

**Oral History Interview with Edna Saunooke Goshorn, conducted by Laurel Sanders,
November 12, 2010.**

INT: Okay. It is Friday, November the 12th; I'm Laurel Sanders, interviewing Edna Goshorn, maiden name—How did you pronounce that?

INF: Saunooke.

INT: Maiden name Saunooke. About 3:30 in the afternoon, I believe. Okay, so my first question...

[Short discussion about time constraints]

INT: The first thing I'm going to ask you is, when were you born?

INF: 1929.

INT: Okay. Sort of a rude question, but we've got to date the thing for posterity.

INF: [Laughs]

INT: And then I'm going to ask you a little bit about your childhood. Where were you born?

INF: I was born here in Cherokee. In Swain County, July 18, 1929. And my daughter was born [unintelligible]. She is also a nurse.

INT: Oh, that's cool. Inspired by you, do you think?

INF: Well, my grandmother worked in a hospital, just as a CNA, I suppose, or a cook, and whatever they needed her to do, and then I had an aunt who was an LPN. When I grew up, when you graduated from school, you were either...went into nursing, or were a teacher, or you got married.

INT: So that was a pretty respected profession, by the time you went into it?

INF: Yes. Yes.

INT: Cool. Yeah. So you knew several nurses growing up: your aunt, your grandmother...

INF: Mm-hmm, and several good friends of my aunt and grandparents who were nurses.

INT: Okay.

INF: As a matter of fact, Frela's aunt Lula was...lived down our road, so we knew her and I was a good friend of hers.

INT: Okay. And what do you remember about them, in particular?

INF: Well my grandmother did a lot of home remedies.

INT: All right.

INF: Yeah, she grew a lot of her own herbs, and would mix them up, give them to you or find the right tree for cough syrup or sore throat.

INT: Okay.

INF: And she used to give herself cold shots. Also...back then we had to take a cold shot if we were subjected to a lot of colds. And she made a thing called a mustard plaster. You don't know what that is?

INT: I've heard of it, but...

INF: She'd get a clean cloth, and she would get ground mustard, mix it up with a little flour and water, and it would be a paste, and spread it on this cloth, and put another cloth on top, and you would put it on your chest. And it really burned, after a while. But you would get the fumes and all, and it would loosen up the congestion in your chest.

INT: Wow.

INF: So it just happened that when we were in nurses' training, once, someone mentioned a mustard plaster and no one knew what it was. Except for me...I learned it from my grandmother.

INT: Well, around what time was she using those, do you think?

INF: Well, when I was in high school, so when would that be...in the forties, and she'd been using them before that, and they did a lot with babies who had croup.

INT: Okay.

INF: You...and now, they...when I was in school, they used to use a croup tent. Put them in their little bed, and put a cover over them, and, ah, put a steam in there, to loosen up the congestion. But, um, when we were at home, you didn't always have that. You'd put their feet up to the fire, and you'd get them real warm, kind of, put some ointment or something on their feet, and keep them warm, and loosen it up. Well, she did a lot of nature stuff like that, and home remedies, and, I guess you'd say, old wives' tales, I'm sure if they were...and my grandmother was not Indian.

INT: Okay.

INF: My grandfather was.

INT: Okay.

INF: And my grandmother, she had picked up a lot of this just living in this area. Everybody used home remedies. Back in those days. And if you had a cut or a bite, a lot of times, they would put sugar or honey on the cut. And even today, that's kind of coming back into [unintelligible]

INT: Why is that supposed to work?

INF: Well, there's something in the pollen of the bee stuff that is very antiseptic-type.

INT: All right, my dad's a beekeeper, I might do that.

INF: Oh, did you know that?

INT: No, I didn't.

INF: Well, it's good to just eat honey too, you know. Except young babies. And this, just, things that they knew, and had passed down, and of course I'd always heard about using bear grease.

INT: Okay. On cuts?

INF: On well, on...sometimes headaches, or sores, or cuts and things, or aches and pains.

INT: Okay. Would they eat it, or put it on their skin?

INF: Well, I don't think they'd eat it. Although they did eat bear meat, but...I guess they got a lot of bear grease, but...

INT: All right, yeah.

INF: I didn't grow up with a lot of that, because we had the hospital at that time. ✓

INT: Okay.

INF: In fact, I wish I knew a lot of the herbs that they used. And there's...just, little pamphlets and books of things you can grow in your garden and save, and use them, and my grandmother was just kind of known for her home remedies.

INT: All right.

INF: So a lot of people would come by, and talk about things, and she would go to the garden and get it, so, I don't know if you'd really call her one of those home doctors or what, but she knew a lot of things to do that were just common.

INT: Cool.

INF: And for toothaches and things you would use certain stuff. I'm not sure what, but they were...and you had to do this, if you couldn't get to the hospital, or the doctor; of course, we were...didn't have many doctors around. Now, we were eligible to go to the local hospital. But the other doctors, you know, would be in Bryson City or Sylva, which were close...as close as...and they were ten miles away each way. So, you couldn't just jump in the car and go. Half the time you didn't have a car.

INT: Yeah.

INF: And if you were way up in the mountains logging or something and a cut, which was mainly what they had...someone had to know first aid. [unintelligible]

INT: Oh, yeah, goodness.

INF: And, and of course there were a lot of Indian remedies too, that I don't know, that would be interesting. In fact one lady who lived near my mother used to get spiderwebs and put on a cut.

INT: Okay. I can see how that'd be helpful.

INF: Because they were very sticky and, you know, would help coagulate the blood. It's, you know, things like that, you know, I never knew that. You just pick it up later in years when you really are interested in things like that.

INT: So are you saying your grandmother worked at the hospital as well? The local hospital?

INF: Yes. In Cherokee.

INT: What time period was that, when she was working there?

INF: Let me see, when was that; it was probably in the twenties. I was born in '29; it was probably somewhere in the twenties.

INT: All right. And what was that like?

INF: Well, the hospital of course was very sparse. They didn't have a lot of major operations, in other words.

INT: Were there a lot of logging accidents?

INF: In Cherokee we've had three, three hospitals, and she worked at the first one that I can remember. And I don't remember ever going there as a patient but I remember seeing her...she had a picture made, she and another lady, standing on the steps, so apparently you had to go up through the steps to get to the hospital. And later they turned it into apartments for some of the families that worked there, in Cherokee. But then they built the other hospital, which is now the police and unity [?] center. It's a beautiful rock building. And cut stone, stacked. So I

remember that one because I had my appendix...they didn't do surgery there, and I had an appendectomy when I was about thirteen.

INT: Oh, goodness.

INF: And they had to call a doctor from Sylva to come in and help, because you needed two doctors. And a lot of babies were born there; they did minor surgery. But they did away with that after, oh, probably in the fifties. Even before that. I guess it was...they didn't do surgery, maybe in the forties they didn't do surgery anymore, so they had to be sent out to the local hospitals.

INT: why was that?

INF: I'm not sure why. Maybe... the doctor they had left and the other one who came in didn't do surgery. That could be. You never know. The doctors, a lot of times, were sent in through the government, and they worked rotation or something, so whoever came wasn't always skilled in the things that they came for. And he was the only doctor for a long time, Dr. Johnson, but then when he left and they got several other doctors, then they began to get more doctors. Because in the forties and fifties and sixties, they had several doctors, but still no surgery. And they stopped delivering babies there and sent them out to...I guess they went up to the present hospital along about in the early eighties. So it's a fairly new hospital, and apparently we've outgrown it, they keep saying they need more [unintelligible] they have so many things in there. They have the dentistry, [unintelligible] of course, all the things that go with the med labs, and the X-ray. And then they have other offices that, for a while they had a program called WIC, for children. W-I-C, WIC. And of course, offices, and the eye doctor who comes out from Asheville, a place for him, and I think a couple of other things, right now they've slowly moved some of them out and tried to expand. And they've built onto the emergency room, which is much larger now. So...and I think at one time they had a place for the recovering alcoholics. They could come in at night and go out in the day, and [unintelligible]. I don't think that program's there anymore. So it changes.

INT: Okay. What'd people think of Dr. Johnson?

INF: They liked him. I think he had about four nurses, four or five nurses.

INT: All right. Were any of those Cherokee?

INF: No, they weren't Cherokee; in fact, my aunt worked there as a...not the one with the LPN, but she worked more as a CNA. That's right, my other aunt, I'd forgotten about that. She worked in there, doing a lot of CNA work.

INT: Okay. What's a CNA?

INF: Certified Nursing Assistant. We used to call them aides. [laughs] When we were in training, you had the...we called them aides, and they had to wear a certain uniform, so not to be distinguished with the students or the registered nurses. And for a while, it used to upset all the nurses because they let them wear white uniforms. And they would wear white stockings, and that was only for the registered nurses. So they had to say, "You can't wear white stockings, you have to wear your hose." [laughs] ✓

INT: That's interesting.

INF: And there was a distinction, I mean, you really knew who the nurses were. You go in a hospital now, you don't know the nurse from the scrub lady. In fact, my husband was in for a colonoscopy, and I saw these two guys out standing by the cleanup car, like the janitor. They were both talking to each other and one of them was the doctor. [laughs] I thought, oh my gosh, you know. But it really bugs me that you can't really distinguish the nurses, the RNs, from the aides.

INT: Just because scrubs have become so prevalent, or...

INF: Yes. They just...they don't look professional. Even the caregivers that come here now...I've said to the company that sends them, I've said, "Are they supposed to wear some sort of a uniform, or...something?" they said, "Well, they usually wear scrubs, or they have their identification." I said, "I haven't seen but one person with identification, and one who wore scrubs," I said, "The others don't." "Oh," she said, "well, usually, they do." But who enforces it? You have to do it. And so I've been asking them, "Are you certified?" Well, one girl wasn't. She said, "I've taken some tests, but I'm not certified." And, of course, the nurses don't wear their caps anymore, so that's another...that was a very distinctive factor. *Nice /*

INT: What did yours look like?

INF: I'll show you a picture. [laughs] When we would go off to affiliations, which we did a lot of times, you could tell the different hospitals by the way we recognized their caps. And it was really an interesting way to do it, because some had beautiful caps. I didn't think ours was so nice, I mean, [unintelligible] change any. This is our yearbook. And they did change them, so that they look...they look like that now, you know, just a regular... and the seniors, who wore the black bands. The others didn't, so...there's mine.

INT: Oh, wow.

INF: From years ago.

INT: Stylish.

INF: Well, the caps that we had had a little fold-back type, and they puffed up and gathered in the back. And they were very hard to set up, as we called it. You had to wash them and starch

them and iron them [unintelligible] them just right. I'm not sure we even have any in here that shows the old one, because by then they had changed to this type. And this is just a regular...well, these don't even show it...just a regular cap that you'd go buy in a store. And I think now they put the black band crosswise instead of around like that. But it's [unintelligible]; they don't even show how terrible they looked. We were all fussy about them. Kind of more...this is an older one...

INT: Oh, goodness.

INF: Because the back pulled up and pulled in and then tied, and you had the band and they did the...just the plain ones that you'd go to the store and buy.

INT: So you had iron that...what, every couple of days, or...?

INF: Well, if you were very careful you didn't have to.

[Brief conversation with informant's family member]

INT: Oh, so, in your training you were saying that the senior nurses wore the black band on their caps and the other ones didn't. How did the senior nurses treat the younger ones?

INF: Well, we were little probies. For six to nine months. And at that point, they used to have the probies wear black stockings and black shoes and these little wraparound yellow uniforms. They were...they *really* looked like little scrubbies. Little...do-what-all. And so, I think we wore those for about nine months, at that time. And then, when we were capped, we got our cap, and we got to wear the blue and white stripe. And with the apron around it...it's a bib and apron...

INT: And that was another stage between being a senior and being a probie?

INF: No, when you were capped, you got the whole uniform.

INT: Okay. So..graduating.

INF: And then when you graduated you got to wear the white uniform. With the...best to see, but it was just a straight dress, and we had white collars and cuffs, and they were so stiff, they always rubbed your neck raw. And then there was just a bibbed apron, you had to pin it down, and it went over and buttoned in the back, and the bottom part buttoned, and when you sat down, you gathered up the ends like this so you didn't crumple.

INT: That sounds like an ordeal.

INF: Well, it [unintelligible] you because they didn't like you looking scruffy. They did the laundry for you. And they issued you, I think two sets. When someone graduated, you always ran to get their collars and cuffs. Unless they gave them to you. You know, you mark their

name out and put yours in. But it was something to set up one because they had the little white pearl buttons with the little latch that goes through them. And you had to take those off when you sent them to the laundry. So they buttoned on here, and then the button in the back, and then the bib that went over had to have the button, and then the cuffs and all were just atrocious to put on, and then wear. They were so stiff. Everybody had a raw neck. Because they were so stiff.

INT: So where did you do your training?

INF: In Asheville. At...then, it was called Memorial Mission. First it was Mission, then it went to Memorial Mission, and now, what is it...Mission Hospitals, I think, now.

INT: I don't think I'm familiar with it, but...okay. So did you live...

INF: We lived in a dorm. Right across from the hospital. Our hospital we trained in was over on Charlotte Street. And they sold that one and now they're over on Victoria. In fact, they bought the old hospital over there called Victoria. And they are expanding like crazy every time you go a new place they're digging and building and they hope to have the cancer place finished by next year.

INT: Oh, well good.

INF: They just finished another new building. They are just absolutely expanding all over that place. So it's going to be a big, big, Western North Carolina hubbub.

INT: That's cool. So did you do academic work, or...

INF: Well, we... I went to Western for two years before I went into training. So they had a two-year nursing program. Then I went over there, and you were there for three years. We were called diploma nursing. And we did hands-on work after we were there. Probies, for six or nine—our group was nine months. We didn't get on the floor too much; we practiced in the classroom, on each other, giving shots and bathing and all. Then when we were capped, they turned us loose on the floor. We [unintelligible] go over and kind of see what was going on, but then you were turned loose because we'd had all our academics—most of it. Then we did have to go through the years on certain things that they only offered maybe once a year. One was the Red Cross thing, the Red Cross course, and something else they offered one night. Then they put us on duty, like eight hours a day.

INT: Oh, wow.

INF: And toward the last few months, they were just getting the place over at Victoria ready, so they asked us to work forty-four hours instead of forty hours. And I spent my last six months in the OR. And then I just stayed there after I graduated.

INT: So when you started out, were you working in different areas?

INF: Different departments. You had to go so many months in the medical unit and the surgical unit. And then some had the night kitchen, and a group of us, eight of us went to Washington, D.C. for pediatrics. And while we were there, they set up a pediatrics service at home, so the others didn't get to go. And then we went over to the Highland Hospital for the psychiatric training and for our public health. We went with a public health nurse in Asheville.

INT: And just went around the surrounding Asheville...

INF: Went with her through different houses, different homes, and this girl and I, we got the black nurse in Asheville, and that was very rare, to have a black R.N. They were dearly loved. You...oh, "There's Miss So-and-so, there's Nurse So-and so, hello Miss Nurse," you know, she'd go in the home, and boy they all revered her. And she was very nice and very...a very good, I guess public health nurses like that. When I was at school, we had a public health nurse who gave us all our shots. She kept our records, and so, every year, this class would march down and get our shots, and if you weren't up to date, you'd go down and get your shot.

INT: Did you go to school here in Qualla, or...?

INF: In Cherokee.

INT: Okay. I was going to ask, were there any other Cherokee student nurses when you were training at the hospital in Asheville?

INF: No, one had just left about a month before I got there. And I think I kind of had to live down her discharge.

INT: Oh, goodness.

INF: And then later, my cousin also went to Mission. So there weren't too many of us who went there. They did go to different hospitals; some went over to Tennessee, and some went, I think down at Pfeiffer in Georgia...is that Georgia, or South Carolina? Pfeiffer College.

INT: I don't know.

INF: And other places roundabout. A lady you're going to see, Virginia, she went to... are you going to see her today or tomorrow?

INT: I'm thinking tomorrow; I'll call her.

INF: I think she went to Knoxville General, or...so, it [unintelligible] different places. Just when I went into training, the cadet nurse corps was just ending.

INT: What would that be?

INF: I went in in '51... '50. And the last...in order to keep the nurses at Mission, they paid them so they wouldn't join the cadet nurse corps. You know, they got paid when they went to the cadet nurse corps.

INT: Okay. So what was that?

INF: And you didn't get paid—it was during the Second World War, see, and you didn't get paid just going into the school of nursing like that. So to keep their students there, they paid them. And when I went in, the last class were being paid. So we didn't get paid.

INT: Oh, so the class before you was...

INF: Seniors. So they were three years ahead. And it was—

INT: Oh, bummer.

INF: What a bummer, yeah. But they did furnish our books and uniforms. And my girlfriend had a sister who came in six months after her and she had to buy everything. So we were just fortunate to get in on that. I mean, those books and uniforms are expensive. And we all had to have a cape. It was nice blue cape with red lining and I'm not sure they had a class of...singing or something they had to put—but we would wear our capes across the street. You can't even see that, but... And we were just right across from the hospital, but we'd wear our capes and you'd just grab the ends, you know, and fold it and run across the street. To the hospital. So they were very, very handy.

INT: Yeah, sounds like it.

INF: I think I have mine around somewhere still.

INT: Oh, cool. [reading yearbook title] "The Mission Belles."

INF: Yes, the Mission Belles. In fact our nurses' alumni, now, has been reactivated, and we're called the Mission Belles.

INT: It's a nice name.

INF: So we're trying to get an endowment set up for scholarships for nursing students. And usually, we take the seniors. Not the beginners, the seniors. Because we know they're really going to finish. And when you're just a beginner, you aren't sure you're going to like it. You may drop out. So we wait until they're seniors and then give them the scholarship.

INT: Did you like it from the start?

INF: Well, yes...and no. It was... I really had no idea what training was because my family had never been through training like three years of intense training. But there were some times when you had to be working on a ward and you would have seven patients in this ward and seven

patients in this ward, and then they had some private rooms. And some nights, you would have, let's see, seven plus seven is fourteen, sixteen patients.

INT: Oh, wow. That you had to keep track of and...

INF: You had to keep track, and they'd give back rubs at night, you had to go in and straighten their beds, back rub, get them ready for bed, and get a new pitcher of water, and if they weren't supposed to have water, you had to make sure, because [unintelligible] if you have surgery, a lot of times you don't have water the night before. And make sure if they had all their meds; if you worked the seven to three shift, that was a real hard one, because you had to make sure they had bed baths, and the bed changed, and you were supposed to have an aide who helped, and quite often they did, but grumble, you know, and everybody was just flying and working, and then the doctors would come in to see their patients, and then you'd have new orders to take off of what they had written onto the chart, get their med cards set up, and then order their medicines. So the three to eleven shift wasn't quite that frantic, but you had more patients, because in the mornings you didn't have quite as many patients as...depending on how many were on duty. But you usually had your head nurse. Of course she never helped with the bed baths, she just did the chart work, and the medicine ordering, and quite often we'd go with the doctors on rounds. But when you'd see the doctor, you'd lift out all the charts for that doctor, that he had, and you would make rounds with him.

INT: Okay, just follow him?

INF: Mm-hm, and when he would give an order, you'd write it down, and then when you were finished, you'd sign it. Hopefully. But I loved working in the O.R., and when we worked there...I guess we went to D.C. just at the beginning of our senior year. For three months. For pediatrics. And when we came back, I went into the O.R. and stayed there. And stayed there after I graduated, and then when I left there, I went to Arlington, to Virginia. And worked in the O.R.

INT: Okay, why did you choose there?

INF: Well, I had met my husband-to-be. And my roommate had met her husband, who was in the Air Force. There at the station in D.C. And we just applied to Arlington and they accepted us. So we worked there, and when she got married, she stayed in Arlington. But John was from Baltimore so I went over to Baltimore and I worked at Johns Hopkins. But I had to work on the Brady Clinic, which was the urology area.

INT: How was that?

INF: Different. [laughs] It was on the men's ward. [laughs] And then, of course, we moved out from Baltimore to a little town called Bel Air, Maryland, and they didn't have a hospital

there, you had to go back into Baltimore, or on beyond that, to [unintelligible] Grace. So I didn't work much, after I was married.

INT: So your husband was in the military as well?

INF: No, he worked for the army, but he was a civilian. He was in the Navy.

INT: All right. And what did he do?

INF: He was an electronic technician on the ships. And he was on the landing craft or whatever the plane came in, landed on the ships. On the Bon Homme Richard.

INT: Was that when you were doing the pediatric work up in D.C.?

INF: No, when we were in Washington we were actually in the pediatrics section.

INT: And why was it that you went to D.C. for that?

INF: Well, we didn't have pediatrics in Asheville. And somehow or other they had contracted to work there. And we'd been going up there for several years.

INT: That's quite a journey.

INF: Well, I guess we went up on the train. I think when my cousin went to Mission, which was about ten years later, they went for psychiatric somewhere up in Pennsylvania. So, by then, the Highlands Hospital in Asheville had gotten...didn't it have a fire, or something, at one point? And I think...was it Duke? One of the hospitals had bought it and they were sending their students up too...but I think they had a terrible fire there, so they had to make other arrangements.

INT: Okay. Well, partly what I was asking was, did you meet your husband up in DC when you were doing pediatrics there?

INF: No, I met him in Asheville. After I graduated. Or just, maybe a month or two before I graduated.

INT: All right, cool.

INF: Yeah, he wasn't my patient, but he was a patient, at Moore General, but he wasn't my patient. So now I tell him I'm the boss. [laughs]

INT: So you make it sound...or at least what I'm hearing is it was pretty common for girls from this area to go into nursing?

INF: Mainly, I think, teaching. But we didn't have too many students who left to do things. A lot of the guys went off, of course, during the war, to Army, Navy, Marines, or whatever, but there weren't too many people who left to go.

INT: All right. Why did you decide to become a nurse?

INF: I didn't want to be a teacher. [laughs] Didn't want to get married. It was just...I think one influence was a friend of my uncle's who worked here at the...and my parents' and grandparents' too. And she was a nurse, and nothing was really...I mean, she didn't really encourage me, but I just decided to go. After I went to Western, I just decided to go. Nothing earth-shattering [laughs].

INT: All right. No decisive moment.

INF: No, no flashing lights, or anything like that. [laughs]. No, but we did have a lot of girls who did not like it and who did not stay. They'd just get on the ward, and it'd just be overwhelming, and, you know, their emotions just got the better of them, I suppose. I know we took a tour once, when we were still probies, and in the wards, they had curtains, you know, that they pulled, because they had seven people in there, and you just pulled a curtain, and I don't think any of them got any rest, or whatever, because everybody else was talking and moaning and groaning, but we saw this doctor doing a spinal tap. Yes, and she was sitting in a chair, and her...you know, kind of backwards, like...and he had put the needle in, and was draining the fluid. And we all went "aaah," you know, it was just a...whoo. And you, know, it's an experience when you see things like this the first time. Even...we went from Mission, you know, the hospital on Charlotte Street, over to Victoria, which is what...they had bought the hospital. from these two brothers, and it was called Victoria, well, I think it was an [unintelligible] hospital, and they named it Victoria, and we went over there for our O.B. It was quite an experience just when I saw my first delivery.

INT: Oh yeah, wow. All right.

INF: And yet, some of the girls in our class, they'd seen deliveries before. Home deliveries.

INT: So were you stunned, or...?

INF: Well, surprised, yes, I mean, you had been taught about it, or learned it, and read, and all this, but it is an experience, it really is. It was about her third or fourth child, so it was an easy delivery. I didn't have to...well, they admitted her, I guess, and I was kind of, like, in the ER portion. So I didn't see her before or after, except right at the delivery room. And also they had the black patients over at Victoria. They weren't admitted at the Mission, they all had to go over to Victoria. And one day I had to go over and relieve a shift. And a patient walked out, I never knew it. When I went in this room there were about eight or ten people there, and they just

walked out, and I thought...and on the way back, she was gone. I said, well, I guess she left. That was an experience [laughs].

INT: I'm wondering...so, folks that came to the hospital in Cherokee and they couldn't do surgery on them and so on...if they went to the hospital in Asheville, would they have gone to Victoria, or would they have gone to...?

INF: No, they would have gone to Mission.

INT: All right. Let me see if I have some other questions here. The folks that you knew growing up who did home remedies and so on. The spiderweb person...did they tend to be men or women?

INF: Well, I only knew the women, but there were men. They were very...there are a few medicine men. But I don't really know them now; other people do. I just never sought them out, or thought about it. I had one friend who said, "You know, I think there's somebody conjuring on me." Do you know what the word "conjuring" is?

INT: Oh, yeah. Yeah, huh.

INF: And I said, "Why?" She said, "I just have this awful feeling," says "I just think they're conjuring on me." Well, after I got married and all and we moved back here to retire, we were in an accident taking our youngest daughter back to college, and I had a broken leg. So I decided to take a course at Western who came to Cherokee. So here I am on these crutches, you know, going to this class. And it was Indian history. And this teacher was talking about how they conjure on you, it's really just kind of like someone...it's a bullying type thing. When I think about it. Because they'll come up and say, you know, if you don't do such-and-such, I'll just have this happen to you, or I'll make sure this happens, or this'll do so-and-so. And he said, to dispel that a lot of people would say, "Oh, if you do that to me I'll cut out your liver and fry it over the fire." [laughs] You know, to scare them back.

INT: [laughs] Wow, yeah.

INF: And when I think about it, conjuring is a lot like that, in a way. Now, that's a little different than medicine men.

INT: Okay. I was going to ask...that doesn't sound so much like a medical thing.

INF: No, but...she was just all concerned about it and I said, "Well, if you think they...if you know who it is," or I said, "don't even let it bother you. Just think, well, if I see that happening or whatever, just think what you can do to overcome it." But some people are very, very superstitious. And they get...they just scare you to death. But I think medicine is...we had this teacher who was from Demopolis, Alabama, and she did marry a local man. And she was very interested...she wrote a lot of little pamphlets, and books, and things, and she was very

knowledgeable, and saving some of our history for the drama that they put on. She helped Kermit Hunter with his thesis because she had saved...they were given the orders at the school to destroy all this culture and history and stuff. Because they wanted to Westernize us, get us out in the mainstream, you know? They didn't want us to know about our background. And so she took a lot of it and hid it under her bed.

INT: What sort of things? Just documents, or...?

INF: A lot of documents, and histories and pictures, and things that are interesting. So we can credit her with that. But she was very into preserving our heritage and culture. So she wrote these little pamphlets on herbs and things, and it might be good for you. But she made some...we have things like bean bread and chestnut bread, and it's made a certain way, but you don't just mix it up and put it in the oven. You put it in a green corn leaf. My mother said, well, you don't always have that so you just roll it up in aluminum foil. But you drop it in boiling water. So it's more like a boiled bread.

INT: That's interesting.

INF: Well, I don't really like bean bread. It's made with pinto beans, and cornmeal. So lye dumplings are made with cornmeal. And she actually opened the cupboard and here was a little bottle that said L-Y-E on it and dumped it on...some in the bread. She made lye dumplings. Just a little bit, not much. But...and then you boil that and cook it on. But the thing is, everybody said, "Lye, you know, you can't use lye." Well, the theory was that you do eat it because it kind of cleanses you out. But in the meantime, you put this fatback grease on it. Which kind of counteracts and coats it. And that's one of the medicines, in a way. And also this poke salad. Have you ever seen the poke? That grows alongside of the road? When it's young, you cut it off and wash it and parboil it, then put it in a little pan, and kind of fry it. But you also put some eggs in it and scramble them. See poke, everybody says, is poison.

INT: Oh yeah, I've heard the berries are at least, right?

INF: Yeah. And so they say if you just do this, and with the eggs, it neutralizes it. Now you know, how scientific can you get? But it's just something that's handed down. And you may never ever know what the scientific reason is. You just know that that's the way you do it. Because you've been taught that way. And I'm sure there are a lot of other medicines like that, too, that would be in that order. But I don't know them.

INT: Oh, well, did your family...when folks got sick in your family, did you consult...?

INF: They went to the hospital, or, of course we used a lot of Vicks. It was good for colds, good for this, good for that. But mainly we went to the hospital if we were sick. Saw the doctor or used my grandmother's mustard plaster. [laughs]. My mother never used it, my grandmother did, and my mother's almost a full-blood Indian.

INT: Would you have asked the nurses in the family first, before going to the hospital?

INF: Well, you might suggest it, or they might suggest you go to the hospital. Since they both worked in the hospital, they may feel that that's where you should go. But they used their own ideas of things. You tried to treat yourself for a few days, you know, and if that didn't work, you would go. But this teacher who I was telling you about, always said TLC was the best thing. Tender Loving Care. She said, "If you have a relative who is ill, or needs a certain herb, you'd go out, and you'd have to dig it up, you have to come home and prepare it. If it's a tea, you have to make sure it's ready for brewing, and when you take it to the patient, it just shows how much TLC you put into that to give it to them. And they respond." So I didn't know that until later, I was just thinking, wonder how, when we were dispensing medicines, that we should have shown more TLC.

INT: And you think you didn't?

INF: Well, you could say, "I had to go to the cupboard and get this out and make it just right to bring it." But you know, you don't think of that when you're at the hospital, you just know that it's time for your medicine or time for your shots, or...you don't think of the TLC that's gone into it. But it's not like a home person. As a rule, they said, always the grandmothers are those who do that, and it takes a lot of their time to do all this.

INT: Yeah, sounds like it.

INF: It's something to think about.

INT: [laughs] I'm sure.

INF: Or, even now, if you have a sick person and you can rub their backs, or their heads, or you put Vick's to their heads, you put Vicks to their nose, Vicks to their feet. Camphor oil was another remedy that we used a lot for colds. Which you had to go to the store to buy [laughs].

INT: The store here?

INF: To one of the surrounding stores. We didn't have any in Cherokee who had a pharmacy.

INT: More in Bryson City or something?

INF: Usually Bryson. Well, Sylva too, but it was a little further. It was about 17 miles from Sylva to Cherokee and about ten from Bryson, but we're here, so we're about ten miles from either one.

INT: All right. Is this where you grew up, right in this neighborhood?

INF: No, I grew up over in Cherokee.

INT: Cool. I was going to ask, just for background information, about your parents and what they did for a living.

INF: For a living?

INT: Yeah.

INF: Let's see, my father worked...when I was first born and all, he was in the army. He was in Pennsylvania. And my mother was up there with her cousin, working in a household. My mother's cousin said, "Oh, come up to Pennsylvania," you know, "We'll get a job." Because they only went through the eighth grade, so she was good to go, and a teen, and she went up with a friend, or her friend, and my father, who's related...

INT: Why Pennsylvania? That seems kind of...

INF: Well, I don't know how they got started there, they must have known somebody, or maybe her older sister had gotten a job there or something. Anyhow, you had a contact. So she went up with Vera, and I guess Mom was in the class of my father's brother. Because Daddy's about five years older than my mother, and so the brother was about my mother's age. And so she said she had seen him once, here in Cherokee; being five years older, you're kind of out of school early. And she had seen him once or twice here and didn't really know him until they got up North [unintelligible]. [laughs]

INT: Well, yeah, that's up North.

INF: Yeah, [unintelligible] North.

INT: So of course her friend Vera knew Daddy, being a first cousin. And they just got acquainted, so Mama married him, and then he was still in the Army when she came back here. And I was born, and Daddy came, and then he worked at the school dairy barn, for many years. Then when the war started...Second World War...he was not eligible to be drafted, so he went to work at the shipyard in South Carolina. Down in Charleston. And then, we had, what, there were four or five of us in the family by then. Five of us.

INT: Where do you come in the family? Like, your brothers and sisters, are you the first child, or...

INF: I'm the first, yes. Me, three brothers and a sister. And there are three of us living now. Two brothers are deceased. So that's how they met, that's how they married, and when Daddy finished there he went to...when John and I...after John and I were married and I guess [unintelligible] was born, he went up to Sparrow's Point in Maryland and worked in the shipyard there for a while. Then he retired and came back here. But he died young, he died at 69.

INT: Oh, my goodness. What of?

INF: He'd had a stroke and heart attack. So he'd been ill for several years. And my mother lived to be ninety-two. And she stayed home and did the garden. She loved to garden, so she had a big garden. I like to get out in the yard and garden, but I don't have a garden, so... that's...that's our family there.

INT: Yeah, just to give me some background there. Let me see what's on this page. We've gone over quite a bit of this. Oh, I wanted to ask about your teachers and supervisors in the hospital and the nursing school. Or in college.

INF: Well, we were...first in training, we had three teachers. And oh, my goodness, were they very strict. I mean they were starched, spit and starched, you know. White shoes had to be white. Shoelaces had to be white. And if you had long hair you had to have it in a hairnet. And your uniform had to be spotless. That's why we were very careful about putting our apron up. So when we stood up, you know, it wasn't all wrinkled. But very professional. She walked very professionally and she didn't slouch. She stood and she spoke distinctly, yes. And several people adored her. I just felt like she didn't like me. [laughs] Well, I don't know, when I talk with some of the other students they have that feeling too. Say, "I don't think Mrs. [unintelligible] liked me at all." And another says, "Oh, Mrs. [unintelligible] was wonderful; she and I used to talk a lot." Gosh, you know, you just can't believe she's the same person. But she tried to keep it very professional. And then the other teacher was more lenient. She was more down-to-earth. In fact, later on, I found out that after I'd married and came back, that she was a Presbyterian, and very active in the Presbyterian women, and that's how I ran across her again. Because I was...in the meantime, had joined the Presbyterian church. And we had a...we got along very well. She was just very, very nice, so...I've even picked her up a couple of times, I think, when she was in the apartment, to take her to luncheon or something. And I... you know, you just wish you could have had a better understanding when you were younger, like that, but they just almost scared you to death sometimes. "Oh, here she comes! [unintelligible.]" And when you went on the floor, you had to be very precise. And you always called the doctors, Doctor So-and-so, and you were known as Miss Saunooke. Miss so-and-so. You don't call them by their...so that's how everybody started calling everybody by their last name.

INT: Okay. Like, even among the students?

INF: Mm-hmm. And I have friends today who still call me Saunooke. I even sign letters and things, "Saunooke." My girlfriend's daughter heard her mother talking to my mother, I guess to see if I was coming back or something, she said, and the daughter says, "Mom, why are you calling her Ms. Saunooke for?" said, "That's Saunooke's name, what are you calling her Saunooke for?" She said, "Well, that's her name, honey," she said, "Oh, no," says, "That's Saunooke's name." But it's just so easy to say, Miss Queen, Miss Hill, Miss Saunooke, Miss Freeman, so on. So she didn't want any of this business of nicknames or first names. And you...when you worked a shift and you had to get your charts up, you couldn't leave the floor until your charts were all signed off, even if it kept you two hours over, you still had to do it.

Because the next shift that came on had to start, and they couldn't until yours were signed off. And we had a little sheet with the names of the patients, and all their medications, what times they got it and all, so that's what you went by, was...to keep order. And you were busy, busy, busy the whole time. See, you never stopped. Of course, they only had one chair out at the desk, where you sat to chart. You couldn't just sit around and...and definitely, no rings, no earbobs... I guess kind of, no fancy-fancy hairdos either, we didn't have those beehives and things like that. But she was just very, very clear about that, you just dare not...she said, "I know a lot of you girls might be engaged." We couldn't be married, either, while we were there, you had to be single. Or divorced, I guess, or whatever.

INT: When you were a student, or when you were working in the hospital?

INF: When I was a student. And I think you couldn't enter after you were 35. And we did have a student who, she was a couple years ahead of us, who just made it. I mean, she just barely got in on time. And we thought she was so old. [laughs] When I look at it now, she wasn't.

INT: How were the seniors with the younger students, the probies?

INF: Very nice. We've had some wonderful...I mean, they helped you, and they showed you if you didn't quite know you could ask them. Especially when you're on 3-11 by yourself, and you don't know what to do, and the supervisor's busy somewhere else because you had one supervisor who worked the whole hospital. And you needed help, why, you could ask the student, the senior student. And they were very helpful, very nice. I guess that's something I really hadn't thought about much. I hope I was as helpful when I was a senior. [laughs].

INT: [laughs] I'm sure you were.

INF: Why did you decide on the OR, did you just like it?

INT: I liked it. And had a...one of my friends was also working in the OR. I just...it's just so interesting. And we didn't have a lot of this new stuff, either, I mean, the doctors cut you open, and then we all had to hold retractors, and everybody had big scars. Big long scars. Taking...oh, I always thought, I hope I never have to have a gallbladder surgery, because, you know, they cut you down this way, and get in there to get the gallbladder, and then you have to hold retractors, you'd have to hold them, you'd get so tired holding these retractors that you had to pull, you know, hold the place open so they could see down in there. But I liked to be in the...the scrub nurse. She got to be in there helping, and you had to set up the table with the right...you had a little card, and each doctor had what he wanted for each surgery. So if there were an appendectomy, then you'd have certain threads for the sewing up a certain size dissolvable sutures, and certain sized needles, and the instruments, you had them all laid out, and when they'd want them, you'd just kind of pass it to them, and then you had to have the sponge. The circulating nurse, who was not sterile, so she could run get something, if you needed another package of gauzes, or if you...then you had to put out the sponges because you counted them

with her before surgery to make sure they were the right number. And then when the surgery got going, and the doctors, you know, if they have a sponge they just take it and throw it, they don't care where. So she'd have to run around with a forcep and pick that up and put it... and then we'd have a sponge count before they close. And when you went inside the person, you have a gauze with a black thread. Because if a sponge is accidentally left in, they can X-ray and see. And if the sponge count doesn't come out right, and you know there's a sponge missing somewhere...or an instrument. [laughs]

INT: Were you ever in a situation where somebody left an instrument inside a patient?

INF: No, not an instrument. But we've had to X-ray once about a sponge, and they never found it, so we don't know what happened to it. And once someone had a nice gallstone, and she wanted to keep it, so I had laid it on my table. And then they want you to go with the patient to the recovery room, and while I was gone, the orderly came in, was cleaning up, and we lost it. So we went through all the trash in the cans. And sometimes you're in a surgery for three and four hours. And we always hated for the doctor...when you were assigned to the doctor doing the craniotomies, because he'd be there six or eight hours. And that's...you know, where they do bore holes and all that...but we didn't have all the fancy instruments they do now. When my girlfriend got married, she worked for a few years, and then she had two children...no, three. Then she decided to go back to work. She had to take a refresher course. Because of all the new instruments and techniques. And now, my gosh, you know, when they can do this laparoscopic with a little scar that long, it's just amazing. So we didn't...I didn't see any of that. I've just *had* surgery, I didn't see any of that. But it's a lot different now. And even the training is a lot different. My daughter's a B.S. R.N. And she never got to do surgery like we did. They got to observe it, and she decided she didn't like it. And sometimes you don't, for a few times. But when you actually get in there and get started and get going, it's...I liked it.

INT: All right. What was it like the first time you did it?

INF: You know, I can't even remember my first one. But you observe, and then you are a helper first before they turn you loose on your own. And some of the doctors can be just as rude and cranky as can be, others are just so nice, it's just a pleasure to work for them.

INT: All right. Were there rules when you were a student about how you were supposed to interact with the doctors?

INF: Yes. We weren't supposed to fraternize with them. But during surgery, the doctors would laugh and talk, and joke, tell jokes and all, and somebody said, "well, I don't want him laughing and talking when he's doing surgery on me." But it depends on the doctor, too. I worked... of course we had about seven operating rooms, and you had a cysto room, where they did cystoscopies, and the cast room, where they did the casts of the broken limbs, and I worked a lot with orthopedics. And my girlfriend, who was tiny, and petite little hands, she worked with the eye doctor. They'd stand, both stand on little stools in there and [unintelligible]. Dr.

[unintelligible]. But there were three orthopods, they called them the CAS group, C-A-S, it was Chary, Atkins and Severn. And were big men, except Dr. Chary, he was a tiny little man, but oh, he could pin a hip in no time flat. And you know, you've got a big spike you put in the hip. And you had to wham it, and boy, he could do it. And then we had the other two, who were big people. Big men. And I guess because I was big too, they thought I could handle orthopedic. But they did a lot of pinning hips. Then later, we had a couple of other orthopedic doctors who came in. And they didn't do as many hips, or set broken arms, and they kind of did more delicate operations of a sort. But we didn't do knees, either, knee replacements. I don't think they were even heard of, at... They did very few, when you break your ankle, or... they did very few with screws. They didn't do too many of those.

INT: Huh. Yeah, so... what was the social life like for student nurses?

INF: Well, not much. [laughs] We had a beautiful living room; in fact, the nursing home is still there but I think it's owned by the state. And our alumni has been trying to get it put on the... as a historical building. I think it's on the National Register now, but the people... I guess the state owns it, or the city, have come in and just rearranged the whole building. It was a three story building. And when we first went in, we were put on the third floor, and in our room we had a sink. And then the bathroom and commodes were down the hall. And we were there for several months and then we kind of moved down to another area, and then I guess in second and third year, we were two to a room and sharing a bath. So we had suitemates. And we didn't have... they didn't do too much in social life. You had to more or less do your own.

INT: All right. Did you have free time?

INF: Yes, but you had to sign out when you left the building. If you went uptown, you had to sign out and sign in. And you had to be in by ten o'clock. That's how...

INT: That's the business with the key, huh?

INF: That's how, later, we just found out a few months ago, that there were keys out there that would open that back door. And we had a house mother. She was a very sweet older lady. And I don't think she'd have been too upset if you'd been a little late.

INT: Did you ever remember... anybody getting caught sneaking back in?

INF: Yes, some of them did. Some of them did. And I guess the last few months I was there, we took in our first male students. We had two men.

INT: Okay. What year was that?

INT: Let's see. I graduated in '53, so that would be, like, late '52. We were... probably elsewhere, but this just particular school. The house mother lived on the first floor, and they had to move her upstairs, and let the men have that first house... suite there.

INT: All right. But in the same building, huh?

INF: Yeah, same building. [laughs] But we had to go across the street to the hospital to eat our meals. Every meal, we went, we had to go over there, when the cafeteria was open. And it was interesting, you'd be in the surgery, it was time to you down, and everybody would just talk about, you know, all the surgery you went through, some of the girls, "Oh, I don't like that, I don't like you talking like that, while," you know, while we're eating. Say, "Yeah, you should have seen so-and-so," you know. And when we graduated my girlfriend and I got our room right...back of the nursing home. It was Dr. Bell's office, and he had a room upstairs, well, an apartment. And we rented that from him.

INT: Okay. Was she your roommate to start out with?

INF: No, we were single rooms to...then I had another classmate, but she didn't go to the ER, OR, I mean, another girl and I did, and we became friends, and so... in fact, we're very good friends yet today. It's been a long time.

INT: All right. Well, how much authority and independence do you feel like you had in your various work situations?

INF: Well, we didn't have that much on our own, because everything had to be documented, and you didn't even dare give an aspirin unless they had been ordered P.R.N. Or if you called the supervisor and asked her permission, she might give you...but you had to be...we even counted narcotics. Coming on shift and then going off shift, both had to count the narcotics. And they had to register. Had a little book and they had to be accounted for. And you had to sign out for every time you got one, you had to sign out. But they were very, very strict about that. And we were careful with things, we didn't overload. When I had my husband over to the Sylva hospital, one night...when he and Diane had this little accident out on a walk, he had a cut, kind of over his eye, we think his glasses did it.

INT: Oh, goodness.

INF: And the aide who was helping him...of course you're charged for everything, you know, we're probably charged for the whole pack, so she grabs about half of the packs, and pours...gets a bottle of sterile water, you know, and pours...we would never have been that sloppy with it. Or use that many, you know, we were very careful. With materials. And when the doctor came in, she glued it, she put glue on it. Just regular glue. Instead of suturing it, or a butterfly, she just put glue on it. And I'm sure we were charged for the whole bottle, because they throw everything away. And they just...they just don't seem to know how to do things, we were taught how to be very precise in cleaning a wound. You know, you don't just [unintelligible]. You have to go in and out. And it's all so...in and out, in and out. So that you don't cross-contaminate. Oh, so when we were in D.C....

INF: Just checking this thing, keep on talking. If you want to. [laughs]

INT: When we were in D.C. on pediatrics, we had to make formula for the babies. And you were worked in teams of two, and you had to be very sterile. And at the end of the shift they came back and checked you to see how sterile you were. I know that was...that was neat. Because none of us were ever 100 percent, even though you thought you were.

INT: How did they check?

INF: I'm not sure, I guess with a swab or something to stick it in some stuff, to make sure, but we had certain procedures we had to go through, making the formula and putting it in the bottles and whatever, I guess they autoclaved it or else they did something, but they had a way to test to see how well we did. But you do, you learn an awful lot of how to clean things, and how to be...clean. It's just a whole different world out there now when you see someone who really hasn't been taught the way you were. You know, gosh, how'd they ever do that? [laughs] they don't use any sterile techniques, they just do what...[unintelligible] just, let's just wipe all this blood off, you know.

INT: So what are the main ways you feel like nursing has changed since you were starting out or since you...over the course of time that you've been working?

INF: Well, in some ways I think the dress code had gotten very lax. Very lax. And my daughter argues with me, she says, yeah, but when you wear those caps and...you know, it'd get in the way of your...we had to get down and get under a bed to plug up things or such; now they're in the wall. And they do, they did kind of bother you...or when you're in dress uniform, but pants are so much easier to work in, I agree with that. I mean, that's s you're bending and stooping and all kinds of contortions. But I guess, in a way, they've gotten out of really being personal. When i...last time I was in Asheville, they just came in...one nurse would come in and say, I'm your nurse today. I never saw them again. They'd come in, or the girl who was sweeping or something, somebody would bring the medicine, I guess maybe she was an LPN, and one night my bed was all so wrinkled and such, and I said, "Isn't anybody coming in to help," you know, "Oh, she said, we don't do back rubs, said, we ain't done that in years." Or straighten the bed, or get you a water. You've got to get up and do it yourself. That's why they say you almost need to take someone with you to care for you. Because it seems like all the nurses can do now is the paperwork and dish out the pills. It's just not as...they just don't have as much TLC anymore. And you...and they don't check on you as much as we used to. You have to ring the bell for everything you want or need. So I compare a lot of the hospitals to the way we were taught. And some of their techniques are just off the wall.

INT: Like, improvised, or not...

INF: Well, even the way they present themselves. "Oh, Mr. Goshorn, it's time to get up! Get up, let's go for a walk!" The other day, the CNA said, "[unintelligible], let me pull up your

britches.” I said, “Well, I think you should said ‘pants,’ I’m not sure he knows what britches...”
 “Well, that’s country.” So we’re getting a lot of “country,” I guess. It’s...they’re just not official. But they do seem to come in and want to use a lot of gloves. You know, we never...and hand sanitizers. We did wash our hands, but I don’t think we used as many gloves as they do now, of course we...for sterile techniques and things, but I’ve seen them...even to give baths, you know, they put on gloves. Which is okay, at times.

INT: Well, I guess it’s safer...

INF: Yeah, I suppose, both for the patient and the person, but staff is so prevalent. You know, they have more staff now than they did when we were there. So you know, what...why that? Maybe we didn’t know what it was then. But you do, you hear of a lot more staff infection... of course we were trying to be careful not to get...but we had to carry bedpans back and forth, back to the main place and flush it, and sterilize it, and take it back. And of course now everybody has a bathroom, which is nice, which is wonderful, because to go to the bathroom they had to walk down the hall. I...John likes a private room with a bath. And the food situation has changed a lot. Here they used to bring it up in trays with a little cover, and it’d either be cold or lost its looks, and some hospitals now let you order, now when John was in Bryson City, they have a great big menu, with about four or five pages. You can order anything you want, anytime. But it’s not good food, it’s either frozen or canned. And if they open a can, they just heat it, they don’t season it. And I said, oh, I think I’d like a smoothie, you know, one of those good creamy smoothies, well, they make them with water. A smoothie with water. I said, well that’s just like and ice thing, you know. Ice cone, you know...

INT: Oh, yeah, I can’t think of the word, either.

INF: Well, he didn’t have much of an appetite anyhow, and we were trying to get him to eat all of these good things, and I’m sure that a lot of it was frozen. You can’t have a menu like that in a small hospital. And they did...when I worked there, I came home once and worked there, you’d go down and they’d have a wonderful food course that was all that good fattening starchy food. And now they do have a small cafeteria there. And finally one day I just got him a tray of stuff down there and brought it up.

INT: And that was better?

INF: It was much better than the canned or the frozen. Well, is it...

INT: Yeah, we’re getting on toward, probably the time when you need to go. I want to...is that right, we’re getting on toward an hour and a half?

INF: Yes, it’s after 5:00.

INT: Well, I’ll ask my last few questions. Did you deal with Cherokee patients when you were working in the hospital in Asheville?

INF: Very few. They sent one lady over for a cataract removal, and in those days, she had to lie flat in bed seven days, with sandbags to her head, and glasses with little peepholes. And you couldn't turn your head. Seven days. Then we had another young guy who had some brain tumors, and the doctor—I never had him as a patient, he was on the floor with us. And they...I've seen several of our...I never really knew when somebody was coming...back surgery, I've seen them there for back surgery. And I guess for hysterectomies and all, they went here in Sylva.

INT: Did you ever interact with them any?

INF: Did I what?

INT: Did you ever treat any of them, or interact with them?

INF: I had the lady with the cataracts. But I just never had too many. We always dreaded to have certain doctors as patients. They were rough. But others...some were nice.

INT: Okay. I wanted to ask, did you ever feel discriminated against, in your training or work?

INF: No. Even when I went to Western. A lot of people, I think when they left, did feel discriminated against, and that's why they came back, but I never felt discriminated against.

INT: Okay. And when you were working, like, up North and so on, did you ever, maybe not feel discrimination, but end up explaining things about Cherokee to folks you were working with?

INF: No, they never knew half the time that I was Cherokee. In fact, they thought of everything else, they never thought of Native Americans, they thought of maybe Jewish, or Egyptian, or some other place, they never thought of... you know, it was as if they didn't even know what American Indians were. It just didn't seem to make an impression.

INT: Huh. Okay. Well, and I remember reading, in the eighties, a woman was the first Eastern Cherokee to get an M.D.? Do you remember that?

INF: No.

INT: Why do you think...do you think there's a reason for that?

INF: They just didn't have the opportunity to go out, for one. And of course, if the school only went to the eighth grade, you had to go somewhere else to finish, and do stuff. I think it was only up to the eleventh grade when my aunts were in school. Then it went to the twelfth grade. But I don't remember who that was.

INT: All right. Do you think there's a reason a woman would have been the first person around here to become a doctor?

INF: No. I guess I just never thought about going to school and being one. No, even thinking about being nurse, you know, you just don't... I guess there weren't too many...for one thing, you know, the poverty was pretty high here. And you just didn't have a whole lot of money to go out and support yourself. When I went to Western, I had to borrow the money to go.

INT: Okay. Just a bank loan, or...

INF: I had to pay it back. [laughs] Had to pay it. But I didn't have to start until after I went through training. And I was able to be self-sufficient in training, but of course Western wants like, was it...how much for...it was a trimester, and... I don't know probably around, was it five or six hundred dollar a trimester? And as I said, you know, a lot of people just didn't have the money to go. So that might have been one of the hindrances.

INT: Yeah, I just wondered about...I thought it was kind of interesting and cool that, of the first person to become a doctor around here, it was a woman. Thought that was kind of neat. Did you work with any female doctors when you were first training?

INF: Just a few. There weren't too many. We had some anesthetists who were female. But they don't always have to be doctors. But most of the doctors, I think, were...anesthetists were doctors. No, I just don't...you know, you don't see too many. A lot of females were discriminated against becoming doctors. They just...and yet, I think they're more compassionate in some ways than men. I hope they understand us better. [laughs]

INT: Do you feel like the male nurses you worked with when you were a student, or who moved in...

INF: Well, I never had to work with them; I was in the OR, they were still doing basic training.

INT: Do you feel like they were discriminated against in the same way?

INF: I don't think so. In fact, so many male nurses like to think they're doctors. And people think they are unless they say. Even now, when a man walks in, you never...unless he introduces himself or says who he is, you don't know who they are. They could be a janitor, they could be a male nurse, or they could be a doctor, they could just be somebody in white. Or scrubs, or whatever. So that's another thing I don't like: a lot of doctors do not introduce themselves, and Diane's real strict about that, saying "Who are you?" "Oh, I'm Doctor So-and-so." And they are really supposed to say who they are.

INT: Yeah, I can see that being a good idea.

INF: And when these male nurses come in, I was a little chagrined when they said...well, the male nurses did catheterizations on women. But usually the women do not to catheterizations on men, but they do now. When we were students and had the male patients, you didn't finish their baths, so to speak. You let the orderly do it. But the orderly, I'm sure, didn't do such a hot job

either. And they always came up to do the catheterizations or any prep that had to be done with the genitals, the orderly did it. The orderly! Now, I don't know how well trained *they* were. The orderly is the low man on the totem pole.

INT: Yeah, I'd think that. I don't know much about it, but...

INF: Now, sometimes, the OR staff had to go down...we were all women, we had no male...men in the OR...we had an orderly [laughter.] But we would have to do down and prep the patients. Say, if it were a leg surgery, we had to go shave all their legs. Disinfect them and wrap it up in sterile towel for the next day. Or, if they were having a gallbladder, you know, we had to go prep and shave and do all that. And then for a while they didn't have you do that. I think some hospitals now have a group that go around doing it. And well, people don't even do that a lot of times; you don't get prepped, you just go in the ER and do whatever they want right there.

INT: Okay. You probably are wanting to go now, are you?

INF: Well, are you ready?

INT: I've got a couple more questions I could ask, but I anticipated I wasn't going to ask all of them, probably. Just... you were here as a child, and then you retired back here. What do you think has changed about health here, or health care? You told me a little about the hospitals.

INF: Well, of course, I think it's gotten better. And a lot of people didn't want to go to the hospitals. They were a little afraid of the hospitals. You know, of course they wanted to use their own medicine person to get well. And since diabetes has become so rampant, they really should go and be treated correctly. But when they're in the hospital and are...gotten back to a good, normal life, or a good, normal standard of living, they go home, go back to the same thing of food, and eating, next thing they know, "Oh. Well, don't worry, we'll go to the hospital, they'll, you know, get me straightened out." And then they'll say, after maybe a few years, they'll say, oh, well, you don't want to go to the hospital, they'll just cut your foot off. And it got to that point, they would wait too late before they would go and be treated. Or if they were treated and then got home, they wouldn't abide by the diabetic health rules for food. And by the time they got to the hospital, it was too late, they would have to do an amputation. And so that would scare people. "I don't want to go up there, all they'll do is cut my foot off, or my toe off, or send me out to another hospital." And a lot of the people were just a little hesitant about going out to other hospitals, you know. Some didn't speak English that well, and they didn't understand what was going on. So they would just stay home and die, rather than go out...but I think it's gotten much, much better. Of course, the diabetes just doesn't seem to be getting any better. An alcoholism, that's another big thing here. And now that the casino is here, and they give a per cap twice a year, so a lot of people don't work because they depend on the per cap. And some of them who are drinking, drink more.

Nice.

INT: Do you think the casino has changed health care, is there a...

INF: Well, a lot of times people have to wait so long to be seen, and when they go in to some of these doctors they don't understand what they're saying, or the doctors aren't aware of what the patient should say and...when my daughter and I go we have a little list, "We want you to do this, we want you to look at that, why not this, why that." And a lot of people just aren't knowledgeable enough to ask a lot of these questions. But...and so you almost, as I say, have to treat yourself or go up and say, "let's do this," or "Let's do that." And as a rule, the doctor is willing. I'll say, well, how about a test for the homasistene. "Well, sure, we can do that." So he'll write an order, but he... I say, why didn't he think of that? The doctors are sometimes afraid to do a little too much ordering of tests, because the board may not feel that it's necessary. Or "Why are you ordering this, or why did you order that," you know, "Did you suspect..." I mean, he has to justify what he does. And you're, I think, put on a waiting list sometimes, to go out to other hospitals. They have a board meeting every Tuesday, I believe, and if Doctor So-and so [unintelligible] to go out for a certain surgery, then they have to justify why they think they should go out for the surgery. So a lot of times you don't get the surgery as soon as you need it. Or the board may think it's too cosmetic and won't agree. They'll put you on...you're not a life or death...reason.

INT: Goodness.

INF: So it's kind of...you just have to...it's politics, I guess, I don't know. Well, I'm sure...the hospital now is run by the tribe. So they're trying to cut money. So therefore a lot of people don't get out to the hospitals the way they should. They may try, and they may eventually get you there, but it might be a couple years.

INT: So is there difficulty in Cherokee folks going to other hospitals just because this one is run by the government?

INF: No, a lot of people do have other insurance and they can go where they want. You have Medicare, I think they pay up to eighty percent, and you...but when you get a big surgery that costs ten thousand dollars you're not as apt to go out and do it on your own, unless you have the secondary insurance. So that's why they kind of wait until the hospital sees fit, or thinks they can afford it, I guess, to send them out. And as I say, you go by how severe your situation is.

[A repetition of previous information on Cherokee insurance policies and speculation about other interviewees.]

INT: Would you still become a nurse if you were starting over again today?

INF: I don't know. I don't know. It's so different now. To be a nurse now, you almost have to be a doctor. Because nurses now, I think, have the option of challenging a doctor on certain

medicines. And we never thought of that, I mean, whatever the doctor said was law. Even if you could see that maybe it wasn't the right thing, you still...

INT: Was there ever a situation where you disagreed and couldn't...

INF: No. Or if there were, we didn't know it. But...of course, being in the OR, you don't challenge a doctor there. It's hard to really argue a lot with a doctor...some doctors just won't take arguments, suggestions, and others do. Now see, Diane would know when to challenge a lot of this, because certain medicines interact with other medicines and you have to know your medicines. And they change yearly. New ones come out, the other ones go, and they don't make them anymore, or these are supposed to be better. It's different. I just don't know whether I would or not. I don't know what else I would do right now. I hadn't thought...I've enjoyed it so far. When I came back, I retired and came back, we came back in '80, I didn't want to work full-time. But I had to work part-time to get enough Social Security points, because I didn't have enough. I got other jobs when I was in Maryland; I worked for the Board of Education, so...anyhow, I just did fill-ins. That's hard to do, too. I worked for Home Health. And that's interesting, because you had to go out to the different homes, and do things...some were set up with these machines that I thought, what are they? The poor little child knew more than I did about what it was doing, on some of them. But it...the person wanted to be home, and they were able to get the machine for them there. So I went to places I never knew were on the Boundary. It's just...because, when I grew up, we just stayed kind of local. But these people live way, way out. Way up on the mountains and valleys, and you go up this mountain, over that one, and down the hill. And then for a week I worked at Unity Center, which is the drug rehabilitation. It's run by UCEP for the United...for this side of the Mississippi River. New York down. And I never had....I said I never had any experience in drug...they needed someone on duty who was an RN. Or else their funding would be cut, and they just wanted me to fill in while they were advertising for somebody. And I found that very interesting, because you had to observe these patients and do analysis on them at the meeting. Tell them, you know...and then I worked for the school. I kind of followed Frela in the schools and worked in the elementary and then she...because she worked at the high school. So, I just got...kind of worked around. Did little things.

INT: Well, I hate to make you late. Do you have any time left?

INF: Well, I think the girls are doing something, but hopefully. Yeah, one of them is, I don't know about the other one. Well...

INT: Any experience strike from your time working here, since you moved back?

INF: Any..?

INT: Any good story?

INF: Oh my gosh. [laughs]. Well, especially in the drug unit, that's the drug...they are sneaky. Oh my goodness, they're sneaky. The nurse that worked there, ahead of time, she said, you know, you have to watch them. They'll play tricks on you. They hide their medicines everywhere. I had to go digging everywhere, looking for these. Any orifice, you know, they can hide...but one guy especially...you know, you'd have to go in the bathroom and undress and come out in your little gown. But they would try to hide their medicines in their socks or shoes while they were in there. Not their medicines, their drugs. But you think, where do they get their drugs; they're supposed to be in there...maybe they were trying to cut them down or something, but they...they just tried everything to get...and then one girl came in, and she had imphetigo, which we used to call the itch. And the teacher had sent her in, and said, let the nurse look and see [unintelligible]. I'm not even sure I've ever seen that type stuff. So I had to take a swab of it, you know, to send it off to the hospital. They had hospital privileges because they were all Native Americans. Our hospital will take any Native American and, I guess, treat them, but...and I think they take military too, I'm not sure how that goes. But it's kind of a...being run in a way that sometimes you just wonder how it even makes...well it doesn't really make money, but...you see people standing around and you'll think, what are they doing? Well, they're supposed to be working, but they'll be laughing, talking, and who's in charge? You know, you don't know if this group has a supervisor, or that group, or if there's one big supervisor, or...I've never worked over here at the hospital. And Diane did, but I didn't. And she worked there, I guess way, way back in the eighties. And everybody talks about how they're trying to cut down on medicines and money, but nobody's in charge. So everybody just does their thing, and they do have supervisors, I guess, to go to the tribe and say, you know, we need this much money for this, this. They've just gotten a digital mammogram. And they have a CAT scan. We used to have to go out to get those. And that, sometimes...that took a long time because if they didn't think you really needed...was a life-threatening...CAT scan, you'd have to wait to go out. And...but if you have insurance, they will take it. But they still send you out. And we do, we do have insurance, John and I. At Medicare, then we have a secondary. So we don't have to go... I don't have to go there, I can go anywhere. But it's nice to go, just for little things. Nothing...I guess I was sent out for my lobectomy. But I had my gallbladder surgery on my own. I went to the doctor in Sylva. Just one of those...you know, I guess you don't feel like waiting, you just go ahead.

INT: Well, that's understandable.

INF: And a lot of people don't have secondary insurance. So they have to wait. But it's just... I don't know what they're going to do about the diabetes. It's sad, because a lot of people have amputations.

INT: Oh, goodness.

INF: And the obesity is quite prevalent. And it's the way they eat, to start off with. This fast food business has just ruined them. You find all...most of the kids are overweight. And when

they tried to have good, decent food in the cafeteria, they didn't want that. Because they were used to good old...like I grew up on. That's probably why my father had a heart attack, was because of...he liked all his fried stuff. Bread.

INT: Okay. Well, is there anything you want to say to finish off with?

INF: Well, I thank you for coming. I hope you get something out of this.

INT: Oh, for sure, a lot of interesting material.

INF: I'd be interested to hear about the others.

INT: All right...

INF: When do you compile this, do you write it all up and turn it in?

INT: Well, here, let me turn the recorder off.