

ORAL HISTORY INTERVIEW WITH JESSIE PARKER SMITH  
Duke University Libraries and Archives  
Submitted August 28, 2023  
Researcher: Patara Williams, transcribed by Josephine McRobbie

## COLLECTION SUMMARY

This collection features an oral history Patara Williams conducted with Jessie Parker Smith on June 13, 2022. Mrs. Smith's daughter LaHoma Romocki was also part of the conversation, and the interview was attended by Heather Lowe (Duke University) and Josephine McRobbie (audio engineer contractor). The 133-minute interview was conducted in Creedmoor, North Carolina. The conversation explored the Duke and Durham hospital systems, the work and culture of Licensed Practical Nursing throughout Mrs. Smith's career, and Mrs. Smith's perspectives on patient care. The themes of these interviews include nursing, racial integration in healthcare, and professional development.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4-42)

The materials we are submitting also include the following separate files:

- Audio files of the interview
  - Stereo .WAV file of the original interview audio
  - Mono .MP3 mixdown of the original interview audio for access purposes
- Scan of a signed consent form

## BIOGRAPHY

Jessie Parker Smith was a member of the first graduating classes of the Durham School of Practical Nursing during the late 1940s, as well as one of the cohorts of what is now known as the “Trailblazers”, the first African American nurses hired by Duke. Smith, an LPN, remained a nurse at Duke for over 40 years. Initially a surgical nurse, she came to work with a variety of patients and specialties over her career. Tireless in her advocacy for the profession, Smith was an active member and Treasurer of the North Carolina Licensed Practical Nurses Association.

A graduate of G.C. Hawley High School in Creedmoor, Smith was born to parents who were sharecroppers. She learned of Durham’s practical nursing training through a radio advertisement, and first came to Duke Hospital during her Durham School of Practical Nursing clinical hours. The Hospital came to be one of the centers of her community. Early in her career, Smith met LPN Louise Prince, another “Trailblazer” who would become a close colleague and life-long friend. She also met her husband, the late Reverend Dr. Adolphus Smith, in the halls of Duke Hospital where he also worked in the early 1950s.

During Smith’s early career, Duke Hospital was a segregated facility. In this interview, she remembers in detail the intricacies of how segregated medical care was delivered, and how this resulted in deeply unequal treatment and care. Additionally, she recalls the morning the units at Duke Hospital became integrated, with the current Director of Nursing proclaiming “I want [all floors arranged] like a checkerboard.”

Smith was joined in this oral history interview by her daughter Dr. LaHoma Smith Romocki, who is a professor of public health and a 1979 graduate of Duke University.

INTERVIEW TOPIC LOG (jessie-parker-smith-audio-interview.wav)

- 00:00 Introduction and education at Durham School of Practical Nursing
- 04:27 Didactic and clinical hours
- 06:51 African American nurses at Lincoln and Duke Hospitals
- 09:06 Experiences interacting with white and Black colleagues
- 12:25 Segregation of Duke Hospital facilities; care of white patients
- 14:15 Integration of Duke Hospital
- 17:49 Care of Black patients with specialty care concerns at Duke Hospital
- 19:14 Details surrounding segregation of medical facilities
- 23:02 Work in surgical, thoracic, cardiac, and other units
- 26:34 Changes to services at hospital over time
- 28:01 Social activities organized by nurses (bowling, baseball, fashion shows, racquetball)
- 36:21 Professional development activities; involvement with professional associations
- 39:48 Changes in nursing dress codes related to race
- 42:06 Observations about how nurses approached professional development
- 43:54 Meeting husband Rev. Dr. Adolphus Smith in Duke Hospital; integration of UNC Hospitals
- 47:55 Story about origins of Duke land
- 52:30 Relationships with physicians and other colleagues
- 58:52 Friendship with LPN Louise Prince
- 59:44 Contemporary care of patients
- 1:02:44 Benefits and schedules as Duke staff; occupancy of floors
- 1:12:37 Working at Duke Hospital during a blizzard
- 1:15:07 Descriptions of babies born in transit on the way to Duke Hospital; patient birth story
- 1:19:55 Care for child brought to Duke with stab wounds
- 1:23:15 Work with the North Carolina Licensed Practical Nurses Association; Lillian Kuster Award
- 1:27:04 Observations on generational differences in nursing as a career
- 1:33:00 Self-care and experience on airplane mid-career [oxygen mask metaphor]
- 1:36:30 Caring for husband during illness
- 1:40:52 Experience working with a colleague who was not present for assignments
- 1:43:40 Performance evaluation system at Duke during career
- 1:46:37 Innovations in nursing encouraged by Mrs Smith
- 1:50:20 Collegial relationships during conference travel
- 1:56:06 Pride in profession, experience caring for an ill participant at church conference
- 1:58:27 Care of Wilson Hospital and Tubercular Home patients at Duke Hospital
- 2:00:46 Systems of care for veterans
- 2:03:17 Humorous story about visitor to hospital
- 2:04:55 Friendships with other hospital staff; story about death in hospital
- 2:08:47 Additional introductions of oral history
- 2:09:54 Experience attending years of service recognition ceremony

TRANSCRIPTION (jessie-parker-smith-audio-interview.wav)

Jessie Parker Smith 00:00

I graduated from G.C. Hawley High School, right down the street here, the name was Hawley High School but it was G.C. Hawley High School in Creedmoor. And I'm from the farm, [born] to the Parker family. And so one day, the information came out over the Sterling Brown radio program and it said you could go to school. I mean, they would send you. One of my high school teachers -- Mary Hester Smith, she just passed not two years ago -- she asked me if she could make a recommendation and [said] if I was accepted that I could stay with her and [inaudible] and get out of school. Because she worked here in Creedmoor but she stayed in Durham on Fayetteville Street, and she had a couple of hours there for someone to just walk the kids from school and stay with her. And my mother said yes, and we put the little ten or twenty dollars together to pay for it, and that's how I started out there. So I stayed with her for a year. And then after that year I got married. And of course, she married a Smith and wanted me to marry a Smith. But they were not related, because he was from Danville, Virginia, and my husband was from Statesville, North Carolina. And she's a graduate from North Carolina Central [University].

LaHoma Romocki 02:18

No, she graduated from Wilberforce [University]. Am I allowed to say anything?

Patara Williams 02:21

Yeah yeah, sure!

JPS 02:23

But she upgraded - what do you call it?

PW 02:28

Oh, she ended up going to school after that at Central? [crosstalk] Got it.

LR 02:36

But Mom, what you left out was that this was the first group of Black nurses that Duke was hiring.

PW 02:46

What year was that?

LR 02:50

1950.

JPS 02:51

1950.

LR 02:54

Or 1950, 1949. I think. Mom, were you part of the first class or the second class?

JPS 03:00

I was in the third class. The second class and the third class kind of mixed in together.

PW 03:07

So you all were coming out of high school and going into nursing?

LR 03:13

And Duke paid for the training.

JPS 03:15

We went on a -- kind of like a community center. But Duke had it for practical nursing. It was a little confusing. But then they moved it out, you graduated, and everything went ok.

LR 03:46

Why did Duke start hiring practical nurses at that time?

JPS 03:47

Because they train us, and they hire us.

LR 03:51

And did you work at Duke?

JPS 03:51

Yes, I worked at Duke for 42 years.

PW 03:57

So was this Duke University Hospital or was it a clinic?

JPS 04:02

No, we worked at Duke Hospital.

PW 04:05

And so how large was that class?

JPS 04:10

I think it was under 20.

PW 04:19

Did you have an opportunity to learn from those classes before you, those other two classes?

JPS 04:27

Oh yes. See, we went to a little house over near Hillside. A four-room house. They set it up for us to do our classes. And then we went from there to the Hospital. Now, we stayed there, I think it was three or four months. And then we would go into the hospital and give morning baths, exercise, or whatever. Just mingle with the patients, and talk to them, and listen to some of the doctors' reports, and things like that. And they showed us how to do the charting. And then, after

that, we started going to the Hospital. We kind of graduated, so we could wear our uniforms and go do the clinical work. But we didn't go to the clinics. We just went to the bedside nursing.

PW 05:50

So all of the med surg stuff?

JPS 05:51

Yeah, all the bedside nursing.

PW 05:53

So how long was the program, the full program?

JPS 05:56

Just a year.

PW 06:00

So it was a few months in the classroom doing didactic work, and then from there you got a little bit of experience, and then you graduated to the uniforms and got to do that?

JPS 06:10

Yes, that's right.

PW 06:14

So it seems like there was a group of Black nurses. So what about other individuals from other ethnic backgrounds and different races? Were they at Duke, [and] where were they?

JPS 6:51

There, but they were in their own training. Separated. See, the other Black nurses went to Lincoln for RN. Some of our nurses, they just kept on going back to school and their training. But they told us in the beginning that there was no added education to practical nursing.

PW 7:25

Hm. So, some black nurses were at Lincoln and then others were at Duke.

JPS 7:29

Yeah. I mean, what they meant was, if I say, "I'm gonna be an LPN, I can be an RN," and they feel like I can, then some of the kids went back to school [to become an RN]. And added [training] like that.

PW 07:30

But your program was going straight through like the RN program.

JPS 07:35

I went straight through. But a couple of girls with me, they went down to Lincoln and went [back] to school.

PW 07:49

How often did you get an opportunity to work alongside white nurses [and] Latinx nurses?

JPS 07:56

All the time. We had white nurses as teachers and supervisors and stuff like that.

PW 08:07

Did you have many Black nurses as teachers and supervisors?

JPS 08:10

We didn't have any in the beginning. Now, we had a headperson, Mrs. Butte was her name. She was an RN, I believe from New York or somewhere. She headed it herself. But then another lady came in and just took over. She was with us for three or four months. And then after that I think we had [in the clinicals], and then we went to the Hospital. She was there with us at Hillside campus for three or four months, and after that we went on Duke property.

PW 09:06

What was that like, to be on a team of Black nurses, and also what was it like to interact with nurses who were not Black during that time?

JPS 09:19

Well, I didn't have any problem with it, because out here on the farm, you know, everybody was together. We farmed and worked together. But a lot of the girls had never worked with anyone other than their [inaudible].

PW 09:36

Other than a Black person.

JPS 09:37

Right. I mean, the Blacks had never been with the whites.

PW 09:42

Ok, but you'd already had experience.

JPS 09:43

I'd already had experience out here in the country. Because we were share farmers and they owned the land.

PW 09:52

Sharecroppers. [Yes] Oh ok. So you had experience.

JPS 09:54

I had experience.

PW 09:57

Did you have to teach everybody else how to interact with white people [laughs]?

JPS 09:58

Some of them you had to. Some of 'em. Mm hmm. And some of them, I know Miss Prince, her mother was a [record] keeper of the student nurses, in the library. Now, that was a little different for her. And that kind of worked out.

PW 10:35

So when we think about -- you've already experienced the diversity and experience of being around individuals who weren't Black. And how did that make you feel in the program? Did you feel like you had an easier time in the program?

JPS 11:01

I didn't have any problem with it.

PW 11:03

Did you see where others may have had any challenges, as far as having teachers from other backgrounds?

JPS 11:12

A lot of them had -- mentally -- a rough time of it. But they were human beings like I was, you understand, the white -- it just never bothered me.

PW 11:27

Why do you feel like they had a different, had a hard time?

JPS 11:29

I mean they had never come in contact with them, by being city girls. They were city, and they just had never had to in school.

LR 11:42

It was segregated.

JPS 11:43

Right, it was.

PW 11:44

What were the facilities like at Duke at that time?

JPS 11:51

It was fine, you just knew what you were doing and everything. And you've taken care of babies at home, I'm talking about your home, your family and everything. You babysit. You sit on the end of the row with a blanket with the babies and the little small kids to keep the snakes and things away from them. It was fine. And everybody went to work, the Black and the white, you know, in farming.

PW 12:20



So in the Hospital, was it segregated?

JPS 12:25

Oh yes, it was segregated. On the fourth floor, they called it [inaudible - "not"?] unit, and all of that was Black. The medical patients and the OB-GYN patients were in their own privacy and everything, and the whites had the private beds and their babies. And they didn't have the baby in the room, they had the baby in the nursery. And the baby would go to the bedside. If you were in charge of the patient, you would take the baby to the mother. Of course, you'd get the identification on the baby and match them up. And of course, most people knew their baby. So it just worked out.

PW 13:32

But you were able to take care of white patients and Black patients?

JPS 13:33

Oh yeah.

LR 13:36

In the beginning, or after?

JPS 13:40

In the beginning, we took care of all patients, we didn't just go in the Black unit. Now, Miss. Prince, it seemed like they had a little problem one time. We went to work and a [white] lady didn't want somebody to touch her. And we didn't touch her, we left her right out there on the unit. Didn't want that Black woman to touch her. And she didn't touch her. And then she called, crying and whining that nobody would come and take care of her.

PW 14:13

But she told them not to touch her, so [laughs].

JPS 14:15

Yeah, she told her not to touch her so she didn't touch her. I mean, we had little episodes like that. And when they integrated -- in the morning, when they came down to integrate -- the Director of Nursing came and said, "I want this just like a checkerboard." You know, we had the Black units and the white units. "I want it just like a checkerboard, I want a Black [patient], I want a white [patient], I want a white, I want a Black. Just like that. And look, I didn't know how to play checkers, I didn't know what the lady was talking about [laughs]. And then, one of my smart nurses, she was smart, she said, "You know, you've seen your uncles play chess, the little black and white board? That's the way she wants it." And we did.

PW 15:09

And so was that her version of integration, was having both, like Black and white together on a team?

JPS 15:18

No, that was the law.

PW 15:25  
Oh, interesting.

LR 15:31  
What year was that, Mom, that they ended segregation?

JPS 15:33  
I don't remember the year.

LR 15:48  
It wasn't right when you got there, though.

JPS 15:49  
No, but it happened in the next year or two. Let's see - '54. It was after [LaHoma] was born. '57. She was born at Lincoln. But the reason she was born at Lincoln is that's where my doctor sent his patients. Because the Black doctor didn't send patients to Duke unless they had a problem.

PW 16:37  
Why not?

LR 16:38  
Because it was segregated.

PW 16:39  
So the patients were still primarily White patients at Duke.

JPS 16:54  
When I first got there, how do I put it? It's been a long time since I've talked about that. I know a lady that could tell you every little thing. They were segregated. But when she came in that morning, that [inaudible] we were going to integrate Duke University. And the Director of Nurses told the Head Nurses what she wanted to do, and the Head Nurses put the..

PW 17:35  
Put the checkerboard together.

JPS 17:36  
That's right. And that's how it worked out.

PW 17:41  
But at the time most [Black patients] were going to Lincoln because that's where they serviced Black patients.

JPS 17:49  
I mean, they just had all Black patients at Lincoln. But it didn't go like that. It seemed like, if you were kind of like a neuro patient, or a thoracic patient, they would get you in.

PW 18:17

Because they had no choice.

JPS 18:23

Yes [crosstalk]. So that is what happened.

PW 18:24

So it's not that there weren't Black patients, it was that they were specialty patients, typically.

JPS 18:36

But that doctor, he kept watch on his patients, but he didn't work with the patients -- the Black doctor.

PW 18:47

So he made sure the continuum of care was still intact.

JPS 18:49

He stayed in contact with the patients and I think finally they worked it out themselves how they would stay in contact with one another. I mean about, "I'm sending my patients to you." The Black physicians, Dr. Cook and all those [doctors].

PW 19:14

Were there a lot of Black physicians at Duke University Hospital at that time?

JPS 19:25

Duke Hospital was built, really, for the poor. In the beginning, they didn't charge anything.

PW 19:34

I wish this was the beginning [laughs].

JPS 19:37

It was a gift, you understand what I mean?

PW 19:39

Yes, ma'am.

JPS 19:39

And then people started coming. I remember, my daddy was the only one in the community who had a car. We stayed out here in the country and he was the only one with a car. And someone would ask him, "Would you take us to Duke Hospital?" They'd wait all day long, they didn't make no appointment, now, wasn't no appointment. They'd wait all day long in the heat of the trees, down where the garden is, coming up that back way. Every once in a while you'd see a car and you'd see people sitting out there on a blanket because it got so hot, you know, they couldn't stay in the car. Or too cold, they went inside, where the heat came out of the side.

PW 20:33

So inside, was the structure of the actual facilities, like the units were Black units and white units? Or was it like, Black bathrooms and white bathrooms as well? Or was everything integrated?

JPS 20:48

I don't remember ever seeing white bathrooms or Black bathrooms, because people didn't just.. I don't know how to put that one. But it seemed like to me that it just opened up as you would need it. I'm saying, I don't remember that. I don't remember seeing it on the door. Now, I know we ate different. We ate in the basement. They fed us, they even clicked the ticket where you pay tax or not, in the dining room. But we ate in the basement. And so one day, some of the [inaudible - "members"?] just walked up there and said, "Well, I'm gonna be served." And some of the employees were there. But all of the employees who were working in the dining room were Black. But we couldn't eat there. But then a lot of them just stopped eating, and brought their own lunch. There for a little time, for a short time.

PW 22:05

Do you remember any other differences in how your workflow and how you worked as a nurse, or how white individuals might have worked?

JPS 22:16

No, well, we always kind of worked well together. Of course, there were little spats there and there.

LR 22:30

What did you call it?

JPS 22:32

Little spats, someone trying to whup somebody, or something [laughs]. Most of the nurses were strong as oxes. You didn't have no puny nurses. They were strong. And you know, you couldn't put me out and I couldn't put you out, but now, when you go down to the employee, it's different. You understand what I mean? You had to go, you might be fired, or else you might get transferred to another department.

PW 23:02

Wow [laughs]. So what departments did you work in?

JPS 23:09

I was a surgical nurse, most of the time. I was a surgical nurse for five or six years, and then I started working 3 to 11, and it kind of changed there. I would go to the nursing office and the evening supervisor would have my assignment. And I worked a whole five, ten, fifteen -- the first floor was the clinic, the second floor was medicine, the third floor was surgical, and the fourth floor was kind of like the operating room and the specialty care for thoracic. And of course, cardiac was still on the second floor. And then on the third floor was surgery. All surgery beds. We had an orthopedic clinic, and thoracic and everything. But sometimes, in the private part now, we had a private hospital. But in the units, we had eight patients. You had two patients,

two patients, the four in this unit, and then you had a walking hall, and then you had four here, four here, four here, and four here. And they just mixed me in like the water. You understand me, after integration. [Before integration] you just had to go back to ["not"?] unit. And it was all orthopedic, neuro, thoracic, and I can't think of the others.

PW 25:54

You got the big ones [laughs]. Those are still the big ones. Well, honestly, to the actual floor I think surgery is still on three, the clinics are still on one, so I'm marveling at how it's still the same.

JPS 26:11

You can go by the names of the different units, the medical unit had different names, surgery had different names.

PW 26:34

So over your time at Duke, what were some significant changes that you saw? What did you notice over time?

JPS 26:44

Boy, that's a big one. Everything changed every time. You go in there now, go to a clinic right now, you wonder, "Where is my card?" You really don't know what insurance you have, or nothing. They have to find it. It's a little embarrassing. They change until you really don't know [crosstalk]. I mean really, you really don't know, being an employee, what card you're going to use, because in the last four or five years they don't put everything on there. Humana, or Blue Cross Blue Shield. It gives you a headache.

LR 28:01

While you're thinking about that, Mom, remember the era where the Black nurses and white nurses -- I don't know if this is something that came from you guys or whether administration was pushing it -- where you guys had bowling leagues and baseball clubs?

JPS 28:16

Yeah, now we had lots of things.

LR 28:23

Who did that? Was that the nurses wanting to bring people together, or was that administration pushing it?

JPS 28:28

Mostly the nurses, they didn't want to go to night clubs and entertainment, you know. They got dragged out with the wrong people. And what happened was in your group you said, "Well, we're going to play softball this evening, over there in East Durham in the city park, we're going to play." And you joined, I joined, and I'm up there somewhere [pointing to pictures in the living room]. I was there. And everybody from different departments wanted to play ball.

PW 29:14

So you all had different culture efforts, to make the team stronger?

JPS 29:20

Absolutely. We talked to one another, and in the evening we had bowling, softball, and something else. And even in that, we had a little club that the nurses had, where we had a fashion show. And yes, I won the blue ribbon. I won the blue ribbon and everything. A fashion show. And they gave us a little -- the doctors all had little workshops, labs or something. And what's it called where they look down on the people? The viewing room. So it's like playing ball, or, you know, you're sitting up here and you're looking down at people playing..

PW 30:40

Oh, racquetball! Or squash.

JPS 30:41

Yeah, something like that. And we'd sit there and watch that.

LR 30:49

But whose idea was it, Mama, was it the nurses or the doctors who decided?

JPS 30:54

No, we did decide. See, nursing used to come different. Now it's under the administration, isn't it? We just did nursing things, with other nurses. See, we had so many nurses. Duke didn't used to hire their employees. They would train the nurse, but they wouldn't hire the nurse. So, what happened is that someone told you let that person come up here from -- I'll say Miami, a practical nurse -- but what happened was if they got them from Miami and she wanted to be hired at Duke, you ought to be able to hire.

PW 31:41

So they were travel nurses?

JPS 31:45

It's kind of like the Africans. They came over here and practiced -- doctors, nursing, everything -- and they're supposed to go back and take care of their group.

PW 31:59

So they would come in, and they would work, but they wouldn't get hired to be employees?

JPS 32:06

No, the Africans came over and got the education.

PW 32:11

Oh, and then went back to their countries.

JPS 32:12

They didn't want to go back. They stayed. You understand? And got [inaudible] because they were kind of a little smarter, and here, we were holding back, you understand me? So a lot of little things like that got out of hand.

LR 32:31

But I just asked about the bowling, though.

JPS 32:33

We went to the bowling alley. And we had the club. One time we left a lot of money there.

PW 32:43

You left a lot of money at the bowling alley?

JPS 32:45

Yeah, see you had a club, so you had to pay so much in the club. And then you'd buy different things, or something. I just went for bowling.

LR 32:57

This was the white nurses and the Black nurses?

JPS 32:57

Yeah, we all worked together.

LR 33:03

I was trying to find some pictures. This was in the 70s, though.

PW 33:07

Were there other roles and positions where you noticed that the culture efforts were similar, so did you notice that the doctors also did things like that, or maybe the administrators, or general employees? Did they used to hang out like that, or was that particular to nurses?

JPS 33:25

They hung out, but they kind of kept it a little private.

PW 33:31

It wasn't like the nurses.

JPS 33:33

Nope, it wasn't like the nurses. The nurses didn't take charge of having other nurses there. There was a Christmas -- the Lincoln student nurses and the Duke student nurses and the Watts Hospital student nurses -- they would have a singing group together for Christmas. And a little thank you sometimes on the Pediatric unit, a little social [event] for that. But they did that on their own -- the students. See, Duke had everything. The students there at Lincoln, they had to go to Chicago, I think that's right, in other words they had to go somewhere else to specialize in Pediatrics. Or Neuro, they sent them in groups, like 5-10 [people], the Director of Lincoln was sending them to another state.

PW 35:01

But you were right here at Duke, getting that opportunity to be in different spaces if you wanted to?

JPS 35:09

Well [pause] I don't really know. It was kind of funny. You were here studying, and you had to go stay three or four months somewhere else with the nurses there. I think that was the finance problem.

PW 35:37

So why not have Lincoln students, right down the street from Duke, come and practice at Duke? Why they gotta go all the way to Chicago?

JPS 35:47

That's what I'm talking about. Because they were set up there.

PW 35:56

Chicago's kinda far!

JPS 35:56

Yeah, I know. Chicago, might have been some other [places] to specialize with students. They would make money by Lincoln paying for the students to come there and stay three or four months. It seemed like then they were in money-making [mode].

PW 36:17

That could have been it.

LR 36:21

One other thing I would like to say about the professional development. One of the things, the differences that I heard my mother talk about, was the differences in professional development opportunities for the Black nurses versus the white nurses. And my mother, if I can say, one of the things that she said was, "I don't need anybody to pay me to develop myself." So every year, she attended her professional development conference, she paid her own way. Whereas her supervisors, they got their way paid. She would pay her own way. For 50 years she did that. 50 years. She paid her own way. And the other Black nurses, too.

PW 37:09

What sort of professional development opportunities were offered to everyone?

JPS 37:18

We belonged to the North Carolina Nurses group, and we would have workshops in the local area.

LR 37:42

I'll show you the certificate right here. Can I show it to you?



JPS 37:53

So that certificate was our first nursing as state -- whatever that name is.

PW 38:07

NFLPN.

JPS 38:08

No, I'm talking about the Lillian Kuster Award. She was our first president of all states in the United States. She passed, and then they started having the Lillian Kuster award, and I received that in that year.

PW 38:37

So there were opportunities to procure different awards?

JPS 38:40

We'd have workshops, we'd go and stay three or four days. Duke would pay our way if we were employees and [we] asked for it. But you weren't supposed to get that every year.

PW 38:55

So you weren't supposed to get consecutive awards. Others had to have the opportunity as well.

JPS 38:56

Yes.

PW 39:01

But you would have gotten it every year, I see that you probably got that every year.

JPS 39:03

But I went on my own. I took my vacation at that time. I drove a lot of ladies, and just..

PW 39:15

Was there a notable difference between the opportunities for development between white and Black [nurses]?

JPS 39:20

We had just as many white as we had Black in the National Federation for Licensed Practical Nurses [now NALPL].

PW 39:31

So it was pretty diverse?

JPS 39:32

Yes.

PW 39:36

Well, that's encouraging to hear, and I think that one [award] says, let's see -- so you received it in 2004 as well?

JPS 39:44

Yes.

PW 39:48

So early on -- so you started your career in the 50s, right? How did you see professional development opportunities change over your time, from the 1950s to the 2000s?

JPS 40:00

Oh, it changed.

PW 40:05

A little bit, or a lot?

JPS 40:11

It changed a lot. We couldn't wear uniforms -- we had to [stick with] a certain way the uniform was made when you go buy them. You couldn't have fancy uniforms, nothing like that. We couldn't wear white stockings without a uniform until the supervisor one day told a nurse. Some of them were not wearing stockings at all, because they were brown and they couldn't tell whether they had them on or now. So the supervisor said, "From now on, y'all start wearing white stockings." And so, on the dot, we started wearing white stockings.

LR 41:05

The Black nurses.

JPS 41:07

The Black nurses started wearing white stockings.

PW 41:15

So the black nurses were wearing brown stockings, and people couldn't see him. So they wanted to make sure that they saw them, so they put them in white stockings?

JPS 41:18

Well, they couldn't tell whether they had them on or not [laughs], because they were brown.

PW 41:21

But if you're white, you have on white stockings, can you tell if it's there?

JPS 41:49

Yeah, but what I'm saying -- some of the girls stopped wearing stockings altogether. And they couldn't tell the difference. And the supervisor looked down and said "Well, you don't have them on." And [the nurses] said "Well, I don't need them, my legs are already brown. [Laughs] So then she said, "From now on, you wear your white uniform [and] you wear your white stockings. That was after we graduated.

PW 42:03

So, what you wore was part of professional development, what you learned was part of professional development. Were there always workshops and opportunities to learn?

JPS 42:06

There were always workshops. Some people just would not put up for workshops. They just go in there, they complain the whole time, they say they are going and they won't go. It's an embarrassment. One time, we went and some of the nurses paid. It's pitiful to say. But they paid. They didn't go to the workshops. And they paid this money for them to stay in the hotel, and [inaudible] the reservation fee, and everything like that. And they didn't attend. And somebody wrote a letter [and] the lady took the news back to Duke -- what do you call it -- one of the Duke newsletters with the little booklet you used to get every month. And they put the workshop, the LPN workshop, and who went and everything. And some of the names were on there and they'd say, "Well, what happened?" [Laughs] And they sent in the bill, you know. It was a little embarrassing. And I said, "Well, well, well." And from then on, everybody had to go and when they come back, they bring the itemized bill -- signed -- that they did attend.

PW 43:42

We've still got that [laughs].

JPS 43:43

We had some embarrassing moments.

LR 43:51

She met my dad [there]. Tell that story, they can cut it if they want.

JPS 43:54

Well, I got up this morning and went to work [LR: 1950]. 1950. So this must have been '49 that I went in to train.

LR 44:07

She was a cute little nurse.

PW 44:09

I know -- she won a fashion show!

JPS 44:16

So, I went on a little early, because they were really busy. And I had a couple of incidents, accidents and little things on the unit. And so, the [head nurse] asked me would I go and help with [the] patients. And [inaudible] a bed pan, and of course, she had had it all night. It was full. And I came out of the door with the bedpan, and ran into this fella with a cot -- a replenishing [cart]. You know, the alcohol, the mouthwash, and a couple of other little things. They come by every morning and replace things. And I slammed into him, and it went all over. You wouldn't believe it. She had had [inaudible]. All over me. And there he was, trying to help me clean up and everything. Oh that was terrible. All in my shoes and everything. They had to give me the

little boots and things from the operating room. I told her I was going home, and she said, "No, don't home because he's in there and I need to take care of the patient." And then a couple of weeks later, somebody wanted a date.

PW 45:48

That was when he asked you?

JPS 45:49

We met, you know [laughs]. And then five months later, he proposed.

PW 46:07

That is one first impression.

JPS 46:08

Oh, all over me. I mean, feces, urine. Whatever was in that bed pan [laughs].

LR 46:18

That's a good story.

JPS 46:21

And he just passed what, three months ago? We were married 71 years. And he worked [inaudible], and then he stopped working. He went and got in line for UNC -- Duke was 25 years older than UNC -- and he went to UNC with the first group of..

LR 46:49

When they started hiring Black people at UNC Memorial.

PW 46:55

Really. What year was that?

LR 47:01

1951. Because when y'all met, it was '50. So Dad went right after that. So, it was '51. That's when they started integrating medical facilities.

PW 47:10

So most of them started around the same time, in this area. So UNC and Duke were not too far apart.

JPS 47:24

No, UNC was 25 years old. Duke had already celebrated 25 years. And then UNC opened up their hospital. We have always been the largest private hospital in the United States.

PW 47:46

That's amazing.

JPS 47:55

See, Duke didn't call us for four or five thousand dollars. On the back porch, or [inaudible] unit, a lady started fussing and said, "Yeah, did you know my Daddy?" So what happened, someone walked across Duke over there -- up in Hillsborough -- and saw all these little rocks and little things that Duke has built out there. And he said, "Yeah, what would you give me for my rock farm?" And I don't know what -- four thousand or five thousand dollars. Right in there. And so a couple of years later, I had a patient and she said, "Yeah, so I rang the hospital that belonged to me and my dad and sold it for four or five thousand dollars." And see, he didn't ask anyone. He thought he was getting rid of something. And he got rid of all of the millions and millions and millions. See if he had leased it, they had special people they trained. And it bleeds just like something coming out of your arm. Now you see somebody bleeding somewhere on that unit behind those little things [inaudible]. But he got rid of that rock farm.

PW 49:35

My goodness.

JPS 49:43

And she's out there on the back porch crying. She had come down to visit, and she didn't have anywhere to visit because he had sold the farm -- a million dollar things -- just by not asking.

PW 49:47

You've gotta ask questions, huh.

JPS 50:00

You should always ask questions.

PW 50:05

LaHoma, I see you looking through pictures and things like that. Are there some pictures that might be good [to look at together]?

JPS 50:26

I'm a little slow.

PW 50:26

You're 93 years old, you are fine [laughs]!

LR 50:33

Well, I was just thinking about and looking for things with her group. I know the closeness she had with her coworkers -- her Black coworkers -- was very important to her. Especially when you're first starting at Duke. And even though she can't remember the years offhand, I would think that the 1950s were very interesting [laughs], given the fact that the units were segregated, etc. But after a while, the Black nurses and the white nurses, I mean, you all worked well together. That's what she says. But were there any Black supervisors, in the early years?

JPS 51:37

Not in the early days. After integration.

LR 51:50

In the '50s, '60s, and '70s, I just remember my mom [crosstalk].

JPS 51:54

But they were late getting RNs, Black RNs. You were first on OB-GYN clinic. I mean, unit. I can see the lady right now, but I can't think of her name.

PW 52:14

So you feel that later -- after integration -- that's when you started to see more opportunities for Black individuals in leadership, in those supervisory roles and administrative roles.

JPS 52:25

Right.

PW 52:30

Did you ever want to move into a supervisory role or leadership role?

JPS 52:39

Who me? No, honey. I just handled doing charge in the evening, and walking on the unit. Because a nurse decided -- her plan was to not go to work today, and send me over there. And so, this unit one night, I went home and then I went up there. And Dr. Jorge, Plastic Surgery, had surgery on a lady. And he said, "Now, Ms. Smith?" And I said, "Yes, Doctor Jorge?" And he said, "If this blood pressure falls, I want you to call me. I don't want you to call John, that's on call tonight. I want you to call me." And so right in the middle of the night, she dropped. And I said, "Dr. Jorge" -- woke him up -- and he said, "Alright, I'm coming." And then when he got up there, the intern looked at me and said, "You didn't call me." He called the intern to go up there to see about the patient. And so when he got up there, he was fussing with me. I didn't say anything, I just stood there and looked at him. His face was real red. I stood there and looked at him. And Dr. J walked up and said, "Dr. Jones, I'm in charge. You're not in charge of her. You say what I say to do. And she's doing what she's supposed to do. She called me, because I told her to call me, I told her not to call you. I called you." He just stood there, and I just kept on helping my patient, getting him re-dressed. And then later on, the next day, the intern came and said, "I'm sorry." I said, "Oh, that was yesterday. This is another new day. Let's move on with it." But he got himself straight right there. See, the head doctor, you can talk to them, and they can talk to you. But the intern is so scared that he's going to be reported, and [inaudible] so he forgets. And then he took it up. I didn't have to say nothing. I didn't say anything. I was trying to tell him that Dr. Jorge had told me to call him. He didn't even put it in writing, he told me right in front of someone. I had a witness.

PW 55:33

What were the -- in general, what was the culture like -- [interruption for phone call] what were the relationships like with the doctors and nurses? Were they all like that, good relationships?

JPS 56:02

No, we had good relationships in Surgery and everything, because [they] wanted our patients to be taken care of. Now, in Medical, we had a little conflict. You understand? After your surgery,

you've had your surgery and you want to be taken care of. And we would take care of you. But we got along fine. No problem at all. I used to do little funny things. The doctor came up there and left all his stuff on the bed, so I just put the doctor's white coat on the patient and left a name. So when his intern came in, I said, "well, he left it and the man wanted to put it on, so I let him put it on." So he put it on [laughs]. He came back up there next thing, and he looked at me and he shook his head and went on down the hall. He didn't say one word. But little things like that. You just had to do something.

PW 57:16

That sounds like a really positive culture.

JPS 57:16

And just like I said, I just always liked to do it from the top. He would have a Christmas party, he would buy all this stuff, and then wouldn't even attend the Christmas party. I told him, I'd page him, "Dr. Jorge, what time are you going to go down to the Christmas party?" I said, "Look, I'm not going to the Christmas party unless you go. You're supposed to be present." [Laughs] And he'd come, dragging from the other end. Because we all got there about the same time. Other people are new coming in. I just tried to have fun, and care for my patients and my coworkers. I never had a problem.

LR 58:12

She never aspired to a leadership role.

*[Cut for short restriction]*

LR 58:18

What is this?

JPS 58:19

This is the first ambulatory surgery unit.

LR 58:28

So you can see, they're mixed, it looked like the 1970s or 1980s.

JPS 58:35

And then see, the little girl standing to the left? That's the charge nurse.

LR 58:50

So you see, they started integrating the [units].

JPS 58:52

You see me back there. Now, that's my friend back there. We worked together for 28 years. That's me right there, and that's her. Louise Prince. She was a beautiful person. I mean, in heart, and -- she was quick to do things, and I was quick to do her work. Now, she was a writer from the heart. She'd explain everything. I couldn't do that [PW: in the charting?]. Yes, in the charting.

I'm not a good charter. Hon, I used to do the work, and she would do the charting. We used to have to chart-chart. Now you do a mark and keep on.

LR 59:44

Don't get her talking about [that].

JPS 59:51

A couple of years ago, I went over there and I looked. The patient was all soaked, he had a drainage that had come loose. And I went over there, and there was a man sitting up there with his legs crossed in the little office. And I said, "Sir, do you have any nurses up here helping you today? A patient here needs attention. I would help, but I need someone there that's on this unit. I want this patient changed." And this was 11:30. And they hadn't even given him a bath or anything. And his wife said they kept saying someone would come, but no one had come. Just little things like that, I just spoke up. If you can't help me, find me some linen and me and the visitor will get it started. But we didn't do it because we didn't know. I had been retired for a while.

PW 1:01:08

So you were going in as a patient.

JPS 1:01:10

A visitor. I just went as a visitor. And I always had nursing in my heart, and I could just do it.

PW 1:01:18

So you alerted admissions and said, "Hey, you need to get somebody."

JPS 1:01:22

That's right. I go face-on, I didn't beat around the bush. I did it right. Of course, I prayed first, but I did it right.

PW 1:01:33

So is faith a big part of your [career]? I'm loving this picture right here. I was noticing the white stockings in the picture, too. I was looking [laughs]. Has your faith been a critical part of your profession?

JPS 1:01:55

Oh, yes, it has. It is, and then married to a minister. I was strengthened, and he was strengthened. And we just got along fine together, and separated. Because he retired before I did. It kind of made me mad [laughs]. He retired when he was 55 years old. See, he worked at UNC, you only had to work for 28 years. 30? 28 years I think, then. Just like I was supposed to retire. But then I had to go back and work a couple more years, because they added more to Duke.

PW 1:02:44

How many years did you have to work in total, before retirement?

JPS 1:02:46



40. And then it was supposed to be 42 and 43 on there. They kept changing it. It was 30 years, and you could retire, but then people started off early and they retired early, right?

PW 1:03:18

What other benefits -- when we think about retirement, it makes me think about compensation..

JPS 1:03:23

Very poor benefits for a staff person and not a charge person.

PW 1:03:31

So a bedside nurse didn't get as many benefits as a charge nurse.

JPS 1:03:35

No, they gave them some benefit, retirement. But we didn't get what the regular employee did, we just got a partial benefit. But then, if you were charge or supervisor, you would get a full benefit, and then you could pay in. Like you take \$15 of your check and they'll match it. They never matched ours. Now they might.

PW 1:04:24

What about other things, like maybe compensation, educational opportunities, other benefits like healthcare, things like that?

JPS 1:04:34

Oh, we had healthcare, and we had vacation and holidays. I've gotten by with a lot of stuff. You know, you can get upset and try to get somebody else in trouble, you can get in trouble yourself. Like when the holidays come, they always wanted to mess us up with holidays. And so we'd both take, like, Fourth of July. But you might not get in on the Fourth of July. You will get it somewhere in that month. You understand? The holiday, you know the extra day. And so I wondered why every two weeks I had an extra day. And she said she won't change it anymore. Nobody else is out! I didn't say anything, I just kept taking time off. I didn't say one word. I didn't say another word to it. And she finally realized what happened. She had been cheating the payroll. But they kept paying me. I tried to tell her. I said, "I've got too many days." She said, "I'm not gonna change it, I don't care. I'm not gonna change the time." I walked on, just as nice as I could. And I said, I'll just leave it alone. Every week she's trying to give me, if it's a holiday in there, she tries to give me a day off. Then give me another day off. Because once a week, [there were] four nurses working. Once a week, like on Wednesday, it would be four people working. And sometimes on Wednesday when we were two working, you had 31 patients. And that's why she kind of tripped herself up. But you couldn't tell her nothing, so I just left it alone. And Dr. Reena, she just had things confused.

LR 1:07:20

My mother started working before they allowed Black students at Duke. So you saw when they started letting Black students on campus, right?

JPS 1:07:31

Oh, yes. But then they still didn't come to Duke too often. They went to Watts Hospital and Lincoln. They would hire them, but...

PW 1:07:50

They would circulate through the other hospitals.

JPS 1:07:53

Yes. And you had to have some high As and Bs to..

PW 1:07:57

To even be considered.

JPS 1:08:01

Yeah.

PW 1:08:02

What about that nurse-patient ratio? Because you said sometimes there were two nurses on the floor, and then there were 31 patients.

JPS 1:08:10

Yeah, but what I mean is -- I said once a week. That was a Wednesday, how was that? That was Wednesday or Friday, something like that. Everybody is going to have -- two will have the week off. In other words, you got some extra weeks off, and we were trying to tell her that she was giving me too many days. They need the days off. But she looked down and told me what to do so I just left.

PW 1:08:47

My goodness. So not a lot of not a lot of listening and things like that. And that was the leadership?

JPS 1:08:54

Yes, she was the head nurse. She made at the time [a schedule of] how many nurses she wanted and everything. But once a week we were full, because everybody -- you know, we only used to get one day off. You worked six days. Then they started working a day and a half -- a sick day, you have one day off.

PW 1:09:23

How many hours in a shift?

JPS 1:09:26

Not but eight hours. Now sometimes I had to work -- I have worked 3-11 and then 11-7. I told my supervisor, "I have to go home and send my children to school." And you had that often, that the night nurse didn't come on. And so you know, I was a "pre" and nurse so she figured I could handle it. You have patients follow you all night long. They get a little confused, some of them don't want to go to sleep, some of them won't do -- they say, "Well, I'm gonna walk around with you." And you don't have nurses to take care of them and get them back in bed like you want

them. But you have the other ones, because you got your own calls. So I just tried to call the head nurse and tell her she needs to come on a little early. Because you've got your medication to give on call, going to surgery -- being a surgical nurse. You have that to get right. Like if you're having eye surgery, and every 15 minutes you had to give a drop in 15 minutes. You can't miss that.

PW 1:11:03

So on a regular day. What was that ratio like? Was it still four patients, or eight patients, to a nurse?

JPS 1:11:14

There used to be 2 patients that really would head to specialty. And then sometimes, they had private duty nurses. But some of the private duty nurses didn't do the detailed nursing, so we had to sign it off to them.

PW 1:11:36

Were the private duty nurses more of like the specialty [nurses], so they were trained in whatever specialty the patient came down [with]?

JPS 1:11:43

No, these private duty nurses - most of them had worked in the hospital or something.

LR 1:11:55

But they were not Duke employees.

JPS 1:11:56

No. They were Duke-trained.

LR 1:12:04

People would come in with their own private nurses.

JPS 1:12:05

Right. And some of them didn't give medication, because they, you know, had to have a co-sign and all of that. And then each time [a new] nurse came on, you had to explain everything to everyone. And especially if you were running short on nurses. You just had to kinda keep on praying.

LR 1:12:37

What about the weather? Did you ever had to work in any bad weather?

JPS 1:12:38

Well I worked all 24 hours. Nobody could get to the hospital. Snow was everywhere. But I called some of my aides -- the Red Cross. Nurses' aids. They called up Hillsborough. And she said, "Now, Ms Smith, [we'll] send somebody up there." And in about a half hour somebody was knocking on the door. He said, "Well, Ms Smith you said you'd be ready." And I said "But I didn't think you were going to come at all." She came in with rollers up in her hair, and

everything. Carrying her boots, she didn't have time to put on her boots. They sent a cab for her, to Duke up from Hillsborough to bring her. I was down there by myself with my patients because the other lady had to go home. See, when you have children and responsibilities at home, you have to go.

PW 1:13:46

What was that like to have children, to be married, to have all of those responsibilities. How did you balance that?

JPS 1:14:05

You just get by by praying. With prayer. See, my husband, he had to leave at five o'clock in the morning to go to UNC. He was a supervisor in the operating room for 30 or 40 people. He was the supervisor for buying supplies, that's when they started doing cardiac.

PW 1:14:29

Stents and all of that.

JPS 1:14:31

Yes, when they first started. He had to order all of the machines and know what they do, and how to budget. See, people don't realize - they want these machines, but the budget won't let them have it.

PW 1:14:50

So it might be a nice shiny machine, and no one can afford it. You've got to lease it!

JPS 1:14:53

That's right, and just use it one time. And you couldn't get through to the doctors.

PW 1:15:05

Because they wanted the shiniest new machine.

JPS 1:15:07

They wanted that machine [laughs]. That's right. I forgot the name of that machine that came in and did the heart. You didn't need a nurse, everything came up -- the blood pressure, and everything [crosstalk]. But Lord, those things cost so much. [LR: How did you balance?] You pray. [Crosstalk]. I don't know. I wouldn't take a million dollars for what I have learned. And it just stayed with me forever. Every once in a while I blast out with something. But I've learned a lot. I learned that most of the babies were born in Henderson -- Vance County -- they were born on 85, or 15 (Highways). On the way. Because the local doctor wouldn't take them, the clinic wouldn't take them, but at Duke -- there was a man who stayed over there in Henderson. He brought the women to Duke. We've had them out on the porch, in the car. He had delivered them all up and down. I don't know his name.

PW 1:17:20

Everybody was born on 85.

JPS 1:17:21

Born on 85. Left Vance County and born on 85. That's true. And I worked in the emergency room for 13 years. There was a lot of prayer going on. It was something. It was something. You get things straight, and the lady's standing up there at the reception trying to ask all these questions. And I just had to walk back. And she said, "Ma'am, this is my fifth baby, and it's coming." They said, "No, she can't go." I said, "I am not having it." I reached in and got my little key. I went to the elevator, and I put her up with me. She was in a wheelchair. It put her in the elevator and I turned that thing. And honey, when I got upstairs, the doctor and the nurse were waiting for me, to push her off the elevator. And she said, "The baby's coming." And I said, "They'll handle it for you." And the [staff member], she's going to tell me to wait and fill out all the forms, the paperwork. The [patient] said, "I've had five babies." Now, you know she knew that baby was coming! But she's gotta answer all the questions? No. If I have to pay for it myself [Laughs].

PW 1:18:59

She knew the answer to the questions.

JPS 1:19:08

And then I got a little lady in one night. She had gone to a funeral up in Richmond, Virginia. And her husband said she hadn't said a word since she left Richmond. And he drove her all the way to Duke. And it took 12 or 13 people to get her out of there. She was so big. And she had passed. Our problem was that we couldn't get her out of the car.

PW 1:19:52

She was a bariatric patient?

JPS 1:19:55

Yes. Way over bariatric. And we had to take her over to Duke. And then you know what happened? We had to put her on the bed, because the stretcher wasn't big enough. I had a couple of doctors who passed on. We had a baby over there, I can't think of the name of the street, down from Pettigrew Street. The baby came in [pause] she had 32 stab wounds. Two years old. And the doctors came in there and they all just -- weakened down to the floor. They didn't fall, but just weakened down. To think a teenager would do a child like that. I've seen some things. But you just sit back and you pray a little more. The mother went to the store to buy the baby some milk or something, so she left a 13 or 14 year old. And he took a knife and picked that baby just like it was a sifter -- like you sift the break. And the baby was dead. When you go back there, you go with prayer, and you leave with prayer. You go back and you pull that light, and you get doctors from everything. And so the head nurse, the night nurse, said, "Whatever you all do, and if Jessie Smith goes back there from OB-GYN, if she pushed that button, that means to go back and see about it. Don't play. Go back and see about it." And she was right. We went back there and looked. Three - blood in both arms, then started IVs in the legs. And I don't know what happened [to that patient]. Sometimes I didn't know what was going on.

LR 1:22:40

Mama, how about the North Carolina, the house that you had, the office. Over in Durham.

*[Adjustment of mics]*

JPS 1:23:03

Have we talked long enough?

PW 1:23:04

I think -- let's hear from our engineers. I mean, I've enjoyed chatting and learning from you.

LR 1:23:15

There was an office in Durham where we donated all the stuff.

JPS 1:23:32

The NC LPN Association. And they all walked away. And I was the last, I'm still a member, the last member. And I had a house and office. I was the Treasurer. The President left, everybody left. And they left a good \$35,000. And I didn't know they were taking the money away from us each month, see? Nobody would get together. Nobody would meet me, and everything. So, we sold a house. We put a little bit and sold a house. I don't think half of \$80,000.

LR 1:24:31

But tell them a little about the group, though.

JPS 1:24:32

This is the North Carolina Licensed Practical Nurses. We'd have workshops each year. And we had money in the bank. We were the only state in the United States that had an office. Everybody was in a building or [working] from home.

LR 1:25:07

But North Carolina had an office. And a lot of those nurses were Duke nurses.

JPS 1:25:13

Most of them were Duke, really. And yes, completely integrated.

PW 1:25:21

And that was where the Lillian Kuster Award emanated from, eventually?

JPS 1:25:28

Right from the organization. From New York, yes. See, she was the New York person. We had all the states in the United States, except some of the little states, maybe one or two.

PW 1:25:42

But North Carolina had its own office.

JPS 1:25:45

And we had even loaned it to the international office. We had let them [use it] for a little while. But they soon took theirs back. They found an office for themselves. Then they started using a

private company for our substation, and so they took the main thing to take care of the business of [inaudible] like that. And then when everything started falling away..

LR 1:26:25  
Membership died.

JPS 1:26:26  
And the young folks won't belong to nothing.

LR 1:26:35  
Talk about that, Mama.

JPS 1:26:36  
They won't belong. I don't know. And we were willing to walk out and let them take over because we were retired. But they just didn't want to take it over. Now, of course, a couple LPNs went back and took an RN course, but they still could have remained members.

LR 1:26:57  
But Mom, wouldn't it be fair to say that the younger nurses are raising their families, and they don't have time to join?

PW 1:27:04  
And that's a great segue. One thing, just going back to something you said earlier about how you wouldn't change it and you learned you learned so much over the years. Like you're saying, there's a whole host of millennial nurses and Gen Z nurses. So all of these young nurses right now, and up-and-coming nurses, I would say, are working at Duke -- What would you tell them today? What's your advice for them today?

JPS 1:27:41  
[Pause] I don't know. I really don't know. It's just [pause] it seems like they just don't care. They don't have enough feeling. They have no dress code. You gotta keep something. You got to.

PW 1:28:11  
Is that about compassion in the field? Or is that about the presentation, and what it means in the [field]? Because it seems like -- like, when I look at that picture, everybody is very well put-together. Everyone really looks..

JPS 1:28:32  
Happy. And pleased.

PW 1:28:34  
Proud of the profession.

JPS 1:28:35

Yeah. But now it's just -- everybody wears anything they want. As long as they want it. Whether it fits them or not. Look, if I was sick, I'd just want someone to do a little improve[ment], you know? It's kind of hard to figure that one out.

PW 1:29:03

Sounds like you would want them to care about presentation, and care about and have compassion.

JPS 1:29:19

Just like my granddaughter, she got a little -- I've taken care of my husband for the last two years. And she got a little upset because I was firm with him. I didn't fuss with him. I didn't do anything like that. But if I wanted you to take the medicine, I just said okay, we take the medicine. He'd look at the color, he'd size it up and everything. [Inaudible] I said, "Just take one at a time." When we'd share things together -- he'd sit there and I'm sitting here -- we'd share things together. But when I want him to do something, and be careful, I just told him slowly and firmly. And she thought I was being [too firm]. And I said, "No. That was the nursing in me that told you." Your doctor wrote you a prescription for these medicines, you've paid for these medicines. So take the medicine. If you're not gonna take it, don't let him write it out. You know what I mean. Then we wouldn't have to bother. She didn't understand it that way. But I think she understands it now.

PW 1:30:47

So you think it might be a difference between the communication of some of the up-and-coming generations, particularly in nursing.

JPS 1:30:59

Yes.

PW 1:30:59

And maybe the way that communication was, anywhere between the 50s and the 70s. How do you bridge that gap?

JPS 1:31:15

I really don't know, but just one day at a time. Now, we have let a couple of nurses go, when I was a student nurse. Because the attitude was wrong about it. And the director just said, "No, you need to go back and decide on some other [profession]. Not nursing. It's not for you."

PW 1:31:50

What sort of values, or what particular attitude, makes a good nurse?

JPS 1:31:55

[Pause] Anybody can change, but they gotta want to change. I don't know. That's a hard one. You got to have a little love and a little care. Not the attitude of, "I'm a nurse and you can't tell me nothing." You're the one sick. You can tell me everything that you want me to know. And what I have had experience with, [I'll] give my experience. Give my training to you as I was trained to -- and wanted to do it -- because you are my patient and I'm gonna look after you. Now we've



had patients [who have said], "I don't want her to come near my bed." We've had that. But I didn't have any problem with it. She didn't want it. And we just walked away from it, and thanked her. And I said, "No, I'm not angry." She went home the next day. She couldn't handle it. But it is. It's caring and love. And I think you get that from home. Now, I'm sure that you start getting that from home by caring about people. You're there for the sick and that's what you were trained for. To take care of the sick. And take care of yourself first. If not, don't take that paycheck. Just don't. Just go and move on to something else.

PW 1:33:00

I agree. I think well-being is so important. Especially -- I wasn't able to see any of the medical professions in the '50s, '60s, and '70s, and beyond. But here I am, looking at everything now -- and with COVID and seeing what it's been like, at least a little bit -- it seems like a lot of people's well-being is really suffering. When you say take care of yourself first, before you can take care of others -- that really, really resonates. And so I really appreciate you weighing in on how important it is for the nurse to be healthy, and to be whole. It sounds like your faith really was part of it. Like, your spiritual health was really important.

JPS 1:34:51

I found out about that on my first trip to Africa. The airport. You have this little thing where they come on and tell you about the oxygen, and all that. It says on there, "Take care of yourself first, before you start taking care of the baby. Put your mask on safely, and then work from there." So, that's the way I feel. I tried to take care of myself first, and then do whatever I have to do. Now, that's been since 35 years ago. I mean, I took it as my own personal [saying] because I didn't pay much to the lady telling them about the oxygen. Because I'd been working with oxygen every day. But then when I read that little thing on that safety [card]. There was something it was trying to tell me.

LR 1:36:10

And my mother still has her license, so she could go to practice right now.

JPS 1:36:12

Oh yeah, some people asked me if I could come to work [laughs].

PW 1:36:23

Wow. So you take continuing education courses and things like that for the credits?

JPS 1:36:30

Yeah, I get my little booklet. To take care of someone in your family, and you have as much support as I have -- it's wonderful. And to have known about [my husband], I've known him and he was not a good patient, but he was an honest patient. And he would sneak for Tylenol. And I said, "You don't need the Tylenol. And listen, you're having discomfort." "She won't give me Tylenol!" I said, "She didn't know he had one right at the end of the bed." If I give him one, then he turns around and takes another one. So I just left the bottle out. I could have left two or three. But he was a tattletale [laughs]. But he has a little office back there. And I was so scared. And he said I was scared of him falling. He was walking with a walker. And if he went back there, all he'd want to do is sit back there. But little things like that, he'd get mixed up in them. But I just

learned from him. He'd come on out in a few minutes. My sister gave him some money, two or three hundred dollar bills. I never liked the hundred dollar bills. But I was just going through the washing and I saw these hundred dollar bills. And I said, "What in the world? Where is this money coming from?" I never did give it back to him. But little things like that, they're things to laugh about and you appreciate it. And he said he never could find them two hundred dollar bills. And then after the water went out. You have to see it to understand it. It's good they didn't go down the pipes, but I guess they have a system to stop them [laughs]. But it was just something. But I never understood how people wanted to stay up at night. Sometimes I think they're just afraid to go to bed. You know, he wanted to sleep there. I'd lay down for a while, take a quick nap. And he was still sitting there. And I'd say, "why don't you go to bed? It'll be time to get up from bed." So finally he'd go on back. But I had to get up to do it. But I just prayed a little bit, went on and helped him get undressed, fix him and change him and everything. And there'd be no more worries out of him. And the next morning, he'd ask "Is it time to get up?" "Yeah, it's time to get up." It's just little things like that that help you finish the day. He was a beautiful [inaudible]. We'd have our rough days. When I get mad, I won't talk to you [Laughs]. I'll feed you -- "Come on, dinner's ready." And we'd eat dinner. But I haven't got a lot to say. I won't say anything because it's going to spring on to something else. So you just leave it alone.

LR 1:40:52

Were you ever disciplined at work, Mom?

JPS 1:40:56

Well, I've had a couple of nurses - sometimes they'd lend me a couple of extra nurses, like I said, those two-day [positions]. And on this [inaudible] day, I said, I'm going to try something. I gave her her assignment and everything. And when I checked the chart, nothing would be on there. She was always going off the unit. And I said to myself, "What is going on here?" I didn't need to take this to a supervisor, I could handle this myself. So the next day she came to work, I didn't give her an assignment. I assigned her time out for lunch from 6 to 6:30. We only had a 30-40 minute lunch. And so she told the other nurses, "Miss Smith didn't give me an assignment, and didn't sign me in with patients." "You know what she did? She helped all those other nurses. She helped everybody on the unit. She served the dinner trays, she fed patients who needed assistance in eating, and everything. And so, she told the supervisor. I didn't say anything, I just let her figure it out for herself. And she said, "Miss Smith won't give me an assignment." I said, "I did Miss [inaudible] her assignment. And she didn't take care of the patient. She was sneaking off the unit." And she said, "Well, what happened?" I said, "She took care of everybody on the unit that day." She helped serve the trays. Usually we couldn't find her when tray time came up [laughs]. And from that day on, I never had any trouble with that lady. Everywhere she went, she worked. Stayed over back of me, over there on the corner of Pettigrew Street. Because I stayed on Plum Street.

LR 1:43:27

But what about you? Did you ever get in trouble?

JPS 1:43:30

Oh yeah, I got into trouble [laughs].

PW 1:43:40

What about the performance evaluations? What was that system like?

JPS 1:43:43

The wrong person always gave [one] -- [laughs] you know what I'm saying? It was a hand-me-down. It was something. I don't know how to put that.

PW 1:44:06

However you want to put it, cause I promise it's still relevant [laughs].

JPS 1:44:20

Now, how did you ask me that?

PW 1:44:23

Oh, for the performance evaluations? How was that process conducted?

JPS 1:44:26

Well, just like that. To evaluate me -- I always worked from 3 to 11 with the charge nurse. I never had to work with the supervisor, because she had gone home. And the head nurse, she'd just make out a report, [like] you work on the end from 20 to 32. There were ten patients, or something like that. We had around 36 patients on that unit, in that private hall. And it worked out. Well, it didn't work out sometimes, because some people didn't get their lunch, or they didn't get their medication because the nurse didn't come in enough time to get them their medication. So [another] person would give the medicine. And it was confusing. But we finally got it together.

LR 1:45:42

But how were you evaluated, Mom?

JPS 1:45:43

I evaluated poor.

LR 1:45:48

You were evaluated poorly?

JPS 1:45:50

Because, see, the 3-to-11 nurse should [have] evaluated me. Not the supervisor that was going home, and the head nurse who didn't work anywhere -- she worked from 7 to 3.

PW 1:46:11

So the right person -- the person who had had the most experience with you -- was not the person that was giving you the evaluation?

JPS 1:46:18

That's right, that's right.

PW 1:46:22

Those evaluations -- did they determine your opportunities, or more compensation and things like that? Was it annual? How often did you have evaluations?

JPS 1:46:37

Whenever they said they were going to give us a raise [laughs], and then some of us didn't get [one]. And I never talked to anyone about my check. Like, you'd talk to a coworker or something like that. We never did. Nobody but Miss Prince. She would call me and said, "Smith, did you get your raise? Because I got mine." I said, "No, I didn't pick up my check, I'll go tomorrow." She said, "Ok, report back to me." We didn't discuss it. She just would ask me a question like that. And I'd look back and I'd have one. And me and Miss Prince, we made more than the RN did. But we just kept that to ourselves. That picture you have, we trained that little nurse. She was our head nurse. The two in the front, the secretary. We trained the one right there to the left. We trained her, we told her things she'd do, and she'd go back to her supervisor, and [do] different little things I'd never do. I went to Las Vegas. [It was] her, my son. We went on a ticket. It was an [anniversary?] or something. We bought four tickets. One was \$125, one was \$175, mine was \$225, my husband's was \$300. We went and returned, and [crosstalk] so they gave us some little footies. When I went back to work, I said, "Janet, you know what? Patients that get sent out to ambulatory surgery, we can get them some little footies. Because they have them on the airplane." So she went to the meeting, and asked the lady that ordered stuff for us to find the little things that go on the feet for the patients." You know, when you put the gown on and they're going to have surgery. And she got them in a couple of weeks, those little footies. And so from then on, hospitals started having those little wooly footies. Sure did. You know what I'm talking about, with that little ruffle. I forgot what I was going to talk about. That's what age will do to you.

LR 1:50:20

I was talking about evaluation, though, Mom. You should have gotten some money for that!

JPS 1:50:29

I did, I was making more than the head nurse [laughs]. Well, I told you, I wouldn't trade my training for a million dollars. Well, I would but I wouldn't [laughs]. But, I could drive, I could get four or five people in my car and take them to the convention. And I didn't go pick them up, now. I said, "You have to be at one place. I am not going to go at five o'clock or four o'clock in the morning to your house and try to get you." I said, "You have your wife, your husband, whatever, have them take you to South Square." That little corner up there. And the police would be walking around and we'd get out of that car. And I said, "Cut down on your suitcases." And we'd drive. And everybody was going to drive, and nobody would get under the steering wheel. They'd say, "I'll drive the next hour." But they wouldn't do it. So when we got to the hotel, what happened was, I'd carry a little folding cart and I'd get a corner over there [in the room]. Because they could talk all day, all night. See, they'd sleep all the way back. But I knew I had to bring my husband's car back. And so it was just fun. We had one [nurse] who would set up a little bar in the room. The other one would cook a little something, you know, like something that would keep, and we would cover it up. And a little dessert, or that whipped thing with the sweet potato. Sweet potato custard or something. Like a pound cake. That was something, but I couldn't eat all that rich food, I would just eat a little bit of stuff. And she would bring that, and the other one

would go out and see where the next shopping center was. Everybody had a responsibility. And my responsibility was driving. And the other one sitting beside me, she was supposed to know how to read a map. But she would lose me, and I would say, "Uh uh. You gotta learn how to read this map."

LR 1:53:19

That was before GPS [laughs].

JPS 1:53:21

That was before GPS. And you know what, we never did get lost. We never got lost. We were coming out of Miami, what's right at the end of Miami -- Jacksonville! And one of the lady's son's drove a truck. And he said, "Get on 50, and you come out of Jacksonville, and turn to the left, and you'll come out at Charlotte. And I said, "Hey, we can do that. There are five of us in the car here." And what's the name before you get to Charlotte? [Crosstalk] You go down there and buy materials and stuff like that. That's before your time, though. But in other words, I came out of there, driving through the middle of the night, and one of the girls was crying, "You're going to lose us! You're going to lose us! You don't know where you're going." I ain't say a word. I just kept on driving, because I saw 50 headed back north or west or whatever. I just kept on driving, kept on driving. And so after a while she said, "Oh right there, we're by the grocery." I could have thrown her out of that car. I didn't say one word, and we just left her standing out there in front of the hotel. Because we didn't have time to take her back to the woods where she belonged [laughs]. I said, "Somebody will come and get you, honey." And she said, "Why didn't you say that?" I said, "I knew that I hadn't gotten lost." Because I was on 50, and it was just a straight -- you know, like how you're coming from Raleigh to Creedmoor. That's 27 miles. And we had to go 50 miles that way. And we just did that back road like that man said on that transfer truck.

LR 1:55:53

But you went to all your nursing conferences for over 50 years.

JPS 1:55:58

50 years, yes.

Heather Lowe 1:56:02

Can I ask -- what was the best part of being a nurse?

JPS 1:56:06

Just being myself. And I was able to take care of my family, and friends. And everywhere I went someone wanted to -- I was with 1,500 people in Norfolk, Virginia [for a church conference], and I was sitting up there and a lady got sick in the back of the room. And somebody came up there and said, "There's a nurse." And I don't know who sent that person up there, but he said, "Follow me, the doctor wants a nurse." And I came to the back of [the] stadium, walked to the back, following him to the back of the room. And there was the doctor and the patient. And we talked a little while, and [back?] then they didn't have emergency stuff. And I said, "The only thing I know to do is just to get her safe." And then two people picked her up and we carried her to a room and everything. She just fainted, you know? And the doctor was scared to death. Now, I never did find out whether he was a surgeon, or what. But I knew what I needed to do. And then

I got going and everything. But I said, "How can you walk across 1,500 people in that building and come all the way around and I'd be there singing in the choir?" Trying to sing, to get other things off my mind, like where I work [laughs]. It was something.

PW 1:58:10

This has been so amazing. It's really been life-giving for me.

JPS 1:58:16

Thank you. I didn't know what you all needed to talk about.

LR 1:58:27

She won't let anybody talk about Duke. Even with all the stuff I know that she went through in those early days.

JPS 1:58:35

And see, we had pick up from other patients. Like in Wilson, a TB hospital used to be there [Wilson Hospital and Tubercular Home]. And we used to get the lobectomy [patients] and had the wall suction and everything. And we'd put them out on our porch, and we had to use bedpans all the time, because we didn't allow them to go to the public bathrooms for the patients. And it was just funny to see. We brought them from across the state and put them out on the porch. You understand? And sometimes it was so cold we couldn't give them a bath because it didn't get warm enough for the patients. So we'd just wrap them up and give them a little small bath or something like that. But they went home, they did the lobectomy or whatever they [needed] to do, thoracic-wise.

LR 2:00:01

So they wouldn't let them stay in the hospital?

JPS 2:00:02

Uh huh. They would stay on the porch of the hospital. We had four beds out there.

PW 2:00:06

Almost like the PACU?

JPS 2:00:10

Yes. And in between the stairwells you see in the back of Duke. One morning, we got up -- you know that back [area] back there? A company came in [with] \$250,000, they went down in the ground to keep the hospital from washing [inaudible].

PW 2:00:45

Oh, to create a barrier?

JPS 2:00:46

That's right. They went down and had the Caterpillars going in there. And I don't remember what it's called that you put on your porch, the holes stayed back. But it's lined up on that back row there. Because the hospital would have over the years -- because someone dug a pond to the left,

and it kept weakening -- we kept wondering why it kept sinking. We would park out there from 3 to 11 because that's when they didn't have many parking places because there weren't many patients. And it took them about a year to do that. But I used to have patients at Duke where we'd see them in the emergency room and if they were a veteran, we'd have to call to Raleigh to get an ambulance to take them to the VA [Hospital]. Just around the circle, now [laughs]. Because the Army wouldn't pay anybody except people in Raleigh. So one night, a fella came in, he was sick. So the doc got his chart, he threw him up on his arm, and he said, "You follow me." He walked him over to the VA. He sure did. The man was sick, but he walked him right on over. Because they would not pay Duke for the Army people. I couldn't get that out of my mind, why somebody way over in Raleigh would just crank up the ambulance, get the patient, and just drive right around the circle, and take them to the VA [laughs]. I couldn't understand it.

PW 2:03:08

I promise, it's still the same [laughs].

JPS 2:03:17

But there have been a lot of happy people and a lot of unhappy people at Duke. I mean, doctor-wise, and nurses, and patients, and visitors. I mean there were so many comical things. A lady sitting up [in the hospital] all dressed up in her fur and everything, and you know what she was sitting on? A bedside commode [laughs]. Sitting in the hall and she just thought she was -- and everybody got to laughing at her. But she never did find out what had happened. She was sitting up there on a bedpan. Little silly things like that. I wish you could have talked to Miss Prince. She'd have a little bit more of a focused mind than I have [laughs].

PW 2:04:26

Your story is an amazing story. Thank you so much. You answered all my questions, and more. And I can hear your joy, and I can hear how the profession has been fulfilling for you.

JPS 2:04:55

I wasn't a wild child, you know, trying to entertain the men, or anything like that [laughs]. It's just that I was happy, all the time. And it just made it nice. And there was a little old man over there and he'd take pictures of Dr. Jorge's patients. And he'd be in the dining room, just wanting to eat. And Miss Prince would show up on one side, and I'd show up on the other side, and we'd say, "Lord have mercy, how can I get rid of these ugly nurses, they won't leave me alone. I want to eat by myself, I want to be by myself." [Laughs]. And she'd say, "You should be glad somebody's paying attention to you and wanting to eat with you." I can't even remember his name, he was right up there on Plum Street. He would take all kinds of pictures, and it was just fun to be with him. My husband bought me a car and I didn't know how to drive it. And I started with him one day and I said, "Mr Olli [unclear on spelling], how do I get these windows down? It was raining and raining in the car. That's before you could push a button, you had to do it. And he showed me how. And he told Reverend [Adolphus] Smith, "Rev, you better train that woman and tell her how to roll the windows down. Because I'm not going to be running out here in the rain trying to get the windows closed when it's raining in your car." [Laughs]. Just little funny things like that.

PW 2:07:02

Thank you so much.

JPS 2:07:04

One of our patients expired. And they sent him to the morgue. Two orderlies and a supervisor took him and put him in the morgue. And the ambulance came for him, the local one from another city like Oxford or Chapel Hill. They came to pick him up, and he was there taking the wrap off of him.

LR 2:07:42

The person that had died?

JPS 2:07:44

They were sitting there, taking the wrap off his arm. And he said, "He's dead." They had the thing showing he was dead. And what happened is that coldness made it..

PW 2:08:04

It woke him back up?

JPS 2:08:03

It sure did.

LR 2:08:17

That kind of stuff doesn't happen anymore, I'm sure. That was an old story, right, Mom?

JPS 2:08:21

Well [laughs]. You see, I was at Duke when we only had 300 patients.

LR 2:08:35

There are a few more now.

JPS 2:08:35

Oh, Lord yes.

PW 2:08:40

So, I think we're probably at our last few moments. And so we want to use this time to thank you. Is there anything else that maybe?

Josephine McRobbie 2:08:47

The only thing I would add is having everyone who is on the recording introduce themselves. The three of you, so we have your names?

PW 2:08:53

I'm Patara Williams. I serve as Program Manager for Diversity, Equity and Inclusion.

HL 2:09:02

Heather Lowe, Director of Strategic Communications, Duke Health.



LR 2:09:10

And I am LaHoma Smith Romocki, proud daughter of Mrs. Jessie P. Smith and Adolphus Smith -- I'm the product of that reunion with the bed pans [laughs]. And a 1979 graduate of Duke University.

JPS 2:09:35

I'm Jessie Smith. Jessie Parker Smith. Can I say anything I want?

PW 2:09:50

How many years in the active profession?

JPS 2:09:54

40 years, more than 40. And I felt a little embarrassed when I had to ask for -- they have a little reception, a little party. So they said if you're over 30 years of service time they'd have a certificate for you. And I went down. And I didn't get one. And I asked her, I went over to the table, and I asked the lady, "Do you have anything for Jessie P. Smith?" She said, "Are you supposed to have anything??" And I said, "Yes." She said, "Well, you know you have to be over 30 years." I said, "I know, I've been here for 35 years. And I don't have one." And she said "Are you sure?" I said, "Ma'am, I'm absolutely sure." And I walked away. So the next couple of days I was off and then some little well-dressed person came up and asked for me at the desk. The secretary paged me and I went over there. And he said, "You didn't get your certificate." He named the date and everything. He brought the certificate. And I said thank you, but I wanted to just scrub him off that floor, you understand what I mean? Nobody else had been there that long. And I never did go back. And every year they'd send something, every five years, but I never did have the heart to go back to the socials.

LR 2:12:08

You went to that Trailblazers [event].

JPS 2:12:13

I thought you were the little lady from the library. Do you know her?

PW 2:12:18

I think I know who you're talking about.

LR 2:12:21

The Trailblazers, for the first group of black nurses that Duke hired. My mother attended one of those.

PW 2:12:30

Well, this is why this is so important. We don't want to lose your story. We want to make sure that your legacy lives on, and all the joy, and that the story lives on. And so, thank you. Thank you for your service and your commitment to Duke Health, and the community, and to people. It's clear that it just wasn't a role for you, or anything like that. I definitely hear the purpose and the calling. And so thank you, and it's been an honor and a privilege to sit across from you and

hear your story, and laugh, and cackle [laughs]. I'm not a nurse, but it is so amazing. This inspires the work that I do every day. You've left a legacy that I can walk behind. So thank you.

JPS 2:13:30

Thank you for having me.