Interview Date:	November 11, 2010
Interviewer:	Carrie Streeter
Informant:	Jackie Pruett, retired nurse
Location:	Board Room of the Burke County Historical Museum
Transcript Key:	CS = Carrie Streeter JP=Jackie Pruett

CS: Today is November 11, 2010.

JP: Veteran's Day.

CS: It is Veteran's Day. I'm Carrie Streeter. And just go ahead and state your name.

JP: My name is Jackie Pruett.

CS: And can you go ahead and spell that?

JP: Pruett

CS: And where were you born Jackie?

JP: I was born in Cleveland County, Shelby, North Carolina.

CS: In what year?

JP: (laughing) You're getting awful nosy. '34.

CS: 1934.

JP: June 16, 1934.

CS: Were your parents born in Cleveland County as well.

JP: No. They were both from South Carolina.

CS: When did they move here?

JP: I have no idea. Before I was born.

CS: And you married. I met your husband. When did you marry?

JP: In 1957.

CS: What education did your parents achieve. What did they do for a living?

JP: Well they both had High School educations. And my mother worked as a textile worker in the mill there in a little town called Longdale, NC. And my dad, he worked there for a while, but he decided to be outside, so he went with construction work. And he wound up, they divorced, and he wound up going North and started himself another family. I said they both forgot they had a daughter, they didn't really but I always said they did.

CS: When did you decide to become a nurse? Do you remember how you cam to that decision.

JP: You know I do. I think that I was probably a junior in High School. My aunt, I was living with her at the time, and she had been in nursing school at Shelby Hospital and she had had an appendectomy so she got way behind so she had to drop out. And she would talk and talk and talked about going to Nurses training, and she said Jackie go to nurses training. And I didn't want to do that.

And one day, we shared the house with this young couple. And they had a baby who was sick and he was in the hospital. So I went over to the house and I was going to house to straighten up a little bit, and I went in and started making up the bed. And all of sudden I thought, "I do want to be a nurse." And I never looked back. It is my sweet spot, nursing.

CS: So you graduated from what school? Did you get a diploma?

JP: It was a diploma. And I had done a little bit of work toward a BS, and then I realized I had something that these BS's just can not buy. I had experience.

CS: It wasn't common when you entered nursing to have to have a Bachelors degree. A diploma was it right?

JP: No it wasn't. And we had a lot of responsibility even as student nurses. We worked the emergency room, there was no doctor there, we had to be accountable. A lot of times on 2nd and 3rd shift especially, the only RN in the building was the supervisor. And hospitals relied a lot on student nurses.

CS: This was 1951?

JP: 1951-1955. In 1963, the hospital nursing school closed, the administrators decided it wasn't cost effective. And of course I laugh at that that. I think that is a funny thing. But we did a lot of work. When we graduated, we just went straight from the student uniform to a white uniform and we got paid more. But we kept on doing the same thing. We had charge duty. We learned to supervise others. We had a lot of responsibility.

CS: So was a lot of your training on the job?

JP: Yes. We studied a bit in class and then went to the floors. And the older nurses were our mentors. To learn a procedure, we had to do it three times under supervision before we could do it alone. And they were the ones teaching our class, the ones who supervised.

CS: Did you have good relationships with your mentors?

JP: We loved our nurses. We did. And they loved us. The were good to us. And the doctors were mostly good to us. We had one or two that were [difficult]. Dr. xxxx, was really something. He was a surgeon. And when I show his picture downstairs (she is speaking of an exhibit at the Burke County History Museum), I always say, "This is Dr Franklin, better known as Dr. Right."

CS: Things were very specific for him?

JP: I'm telling you. As I've gotten older and looked back I think that, see they were very close to us, the doctors taught us various things. And he taught us surgical medicine, you see. And I have felt like he felt like in a way we sort of belonged to him and he wanted to get the best out of us. His wife was a nurse and we always knew that she had a lot of influence on him and that nursing care stuff. Cause he knew nursing care, and he expected you to do it!

CS: He had high standards.

JP: Very high standards.

CS: And the name of that school was?

JP: Grace Hospital School of Nursing.

CS: So 1955 you graduate, and the days were the same as your student nursing.

JP: I just got paid for doing the same work.

CS: Did you do a psychiatric nursing clinical rotation?

JP: We had three months psychiatric nursing in Asheville at, lordy I can't remember the name. It was a little Duke subsidiary up there.

CS: A community center?

JP: No, it was a hospital. And we had some well-to do patients. They paid for their care there. And we student nurses to them, they paid us, when they wanted to go to town and shop or something. We would take them and they would pay us. And if they wanted to go out to eat, we would take them out to eat. And they would pay for

our meal. And if we needed a taxi or something to get there, they paid that. That was the only money that I had.

CS: Did you notice any big differences in that kind of nursing? Like what it required or involved different from what you had been doing?

JP: A lot of things. Physically, we had been doing physical care. This was more than physical care. There was physical care indeed, but it was more mental care. We had some really mentally ill, crazy patients. But we had some patients who were just sort of manipulative.

And we worked all three shifts, but we always worked under someone's supervision. And this little hospital, it had been a house, this particular place. The worst patients in this place were in a place that had been a house. And they had converted it too a place for patients. So we had rooms that had doors in their rooms, and I always dreaded on third shift to check those rooms because I was afraid of what I would find when I opened that door. So we went with a flashlight and we just checked to see inside. I always had a fear of finding something, maybe somebody hanged.

We had a patient or two on suicide watch.

We gave electric shock therapy there. And we also gave insulin shock. Which was the only place where I had worked where we did that. But we gave insulin to patients to have them go into shock and they would, hopefully, act out what was bothering them. And then they would give them Dextramine IV to bring them out of the shock. And if it was in the summer, the little place that we mixed up the Dextramine, there was one little room. And the bees were always there. They would get into it if they could and they were just buzzing all around us. But we were mixing up, when we got them to a certain level, then we could give it to them to drink. Once we got them past that coma.

CS: Did you see patients have positive response to that kind of treatment?

JP: Mmmhmm. When we took patients, the whole time that we were there, we carried sugar cubes in our pockets because if we took patients out and they had not had insulin, we would give them a sugar cube. I learned what to do about bee stings too. When a bee stings you, you just put ice on it. That's what we did a lot of. We carried a little bit of ice. And if one of the patients got sick, we put the ice on it.

CS: About how many patients were in that facility? In that little house?

JP: Lets see we had the little house and then we had the lodge. The little house was next to the lodge. And then we had the brick building was where they went when they got better. And they had real privileges there.

CS: Did you work in both places?

JP: Yes.

CS: How many nurses were there, just the ones in your school?

JP: There would three of us on affiliation, and then there were the other nurses around. There were not a lot of nurses, and some technicians. But we didn't have a lot. It was small. What I remember is we had a doctor there named Dr. Sorky, and they had an art classroom. Dr. Sorky was apparently sitting in a chair with his ankles crossed and one of the patients was drawing him. And he had a whole in the bottom of the shoe. And she drew that big old hole in the bottom of his shoe. I haven't forgot that. I was struck that that was hostility toward the doctor.

CS: She wanted to make sure that you saw the hole. (laughter) So you graduate in 1955 and did you stay working at Grace Hospital?

JP: Well we had pediatrics at Duke too. We had to do 3 months there. That was good, in most ways it was good. We had children, we had patients that would have dehydration that led to diarrhea and stuff and I always thought I had trained this already. I expected to have some big thing to deal with at Duke. And besides they had cute med students. (laughter)

We had certain children that if they climbed out of their cribs we'd have cribs that they'd slide the legs on top so they were down close to the floor, and we'd keep those children in those cribs. I remember this one child who was standing up in his crib and he couldn't get himself to sleep, so I took him some medicine. And I gave him the medicine, and I turned around to look at him and he was face down. (laughs) I went out there and told the nurse, that is one tired boy. The reason he was in that little old bed was one night I went up the hall and I looked in his room and he was under his bed and sound asleep. He was the cutest thing. And we had a little blonde curly headed boy that had tetanus. He was with a special unit.

But it was interesting, but I didn't learn a lot of things that I hadn't learned. Unusual things. We did have a brain surgery. We had one baby who had had a condition when he was born that made it so his little guts were laying outside of his belly. They did surgery on him, and he was getting better. But an RN was working with him, and she leaned over that crib and she said, "Good morning ugliest baby in the world." (laughs). And I thought, "Oh no you didn't say that to the patient! Oh no you didn't say that!" And she said, "It doesn't matter what I said he just knew the tone of voice I used and he grinned all over." But I couldn't believe she had called him the ugliest baby in the world. So I learned a lesson that day. I learned you can say a lot of things to people, it is the way you say them that makes difference. She was from New York.

CS: So how long did you work at Grace Hospital? Did you eventually transfer over to Broughton?

JP: I worked at Grace on the third shift, and I was there for about nine months, and it was either feast or famine. Don't you ever believe that that moon does not have something to do with it. With pregnant women it does too. But like I said, if you

don't believe it does, you have never worked at a hospital, especially on third shift. But we either at a lot or there wasn't anyone. At that time, patients after they delivered, see they couldn't get up for three days. So we gave them postnatal care after they delivered, helping them go to the bathroom and that stuff. We had another nurse in the nursery and she would talk to those babies just like they knew what she was saying. It was the funniest thing. And we had a little room behind the big nursery that was for the babies that had to have special care, maybe they needed oxygen or something. Well, if there was a baby out there in the big nursery that was a noisy baby, she would put it in the other room, she didn't want it to spoil it for the others. So all of us, we'd make sure there was not a baby in the other room that was left. She did love those little ones.

One morning my supervisor came running up the steps and told us that a patient had miscarried, and she had a fetus about this size. You could hold it in your hand. She said here, "Put this baby in the incubator." So I put that baby in the incubator and turned the oxygen as high as it could be." If he had really been alive he would have been as blind as a bat. I took him out and weighed him and he was just such a little old thing. Then, the doctor came in for deliveries, and I had a little dark skinned baby doll. And I put it out for a doctor, and I put it in an incubator and called the doctor over to look at it. And the doctor looked at it and said, "Jackie, I am gonna whip you." (laugher) We had some good fun. As student nurses we had some good fun.

But I left OB and went out on surgical when I was in student nursing. So I went to surgical for my 2nd shift. And then I got invited by the head nurse, Evelyn Carpenter, she was the director of nurses over at Broughton, and she was instrumental with me coming up here. The boy I was dating was his sister's sister in law. So she just got me into nursing over here. So from then on she said I was hers. She kept after me. She didn't harass me or anything like that, she'd say "Jackie, I've got a job." What I did was, I called her and I went over to see her. And I decided I would make the change. See I could make more money over there, and it was better to work for the state. So I decided I would do it. And her secretary typed up my resignation letter while I was sitting there. And I brought it back and gave it to the director of nurses.

CS: Oh my goodness. So you arrive at Broughton in what year?

JP: I guess it was 1956. Yes, it was 56. And there was a lot of patients there. And we had some good ones and we had some really, really crazy , sick and violent patients too. But, when I first went there, I worked the 2nd shift, and I had 12 wards, and I guess that was well over 100 patients. And I had all ages, and I didn't have any teenagers, but I had younger patients. Then I had a ward of, we used to call them senile, now they are Alzheimers, then they were senile. And I had a ward of those. Then I was really fortunate. I had really good attendants that worked for me. And they knew what to do.

CS: Did they administer the medications at that point?

JP: They gave the oral medicines, but the nurse had to give injections.

CS: And did you supervise them?

JP: Yes, I was the supervisor. But they didn't need my supervision, they knew what to do. On the back ward, we had some really violent patients and they would get in fights. And the attendants would just take them to seclusion, they would lock them up. And they would calm them down. And the patients were sometimes terrified. If they had had electric shock, they were terrified.

CS: Did you see any positive with electric shock?

JP: They would get more manageable. But they would actually line them up. And they would give shock in the mornings. And the doctor would just come in and go down the line. Now I never helped that. But I did help with shock in Asheville.

CS: Was the experience really different?

JP: It was. [In Asheville] if they had to have shock then they just went to their own room.

CS: So you would describe those differences were in how it was administered?

JP: It was. At that time, the State Hospital was, you hear now warehousing, they were so many patients. But there was nowhere else for them to go. And when they started discharging these people, they were just getting into that, having homes for them to go to and places for them to go, that kind of thing, and they let some of them out on the streets. And I guess that is where a lot of our street people came from.

CS: So, in the 1950s, did you start seeing more psychotropic drugs being used?

JP: The first I remember was Thorazine. The wards used to get Thorazine in gallon jars.

CS: Did you administer that?

JP: The attendants administered that.

CS: How did patients respond to that?

JP: They took their medicine. This is the funny thing. They took the medicine. And as far as I know they did, because sometimes they would spit it out. But you know who those patients are and after you give them their medicine and let you look under their tongue.

CS: So at the beginning of your years as a psychiatric nurse, were the drugs and the shock therapy, were those treatments new, I know shock therapy had been there for a while.

JP: It had.

CS: But did you notice a big change in treatment in those first maybe 10 years.

JP: I stayed there. I didn't stay there that time for a long time.

CS: When did you leave?

JP: I got married. And I went to a little hospital in Burnsville. It was all kinds of stuff. See we worked everywhere in those hospital. The only thing we didn't have was a psych unit. We had some patients who needed a psych unit.

CS: But you were trained in all of it?

JP: Yes, we had a little bit of all of it. We had three months of surgical when we had to scrub, we had to scrub for 25 major surgeries and 25 minors. And then we had three months in OB, and then we had our three months in pediatrics, and our three months in psychiatry.

CS: So you were at Broughton the first time for a couple of years?

JP: For the first time I was there for just a matter of months. And then I went to Burnsville. And then I went back to Broughton again. I went back three times. And the last time I went back to Broughton, I had 95 little old ladies. And before I left there I had another ward with little ladies. But again I had good aids. We worked like dogs, we did. We did not have housekeeping, the patients did the housekeeping or we did the housekeeping because the patients were not able. There were patients who were able and would come and help us feed the patients. And they would come and help sometimes. They would get paid in snuff for that. And they would take the snuff to the commissary and exchange it for cigarettes. I'm serious.

I went to the VA in Salisbury and worked with all men who were veterans. And one of the patients hit me. I never saw him coming. But he hit me. He actually hit me on the chin and knocked me back against the door jam of the nursing office. And I hit the floor. I had a concussion.

CS: Were the veterans from?

JP: They were vets from World War II. And we gave the medicines there.

CS: When the patients were admitted into Broughton were the wards by county at that point?

JP: There were wards in the Jones building over there, that was admission wards.

CS: But they didn't admit patients by county?

JP: No. I think it came later.

CS: So the last time you worked at Broughton, about what time period was that?

JP: Hmm. We moved to Salisbury and that is where I worked. And then we wound up going to Raleigh and that is when I worked at Dix. And I also worked for a while at NC State.

CS: How long were you at Dix?

JP: I think I was there about 13 years it seems like. And I worked mostly with older people there. I started out with some mixed groups, but I wound up going to work with the older patients. I really enjoyed that, I didn't think I would. See when I worked at Broughton the last time, I enjoyed working with those older patients really a lot. It met a need in me that I could still be a nurse.

CS: Which meant for you that needed—?

JP: They still needed a lot of physical complaints and it still let me do some nurses stuff.

CS: What was your relationship like with the doctors? Did they seek your advice on things?

JP: Well, at Broughton, working 2nd shift I didn't see the doctors unless I called them for something. And when I worked at the VA, of course I worked the 1st so of course I saw them, and when I worked at Dix I worked on 3rd shift and the doctors were around. And we had, at Dix, we started having meetings. Once a week we had treatment team meetings. And we started having to do a TON of paperwork.

CS: This is in the 60s?

JP: Yes, and all those treatment plans had to be done. And the nurse was the one who did them. And I said, "While I'm writing this mess down, I could be doing it." It just irritated me to death having to write all that down.

CS: You are the one that had to dictate all of it?

JP: Yes. Of course we got input from the aids and stuff and we would have meetings and review them every so often.

CS: Who was at those meetings?

JP: The doctor, the social worker, the nurse, whoever had that patient, and lots of times we get the techs, especially the one assigned to the patients because they would be assigned to their physical care.

CS: So did you see that that was an effective way? Did it seem to help the structure of the hospital?

JP: Well it helped somebody. It did help meet somebody's needs. (laughs)

CS: Was this in the 60s?

JP: It was. It did in a way, especially if we had problem patients then you could have a treatment plan a way to handle it. You see.

CS: Did you feel like that your opinion was valued in those plans?

JP: Oh yeah.

CS: Do you remember any examples?

JP: No I really can't remember.

CS: So the social worker was there to help the transition back to the community? Or what was their role?

JP: A lot of those patients had no money and the social workers could work with them. Let me tell you about a patient. She had been in the state system since her children were little, and they did not know her as their mom. And her sister raised those children. She had two sisters. They lived up in Jamestown, which was outside of Burnsville. So there was no way for them to come a lot.

She and I got along great. I would take her out. She had no money. And I would take her, she loved to go out to dinner. So we would go out. And it was a real good strategy to use with her because I would see her get really [frustrated], you know, I could see it coming. And she would get more aggressive. But I would use it I would say, "Now look, we're going out Friday night, "Don't you get crazy on me." And she would say, "I won't." And she wouldn't.

But when I moved to here, I asked them to transfer her here. And they did. I would go get her and we'd go shopping. When she died, there was a dress that we had bought that she really loved, and she was buried in that dress. She loved jewelry, she loved watches. She always wanted watches. Time was important to her.

CS: That really speaks about what you talked about earlier, that mental-emotional care that was unique, would you say unique, to psychiatric nursing?

JP: She and I, we really loved each other. And she never attempted to hit me. But she told me one day, she slapped one of the nurses one day and I took her to her room and I said, "Why did you do that?" And I told her that if she ever slapped me, I'd slap her back. I wouldn't have done it, but she didn't know I wouldn't. And she didn't hit me. She knew. She never was ugly to me. She would, and her sisters, they, anything I would do—they didn't care what it was, it was fine with them.

CS: It is really neat that she was able to come up here to Broughton.

JP: She started at Broughton I think. Then she was transferred to another hospital because she was difficult.

CS: When did she die?

JP: It has been maybe three or four years ago when she died suddenly. And I had had a meeting with some of the people in there. She was in her late 70s, and she was not physically that well and I didn't want her to live like that any longer. She had lived long enough like that, and I didn't want them to have to do all that stuff to intervene.. And the sisters were working with me on that. And when she was down at Dix, they supported that. But when she was at Broughton, the staff didn't want to do that. So I had a meeting with them. And they promised me that they would not do all that stuff. And I said, I don't want you to do all that stuff. She has lived long enough.

But her husband, they were divorced, and she would talk about the money. And the social worker agreed to let her get social security. And the first check she got was for $500. Now let me tell you, we had a ball. We shopped and we shopped and we shopped. We bought things that she never had had and never had had any hope to have. And she had a certain amount still left of that money. And they notified the building where she was that if it wasn't spent, they were gonna use it for the bill, for the Dix bill. And I said, "Hell no they won't." So I took the afternoon off from working and me and her went and spent the rest of it. (laughing) We had such a good time, we just had the best time spending that money.

CS: Was she there mostly for depression?

JP: I thought she was. I could see it, her manic depression. When I said that I recognized when she was getting ready to hit, I could see her getting more aggressive and active. That was when she was mad and would hit someone. She used to be, when she had been younger, she had been really rough. But as she got older, she mellowed.

CS: She had been in an institution all her adult life?

JP: Honey she had been there since her children were babies!

CS: Was she placed there? Was she court ordered?

JP: I don't know. Maybe she was. But then, we could put somebody, if they acted a little crazy, you could just take them over and commit them to the state hospital.

CS: And they would be forgotten.

JP: And they stayed there!

CS: Yeah. You hear that a lot.

JP: But the one thing that we did if we had a mentally retarded girl that was discussed recently, is that they would sterilize them.

CS: That did happen.

JP: Recently, maybe in the last year, you hear so much about it.

CS: Were there lobotomies at Broughton?

JP: I never had help with those. I had one patient who had had a lobotomy. But I never had any experience with that. But he was really a person that you couldn't trust him. If he thought it was the wrong thing, well he and I got along, because I didn't say the wrong thing.

CS: Yeah. What were some of your frustrations with psychiatric nursing? Or in your career? Just whatever comes to mind that was really challenging to deal with, even if it wasn't in Dix or Broughton, the mental aspect of nursing.

JP: I think it would be, some of the patients I had in general nursing, was patients with alcoholism. I mean that was a hard thing to deal with, out with the general hospital patients. I worked with an LPN, there were three units. I was in charge of the whole three units, and I had an LPN working with each unit.

And one of the LPNs was working with an alcoholic patient one night. And he was telling her that there was a squirrel over there under the dresser, and he said, "Don't you see it?" And he said, just look over there it is under the dresser. And she did. And I thought it was the silliest thing. She got the bed pan out and gave it to him and said, "Put the squirrel in here and I'll take it out." And he put the squirrel in it and she took the bed pan out. And he stopped worrying about the squirrel. That was the neatest thing, you know patients get all that crazy stuff from the medicines. And it is hard to manage those patients with your regular patients. So that was some of my worst frustrations.

CS: What do you remember most fondly?

JP: All the of the patients. I enjoyed the patients. I never really wanted to be a supervisor, I liked the patient contact. I got a long well with the patients and their families.

CS: Did you see the family's response to psychiatric therapy change throughout your career? Were they appreciative or were they suspicious?

JP: They were very appreciative. Most of them were. Now every once and a while you would get one that would get paranoid about the care and they thought we didn't do what they thought we ought to do. And there was no talking to them. Several times they would just take the patients home. There was no way to talk to them and tell them, "This was not the same person that you knew." It is hard to deal with those kind of people. They can misinterpret things. But the good social workers really helped. They spent a lot of time with them.

CS: What would you say are some of the changes you observed? You started working in the mid-50s and you retired in the late 90s. There's a big span there. There was a lot that changed in the system. What did you see on the ground, in your job, in your responsibilities with patients?

JP: Well with me, I went from working with old people there at Dix to a couple of years in the forensic unit, you know what that is?

CS: That is the criminal insane?

JP: Yes and they all had lawyers. And I missed nursing. I just like nursing, and I was not able to do that there.

CS: What does that mean to you?

JP: You didn't develop relationships with those people. It was better not too. A lot of them had charges pending, and of course we had patients in the general population that were difficult, but you just sort of learned to deal with them better than with somebody that has criminal charges. It's just not good to get too friendly with them.

CS: Your responsibilities at that point, were you administering medications?

JP: We were administering medications.

CS: Did you supervise nurses there as well?

JP: No I didn't supervise nurses there. I had aides. I was the third shift supervisor. And the only place that I supervised nurses was when I worked at the VA center. But like I said, I never wanted to be supervisor. I wanted that patient contact. I would have liked to taught student nurses, but by the time I got out of nurses school—see up to that point, regular RN nurses were doing that. But then they started with the different programs, all of their initials and all that stuff.

CS: So if you were to teach nurses today, on that first day of class what would you say to them would be the things that would help them most in their career?

JP: Well, I'm trying to think of one thing I would say to them, because there is so much to learn. But you learn it. Just maybe that would be the thing to say, "There is a lot to learn."

CS: You gotta keep going with it. Were you involved with any professional organization like psychiatric nursing associations?

JP: Just American Nurses Association.

CS: Did you go to conferences or read the journals?

JP: I was more active in the North Carolina association. But I went to meetings and stuff like that.

CS: Did you find those to be valuable to you or relevant?

JP: Hmm. Not really.

CS: You wanted to be practicing?

JP: I wanted to be nursing. And I have a real concern, I don't know if this is the place to put it or not. I have a real concern about the, I guess condition, that I see that my profession is in. It bothers me. I see people that, even in Charlotte they have a 1 year nursing program. One year. And then they will be an R.N. They can not get everything they need to know in one year. So what they are doing is teaching to the test, they are teaching to pass the test. And this bothers me.

In the 2 year programs they do not get the clinical experience. They do not. The know the book. And that's great. But it is better to know the book AND get the clinical experience. But I'm very partial to my nursing schooling, and I feel like I learned a lot then and I have learned a lot since. So I'm still open to learning.

CS: Did you see a change before you retired about the preparedness of the students? Did you notice that while you were working?

JP: Yes, I did. I was working with them. I knew the experience they needed, and I still know the experience they need. And they are not getting it. And I blame a lot of that on the malpractice insurance. That's a possibility because that is what keeps students, they come with an instructor. So they don't develop a relationship with the nurses there, with the hospital RNs. I know that when Grace Hospital first became connected with Lenoir Rhyne, they began doing it this way. The lady who was the dean, she said, I tell my students, "Don't ever think that you know everything, you are going to be working with some of the best nurses in the state." And that's a complement.

CS: Hmmm. You've seen so much. I'm just curious, I wonder if you remember, in 1963 is when Kennedy passed that Community Mental Health Act to start deinstitutionalizing the state hospitals. Do you remember that act? Was there a conversation about that when you were in nursing?

JP: No.

CS: Would you have been at Dix at that time?

JP: No, I was in Salisbury. And I wasn't working at that time. I had a baby and I was a stay at home mom. I was working part time at the general hospital there.

CS: When you working as a mom.

JP: No, I don't remember that. I think one of my favorite places, I want to say it is not an institution, for patients to go when they leave the state hospital is to a family care home. I love family care homes. Patients do well there.

CS: In their community?

JP: Yes. In their own community. They know it is not really there home, they know the difference. I know that people who run family care homes sometimes, when they do canning they let the patients there do the work to do the canning and get things prepared for canning and stuff. And I just think it is wonderful. It is normal. And I love those family care homes.

CS: Broughton had that for a while. Did it feel like that when you were working there?

JP: Over there now. Dix had that. But I saw it most at the family care homes.

CS: It was a smaller number of patients?

JP: There are fewer patients and they still had to be able to take care of their needs, bathing and those kinds of things. The helped keep the place clean. And sometimes the patients help prepare meals. It's nice.

CS: So what do you think of this trend of shutting down the psychiatric hospitals? I know there is all that talk about shutting Dix.

JP: Well they threatened that one time, Jim Hunt was in office. And we went up and marched. We marched to the governor's mansion.

CS: You and the other nurses?

JP: We did. We had a crowd. And it wasn't just the nurses, it was other people working over there you see. So I laugh about it now. I tell my husband, they are determined. Dix is on wonderful property. One of those buildings there has the prettiest view of Raleigh that there is. And I just had to see them close the places, because at that time they were going to close and move everyone, and if we wanted to work we would have had to move. But we won that time. Every time they start talking again, I say I'm gonna have to go down there and march again.

CS: Some of the impetus for that is to get patients to have more of a community center approach, it seems like that is the kind of care that you think would be beneficial. But is that happening? Are there enough community centers?

JP: No there are not. There are not enough places for them. And so they will be on the street with no where to live, out in the cold with no food to eat. No, I don't necessarily like having them in an institution, but I think that is better than having them on a street. And people attack street people and kill them. And these are just people.

CS: Do you think society has a misconception of mental illness?

JP: I think they used to. I think they are smarter now than they used to be.

CS: I've heard some people describe the change in nursing from the 1950s to the 90s a change from a lot of responsibilities that were more custodial in nature to a therapeutic role, where nurses were much more involved with giving input. Did you see that transition in your career? Or did it not seem to be like that?

JP: I think that is probably one of the reasons I liked working with people, is because it was there always. When I went to work, I went around and touched or spoke to everyone of the patients. I could tell how they were by touching them. I was touching to check if they had a fever, as much as anything. But I guess I haven't seen that kind of change, but then I haven't' worked in a while with those patients. But the nurses here would know. But I can't think that when I worked at the VA, the nurses worked together there. And we did have groups.

In fact the nurse that I worked with, I looked all over yonder to find old songs. And I finally found one, it took me a long time. And we would play that, we would play that in our group. And then I would ask them, "DO you remember the first time you heard that?" And we would get conversations going. And we also had patients who would complain all the time. And they would go around the room and complain about everything. Well what we would do with that was we would have a plan where there was one person that they would go to. They had to go to that person. "I can't listen to that, you'll have to tell Jack about it," or something. And that helped.

CS: To channel it?

JP: Yes. And it worked.

CS: So when you had a good group of nurses you problem solved together?

JP: Yes. It quit being such a disruption for everybody.

CS: One more question. Did you observe any cultural differences with patients who came from what may be called Appalachia? Did you see cultural differences or differences in how you need to treat them or anything like that?

JP: No. I just treated them all together. And you know we had black and white. And it was the same way.

CS: Well a nurse yesterday told me about the famed Broughton Brownie. Have you ever heard about the Broughton Brownie?

JP: No. (laughter)

CS: I just had to ask. I head there was a really good cafeteria there, because they had a dairy and a farm.

JP: Oh yeah, they had a farm.

CS: Did you eat at the cafeteria?

JP: I did, and let me tell you what they made that was the best in the world was liver gravy.

CS: Liver gravy?

JP: Now I don't like liver. But honey let me tell you. The gravy on that was so good! I would always go when I went to eat, I would get myself a piece of bread and put nothing on it but the gravy.

CS: What did it taste like?

JP: It was good!

CS: It was just good. I love that. What did you eat it with?

JP: Just the bread and gravy.

CS: Did they bake the bread there, do you know?

JP: Sometimes they may have. I don't know if they did a lot of bread baking or not. But they had a large cafeteria for the staff. And they had good food there. And we didn't pay for it. But we got 30 minutes, and we had to work those 30 minutes.

CS: Did you do meetings during that time or were you just eating?

JP: We were just eating. That was our socializing time.

CS: That's great. What was that called again?

JP: Liver gravy. They made it every Friday, and it was so good. Tell me about the Brownie.

CS: She said it was the best brownie she had ever had, and they were called Broughton brownies. She said she'd get me the recipe. I'll pass it on to you if you want. She described how the food was really good.

JP: It was very good. And you know there is a book here in the bookstore about the haunting there.

CS: Yes, I've seen that. It's good.

JP: Now you know, I would go through those tunnels if it was bad weather. I would go if I was going to make rounds. See the nurses relieved each other. And the south building over there still has dirt floors. I was so glad to find out they had not knocked that building down, because that had really mean patients. They would tell me, "Be careful, she'll throw spit in your face." And she would. But I missed it. I was careful about where I looked.

CS: Well, thank you so much for your time and your stories and your career. Your experiences and what you've given back to so many people. I have really appreciate hearing about this.

JP: I have loved this career.