to work with them. I don't know about South Carolina and those areas, but you see Virginia was really ahead of us, and I guess they had better prepared staff and faculty, that's where I got my public health, was at the Medical College of Virginia. We didn't have it here at that time, may not have been a need at that time, I don't know.

Q: The merger of the NC Association of Colored Graduate Nurses in 1949?

A: I was in and out and I had already become connected with the state of New York, I was [word]. But anyway I was here for one of their early on meetings, and that because they always invited some of the nurses or leadership from these other areas to be on programs to discuss subjects and what have you, on one occasion, it happened in Durham, I was here and something came up, I don't remember the person that they had brought in from Raleigh to serve on that program, and I don't know, we sorta tied up and I said, "I'm not asking for myself, I have no problems, I have a membership in the state of New York and what have you." So they said, "Well, who could keep you out?" with the kinds of things I was involved in. and there was one question that they asked, and it sort of led to leadership and I got up and said, "Well, now in the event that these girls," I said, "I'm not speaking for myself, will agree to accept leadership or membership in something, what are you gonna do about helping them to have memberships in the state Nurses Association?" I could ask the question, they couldn't do nothing with me but throw me out. And I said, "Who could keep me out?" I said, "I'm not trying to get in no place." But I came in the country on one occasion after the supposed merger. That wasn't in toto when it happened. They'd let you come, you could attend the meetings and what have you, but you could not attend the midnight, uh, the meetings that they had the governor to come to, and banquets and all that, they didn't let them go to that. And what happened, they said that the black girls got together and they arranged to have something in which they would invite all of the black applicants, this was after the supposed merger, that part of the merger, well anyway I was here for something on one occasion and there was a subject that I wanted to hear discussed, simply because it was an issue that I had been involved in, and I didn't get to the meeting, the meeting was in Greensboro, in time for the early registration, and I said I'll just register at lunch time and so on. And so at lunch

time I went in to register, and I remember I had \$20 in my hand, and I said, "My banquet ticket please." And so they said, "Oh, we knew somebody," nobody else had said a word about it and what have you. I said, "Well, I only say to you that if the tickets are paid for by the individuals, I want to pay for them here. Here, take this twenty dollars and give it to them. But if it's paid for by the association, I challenge the legality to use anybody's money for any activity to which all members are not included." That next day I told the girls, "Don't sit with me, because I don't know what I'm going to do, and you have to stay here," I said, "maybe I do too, I don't know." I said, "But leave me alone." So there were 2 girls there who had had their education in I guess North Carolina, attending the meetings, and they invited them when the major part was over to come to this platform and they went. And so then they wanted to know, was there anybody else who wanted to come. I was almost up to the steps then. And so I told them, "I'm Mary Mills, I'm your ambassador, international ambassador outside the country," and what have you. Well, anyway, when it was my time to speak, I told them, "I'm not going to say to the people I'm working with that I'm representing the United States outside the United States, I'm not going to tell them what you've done to me today." And I think this is the only statement I've ever made that I regretted that I did, I really got them told about the effects of this kind of thing on people, and I said, "And if you don't do something about it, sooner or later communism will." And I resented that I used that remark, because this kind of thing will not continue to go on, and what have you. and when it was time to leave, I hurried to get away, because I was going straight back to Washington then. And they cornered me. I had said what so many people had wanted to say all along but didn't dare say. And they said, "We didn't know it was that bad," because some of them were crying. So anyway, when I got back to my office in Washington, they had been glad I had said it. So I, instead of them getting on me about it, they were happy that it had been said. So this was the beginning, of this, you know, a complete merger. And I gave a newspaper the money on one occasion, told them, "You go attend that meeting and see if they let the people come in to the governor's meeting and what have you. Here's your fare to go ahead." and I wrote the president, I don't know if I gave you a copy of that letter, but I sent her some money, and I said, "This is specifically for the banquet and the doors must be open to everybody, if they're not open, send me back my money." And they sent me my money back. But then the next year they wrote me and said, "Please send it to us." They were ready to, so I don't know. It never bothered me that they didn't do this or that, because, go in the other door.

Q: The biggest challenge facing NC nursing?

A: I would say, get the maximum experience in the area that you can and take advantage of being able to share and participate in what's going on. In fact, because I don't see the problem for me, and therefore, but you really have to spend time, money and effort, you have to know what's going on, here, and the doors are open, they're waiting for us to come, because the last thing I did was at George Washington university. I didn't have any problems. If I had problems of course I wouldn't get there. And perhaps all along there has not been as much problems as we would have thought there would be, if you're willing to work at it, it won't just be added to you and you wouldn't want that.

[end of interview]