

# Debbie Garrett, RN, PHN Oral history 2010

Debbie Garrett (0:00-13:58)

MB: My name is Melissa Bayne and we're in Wilmington, North Carolina conducting a nursing interview for the Public Health Association conference, on Thursday October 28th, 2010.

What is your name?

DG: My name is Debbie Garrett.

MB: When were you born?

DG: I was born July 12th, 1954.

MB: And where did you grow up?

DG: I grew up in Greensboro, North Carolina.

MB: Why did you decide to become a nurse and what most attracted you to nursing?

DG: Well originally I had said when I was growing up that I couldn't stand to be around sick people, and I said that there were two things I would never be. One was a teacher and the other was a nurse, and I was very interested in veterinary medicine. When I was going through school women didn't go into veterinary medicine too much back then, back in the day. So it took me a while to figure out that I did want to go into nursing. I kind of floundered around for a long time, dropped out of high school, thought that I just wanted to get married and have a couple of children and live happily ever after, and it didn't work out that way. When I found out that there was a hard (unintelligible) world out there, that I need to make a living in, I started looking around and I started thinking that maybe I wanted to go into nursing. There were some things that scared me about it. The idea of somebody dying just totally freaked me out. So I went to community college and talked to the counsellor there and she said "why don't you go somewhere and work as a nursing assistant? You can do that. You can cut it as a nurse. That could be a good test for you". So I did that and I liked it. It seemed like I was always taking care of somebody in my family was sick, so maybe I was destined to be a nurse from the beginning.

MB: Where and when did you decide to go to nursing school?

DG: I decided, I applied to the Guilford Technical Community College in the county where I lived and the program was really full. They said "we have a waiting list going. It would be at least another year before you could get in". So I decided I would look around and see what else was available, I thought while I was waiting or that year I could be somewhere else in another program. I found out that UNCG had a nursing program. I didn't meet any of the traditional college entry requirements, but they had an adult student office so I went to see an adult student counselor and they said "Yes you can come into UNCG on provisional entrance. You have to

take 12 semester hours and be in good standing and then you can become a regular student. Now that doesn't mean you'll be in the nursing program, it's still a program that you'll have to apply to". So I actually started in 1977 at UNCG and I took one class and I made a B in it. So I thought "I can do this". So the next semester I took two classes, and I probably went to school enough years to be a doctor. But that's how I did it.

MB: Could you tell me a little about your nursing education? Especially as it relates to community and public health/

DG: I can. Well I went to UNCG for forever doing the prerequisites for the nursing program. And when I started the nursing program I was working at the hospital as nurse tech, and I was really interested in working in the operating room. It would always be "me, me!" when somebody said they had a patient in surgery, I always wanted to go. And I thought I was probably going to work in the operating room for all my life until I had my psych rotation and I really like that. So I took a nurse extern position on a psych rehab track and did that. And while I was working through school, while we had our community health class I really just looked at it as something I was going to have to do to get out of school. I never really thought that I would work in community health. I was paired with a school health nurse in the Guilford County Health Department. It was one of the best experiences I'd ever had in my life. It totally caught me off guard because I wasn't expecting that to happen. She took me to a middle school and they had a program called "cities in schools" that targeted students at risk of dropping out of high school, and I thought "I've been these students before. I walked this path. I know what they're going through". And I got really interested in that. I finished my nurse extern in the hospital which lasted (a month?), but since it was finished I left and went to work at the Guilford County Department in child health and I've been in public health twenty years now and I can't imagine being anywhere else.

MB: Please tell me about your first job in community health.

DG: Okay. My first job I was hired into the child health program to be a school nurse. I had, the very first year I was there I was not only a brand new nurse, but I was a brand new public health nurse, and I had ten schools. So I had to go to two schools a day, and they were all schools out in the counties. So would get in about seven-thirty, eight in the morning and go out to one school, stay there until about eleven-thirty or so and get in the car and go to another school. Now that wasn't a very good way to do school health, the way we did it back then, because you didn't have a lot of time to spend. But it was a really good learning experience because I had a combination of elementary, middle, and high schools, and I probably saw everything from chicken pox to a (unintelligible) baby. I had a student diagnosed with HIV. So I think I

experienced a little bit of everything when I did that. It was a really good way to get started in public health.

MB: What is your current position?

DG: Right now I'm the state childcare nurse consultant for the North Carolina department of public health. And that's a little bit different position for me. I just started the position in April 2010 and there's a big difference between working on the local level versus working on the state level. But I think the position is really needed. I think a lot of times people think about public health nursing and they think it's so important to get out to school with children, but learning doesn't start when you hit public school the first day. And I think childcare nursing can do a good job with some of these special needs kids and some of the things they're experiencing before they get to public school. It'll be easier to make that transition to public school.

MB: Please tell me your most memorable story about community health nursing. This can be a time you made a significant contribution to your community or people within your community, or a time when something went horribly wrong, or something surprising that happened to you as a community health nurse. Or a memory of a nurse who inspired you. Or anything else you would like to share.

DG: Okay, well that's hard because I've got a lot. But I think two of the people who inspired me the most when I did my internship when I was a student, I forgot to say earlier I did an internship my senior year with the Guilford County Department of Public Health and I was placed in child health and my mentor was Kathy Brown, who was a public health nurse. She was wonderful. And there were two ladies, the nurse and director for public health was Ann Samuels and our unit supervisor was Barbara McMillon. And they were just wonderful, old-school nurses, but they were so realistic about what was going on in the world. As it turned out Ann Samuels was my school nurse when I was in elementary school. I started my period when I was nine years old, and I was so embarrassed about that. My mom would wrap up pads in a paper towel and make me carry a pocketbook to school so I just knew that everybody knew that something was wrong with me because I never carried a pocketbook to begin with. So I was really sensitive about that. My teacher had asked Ann Samuels to come talk to me, and the day that she visited the elementary school that I was going to our class was out on the playground and she came and found me hanging by my legs from the monkey bars with my dress over my head. And she took me off to a little seat off to the side and said "honey, if you don't mind showing your rear-end and your drawers to everyone on the playground you should not be so sensitive about something so normal and natural". That stuck with me for forever. She probably had the most influence on me, as far as my public health career goes, of anybody. She was a great role model for me. She

was there when I had issues and problems, and when things went well she was there to tell me I'd done a good job and when I didn't do a good job she was there to say "How do you think you might have done this better?" rather than saying "why did you do that?" or something. She was wonderful. She probably had the most influence on me.

One thing that went terribly wrong, things that you think can't happen, there was a rural community, a very small community out near one of my elementary schools. There was a child that was not coming to school and was having attendance issues. They were having problems contacting the family, and I didn't know what was going on. So I went with the school counselor to make a home visit and nobody was there. We went around probably 11:00 or something Sunday morning and I was like, when I leave for the health department I'll just stop by and check on this child and see what's going on, maybe somebody will be there. I went up and knocked and knocked on the door and nobody answered. But I could see somebody peeping out of the curtains. I knew somebody was there. I went ahead and got in the care and left and went back to the health department. I got off work at 5:00 and went home and turned on the news, and there were people being held hostage in that house where I had gone and knocked on the door. The Sheriff's department had later busted the house and it was full of drugs, knives, guns, weapons. That taught me (unintelligible). You need to take care of yourself. There's somebody other than you out in the world who can go out and do this. And from that time on I did home visits but I always took a school person with me. That was the last home visit I made by myself.

MB: If you had to do it again would you be a community health nurse? Why or why not?

DG: Yes absolutely. I can't imagine doing anything else because we work so independently in everything we do. We're using nursing judgement, we're using nursing assessment skills all the time. Although people will say you don't start out (unintelligible) giving medicine, what do you do with your time all day long? My days are filled up. They always have been since I've been a public health nurse. I just can't imagine doing anything else. If you like entertaining people and empowering people to do something about their own bodies, how they work, how to take care of yourself, public health nursing is the place to be. I can't imagine doing anything else.

MB: Is there anything else you would like to share with nurses in the future who are interested in community health nursing in 2010?

DG: It's not for everybody, but give it a try, you never know. When I look back on my career and things that I've done I think I've been so blessed to have all the means to do such a wide variety of things. I've worked in STDs, I worked in communicable disease, been a nurse epidemiologist. There are lots of opportunities in public health. It's not just doing clinics. It's just really different from doing other types of nursing. So give it a chance, and you never know what

you'll find. It's surprised me and it could surprise other people too.

MB: Was there anything else you'd like to share? Is that it?

DG: Yeah that's probably it.

MB: Alright, well thank you.