

TEA WITH TRAILBLAZERS
SPEAKERS: Dr. Evelyn Wicker, EdD; Mrs. Donna A. Harris
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PLACE: History of Medicine Room,
Duke Medical Center Library

TEA WITH TRAILBLAZERS NO. 2

PATRICIA THIBODEAU: There's a few more chairs right down front here if you want to come down and join us. Right down (*laughs*) front, very front. All right, I think we're going to go ahead and get our afternoon program started. We've got a lot of interesting people to talk to this afternoon, and we want to give you a chance, too, to ask some questions and share your experiences as well. I'm Pat Thibodeau; I'm associate dean for the Medical Center Library and Archives, and I want to welcome you all this afternoon. This is a great crowd that has come to this special event. I want to thank you for coming on behalf of the Medical Center Library and Archives but also the general Duke Medicine community as well. Over the past two years, we have celebrated Duke's history—or Duke Medicine's—seventy-five years of history. And as we've looked back over that history and its accomplishments and successes, we've really begun to just how fully—we've always known this, but it really has been underscored—how the success of the institution was due to the people that worked within it and that were pioneers for it. And it's due to their pioneer spirit and their dedication to quality education, patient care, and research, that Duke has had so many successes and accomplishments and has become a really worldwide, well-known institution. Last year we began the tradition of Tea with Trailblazers, and this is our second year. And we did that to recognize and learn from the experience of African-American pioneers within Duke Medicine. Today during Black

History Month, we are very honored to recognize two more African-American trailblazers: Dr. Evelyn Booker Wicker and Mrs. Donna A. Harris, both distinguished nursing—both have distinguished nursing backgrounds and careers. Before I introduce our speakers, I do want to talk a little bit about today's format, and then I'm going to tell you about our two people. First, we're going to have a little more informal kind of conversation with our pioneers, our trailblazers today, and then we're going to give you an opportunity a little later, after we hear their stories, to ask some questions and make comments. We are taping this session, and so if you are caught asking a question or making a comment, we do ask that you sign some release forms that we have in the back of the room. That'll enable us to post this on the Web and use it in other ways in the future, and we'll be able to then include your stories and your comments as well. We also ask that everyone sign our guestbook in the very back by our back door. That way, we'll know who's here and will also be able to contact you about future events. We also realize that in addition to our featured trailblazers, there may be others in the audience who have been firsts at Duke Medicine or have made significant contributions to the university and the institution. So at the end of today's session, we're going to give you a chance to stand up and identify yourselves so that other people can see you and get to know all our trailblazers and pioneers in this room. So now I have the honor to introduce our two pioneers. First, Dr. Wicker. She was an early African-American pioneer in nursing administration. She has a doctorate in education from NC [North Carolina] State. She initially graduated from the Lincoln Hospital School of Nursing and began working at Duke as a staff nurse in 1969. She quickly rose through the administrative ranks while at Duke, first as a supervisor of ambulatory services with oversight for nursing personnel

and patient care in clinical departments, and then she became director of nursing services for Duke South Hospital, placing her in a supervisory capacity for all nursing services in the hospital. She then became director of nursing of the Division of Women's and Children's Health for about five years and finished her career at Duke—another ten years—as the director of the Hospital Career Development Program. Dr. Wicker has gone on to be a clinical instructor at Wake Technical Community College, is an educator in the Wake County public schools, and remains an active member of the Durham Community as well as a very busy lecturer. Mrs. Harris was the first African-American to graduate from Duke School of Nursing. She received her BSN [bachelor of science in nursing] from Duke in 1971 and pursued advanced coursework at ECU [East Carolina University] at Stanford and through the American Nurses Certification Corporation. Mrs. Harris did come back to Duke to work with the school of nursing, and she now serves as a master trainer for the Arthritis Self-Help Course and the Chronic Disease Self-Management Program. And she is also a social research assistant II within the school and has ongoing research support with the National Institute of Nursing Research for her studies in self-management in arthritis and on premature infants. Over the years, Mrs. Harris has also served as a clinical instructor, public health nurse, and school nurse at Central University, UNC [University of North Carolina], Durham County Health Department, and other locations, as well as Duke School of Nursing. She is active in her church, and is a member of the Sigma Theta Tau Nursing Honor Society and has been honored as a friend of the NAACP. As you can see, both of our guests today have had interesting and diverse careers while at Duke, and I think we'll have a wonderful afternoon hearing about their experiences as they share their stories. Just before we turn

it over to them, I do want to take a moment to introduce the two people who helped plan and who are facilitating this afternoon's event, and that is Jessica Roseberry, who is our Duke Medical Archives oral historian, and Mira Waller, who is our assistant director of the Duke Medical Center Archives. And now I'll get to turn the program over to them. I hope you enjoy it.

JESSICA ROSEBERRY: Thank you, Pat. Thank you all for coming. Before we begin, I'd just like to say that if you don't mind holding your questions until both speakers have had a chance to tell their stories. We'd like to turn the program over to now to Dr. Wicker to hear a few of her stories about Duke Medicine.

EVELYN WICKER: One of the things you never want to do is be first. (*laughter from audience*)

DONNA HARRIS: (*laughing; quietly*) I know.

WICKER: But that's okay. So good afternoon. Let me first thank my family, acknowledge my family and many of my friends and colleagues who are here in the audience, people with whom I've worked over the years. So my husband, my son, my daughter, my sister-in-law are here to support me. Thank you. It was with mixed emotions that I accepted this invitation today. There was anxiety, there was excitement, and some reservations. But after reading the article that was in the *Spectator* [*Spectacular*] about last year's program, I was really humbled. All those ladies—and many of them are in the audience today—I know them from having worked with them at Duke Hospital over many years. They are trailblazers and they are pioneers in patient care, in guiding and in teaching others how to rise above and survive in an environment ranging from the forties, the fifties, the sixties, the seventies, the eighties era. Eras that

were steeped in racism and classism. Now, I must also acknowledge that there were a number of black head nurses—African-American head nurses—before my time. Katie Evans some of you will remember. Ruby Borden you will remember. Rosie Steele, and perhaps there are others that I have just not—that have just not come to mind. In 1973, I completed my master’s degree in public health from the School of Public Health in Chapel Hill, the University of North Carolina. A master’s degree was not commonplace in 1973, so I felt I had something to offer. So it is now time for me to go and explore possibilities. So Duke was one of those places that I began the exploration process. I’d worked at Duke previously as a staff nurse, and there are a lot of stories there that we don’t need to talk about. (*quiet laughter from audience*) I was intrigued with the discussion with Wilma Minniear, who was the executive director of nursing. She was in the process of dealing with an employee situation in the Outpatient Department. I’ve never asked nor have I known what that situation was. But through a supportive colleague, I was courted, and within a year of my initial exploration, I was called for an interview. I was subsequently hired as the supervisor of the Outpatient Department, which was a series of eight clinics and an ambulatory inpatient unit down Erwin Road called then the Drake Pavilion. Later called the Brownstone Inn, and then it was called something else; I don’t know what it’s called now. (*rustle of laughter from audience*) Later I was added an additional responsibility of an inpatient facility further down Erwin Road, so I was a traveling administrator. When I was first appointed to the Outpatient Department, I was inquiring about responsibilities, issues, challenges, and et cetera from Miss Minniear. The response to me from her was, “I know nothing about the Outpatient Department. Here’s the office, here’s the secretary, and there’s the float nurse.” And

today the secretary's in the audience. She's not a secretary any longer. I was introduced again to the secretary, the outpatient and management staff, and an administrator. But none of those head nurses and administrator looked like me. The Outpatient Department, now called Ambulatory Care, was a system of public clinics, and there was a private diagnostic clinic. And it's even strange to me as I reflect on the geography, the public clinic entrance, entrance three, had a long, steep staircase as an entry. And patients had to maneuver those steps to get to the outpatient clinic. The PDC was on the ground level with a few steps up or down as you follow the dots (*chuckles*) and the zone—color of the zones. (*sounds of agreement and laughter from audience*) Okay? Now, the public clinics did not necessarily mean all black. Neither did the PDC—the private diagnostic clinic—mean all white. It was a financial reality. Now, I hope that the stigmatization does not occur today. The geography certainly has changed. As a new supervisor, which we were then called, I'd entered a circle of white, mid-level managers responsible for numerous nursing units. They wore white uniforms and carried a clipboard. I wore a labcoat and carried a pad and a calendar in my pocket. And soon they also were wearing labcoats (*audience members chuckle*) and street clothes. What was it like, you may ask, to be the first African-American nursing administrator? How many of you in this audience have either been the first or the only one, whether the only female, male, black, white, nurse, physician? Think about what that felt like. Always on stage but sometimes invisible. Isolated, no one to talk to, walking on eggshells, straddling the fence, because you don't know what's on either side. Being suspect by minority as well as majority groups. Or just having the paranoia that things are not the same for you as for your majority counterparts. Having your words repeated for clarity or because perhaps there

was a perception the you could not express your feelings adequately. Having no one that preceded you who could tell you where the minefields were or where the sharks were. For me it was a case of what I call “triple jeopardy.” Female, black, and nurse. I began to make appointments. My first appointment of an African-American registered nurse to an outpatient clinic created a stir. I entertained for forty-five minutes the argument of a division chief, dispelling the notion that I had made a mistake in appointing this nurse. Several years later, she became the head nurse in this clinic. A second appointment of a white head nurse to another clinic brought about another long conversation with the division head; mind you, division heads don’t have time to sit and talk. But there was a nurse in the clinic whom they wanted to appoint. My rationale was for the long-term growth and the quality of patient care not the short-term satisfaction of the physician for someone who had been there for a long time. And when I appointed an African-American male, I was told, “What a terrible mistake you’ve made.” My response: “In my professional judgment, I don’t think so. But if it is a mistake, I will be big enough to admit it, and it will not be the last mistake that I will make.” Once one African-American nurse manager was appointed, several others followed, because they were qualified. They were afforded an opportunity not previously open or known to them. My presence opened the door for qualified African-Americans, period. The clinics, mind you, was a five-day, eight-to-five operation thought of as a cushy job, which it was not. Patients came to the outpatient clinic and spent the day. They were dropped off in the morning, and transportation came back to pick them back up in the evening. Coming to Duke was a day’s adventure. Caring about the quality of care and effective use of time led to the implementation of a nurse-led health education program for the outpatients while they sat

and waited. Also an exit-interview program. It was not unusual for patients to come, see the doctor, and not know what had happened to them or for them, what to do when they went home, and to leave minus their prescriptions. It was important that a nurse intervene before they left the clinic. This was a valuable innovation. It brought value to the role of the nurse—not just a handmaiden to the physician. Nursing itself was a legitimate role. I even hired several nursing assistants who were union plants, unbeknown to me at the time. (*murmur of laughter from audience*) I began to establish rapport and gain respect from the division heads and chiefs because my focus was on the welfare of the patients. And an unexpected change in the nursing supervisory ranks occurred. The nursing supervisor of the emergency room whom had befriended me stepped back to a head nurse role. I reluctantly accepted the added responsibility. But what did I know about the emergency room? Nothing. But I knew management and administration. So needless to say: struggle, struggle, struggle. Wonderful leadership of Dr. Joseph Moreland—and that was the beginning of the EMTs [emergency medical technicians] and triage. The vision for Duke was expanding. The space, accommodations, technology was outdated. Enter Duke North and Duke South. The need for more senior-level administrators and directors of nursing of North and South and other nursing administrative supportive staff. I was encouraged by the executive nursing leadership to pursue the leadership role in Duke South. At the time, I did not think that I could adequately manage the responsibility of such a leadership role and a family. However, there was continuous urging to pursue the senior leadership role. So I did apply, and I was appointed in 1978. A white counterpart was appointed to the Duke North position at the same time. Duke North and Duke South reinforced the

marginalization of the North and South, the black and white. That caused Duke to strategically examine the alignment of black and white leadership in Duke Hospital North and Duke Hospital South and the staff composition respectively. A key component in my pursuit of this position was again the belief, the encouragement, and support of the executive nursing leadership. As the numbers of African-Americans nurses in leadership roles increased, it became quite apparent that there were rising concerns. Feedback from significant physicians in key roles reflected stereotypical ideas or views about African-American nurses in leadership roles in Duke South. I.e. size, motivation, energy, intellect even. Little to no African-American nurses were in leadership roles in Duke North during this era. South was perhaps sixty-fourty, and North was like eighty-five, fifteen. Now, there's a sidebar. As a clinical associate faculty in the Duke School of Nursing, I had the opportunity to attend lectures and other affairs when guests were invited in. A nationally-known African-American nurse, Barbara Nichols, was a guest, and I was asked to accompany her to dinner at the Brownstone Inn at that time I believe. Telling her about the plans for reorganization and the images of Duke South and Duke North and the need for change, she said to me, "You have too many black people in your organization." This is as vivid for me today as it was twenty years ago when she said it. End of sidebar. Once the alignment of Duke South and North was recognized, the entire leadership entered a strategic planning process of how to restructure the north and south divisions to a more functional decentralization approach across entities, to blur the distinction and enhance the diversity within North and South. What resulted was an elimination of the executive leadership roles of North and South which had comprised a number of multiclinical specialties to directors of a more narrow clinical entity. A

director was appointed in each of these entities with a new role called “assistant to the director.” The objective was to create a diverse leadership team in all of the entities. With this new organizational structure, it was suggested that I should have a white first lieutenant as my assistant to the director and my counterpart have a black first lieutenant as her assistant to the director. All the supervisors, both black and white, were reorganized out of their roles, and they were forced to compete for the same jobs on an uneven playing field. All the new directors appointed were white. African-Americans who had assumed leadership roles were not selected for any other director roles. They were forced to accept positions at lower levels or to leave the organization. In my opinion during this time, this transition, Duke lost a great deal of nursing leadership talent. A special committee was charged to look into the grievance brought by African-American nursing managers and leaders who were reorganized out of positions. Struggle, struggle, struggle again. Lack of support and acceptance of me in a new role coupled with a new executive on the scene led to yet another reorganization, more adaptation, and finally a reinvention of myself to another leadership role in career development. By now I had completed my doctorate in adult education with a focus on career development. A successful program was established and flourished for approximately ten years. And then there was another reorganization. The program was eliminated. (*murmur from audience*) My journey at Duke nursing began with someone in a key leadership role believing in my potential to become an effective leader. She saw the diamond in the rough. She saw that I could be a positive role model, that I was competent, that I could be a visionary leader, that I was flexible, I was a team player, someone who would also seek continuous self improvement and adaptability. It’s ironic

that these same attributes and all the work and contributions I had made in the end had no value and worth to leadership. This was the end of my season and led to my involuntary retirement in 2000. But the story does not end there. I've had wonderful, satisfying, broadening experiences and many notable perks from my association with Duke. I am a Wharton Fellow, having attended an executive management program at the Wharton School of Business at Pennsylvania located in Philadelphia, being one of several executive nursing fellows nationally and internationally. Through the Friends of Nursing Foundation, I was supported in a presentation as I coordinated an international tour and nursing seminar with the University of Legon at the University of Ghana in Ghana, West Africa. I had an opportunity to attend hospital advisory board meetings and rub shoulders with some of the brightest minds and some of the deepest pockets in the country. (*audience chuckles*) To interact with the likes of Dr. Keith Brodie, who was chairman of the psychiatric department before becoming president of Duke University. Dr. [Jeffrey] Houpt, another Psychiatry Department chair and later dean of the UNC School of Medicine. Ike Robinson, the previous chief executive of Duke Hospital; Dick Peck, where I witnessed the extraordinary teamwork and respect shared by them and Wilma Minniear. Dr. Charles Johnson, Dr. Katz, Dr. Hammond. Dr. Anlyan, who always mistook me for another African-American nurse—many of you may know Mary Baldwin. He always mixed us up. (*audience laughs*) Bill Donelan, Andrew Wallace, who were my immediate supervisors when we were searching tirelessly for an executive nursing director during one of the several reorganizations. During this period of search, my counterpart in Duke North and I shared the executive responsibilities on alternating months. President [Nannerl] Keohane, while working on developing the guiding

principles for Duke University. Louanna Robbins, Art McCombs, there are other names. Charles Dean, my counterpart in the audience. To have the responsibility and the opportunity to serve on various university and community boards, sometimes representing Duke, while others, just as an employee from Duke. The first registered nurse to be appointed to the Durham County Board of Health. And lastly, to serve on the famous Credit Union board of directors. (*laughter from audience*) Upon reflection, leaving Duke was painful, I can say that now. But as a colleague and others who have left have said, “There is life after Duke.” (*audience laughs*) My greatest contribution, I can sum up in this quote, “The greatest gift is a portion of thyself.” I have given the fruits of my labor and toils and struggles, and despite experiencing isolationism, scapegoating, invisibility, I am proud to have opened the door for a cadre of African-American and white nurses who have esteemed themselves in nursing throughout the country: people who have broadened their horizons and have opened themselves to new areas, new challenges, even international entrepreneurship. People and colleagues who have, in the words of my mentor, Wilma Minniear, incorporated the “patient imperative” as the foundation of their practice; nurses who still believe the art of nursing is about kindness, courteousness, and compassion, and that nursing and medicine exist to serve our fellow man regardless of his or her station in life. And as I close: one of my fundamental beliefs is, You are as broad and as narrow as your experiences. For twenty-seven years, I was tremendously broadened as I journeyed through Duke University—nursing, the medical center, and university. I was invited to Duke as an administrator in 1974 during a turbulent transition socially, politically, economically. There was a need for African-American leadership presence There was a need for African-American role

models. Today I say leaving Duke was a blessing. I boldly embrace life's continuing challenges. *(through tears)* Thank you.

(audience applause)

MIRA WALLER: Thank you, Dr. Wicker, for giving us a glimpse into your life as a trailblazer. At this time, we would now like to ask Mrs. Harris to share some of her experiences as a pioneer and as a first at the Duke School of Nursing.

DONNA HARRIS: *(referring to Wicker)* She's going to make me cry. *(audience laughs)* Good afternoon, everybody. Before I start, I do have a few thank-yous also that I would like to express. I want to thank Jessica and Mira for this invitation to share. I had some qualms about coming, because of some of the memories that I'll share. But they were instrumental in getting me here. So I count it a privilege to have been able to be able to accomplish something that has led to my being here today, but you know, you two have made me feel honored by being here, and I really appreciate it; thank you. I have some of my family here. My husband is here, my daughter is here. My son is here, my sister's here. And I want to thank them for coming to support me. And I see one of my coworkers back there, and my boss is here. *(laughter)* So I thank them for coming as well. And last but not least, as I hope comes out of what I share with you today, I thank God for the blessings of accomplishment and for the blessings of protection that He afforded me during my experience with racism, primarily before Duke, some at Duke, and some after Duke, a snapshot of which I'll share with you some this afternoon. This is Black History Month, and I want you all to know that I got to Duke, I was kept at Duke by a community of unsung heroes. There were people who had faith that God was about to pull down some walls of discrimination in our community and that we would be used

to help do that. They sent up lots of prayers; they took a stand against racism, and they lifted us up on their shoulders to take us to the next step. So I want to be sure that I give them honor as well. So before Duke. I was blessed to be a part of a godly family that had some social influence and some spiritual influence in a small town in North Carolina. Okay? I had three sisters. And all of us were expected to do well academically, and we did. And we were expected to be good girls socially—y'all know what that means, okay? (*audience laughs*) And we were. Okay? About the time that integration began to move was about my high school years. But I remember at age fourteen being a freshman in the all-black high school in our hometown. And I remember being happy; I still do. I mean, I had a good group of friends. You know, we were active in church, we, you know, went to dances, we just had a good time together. I remember making the all-black marching band. It was a prize band! I made it over the course of a summer, almost teaching myself to play the clarinet; I wanted to be in that band! I was in that band, and I remember just expecting more of the same. And then came sophomore year. We were told that we were going to be a part of going to the white high school, the white middle school, the white elementary school. My friends were supposed to be coming. And I remember us being told how we were supposed to act, how we were supposed to behave, how we were supposed to respond so that we could show the white people that we were not dirty, that we were not ugly, that we were not stupid, and that we were not lazy. So how many of y'all know that there's boldness in numbers? So my friends and I were going, We can do this! You know, we can do this. So anyway, it seems to me even today that it was the day before we were supposed to go, I found out that the many numbers was reduced to five. (*murmur from audience*) And none of my friends were in

that number. And I still—that's why I said you're going to make my cry—I still remember the devastation of knowing that none of them were coming with me. But I went. And I would call it *obedient resignation*. We had to go. So I went. But I didn't want to go; I'll put it that way. But I do remember, I do remember being determined that I would not let family members down and that I would not let the community down. I do remember that determination, so I went. So at age fifteen, just to briefly give you some of the experiences that I had, we had to walk to school, so as we approached the school—and there were adults behind us—the *n* word was resonating. And as we were walking by, it was like it just went down the line: Here come—okay? So that was one thing. There was the hugging of the walls by the students as we would walk down the hall, with derogatory remarks, with holding the nose, with, you know, Don't touch me, kind of thing. I would walk in the classroom and desks would be turned away from me. Girls would go running out of the bathroom when we would go in, and there was one particular young man who, for three months—I still remember this—called me by the *n* word between classes. Every day for three months. Okay? And the reason I'm thankful for God's protection is that we could have been hurt. You know, we could have been hurt under a stairwell, behind a building. And there were people, trailblazers, who were hurt. But we were not hurt. But this went on for over a year. And then in addition to that—you were speaking about the isolation—my circle of friends was irrevocably broken because our experiences were so different. So here I was betwixt and between with no sense of belonging in terms of forging friendships with either—with either race. Anyway, things did get better. But by senior year, there were still overt signs of racism. But I did well in school. I think I was in the top fifteen. I could be wrong, but I think I

was. (*audience laughs*) And was told to apply to not just black colleges but also white colleges. But how many of y'all know, I did not want to do that. (*audience laughs*) Okay? But I did. I felt like I had done my part by now, and it was like, Okay, I'm ready for a black experience. (*audience laughs*) Okay! Anyway, I applied to Fisk. I really wanted to go to Fisk. They had a great nursing school. And I remember a counselor telling me not to apply to some of the North Carolina system schools, that I would have a better chance of less racism at Duke. Okay? So I applied. And the acceptance letter from Fisk came first, and I went, Yes! Yes! But there was no money. And I was waiting for the money to come. And in the meantime, here comes this letter from Duke. And there was a full scholarship offered as well as a sense of welcome because I was going to be the first African-American in the school. And I went, No way. (*audience laughs*) I went, No way. But I went. And I would say it was because of financial reasonableness. I mean, my family couldn't send me—I mean, I waited for that letter from Fisk, I'm telling y'all. But it didn't come. So I did go. Again it was an obedient resignation, but there was just financial reasonableness about it. So I went. But this time there was the hope that it might be a little bit different. So then at Duke. The summer before I went, I was corresponding with my roommate. She was from New York. And as an aside, we roomed together the entire time. My race didn't seem to matter. So when we met, we got along fine. And I developed a friendship, a circle of friends that got me through Duke. And I'll tell you why. But the circle of friends, most of them were from the North. But we all got along just fine. And they really helped get me through. And the reason I wanted to share that is because at that time, and even now I think, but at that time, all the girls were on East Campus. I was on West Campus where the school of

nursing was! So again there was a sense of loss, there was a sense of just not belonging, just kind of being disenfranchised. I had this circle of friends and that was good, but you know, I was wanting to get back to a circle of peers of my own race. But that did not happen. The nursing school program was pretty intense, and there just wasn't time to go back and forth, so I still remember that sense of loss. So academically I was determined to do well. There were still people at home going, You can do this. You know, we did it on a high school level, but there were still people waiting to see, Can you do it on a college level? At a prestigious college. So I was determined not to let them down. I don't remember a mentor at Duke. I don't remember there being anyone that I could go to with academic issues. There may have been. My sister and I still talk about the fact that we forget—I mean, we just don't remember a lot of things. I think it was the trauma, but I don't know. (*audience laughs*) I don't know. But there are a lot of things we don't remember. I don't remember a mentor. I do remember—and I remember shutting down the hope of that, and let me tell you why that was. We had a class called IPR, and we had to pick somebody out of the clinic to go to talk to. And our instructor was supposed to be able to come in and pick out that person. You know, the detail of nursing. So we had to describe that person and talk a little bit about what we talked to them about. So that was like my freshman year, first IPR class, and I wrote it up, and I got back—I got that paper back, and I had described the gentleman I spoke with as an older black man. And I said he was either light skinned or dark skinned, I don't remember. But that's how I described him. And the comment came back with *light skinned* or *dark skinned*, whatever I said, underlined. And the comment was, “Why did you say this? Do you have a problem with your race?” And I went, Not again. So I shut down the hope of that, you know,

academic mentoring, and I just focused on going to class; you know, giving it my best, not giving, you know, the school any reason to put me out. You know, same thing with high school: just do my best, enjoy my friends, and *get out of there!* (*laughs*) That was what I remember. I do remember, though, a time when there was a severe despondency. And I really thought of hurting myself. Somebody helped me; I don't know who it was. It was a member of the faculty, but I don't remember who it was and who took me under their wing at that time. But I do remember that. But anyway, it was two more years before any other blacks were admitted to the school. And it was two young ladies. One of them was from Durham. And talk about trailblazing: she went on to be the first African-American director of nurses at the county health department. But she came in two years later. And that's what trailblazing is all about. Anyway, I did graduate with my class. And I got my nursing license within the year. But my trailblazing days weren't over even though I wanted them to be. (*audience chuckles*) But the quality of education at Duke was good—I mean, the reputation was good even then, nationally and internationally. But I was ready to go to work in a black setting. So my first job after Duke was in Biloxi, Mississippi! (*audience laughs*) My husband was in the service down there at the time. So I was in a community hospital, and I know that I got that job because I was a Duke graduate; I know that. But I got there, and I was told that I was the first African-American nurse at that hospital. And that the chief of staff had walked on the beach with the KKK [Ku Klux Klan] the year before, and I went (*audience laughs; expresses dismay*) Oh! *Whew!* Anyway! I don't remember a lot about that year that I was there. (*audience laughs*) I just worked hard, and you know, kept a low profile and wanted to do well, because folk were looking, that same thing, and then get out of there.

As far as I can remember, that was the last of my being the first, you know, African-American. But I have had lots of other firsts in my life. So let me just end by saying that I graduated from Duke in 1971, and my BSN is all that I have had; that's been my degree that I've had. But I've had a lot of different work experiences with that. Primarily in the public health arena. I found out that hospital nursing was not my thing. I think I only worked in a hospital about four years. And I think that some of that is because of some of the experiences that I've had. My niche is public health. And for those of you that are aware, public health gives you—you have the sense of working alone. There's an independence about working in public health nursing. But in order to be successful, there has to be confidence; there has to be self-reliance; self-motivation if you're out there working yourself; a sense of dependability and organizational skills. All of that is a part of being successful in public health. And how many of you now know how that was fine-tuned in my life? "Iron sharpeneth iron" is what it says. So to God be the glory, I am still here and experiencing firsts. Thank you.

(audience applause)

ROSEBERRY: Thank you, Mrs. Harris, for sharing your stories.

HARRIS: Thank you. Thanks.

ROSEBERRY: Now we would like to open up the session to the audience for questions. If you would please raise your hand if you have a question, and Pat or Robert will pass you one of these two microphones. You can speak directly into it. And when you're done with the question, if you'd pass the microphone back. Thank you.

ROBERT JAMES: Who's going to be first? Who's the trailblazer? *(audience laughs)*

QUESTIONER: The nurse that you mentioned earlier that you took to Brownstone—Dr. Wicker, I'm sorry, to Dr. Wicker. And she made the comment that there was too many black nurses, was she Afro-American or—?

WICKER: Yes. Yes, Barbara Nichols is an internationally known African-American nurse leader. Yes.

QUESTIONER: So why did she make that comment at that time?

WICKER: I was sharing with her some of the changes that were going on, the reorganization. And the idea was, There's never a question about the number of whites in any role. But many of you may have experienced if you've been in an administrative position that when there are too many African-Americans in a place, questions do get raised. I even found a note—this is interesting. In all the reorganization, I did a lot of moving. Packing up, unpacking. And I found a little piece of paper once that said—it was to be a part of my evaluation from my executive leader. And it said, "Evelyn has done a nice job. But has she hired too many blacks?" Now, this was later, much later that I found this again as I was packing up and moving.

BEVERLY MURPHY: Barbara Nichols was also the first PA, physician assistant, too. Female. First African-American physician assistant. Female.

CROWD MEMBERS: Joyce Nichols.

WICKER: No, Joyce Nichols, yes. Yes.

(loud microphone noise)

QUESTIONER: I would like to know, you had all this turmoil at the administrative level, was there ever any studies done as to what an impact this had on the patients of which you were serving? The black or the white. And I know sometimes when we mention

going to the hospital, a lot of African-Americans are reluctant, because sometimes they just don't feel confident or they don't feel that they will be treated as they should. And I think there's a reluctance, and I think sometimes people just don't go. Was there any study done concerning—

WICKER: I'm not sure there was any specific study done as related to that. But the idea of trying to, again, blur the distinctions and making sure there were leadership—diversity in the leadership was such that we could have the appointment of additional African-American nurse leaders. If you don't see yourself or anyone who looks like you, there's a tendency not to want to be there. And so if there are black nurses, then clearly patients I think will more likely feel comfortable in those environments.

WALLER: I have a question for I think both of our panelists. What are some of the challenges that you think that our diverse communities still face today?

HARRIS: Some of the challenges that the community still faces? Hm. I mean, the first thing that comes to my mind just from my own experiences would be the recognition of where people are coming from and what experiences they're bringing to whatever that situation is. And to try to facilitate, you know, their success in that environment, which is not something that happened with me. I'll put it that way. With all that I brought to Duke at such a young age, a mentor would have helped. Would have helped a great deal.

WICKER: I'm not aware of what the environment here is like now. But my experience is that someone saw that something in me that could have been developed and took the risk—it was a risk—to support me. That still needs to happen today. I don't know, again, what the environment looks like, how many African-American administrators, leaders there are here. I don't know what that looks like. But I would think that was still

an important issue. There is something that is always said. When I first came to Duke—and my husband, he always badgers me about things. His comment was—I said I was competent, qualified, good. He says, “You’re black. All that other stuff, yes. But you’re black. And they need that.” And that’s still needed, I think. So.

QUESTIONER: Um, this question is for Dr. Wicker. And first of all, I would really like to thank you, because you were my mentor in giving me my first management position. And one thing I can always remember when I thanked you for that and asked you how I could thank you, I always remember your saying, “Remember to give back.” That’s something that I’ve always tried to follow through with. It’s very emotional seeing you today. But I’m wondering if you could speak to the time in which there was reorganization in which a lot of black nurse managers actually lost their positions. What time period is that? How long ago was that?

WICKER: Okay, that was in the eighties. (*murmur from audience*) Wilma Minniear—many of you know that name—was a wonderful, a wonderful, magnificent, powerful nursing leader. And I say when she left the institution as an executive nurse, a lot of the integrity left. That’s my view. So we were searching for an executive nurse leader. And so we went through a reorganization. My counterpart—and I try not to call names, but my counterpart, Mary Ann Peter was the director of nursing for Duke North. Mary Ann Peter graduated from the school of nursing and was here at Duke for a long time. Again looking at the North and the South, the black and white—and I had gone around to talk with department chairmen to say, you know, What are your concerns about Duke South? And that’s when I got the feedback from those stereotypical kinds of comments that they made. So pursuant to that, Duke administration decided that we needed to—we were

going to reorganize. Anyway. So we were going to go on a strategic planning mission. I don't like to go to Williamsburg now, because that's where it was. We went to Williamsburg. Mary Ann, Andrew Wallace, Bill Donelan, John Robinette, and myself. And we thought—Mary Ann and I pulled all kinds of information together. If you know Mary Ann, she has more stuff and papers. We pulled everything together, because we thought we were going there to really help plan this new organization. But little did we know that the plan had already been made. And we were just there to be informed of the plan. So you can see, I don't like Williamsburg anymore. (*sounds of sympathy from audience*) So that is where the statement was made that, As we reorganize, Mary Ann, you need to have a first black lieutenant as your assistant, and Evelyn, you need to have a first—you need to have a white lieutenant as your assistant. So we came back, and the plans were beginning to be put into place. And it happened that, again lots of new—lots of director positions were established. Mary Ann and I were no longer North and South. I became director of Women and Children's Health, Mary Ann became director of Medicine, medical nursing. And then subsequently the supervisory positions of those ladies who had been in those positions, those managerial positions, were eliminated. And then created the assistant to the directors. And then everybody had to reapply for a position. So the way things worked, many of the black nurses who had been in those positions were not able to achieve positions. So they established a grievance procedure, and it was called the Blue Ribbon Committee. There were board of trustee members on that Blue Ribbon Committee and others from the institution because the nurses were concerned that they had been reorganized and the playing field was not even for them. I was summoned to speak, to appear before that committee. And the day before or the day

of my time to appear before that committee, I was called into Dr. Wallace's office and Bill Donelan. And I had written a letter because I clearly had support for what the black nurses were saying, but I'm in an executive position, so I can't, you know, take that position with them outwardly. So I wrote a letter. I wrote a letter, and I expressed my concern about what was going on and about what had been said, my recollection about what had been said about I needed a first white lieutenant and Mary Ann—. And I was asked if I would rethink that statement, because that was not the way they remembered that. So I said, "I'm sorry. That's my recollection of it. And I can't change that." So an hour later I went into that commission to be questioned about certain things, my views. And I remember saying to that Blue Ribbon Committee, "You know, I have my integrity. I expressed my views." And I said, "I have been at Duke for this period of time, and there are things that I would walk on. And if I have to walk after this, that's fine." And one of the board of trustee members said, "Miss Wicker, if you need to walk, you come and see me." I never went to see him, but that's what he said. So that whole issue was examined. And I can't honestly say that I remember all that happened as a result of that, but it was looked at. And eventually the African-American nurses all did have positions for a few years. And then some chose to leave. That's the best of my recollection.

BARBARA BUSSE: This is more a comment than a question. If either one of you would choose to run for office in our fair city, please come see me, because I'd like to support you. *(laughter from audience)* We need your leadership. *(laughter and applause)*

WICKER: Thank you, but I live in Fuquay-Varina! *(laughter)* On a farm. Okay? With my family, and I'm not interested. *(laughter)*

BEVERLY MURPHY: As I've been sitting here listening to you speak about your experiences, and it's very emotional. Very emotional time. Because it makes me think about some of the things that have gone on in my life that has sort of parallels, you know, what you've been doing in being a *first* in a lot of cases, being the *only* in a lot of cases. And when I first came here to Duke in 1983—I'm a librarian—there was one black librarian here at the time. And I believe I was the first African-American who worked in the reference department here. And I had one of the staff members say to me—she was inquiring about my educational background, and I told her I went to [North Carolina] Central [University]. You know, I got my undergraduate degree in biology at Central and my master's at Central. And she asked me—well, she said to me, "I'm surprised they hired you." And I said from then on, Okay, well, then you're going to see why they hired me. So it's kind of been a situation that has gone on from there. I'm a member of the mid-Atlantic chapter of the Medical Library Association, and I was the first African-American to be appointed chair in fifty-two years of that organization. And I've had some other firsts as well. But these are still going on. And they're going on in different professions. And it's people like you that give us encouragement, you know, to do that. But it's a very kind of emotional time. We sit back, and you think about, and you think about some of the comments that were made. But those things just make you stronger. You kind of internalize them, and you take them, and you use them to boost you up. So that you can come back later and you can look in the same person's face, and you can say, Okay, now what do you think? So I really appreciate, you know, your being here today, and all of the people here who are pioneers and who are trailblazers. And just encourage everybody to be a trailblazer when you see a situation where there's a door

that needs to be kicked down and you need to be a first, to don't have any fear. To go ahead and do it with power. And to do it with love. And that you'll get through. And you'll make it and clear the door for other people to do the same. (*applause from audience*)

JAMES DORROH: This question's directed to both of you. Certainly there's been a lot of progress made since both of you started out in your careers at Duke—both at Duke and in nursing and equality and equal opportunity everywhere. But certainly we're far from equality and there's a lot of trailblazing left to be done. What advice would you offer to the current generation that will be following in your footsteps, and is there anything that you wish that someone had told you before you started on your paths?

WICKER: That young man just completed a class that I was teaching. (*laughter from audience*) Wake Tech Community College. And several of the students in the class asked me had I been in the military. (*laughter*) Wonder why. I just think you need to always do your best. Have high standards and uphold those standards. And try to encourage others around you to do the same thing. Because I think in the end you'll get recognized for that, or you will have the satisfaction yourself. You can be that bold person. And again, I think that others will recognize that in you.

HARRIS: I think that I would add to that that is a part of it, and that is for me is to remember that it's not all about us. That it's about opening the doors for others who will continue with the struggle and go further than we did. Because as I was saying, I didn't want to kick down the doors. (*laughing*) But it was bigger than me. It was about opening them up for other people to go through. And we all benefited from it, we all benefited from it. But again, it still, as Dr. Wicker was saying, you're still being

watched, the first at anything. But especially if you're a minority, people are still watching. So there's still a higher standard that you have to attain to; no matter what, that's the culture of our nation even now. So to be a person of integrity, to be responsible, dependable, to give it your best because people are waiting for you to fall. There are personal benefits, but just remember, it's not always just about us.

WICKER: I would add to that: network, network, network. (*Harris makes sounds of agreement*) Establish a support system.

HARRIS: Um-hm.

WICKER: Part of my survival at Duke—because I had networks. Not necessarily in Duke, but outside of Duke. Establish relationships. Don't establish relationships just when you need something, but establish them, have them established, so when you do need something, people then will be more likely to help you or to go with you, because you're not just using them for what you need.

CLYDIE PUGH-MYERS: Ladies, may I say this to you? Being asthmatic, now. We come a long ways. I brought you. When I come into this place in 1948, it weren't any professional blacks at all. We did our best; we paved the way. We did good work. If we blacks hadn't did some good nursing, you people wouldn't have been here today.

(*laughter from audience*) They recognized our work. When we went on the private side, they definitely didn't want us over there; we only worked the public side of the hospital. But we little ladies what was left—fifty-two started, didn't but twenty-six graduate. We did some good work, and you better stay on your Ps and Qs. And still, what little few of us is still left here—I got a good mind, but I'm not able to do it, now, but I bet you I can tell you—not as much as Ms. Wicker can, but—I haven't traveled as far—because the

doctors helped bring me a long ways. They showed us things. We did things. And it's not nowhere now, that if you said something, I bet I could master a doctor's degree. But I tell them, He's the doctor. But it's good to go on at this age and get more of nursing. But now, they don't want to do no nursing. I was in the hospital just a few weeks ago, I wasn't even offered a pan of water. I stayed there five days. Nobody gave me no water, nobody gave me nothing to bathe. I said, What they do now? But I saw this coming many years ago. Patient would get up and do for themselves. And they come in and give you your medicine, and that's it. And all this education and all this in charge—I sit with the director from downstairs here, somewhere, and asked him to come here. And I wanted to go to the intensive care. They asked me why. I said, "I'm dying." They asked me why. I told them the symptoms. Oh, everybody come just running and listen to me then. But the thing about it is, if you well, stay healthy. If you get seventy-eight, going downhill, you better look out for yourself! (*audience laughs*) Not even medical care is help for you, now. It's good to have good sense in nursing, now; you're going to need it. But y'all keep keeping on. But remember, I brought you a long ways. (*audience laughter and applause*)

QUESTIONER: I have to agree with that, Miss Clydie Pugh, because an LPN could make you or break you. They would say, We'll let her stay here one month. Or, She won't make it for two months. So they had it in their witch's brew. Mrs. Wicker, I'm one of those nurses that you appointed. And I'm also one of those that you were afraid—you didn't know what I was going to do. (*audience laughs*) And we gave you just as much challenges as anybody, the African-American nurses. We really gave you a challenge. But she always had the wherewithal to come back to us and sit us down, and

she would ask a series of questions. And we had to answer all those questions. And by the time she finished, we didn't like her very much. *(audience laughs)* But we understood what she was going through. We understood why she had to say some things that we thought she should not have said, but she said them because she saw the bigger picture. And she had a vision. And so for that, I thank you. *(audience applause)*

THIBODEAU: I believe we're going to stop the question and answer period right now, or comment period. Just a reminder that if you made comments or asked questions, if you would just fill out a release form today before you leave today. And now I'm going to turn it over to Jessica and Mira.

WALLER: At this time, we'd like to thank our panelists, and we have a small gift for both of them. *(pause as gift is presented)*

PANELISTS: Thank you so much. Thank you.

THOBODEAU: These were wonderful today! *(applause)*

WALLER: We would also like to thank the audience for helping us to share in these memories, and at this time, we would like to recognize that there are many pioneers and trailblazers with us today here in the room. And if we could just ask you to please stand so that we can share a moment together—.

(audience applause as some members of audience stand)

WICKER: *(whispering)* May I make one more comment? *(aloud)* I must make this comment. I tell the students with whom I work at Wake Tech, the CNA students, nursing assistants, nursing is about caring, compassion, and kindness. And I relate an incident that when I was a supervisor in the outpatient department, in one of the clinics, a small child came in to have surgery. The child went to surgery and died during the surgery. I

got a call to say, “The parents want to see the young child.” The child had been taken to the morgue. Now, what do you do? You’re a supervisor, but supervisors don’t know things, right? I called a nurse who was a float nurse, which was one of the best nurses I’ve ever seen. And she’s here today. And I said, “Miss Smith, what do we do?” She said, “We’ll go to the morgue—we’ll go to the emergency room and get a stretcher. And then we’ll go to the morgue and get the little girl. And then we’ll bring her back to the clinic, the EMT clinic. And then we’ll prepare her so that her parents can see her.” We did that. And as we are preparing the little girl for her parents to come in and see her, Miss Smith says, “Miss Wicker, her mother always held this hand.” She took that hand out from under the sheet, and that’s the hand that she put there. Now, that was caring, that was sensitivity, that was observation, that was everything that I’ve said to the students, I would like for you to be. So I could not leave without saying that. And Miss Smith, would you please stand up? Ms. Jessie Smith.

(applause as Smith stands)

WALLER: And now Karen Jean Hunt, who is the director for the John Hope Franklin Center and the librarian for African and African-American studies will give us closing remarks.

KAREN JEAN HUNT: Good afternoon.

AUDIENCE MEMBERS: Good afternoon.

HUNT: Well, what a day. What a day, right? You know, it’s never easy to be the first, as we’ve heard today. Because it’s never easy to be thrust into history, whether it’s a good thrust or whether it’s a bad thrust. Some of what we’re going through right now at Duke with all the things that are going on in the news [Duke lacrosse scandal] is just the

shock of sometimes being thrust into the limelight. That—African-Americans, we sort of know about that, because we have a long history of being first. But we do have Black History Month. And one of the reasons that Carter G. Wilson started Negro History Week, which is now Black History Month, is so that we would not forget. Would not forget what went on in our past. But it's difficult now. It's a difficult thing for young folk. And the difficulty is—and just take me for example, who's my trailblazer? Dr. John Hope Franklin. I'm not going to come close (*laughs*) to Dr. John Hope Franklin. I mean, that's John Hope! But he is the giant that I have come sort of behind in trying to do this primary research and creating this collection in Dr. Franklin's name. And I have to be humble, because I know that I'm not nearly good enough. I will never be good enough to follow that man's footsteps. But that's my job, that's what I have to do. So I've been at Duke now for four years. I just had the magic birthday; I just turned fifty. And on my fiftieth birthday, I took myself to Thailand. And you may say, Why do you take yourself to Thailand? I take myself to Thailand because I work at Duke. And when I go to Thailand, it's not white. And when I go to Thailand, it's not black. When I go to Thailand, if I'm the first, I'm just the first. With no race behind it, with no history sort of behind it. Without that whole thing behind it. I'm not a guy; I'm not in the military, so I don't bring that baggage. I was in the military. I had my mother sign me into the United States Air Force when I was seventeen years old as my way out of Detroit. But when I go there as a woman, as a black woman, and I go to Bangkok or I go to Chiang Mai, or I go down to Phuket, if I'm the first, I'm just the first. And that's how I deal with being at Duke. Now, they told me that I'm going to be promoted from associate librarian to full librarian. And they tell me on my Perkins side, they're not sure if I'm first or second,

might be first, might be second, we're not sure. But when I was talking to someone about that, the woman said—I said, “Well, do you know if I'm first?” And she said, “Well, I don't think about things like that. I don't know; I haven't counted.” And I thought, How interesting it is majority view from minority view. Because we celebrate firsts. We're here today to celebrate trailblazers and celebrate firsts. So my question is, What are we going to do for these firsts in this age of diversity? What are we going to do for our children? Now, on the academic side—I know on the medical side and the academic side, we got our issues with each other. But on the academic side, we send a lot of Duke students to do Teach for America. And the little advertisement they have for Teach for America says, to try to lure them in, it says, One in every ten inner city kids, only one in ten will go to college. So that means we're going to have a lot of kids who are going to be firsts. They're going to be firsts in their families to finish high school, they may be firsts in their families to go to college. They may be firsts in their families on their career. If they don't have all of us behind them, as we've been talking about here about mentoring, what is it they're going to do? Because we're sort of confused now what we're going to do with these firsts. Are you to be proud of the fact that it's 2007 and you're still the first? Or is it shameful that it's 2007 and you find out that you're the first? And what are those children going to do? Because they don't have, as you said and as you said, you know, families behind them maybe pushing them, telling them, you know, You're going to be the first. Or, We're going to push you out there to integrate something. Because now we say, Well, we're diverse. We're multicultural. We're all together. Whatever problem we have, we just assume everybody else has the same problem. Sometimes it's true, but sometimes it's not true. I'm going to tell you a little

story before I close about Sarah Parker Remond. _Because I follow in the footsteps of Dr. Franklin, but I also follow in the footsteps of Dorothy Porter Welsley, _who was the librarian at Howard University. And back in 1936 she wrote an article about Sarah Parker Remond, an African-American woman from Salem, Massachusetts, who, in 1958 went over to England and did a two-year antislavery lecture tour. Not only did Sarah Parker Ramond do a two-year antislavery lecture tour, but while she was there, she also attended college at the Bedford Ladies' College and then later went across to the Continent and got her medical diploma. She received her medical diploma from Florence, Italy in about 1868. And Sarah Parker Remond practiced medicine in Italy until American racism followed her there and people said, Why do you have this black woman as your physician? And then she moved to Rome, and she died in Rome, and she's buried at the Protestant Cemetery in Rome. But Sarah Parker Remond did not come home; she did not come back to the United States. And part of the reason she didn't come back was she had always grown up free in the United States, because she's from Salem, Massachusetts. And she knew prior to slavery ending how difficult it was for her in Salem. She and her brother, Charles Lenox Remond, who was also an abolitionist in the United States, they knew the fight that they were doing to get accommodations, transportation. And so when Sarah—even though she went to England to try to fight to make sure that England stayed on the side of the North and did not go on the side of the South due to textiles, even though she fought, she could not come back to the United States at the end. She had to stay there. And we also know people like [W.E.B.] DuBois. As much as he fought—editor for the *Crisis*, NAACP [National Association for the Advancement of Colored People], DuBois does what in the end? He

goes to Ghana. Because he could not take it, he just could not take any more. He could not stay in the United States. Now, I don't know if many of you know, but Dr. John Hope Franklin just won the [John W.] Kluge award last December. The Kluge award, for those of you who don't know, it's like a Nobel Prize. John Kluge gave money to the Library of Congress to give a prize like the Nobel Prize for areas that the Nobel Prize never seemed to award. And Dr. John Hope Franklin, he shares the Kluge award, a million dollar prize, he shares that prize. In his acceptance speech, Dr. Franklin talks about DuBois. And in that speech he says, DuBois left. But we must not leave. We must not go to other places, because this has been our struggle. Therefore this is our home. And that in that home that we have struggled in, we are just going to stay. So whether it's hard being first, we know we have to do it, we know—those of you in the audience have done it, there are young people who'll still do it ten years, twenty years to come. But going with what Dr. Franklin said, I'm just so pleased today to see that women—that issues like this are still honored on this campus, that people still take the time to come out and to hear about people like this on our campus. I'm very grateful that the John Hope Franklin of African and African-American Documentation documents African-American and African history from the African and African-American point of view. That's the whole point of the archives that I'm director of. Because if we're going to be firsts, and if it's going to be painful, we might as well be counted. I thank you for your time.

(applause)

THIBODEAU: Thank you all so much for coming. There's still refreshments outside, and I hope you take time to chat with each other and wander out there and visit with our

particular guests that we're honoring today but also to find out more from these great women here that have been Duke firsts for many, many years. So thank you very much.

(event ends; end of recording)