INTERVIEWEE: Evelyn Wicker, Ed.D.
INTERVIEWER: Jessica Roseberry
DATE: February 10, 2006
PLACE: Dr. Wicker's home in Fuqua-Varina, North Carolina

WICKER INTERVIEW NO. 1

DR. EVELYN WICKER: *Doctor* Evelyn Wicker.

JESSICA ROSEBERRY: I'm so sorry.

WICKER: Oh. That's okay. At Duke, they don't tend to recognize people who are doctors except MDs. It's a doctor of education. Adult education.

ROSEBERRY: This is Jessica Roseberry. I am here with Dr. Evelyn Wicker. She's a clinical educator with Wake Tech Community College in Health Sciences. It's February 10, 2006, and we're here in her home in Fuquay-Varina, North Carolina. And I want to thank you very much for agreeing to be interviewed today. And if you don't mind telling me just how you became interested in nursing.

WICKER: Okay. This is an interesting opportunity to participate in such an activity. I've had lots of thoughts about Duke since I left. I left Duke in 2000 as a result of a restructuring layoff, so that the thoughts about this has been somewhat cathartic. Now, in terms of how did I become a nurse, I grew up on a farm very close to where I am now living, one of seven children. There were two girls, and my mother had always wanted to be a nurse, but she had not had the opportunity to do that. My sister became a teacher, so it was kind of left to me to be the nurse. I took care of all the little ones on the farm: my brothers and my cousins who were younger than me, so that was kind of the role that I played. When I went to high school and started thinking about careers, one of my professors, one of my teachers encouraged me to become a doctor

because I had done very well in the math and the sciences, and he thought that would be an appropriate career for me, but nursing was what had been on my mind, so that's what I settled with. Not settled, but that's what I went into. Because I don't think nursing is settling. I went to Lincoln Hospital School of Nursing, which is in Durham. I'd had a cousin who had attended that program. It was a diploma program. This was in 1960. In 1960 there were few career opportunities for women as well as few educational programs that were available for blacks. Of course, integration had occurred, but true integration had not occurred, so that what was available to me in terms of—economically as well as geographically was the Lincoln Hospital School of Nursing, so I attended that for three years and received my diploma in nursing.

JESSICA ROSEBERRY: Were those diploma programs more prevalent than maybe a four-year?

WICKER: The diploma programs were more prevalent at that time. Today there are very, very few diploma programs, probably three in North Carolina, but at that time, there was a diploma program at Watts Hospital—it was called Watts Hospital School of Nursing—and then the one at Lincoln. The one at Lincoln was for blacks; the one at Watts was for whites. There had been another program in Raleigh at St. Augustine's College, but that program had closed. The other programs were in other parts of the state. There was a baccalaureate program at UNC [University of North Carolina] in Greensboro. There may have been one in Greensboro—I'm sorry, UNC in Chapel Hill, University of North Carolina at Chapel Hill, and there was probably one at [North Carolina] A&T School of Nursing, A&T College in Greensboro. So there were programs, but they just were not readily available or accessible.

ROSEBERRY: Okay. Can you tell me a little bit about the program at Lincoln?

WICKER: Wonderful program. It was my first time away from home, and we all of course

lived in a dorm. We had students there from everywhere: Florida, states above the Mason-Dixon Line, lots of southern states, and of course from North Carolina. The program was a three-year program, and actually the Lincoln nurses had a reputation, a very good reputation. If one had graduated from Lincoln, one could work anywhere, because Lincoln Hospital was one of those hospitals that was poorly resourced, so we learned the art of innovation and creativity, because we kind of created miracles out of nothing. So today if someone says, That's a Lincoln nurse, that has a special ring to it. I did my dissertation on factors that influenced the career developments of graduates from Lincoln Hospital School of Nursing, and the thing that was most important or outstanding as I did was my research was something I termed *community of spirit,* and that described the atmosphere, the sisterhood and all of that between the students, the staff, the patients, the community. So it was a wonderful experience. The program was in operation till 1971, I think, and the last graduates—we always had problems with the board or problems with finances and all of that. But it was a wonderful experience. We did our rotation in psychiatry at Crownsville, Maryland. Some others went to other institutions, but that's where I went: Crownsville, Maryland. We did our pediatric experience at Lincoln, but some of the other students in later years went to other institutions because our clinical facilities for pediatrics were not up to snuff. But otherwise it was a tremendous experience for most of the nurses who graduated from Lincoln. And we just celebrated a one hundredth anniversary and had a memorial on the lawn on Lincoln Community Health Center that was dedicated this past year.

ROSEBERRY: So that community of spirit is still—

WICKER: That community of spirit is still very much alive. We have alumni reunions every two years. We have a chapter in New York; we have now a defunct chapter in Washington, DC; and the third chapter at Lincoln, so we tend to host most of the reunions every two years. The

youngest graduate probably is fifty-five, so in a few years we will not exist, but we have created an endowment for a Lincoln Scholar program in conjunction with North Carolina Central University, so we have an endowment, and we hope that we will continue to live on through that process.

ROSEBERRY: Great. Now, were there Duke doctors that taught classes or were involved in other ways?

WICKER: The faculty as well as the staff, the medical staff were from Duke. They were from Watts, as well as from Lincoln, so the care was provided by people from the community, so mostly definitely Duke, Watts as well as Lincoln. And there were times when we—"we" meaning the nursing program—we would have Christmas programs between Lincoln, Watts and Duke. We would get together and do Christmas carols or whatever between the institutions. There were also times when we would participate in other kinds of nursing activities between the three schools.

ROSEBERRY: So in that sense did it feel integrated, or was it kind of every now and then?

WICKER: It was an every-now-and-then thing. One of my most memorable experiences as a student, when I was an OB taking care of a patient and I had a patient that was called preeclamptic, which means it was a very dangerous situation, high blood pressure, and if something did not happen quickly, then both baby and mother would be in danger. So I was working OB that night, and we needed to transport the patient to Duke. So I had never ridden in an ambulance, so that was a big deal, to accompany the patient to Duke for her delivery, and subsequently the patient was okay because once the delivery occurs then things begin to return to normal, but that was a highlight. It seems very little now, (*Roseberry laughs*) but at that point in time, in 1962, that was a big thing. But there was a lot of cooperation between the institutions,

from a medical perspective.

ROSEBERRY: Okay. So when you graduated from Lincoln, what were your plans or what was the next step?

WICKER: I graduated from Lincoln in 1963, and my first position then was at Moses Cone Hospital in Greensboro. Lincoln, of course, was a very small hospital—as I said, very little resources, equipment, and those kinds of things, so I needed to be aware of that, and that was conscious. That was on a conscious level. I wanted to select somewhere that I thought I'd be able to fit in, to be able to function effectively. I had a classmate who lived in Greensboro, so she said, "Why not come to Greensboro?" So I applied at Moses Cone and was hired, and I went through my orientation but then went to nights. The night shift, I felt, was less hurried, and I had an opportunity really to develop my skills, to be really responsible, because at Moses Cone at that point in time, there were not residents or interns, so the nurse had to be able to be competent, proficient, to be able to recognize what was going on with the patients, and know when to call the attending physician, because attending physicians don't like to be (*laughs*) disturbed when they're off duty. That was a tremendous learning opportunity for me as my first job. I stayed there about ten months, then I decided that I wanted to get my bachelor's degree in nursing or at least to continue my education, so I moved to Chapel Hill and began to work at—it was North Carolina Memorial Hospital at that point in time. I worked there in an area that was the intensive care area, and that was probably the beginning of intensive care nursing. This was in 1963, '64. Nineteen sixty-four. So I had a little experience in the various areas of pediatrics, in the burn, neurosurgery, all the areas *except* cardiac. The cardiac unit where they did open-heart surgery, the patients who had had open-heart surgery. And for some reason, black nurses were not rotated through that unit, so every other unit around that unit, I worked. There was one other

black registered nurse, because most of the black nurses at that time were LPNs. So the two of us never had an opportunity to work with the open-heart patients. Did I question that? No. For whatever reason, I just accepted that. So I stayed there for about two or three years, and then I moved to Durham. I had gotten married and moved to Durham, and I went to work at the VA Hospital, the combination of VA Hospital. And I also worked at Duke Hospital as a staff nurse.

ROSEBERRY: So kind of dividing your time between—

WICKER: Well, no, I worked—I got the sequence wrong. I worked at the veterans hospital first; then I moved to DC for a year. My husband had a change in his job, so we relocated. We moved to DC, and I worked as a head nurse at Rogers Memorial Hospital, which was a trip. The hospital was located not very far from the White House, but it was very archaic. So I stayed there for a year, and then I moved back to Durham, and at that point I worked at Duke Hospital as a staff nurse. I worked on several units as a staff nurse at Duke. Again, there were very few black RNs. Again, most of the nurses were LPNs, and they were black. So I was there from '69 to 1971 on a variety of units.

ROSEBERRY: Did you find that you were accepted by white RNs, or was it kind of—?

WICKER: It was an interesting time. I have a vivid memory of being pregnant, and I was one of, again, the only—there were a few black RNs on the third-floor units. It was organized—there were supervisors who had responsibility for different units, and the unit that I worked on included, an orthopaedic unit, an ENT [ear, nose, and throat] unit, so one would rotate those units. Many times the RN had to rotate because you had to have an RN in charge, and if an RN was out, then one may find themselves covering two units, so I did a lot of rotation. Then I finally moved to a permanent unit, a surgical unit. I was pregnant, and—well, let me step back. As one of the only black RNs on that unit, being in charge—which means that you were

responsible for the patient care for that shift—you were responsible for the assignments of the LPNs and the nursing assistants and whoever else was working there. I have vivid memories of the physicians coming on the unit and seeing a white face and whether this face was an LPN or whether it was a nursing assistant, that's who they would direct their attention to. It became like a game for me because I knew that at some point the nursing assistant could not deal with the issue, neither could the LPN, so they would have to come back to me, so that's how I did the little mental games in terms of being able to cope with some of those kind of things. One day, being pregnant, very much pregnant, we were doing the change-of-shift report or there was a caucus or something, and we were in a small room, and when the white nurse came in, the physicians stood up to offer a chair. And I just noticed that I am here, big, pregnant, and no one stood to offer me a chair. So that's just some of the little things that would occur that could influence one's attitude or influence their behavior, but it was just a part of the times, and so I just—*psshh*—let it go. At that point in time, discussing these kinds of incidents with my husband, he said, "You need to go back to school and get your degree, because you are never going to get any recognition if you don't." So I decided that I would go back to school and get my degree, the degree being a bachelor's of science in nursing, because graduating from Lincoln, I had a diploma in nursing. So I went back to school over a course of years, because I worked, had my family and other involvements. But in 1972 I completed my bachelor's degree in nursing. Then it was North Carolina Central University. When I went to nursing school at Lincoln back in 1960, we had part of our coursework at—it was then North Carolina College; it was changed later to North Carolina Central University. So my first experience with North Carolina College was back in the sixties, and then when I went back to get my bachelor's degree, because they had a program that would allow nurses with the diploma to become an RN, to get

their bachelor's degree in nursing. So I attended that program, and I completed that program. And then my husband said, "Well, you're no better off now than you were with your bachelor's, so you need to get your master's." So I said, "Well, maybe." Now, my thought was, I'm a pretty smart person, but I had never considered a master's degree. That's *really* for smart people. And I didn't see how I could do that because I had a child, and perhaps my little world was kind of narrow, so I just didn't see that; but I said, "Okay, I will apply." So I applied for a scholarship, a public health scholarship. I enrolled at University of North Carolina at Chapel Hill, the School of Public Health in, I suppose, 1971, and it was an eleven-month program. So I received a master's of public health from the University of North Carolina in 1972. I'm looking for that. (*sound of papers being shuffled*) Nineteen seventy-three, excuse me, I received my master's of public health in nursing supervision.

ROSEBERRY: So that would prepare you to be administrator.

WICKER: That would prepare me to be administrator, because with my experiences as a staff nurse in a variety of places, I felt like I wanted to have some impact on how care was being delivered, and that's the only way that I would do that as a black nurse, would be that I needed the credentials. Contrary to my white counterparts; that never seemed to be an issue whether they had a degree or not. But it was my belief and feeling that in order for me to be able to move up the career ladder in nursing, I needed to be prepared, because I did not want to be denied because of the color of my skin, but to have the credentials to do that, to be successful, despite what was happening with my counterparts. Once I received my master's in 1973, I decided then it was time that I could explore opportunities. I felt I had something really to offer. So I approached Duke Hospital, and the director of nursing at that point was Wilma Minniear, a very esteemed lady, big in stature, a powerful lady, very influential. At the point that I approached

her, she said, "Well"—and I approached her through a friend of mine, who worked at Duke, who was also a Lincoln graduate. So I approached her, and she said, "Well, there are some things that may be available, and we can explore those." So I had an exploratory interview, and it was a special program, a special project that she was thinking about, it had not been developed, but she wanted somebody to develop that. For whatever reason, that didn't seem to turn me on. In the meantime, I got a call from the department chair at North Carolina Central University about the need for faculty in community health, so I said, Well, North Carolina Central is, like, ten minutes from me, from where I live, and I graduated from there, and I certainly have lots of feelings for it, so perhaps I'll explore that. So I went to North Carolina Central, but my connection with Duke was there to say, "If there's anything else that comes available that you think I may be interested in, then let me know." So I kind of maintained that contact with Duke, but I went to Central and taught for a year. Over the course of that year, something was happening at Duke, so I got a call from Miss Minniear to say there was an issue being worked on, and if I could just trust her—she couldn't tell me what it was, because it was confidential, but if I could just trust her, she thought I'd be interested in it; she thought I'd be suited for it, just to hang in there. So in fact, at the end of the year that I taught at Central, the time was right for whatever had gone on at Duke, so I got the call, and I went for an interview. This was an interview for the supervisor of the Outpatient Department at Duke, which was essentially the public clinics at Duke. At that time, there was a PDC [Private Diagnostic Clinic], which was for the private patients, and the Outpatient Department, which was for the public patients. So I went and interviewed and was offered the position.

ROSEBERRY: Did you ever find out what that confidential matter was?

WICKER: Let's say that it was—the supervisor of that department was transitioned out. I don't

know anything about what went on. I know the position became available, and I was offered the position, and I was hired. And that was interesting because Miss Minniear said, "I don't know very much about the Outpatient Department, so I really can't help you. There are things that have probably gone on, but I can't help you." (*laughter*)

ROSEBERRY: Okay!

WICKER: So with a leap of faith, I took the position. As supervisor of the Outpatient Department, I was the first black, African-American administrator at the hospital. There had been a black supervisor on nights. I can't remember her name, but there had been a supervisor on nights, and her responsibility was within the hospital she'd make rounds and be aware of what was going on and troubleshooting, reassigning staff, and so forth. So that was a managerial position, okay? But this position, supervisor of the Outpatient Department, was more administrative. And there is a difference in management and administration. We won't need to talk about that, but this position had the responsibility for specific units. There were about ten clinics and ten head nurses and staff that was under the supervision of this position. And that was a challenging experience. It was a satisfying experience. It was somewhat of a frightening experience at times, because being the only black nurse in that situation, and with those head nurses, the physicians and all of that—it was just a very—it was a new situation for me. I went into the position with a secretary, who had been the secretary to the previous supervisor, so we needed to establish a relationship. I think she was very clearly anxious about me because the previous supervisor had been white, and I'm a black nurse. Plus whatever had gone on, she was very much aware of the situation. So when I took the position, I said to her, "Let me reassure you. I don't know you; you don't know me. I've come here to do a job. We can work together and both of us can be successful in doing this job." And so we became, over the course of time,

colleagues. And that person became successful as a social worker at Duke, and she probably still is employed there for social work. She went back to school, completed her degree, got her master's, and at one point was in charge of social work at Duke.

ROSEBERRY: Let me flip our tape here.

(*tape 1, side 1 ends; side 2 begins)*

WICKER: As a supervisor, one of the most important things for me was development of the staff. And I prided myself in getting to know the staff and where they worked. With the ten head nurses, I decided that—I categorized them in terms of where they were in their growth and development. As I reflect, I've always been interested in growth and development of people. I came to know the head nurses because that's who I interacted with directly, so that I determined who was—in stages of development. I had some head nurses who I categorize as being *in utero*, some were in their infancy, a few were in toddler stage, and then there were some who were mature adults. And that's how I came to know them and came to work with them.

ROSEBERRY: As nurses?

WICKER: As manager. I'm their supervisor. They're the manager, and I'm their supervisor. I have one vivid memory of one nurse manager who was young and probably put in the position because she was a good nurse. I didn't appoint her; she was there. And about 4:30 one afternoon, as I was making my last round—I was in my office. One of the nursing assistants came to me and said, "Miss Wicker, the head nurse up there is just crying. She's boohooing." And I said, "Well, what's wrong?" He said, "You need to go and see her." So I went to see her, and I said, "What's the problem?" She said, "I'm just so frustrated"—in her tears, between tears and all, she said, "I'm frustrated. Everybody wants me to do something different." The physicians, they changed every two to four weeks and one would want it this way and another

would want it that way. And I said, "Okay, stop." I said, "Six months from now you will laugh about this." I said, "but you are the head nurse of this clinic. You control the direction that this clinic goes. The residents change very frequently. You will never accomplish anything if you are every two or four weeks changing what you do in the clinic to suit them. You should be concerned about what's best for patient care and help them to just fit in, but you can't change things every four weeks to suit them. You're part of their training, so you need to help direct them, and if you do that and work for your patients—because after all, they're getting educated, but they want to do good patient care, so six months from now you'll reflect on this situation and you'll laugh about it because you have to decide how you want to manage this clinic or you will be out of this clinic, because you will not be effective." This person actually left Duke but as a very successful nurse manager. I don't know where she is today, but she left. She thought about that. She worked on how she needed to organize her clinic, how she needed to organize, delegate to her staff, and she became successful, a successful manager. And if I were to see her today, we'd probably both laugh about it.

ROSEBERRY: Was there that expectation that nurses would kind of do what the—?

WICKER: The expectation, yes, was that nurses were there to be handmaidens to the physician. That's a cliché, but it is real. It *was* real. I can't tell you today because I'm not in the practice arena. But that was real. One of the contributions that I think I made to the Outpatient Department was that I elevated the idea of what nursing was all about. Clearly the patients came to the clinic to see the physician, but the nurse could be a very important part of that experience for the patient. Frequently the physicians would talk with the patients and say, "Here's your prescription. This is what you need to do." And the patient would not understand what had been said. You could talk with the patient later, and they had no idea what had happened to them in

that encounter, what they were supposed to do, or they may not even had their prescriptions. Because staffing in the clinic is very limited—you may have an RN or two, an LPN, perhaps one or two assistants, because the idea was that all nursing was going to do was to put the patient in the room for the physician to see them. But I implemented a process called exit interviewing, because it was important to me that the patient would know what has happened to him in that encounter, what they should do when they go home, to make sure they have their prescriptions, to make sure they know when their return appointment is. And one of the ways to guarantee that was to have a nurse interact with the patient before they left the clinic. I also initiated the patient education program in the Outpatient Department. Now, it wasn't that difficult or challenging to do that, because for the most part people weren't concerned about what happened to the patient in the public clinics. It was a teaching institution, and this was a teaching practice, so the residents needed to be able to get experience, the interns, so what happened to the patients, in my opinion, was not the most important thing; it was an educational process for the residents. What was most important to *me* was the quality of the care that was being given to the patients. In addition to the exit interview process, I initiated a patient education program. I had a person who would go from clinic to clinic, being able to interact with the patients who were sitting there, because patients stayed long times. The idea is if you go to Duke, you go in the morning and you go home in the evening. In terms of schedules and all those things, that was not a priority. But I was concerned that while patients waited to see the doctor, that there was time that could be used to teach patients about either their conditions or just health topics, so we had a patient educator, who actually was a master's-prepared nurse, who could go from clinic to clinic and work with the patients in terms of some educational things. One of the interesting things that happened while I was supervisor of the Outpatient Department: I hired two African-American

male nurse assistants, and little did I know that they were union plants. I don't remember specifically the years, but during that period, from time to time there would be union activity because of conditions and et cetera. So these two males I hired, and they were very intelligent, excellent caregivers, but I later came to find out they were union plants. But it was not a deliberate thing because, again, I was not aware of that. I just hired them because I needed to have some males, and I hired them, and they worked out very well.

ROSEBERRY: So what was the union?

WICKER: It was a union—okay. Um— (*pauses*)

ROSEBERRY: Was there a union at Duke?

WICKER: Okay, there has been a union in the engineering group, perhaps, but the goal was to unionize other aspects of Duke, and there have been times when there were groups brought in to counteract the unionization efforts. The rest of that just escapes me. But these two fellows—they were very, very intelligent, and what is so striking about one is that he was so philosophical. He always talked about the Socratic method. I'll never forget. Everything was the Socratic method. At some point during his organizing efforts talking with employees, I suppose, and trying to influence them, he had to go through another clinic for something. The supervisor of that clinic—they had an encounter, a confrontation, and he was reported. It was reported to me that he had been—*confrontational* is the best word I can use to describe it—and that they did not want to see him in that clinic anymore. Now, for his particular role was he would have to go through that clinic to carry out some of his duties. It became an employee grievance. And I'll never forget, because he was my employee—but actually what happened, happened in another area. But he was very articulate. And I remember him saying, "You know, I didn't wake up this morning to say that I'm going to go in this clinic and I'm going to be confronting"—or some

other word—"with this white woman." It happened that the supervisor of the other department was a white female. But he was so graphic: "I didn't wake up this morning, on my mind to go into your clinic and to confront you, whatever." In the end, the grievance—it was resolved. They could not limit his traveling through that specific department. At a later point, he left. This person is now a minister of a very big church (*chuckles*) in Winston-Salem, and if I'm ever in his presence, we look at each other and we smile. (*laughter*) In all of this, I will say he never implicated me in anything because I didn't know anything, actually. I treated him very well as an employee, as I treated all the employees. One of the things—I was really impressed with him because he married a female who also worked at Duke, and he had a child, and he took a responsibility—and this was early on—to be involved in that child's care. So if the child was sick, he may need to be out just as well as his wife, so I was always impressed with him and his responsibility in that area.

ROSEBERRY: How did you find out that they were union?

WICKER: I don't know. It was at some point later that I found that out. But I don't think anybody viewed that I had done anything intentionally in terms of hiring them. And for the most part, they did whatever they needed to do, not on work time. I don't think that union effort was successful. My recollection—that it did not occur. Let's move from the clinic. While supervisor of the Outpatient Department, I also took on the responsibility for the Emergency Department. That was not a choice (*laughs once*) that I volunteered for. I remember that Miss Minniear came to me one day and said, "Evelyn, I need for you to be involved with the emergency room." I'd never had emergency room experience. And I said, "Do I have a choice?" She said, "Well, we can find something else for you." So I said, "Well, tell me about it." So it happened that the supervisor of the emergency room was going to step down—I do not

know why—because that person and I were colleagues. As a supervisor, I was a colleague with about perhaps eight other supervisors, who had responsibilities for units throughout the inpatient nursing department. And the person in—the emergency room was viewed as an outpatient area, so we had established a relationship. When Miss Minniear asked me to do the emergency room, she said that this supervisor was going to step down to the head nurse role and that I would work with her. I've always been a fairly naïve person, so I didn't know what was going on. When I took the role on, I began to find out that this person perhaps had not been a very strong supervisor, and as a head nurse she was not a very strong head nurse either. So over the course of a year, I decided the situation needed to be different. It needed to change. So this supervisor who had now become a head nurse, in my opinion wasn't head nurse material, so I tried to work with her in what I thought was the role of a head nurse, but it wasn't working. So I communicated that to Miss Minniear and so she said, "Well, we just need to talk about it." There were all kinds of complaints about patient care and a variety of things going on, so I decided in order for me to be effective, I needed to have an effective head nurse. I began to try to work with this current manager, and I began to document poor judgment, poor direction, poor leadership, and I at some point I said to Miss Minniear, "We're never going to get anywhere as long as this person is here." This person would communicate that she was having difficulty in her role because I did not know the emergency room environment. That was true, that I did not know the emergency room environment, but administration and supervision is the same. The expectation, the responsibilities are the same regardless of what the environment is. Therefore at some point it became obvious that she needed to be in another position, so that happened for her. And then we went through a long time in the emergency room with problems, because, again, that was not an area that I chose to work in, so I was an interim for the most part, and we needed

to have a person who really was a top-notch supervisor or head nurse for that area, because those were not my skilled area, and it really needed someone who had skill and knowledge in the area. Then the supervisor could work with that person. So over the course of time, we did get a permanent head nurse, and then we did some reorganization, and I no longer had the emergency room.

ROSEBERRY: Was Miss Minniear more accessible in that position than in the outpatient, or more able to support you? You had mentioned that she—

WICKER: Miss Minniear probably clinically was no more able to assist me, but the emergency room was a very political place. Miss Minniear was a very, very astute person in that whole political arena, so she was able to be helpful to me just because of that, as opposed to from a clinical perspective. So changes were occurring, and then there was the idea of a renovation or a building project. Then we had the beginning of the idea of Duke North and of Duke South. While the hospital was being built, positions were opening up for directors for both North and South. And one of my colleagues, one of my peers applied for the position of director of Duke South, and I interviewed that person for the position. She wasn't appointed. So at some point, Miss Minniear asked if I had some interest in being director of Duke South, and I first said, "No. I have small children now. I have two children, and my husband is working," but I couldn't see that I could manage that kind of responsibility with two small children. That was shortsighted, but that's where I was. So the first time she asked me, I said no. Then, being in the outpatient arena, I would attend a number of association meetings and community kinds of activities, and I was attending one one day, and I went with Miss Minniear, because I always like to be out and about in the community and find out what's going on. So I attended this meeting with her, and as we were driving, she mentioned the idea again. That was probably the second time. And there

was a third time, and I decided the third time, Hmm, maybe I better think about this seriously. So the third time, I thought about it seriously and said, Okay, I'll apply for it, and I did and went through the interview process and was appointed. I think I was appointed to this position in (*sound of papers rustling*) in 1978, I think.

ROSEBERRY: So before North even opened.

WICKER: Right. These positions were available because the need was to develop the whole schema of what nursing was going to look like with two hospitals or two divisions. That was important, to get people aboard. And in fact, one person had been hired for Duke North, and that person was there perhaps a year, and then that person left. No one was ever really hired for Duke South, but we had my colleague who had applied and wasn't selected. So I applied and, again, was appointed in 1978, as director of nursing services for the South Division.

ROSEBERRY: So you were working with a lot of transition, I would imagine.

WICKER: A lot of transition during that time, as well as working with nursing. The other thing that's very interesting about my career, when I reflect—the hospital had a hospital administration program, had an internship type of program for individuals who had completed their master's degree in perhaps business or hospital administration but they needed to do an internship. So Duke was very open to bringing in these young people in their twenties to work as interns in hospital administration for a year. As a part of their education, part of their learning process, they interacted with nursing and all the different departments, so they spent time with nurses, with nursing in terms of nursing leadership, the supervisors in their particular areas and some of the head nurses, and getting to know how the hospital actually operated. The thing that's interesting is that many of those interns who came in are now CEOs making megabucks, and many of them never really recognizing the value of their interaction with nursing or with nurses

in terms of having taught them the ropes of actually how to be administrators. That's one of the interesting pieces about the organizational culture, how it works, how it doesn't work, the opportunities for some and lack of opportunities for others in terms of moving up into the hierarchy, not necessarily just in nursing but in the whole organization. But back to being a director. Yes, we had the opportunity to work with the hospital administrators in all the other departments, those in the labs or business office or physical therapy or whatever, so we were very intimately involved in working as a part of a multidisciplinary team or interdisciplinary team, in trying to assure that the best things happened for patients.

ROSEBERRY: Was the School of Nursing involved in that as well?

WICKER: The School of Nursing. There's always been a relationship or connection with the School of Nursing. When Miss Minniear was the executive director of nursing, she also was a clinical faculty member. In fact, she was on the faculty of the School of Nursing when she was appointed to the director of nursing position. There had been a nursing issue within the institution some years previous. I was not there when that happened, but the leadership in the hospital was perhaps dismissed or something happened. It no longer existed, and they therefore needed to have an executive nurse, so Miss Minniear was appointed to that position in the hospital. So there's always been that connection with nursing with the School of Nursing. As a matter of fact, when Miss Minniear was no longer the executive director of nursing, we were in a search process, and the School of Nursing and the hospital nursing department became unified—I think it's the correct word—meaning that they appointed an individual who was responsible for both the School of Nursing and the Department of Nursing. And that lasted for a few years. The person who unified it was there for a few years, and then she left. Then we were back to School of Nursing and the hospital nursing. It was separated again. But there still was a connection,

because many of the hospital nursing administrators were part of the faculty, clinical faculty in the School of Nursing, and so there was always some working together with those two entities. I became a clinical associate in 1985 with the School of Nursing.

ROSEBERRY: Who was the—was it Andy Wallace that was CEO? I don't know what exactly his job title would be. (*unintelligible*) —Wilma Minniear.

(*tape 1 ends; tape 2 begins)*

ROSEBERRY: Okay, I'm sorry. I'd asked about Andy Wallace.

WICKER: This was a very really interesting time at Duke, the administration of Andy Wallace. Previous to Andy Wallace, there was [Richard] "Dick" Peck and [Roscoe] "Ike" Robinson and Minniear, and the three of them ran the institution very well. They were all strong. Dr. Robinson was the chief executive officer. Dick Peck was the chief operating officer, and Miss Minniear was the director of nursing, the executive nurse. One would not have known that she reported to perhaps Dick Peck, because the relationships and the respect were such that they were all peers. At the point that Miss Minniear left, Ike Robinson and Dick Peck had left, and we had Andy Wallace and—oh, what's his name? Andy Wallace was the chief operating officer, and I am blanking on the name of the other person. It'll come back to me. During that time, it was a transition to hire an executive nurse, and—I'm trying to remember, because this is very important. (*pause*) Miss Minniear was a very, very, *very* strong nurse, and she'd gotten along just marvelously with Dick Peck and Ike Robinson, but when Andy Wallace and the other gentleman whose name I cannot remember now, came, she had difficulty communicating with them, relating with them. Their styles were so very much different so that it was not—it was not a good marriage, let's put it that way. So then Minniear moved out, and we were without an executive for a period of time. During that time, Mary Ann Peter—who was my counterpart,

director of nursing at Duke North—and I acted as executive. We would trade off the responsibility, so one month Mary Ann acted as executive nurse and took the responsibility to sign whatever needed to be dealt with, and the next month I would do that, okay? Until we hired the new executive person, Rachel Booth, who became then, yes, the executive for nursing as well as the dean for the school of nursing. At that point, they were unified. Okay. Then there was discussion as to how nursing should be organized. There were concerns, because I was still director of Duke South—there were concerns about South. Perhaps they were concerned about North, but I just knew about South, because that's where I was. South was black. (*chuckles*) It was interesting. South was black in that the administrative positions had several black supervisors, several black head nurses. North had no black supervisors, very few head nurses, and North was bigger than South. So there were some rumblings or comments or something about South. So I decided, Let me find out what's going on. I made appointments with all my major department chairs, and I did an assessment of what their concerns were about South, the care, the nursing staff—just what their concerns were. I got things back like, "The nurses in South"—it had to do with appearances. It had to do with performance. It was strange, because in South we viewed that we gave very good nursing care. South wasn't as fast paced as North was, and there was something even about, The nurses seemed to be fat. It was interesting. So I collected this information, and then we had a retreat. The idea about the retreat was we were going to discuss the reorganization. This is what I thought; this is what Mary Ann thought. The retreat was at Williamsburg. And as we reflected on it— Mary Ann and I drove; in fact, we were going to go to another meeting at the end of that meeting, in DC or somewhere, because we both were a part of another organization, and we were going to go there when we left this retreat. So we clearly thought we were going there to have all these discussions about how we should

reorganize nursing and reorganize the hospital. And we took all kinds of papers, and we were really prepared. On that retreat was Andy Wallace—Bill Donelan is the name that I was blanking, Bill Donelan—Rachel Booth, who was executive, and they took John Robinette. Now, John Robinette was an administrator. He was the administrator for Duke North. We had administrator for Duke North and an administrator for Duke South. John Robinette was Duke North, and Mary Ann was nursing director. We couldn't figure out why is John Robinette going? But John Robinette was a part of us. So when we were there, we were thinking we were going to have these really major conversations, and there were major conversations, but different than what we thought. There was no really asking our opinion about how things should go, so in effect, it was planned what was going to happen, how it was going to be divided, and they had ideas about what they wanted us to do: Mary Ann to do, what they wanted me to do; but they didn't tell us. But they did talk about the structure, that what we needed to do was decentralize more, because at that point I was South, Mary Ann, North, but they wanted to decentralize it even more. Because there had been some concerns about South being black and North being white in terms of—that we needed to make some different arrangements. They even looked at different divisions. They talked about splitting it up in Medicine, women's and children's, Psychiatry, and so it would have these various positions that they would fill on a director level, and then the directors would have assistants to the directors. So previous, Mary Ann: Duke North, me: Duke South; each one of us having supervisors. The change would be different. So as opposed to two people, then you'd have four or five directors, and these directors would have assistants to the directors, who would not be in line positions but staff positions, so that the persons who had the major responsibilities would be the director and then the nurse managers, as opposed to the supervisors who had been in line positions.

ROSEBERRY: This is all nursing?

WICKER: This is all nursing. Yes, this is all nursing. They made the statement, and I remember this statement—some things I remember very distinctly. Because there were issues of race, the comment was that Mary Ann should have a first black lieutenant and I should have a first white lieutenant in terms of people relating directly next to me, okay? We could choose the areas that we wanted, some ideas about choosing what we wanted. Because I had been in Duke South, and I had had Psych, and I'd had lots of problems with Psych [Psychiatry] director—I did not want to choose Psych. I had Ob-Gyn in Duke South, so that made sense to me. I'll deal with Ob-Gyn, because the medical director and I, we have a good relationship. Mary Ann had had basically Medicine, so Mary Ann wanted Medicine, so Mary Ann was going to choose Medicine. They were going to identify a Pediatric Division, and I didn't know this at the time, but they put Ob-Gyn and Pediatrics together. That's how that came out. And they basically did not want me to do that, I found out later. They wanted me to take Psych, which probably meant—it would have been the death of me—not that I didn't like the chairman; we had relationship problems. But beyond relationship problems there were more of philosophical differences in terms of how the department should be run. Let's put it that way. So we left Williamsburg with this new plan that we thought we were going there to participate in, but that was really laid on us. So needless to say, we did not go to the meeting that we were going to go to; we drove back to Durham very downhearted, really thinking about what we were going to decide. We didn't make those decisions there, but we had to decide which of the divisions we wanted, because they were going to appoint different directors. I chose, again, Pediatrics and Ob-Gyn, Mary Ann chose Medicine. Now, it was rumored that they really didn't want her to have Medicine because her husband was a cardiologist. That was a rumor. I don't know that. But anyway, she chose Medicine. We

came back, and of course, this is what we did, and then other directors were appointed. Now, this new organizational structure meant that people who were previously supervisors, in an administrative supervisory position, no longer had those positions. So the new structure—we had to create these new positions, assistant to the director, and people would have to apply for those positions. Mind you, Duke South previously had a lot of blacks in those positions, and Duke North, very few blacks, no blacks in positions of administration. And mind you, they made a statement I needed a first white one and she needs a first black one. We came back, and we made our decision, and then we started trying to fill positions. One of the most traumatic things that happened to me at Duke—and I'm a very strong person, and crying was not something that I did, but at the point that I was going to make a decision about who I was going to hire as one of my assistants to the director, I was denied the opportunity to do that. I was told I could not hire that person, and subsequently I needed to hire somebody else. The person that I needed to hire was actually the person who they wanted to have the position that I chose. This person had been a pediatric supervisor and a good person, and they had wanted that person to take the position that I chose. But I didn't know that. I mean, I didn't know that. The culture of Duke is skitzophrenic. This is what I say I want, but if you give me that, you're going to be in trouble because that's not really what I want.

ROSEBERRY: You've got to figure out what it is that people really want.

WICKER: That's right. That's exactly right. If I give you what you tell me you want, I'm going to be in trouble, because that's not really what it is, okay? But that is it. And so they told us we had a choice. When I made the choice, I made the wrong choice, but I didn't know I made the wrong choice (*laughter*), because they didn't tell me I made the wrong choice, okay? But it was the wrong choice, and that was probably (*laughs*) the beginning of my end at Duke. This

was kind of like 1986. But be that as it may—but as we reorganized and as we appointed people to the positions and the fact that I could not appoint who I thought I should appoint, that was traumatic for me, and I actually cried. I went into my office, and I just could not keep the tears back. And I called a friend of mine who worked there, and I said, "You have to come and see me." She said, "What is wrong with you?" I said, "You have to come and see me, because I'm just not coping." So when I told her what happened, that I wanted to make a decision and they told me I could not make that decision, that was the first time anybody had ever told me that at Duke, that I could not do what I thought was best for me to do. And so she came, and we just talked about it. And so what I did was I wrote—I think I wrote a letter that talked about this decision and that I thought it was very unfair to a person who was going to manage someone, that I would not have the opportunity of a choice to make that decision, and I have no idea where that letter is, but I communicated that in writing because I couldn't do anything else about it. It was, No, you're not going to appoint that person, you're going to appoint this person. So that was one of the traumatic times for me at Duke. Anyway, we moved on. This is in 1986. We have a director there. Rachel Booth is that person. As a part of this reorganization, these appointments of assistants to the director, the black nurses became—I want to say the word "incensed" because they felt, the black administrative nurses, who had been in positions—because they weren't getting positions.

ROSEBERRY: Not even at Duke North.

WICKER: No. It was unclear as to what would happen to their futures. They had given lots of years to Duke, were clearly competent, that's how we viewed them. But they were not able to obtain positions, so the black nurses formed a—I want to say a coalition, I suppose, and they expressed their concerns. As a result of that, there became what was called a blue ribbon

committee, and this committee was made up of members of the board of trustees, department chairs, administrators. Powerful people. The black nurses were concerned that they were not getting positions and others were being appointed. One thing that is peculiar, and this is just history, okay?—of the black experience. If you are the only one in a position of authority and you are kind of an outsider, you don't have access to people, places and things. I had difficulty working and figuring out how to organize my division, whereas Mary Ann—they worked together to help her figure out what to do. So most of her people were getting placed, whereas my people were not, because I think she had the help of someone to help her figure it out, and I didn't feel I had that help. Now, that's just a view. Whether that was real or not in terms of Mary Ann and myself—. So the blue ribbon committee was asked to look into the situation, of the plight of the black nurses at Duke. This was a community thing, and the community was involved in all of that. I was asked to come and appear before this blue ribbon committee, which is not a pleasant thing, because I'm one of the directors. And I'm a part of this. So they asked that I come and be interviewed. Before I went, I wrote a letter. I always wrote letters, okay? (*laughs*) I wrote a letter to Bill Donelan, Dr.—oh, God, what's the president's name of the university? Psychiatrist.

ROSEBERRY: Was it Brodie?

WICKER: Brodie, Brodie. Right, Dr. Brodie. Because I had been supervisor of Psych with Dr. Brodie—when he was chairman of the Psych Department, part of my responsibility as director of Duke South was to be the supervisor for Psych, so Dr. Brodie and I had a relationship. But anyway, so as a part of—okay, my letter—Dr. Brodie; I think it went to Dr. [William] Anlyan. Anlyan was the—

ROSEBERRY: Chancellor.

WICKER: Chancellor. Yeah, chancellor. And of course to Bill Donelan and Andy Wallace. And in my letter, I recounted the Williamsburg experience and the comment that was made that I needed a first white lieutenant and Mary Ann needed a first black lieutenant. It was a very good letter I wrote. Before my appointment with the blue ribbon committee, Andy Wallace had me to come to his office and to discuss the letter, because the letter had gone. He said, "Evelyn"—not verbatim, because I don't remember verbatim stuff, but in essence he said, "We don't remember it this way, and we'd like you to think about it." So I said, "Well, Dr. Wallace, this is my recollection of it." And that was that. Because he knew that I was going to the committee, I had been summoned to the committee to be interviewed or whatever. That was the same day. So I went into the committee to be interviewed—at the point that I am ready to be interviewed, Dr. Anlyan walks into the room. Now, I don't think it was timed. I think it was just coincidental, because he's a very powerful man, you know? But they asked—whatever the questions they asked me were about my experiences or whatever that interview was. And I remember telling them that basically that I'm a principled person and that there are things that I don't accept, because my integrity—you know, I do not compromise, and that I had been there for a long time, and I hadn't walked yet, but if I needed to, I would, because I really wasn't recanting anything that I'd said. So, "If I need to walk, I'll walk." I'll never forget. One of the board of trustees said to me—he said, "Well, Miss Wicker, if you need to walk, you come see me." So that was some affirmation, I felt, affirmation, some validation or something for me, because something like that—that didn't happen very often, okay? So with that, I didn't recant what I said because this is what you guys said, and this is kind of the way it is. So after that, things somewhat settled down. I don't know what the outcome of the grievance was, but that was my participation in that. And what I did was, again, I wrote a letter (*laughs*) because the black nurses—I clearly felt

for them, but you might say as an administrator I could not side with them; I couldn't join them, because I'm one of the officers. I can't join their cause. But I clearly supported much of what they said. So my letter was an expression of my feelings about the whole thing, for the sake of documentation. I don't know where that letter is at this point. But anyway—. But we moved on. Somewhere after that Rachel Booth left; then we had another executive to come in. And at that point, as most new administrators who come in, they want to have their own people, so with that—her name was [Patricia] Pat O'Connor. I had begun talking with Bill Donelan, because between executives, Mary Ann and I would report to the hospital administrator, the chief operating officer, the chief executive officer. So Bill Donelan and Andy Wallace were my bosses at that time, because I reported directly to them. But I had begun to tell Bill that, "I understand that when new people come in, they want their own people, so I'd love to do something else. I've always been interested in the development of employees. As I look around Duke, people aren't developed. Now, I'm clearly concerned about all people, but I'm also very concerned about black people because black people are not in positions of authority at Duke." That's been the case. It probably is the case now. I can't say that, okay? because I'm not there. But I felt that people need to be challenged; people need to have opportunities and not just in places of leadership, but there are people in the organization—little people, is what I call them, little workers, who probably have lots of potential, but they haven't had the opportunity because of education, because of finance or whatever. So I wanted to do something with employee development, which was a good idea, which would work for me; it would also work for them. It would work for this other person, because she would want to bring her own people in. So they then began to develop a program. Pat O'Connor had directed a program somewhat like this where she had come from, so we put that together. And then I applied for the position, and I got

the position to do career development, so that moved me out of—I was still in nursing, but out of the nursing administrative position into this development thing, because at the point that Rachel Booth had come in the eighties, I started back to school to get my doctorate. And so by the time Rachel Booth had gone and Pat O'Connor had come, I was perhaps close to having my doctorate. I had focused my dissertation on career development because that's what I was doing, so that's what I did. Pat O'Connor was there. We got this position together, and I transitioned into the career development position. I think it wasn't any necessarily love for me or value of me; it was, like, Okay, we'll put you in this position, and you will either fail or you will succeed on your own; because I felt that I was out there and really didn't have a good sponsor. When Wilma Minniear was there, Wilma was a good sponsor, but when Wilma Minniear left, I didn't feel that I had anybody really concerned about my best interests, so I was kind of out there. And again, if you're the only one, you always have to be aware of that. Now, if you concentrated on being the only one and what that meant too much, you could become ineffective because you'd spend all your time worrying about that, but that must always be a part of your consciousness, but moving on to do what you need to do. So in December of 1990, I moved into that career development position, and I stayed in that position until 2000. In the intervening years, Pat O'Connor left. There was another nurse executive, then Brenda Nevidjon. Pat O'Connor left and that was a—maybe it was Brenda, but I moved into human resources under Art McCombs probably '95, '96. And Art McCombs was there, and the program that I had in terms of working with employees—it was a wonderful program. Employees could go to school full time, work part time and be paid a full salary, and they would obligate themselves to Duke to work two years if we paid them for a year, whatever. So it was that kind of thing, one of those soft programs because the institution doesn't have to do that. It's a wonderful thing to do that, to

develop employees, if you have the resources. And Duke had the resources to do that.

ROSEBERRY: Let me flip our tape.

(*tape 2, side 1 ends; side 2 begins)*

WICKER: So we helped people who were nursing assistants, people perhaps in food service or other low-end jobs go back to school. We had LPNs who went back to school to become RNs, and many of those are practicing today, so that was a good program.

ROSEBERRY: Did that program have a specific name?

WICKER: It was called Hospital Career Development. Then when Art McCombs left, who was the human resources person, we had Clint Davidson to come. He's still there now. He came, and he was going to reorganize his department, human resources, which is what happens when a new person comes in. So I had gone from nursing to human resources. A really good program, is what I thought. And one of the things that I did was to work with the area institutions: [North Carolina] Central—we had two there—Watts School of Nursing, the people at UNC, Durham Tech, and Wake Tech. So we had students at these schools that we worked with to help them be successful. We did career fairs and all those things. But anyway, when the new person came in human resources, which is where I was, he wanted to organize differently, and I don't think he valued the program that we had, so our little department was kind of, "Be gone." So with that, we were going to perhaps subsume what you do in another department. But I had been there twenty-seven years, had worked in various capacities, had contributed so much, I thought, to leadership, to the quality of patient care, employee development, those areas; and it was like, Well, but we don't need you anymore! At the point, it wasn't humiliation, but later, as I've reflected on it, that really was humiliation. You were devalued. So the pink slip that everybody had talked about, I got a pink slip, which was just really humbling. I mean, I got a pink slip! I

remember it being in April, because it was around Easter time. It was around my birthday, and there was something else significant about April. But anyway, I was kind of like told, "Well, you know, you can apply for something else." But I couldn't really think of what "something else" might be. And it's really a traumatic time when one is given a pink slip. I don't know if you've ever been given a pink slip or not, but it's a traumatic time, and a person—all the feelings and all of that—and you don't think. You don't think clearly. And the way the process is set up, you have very little time to make decisions, very little time to make decisions. So I just decided, You know, I'm just going to retire. No one was offering me anything, contrary to what happens in many occasions. People are found positions. People who were in senior roles have been found positions, whether they are responsible positions or not, but they are found positions where they maintain their salary, and many are in those positions until they retire. Now, I guess I was like fifty-seven, because I said I had planned to retire at fifty-nine anyway. So here are two years before I had said I was going to retire that now I'm going to be out. But I went on, okay. What happens to you, and it's not just at Duke, I'm sure, it's wherever people leave, you have this agreement that you must sign that says either you don't talk about it or whatever, dah, dah, dah, dah. And again, it's a frightening time, so people don't think through these things. But I had two employees. I was there for a while because I wanted to support them, because they needed to find other positions also. But I had decided I was going to retire, so I was in and out. I mean, I'd come to work, but what I came to find out was that it really didn't matter. I mean, I could have left the day I got my pink slip for as much as he (Clint) cared about it. You know, this is what I later came to know. But I actually left there, I think, in June of 2000. I got my pink slip probably in April, and I left in June of 2000. But that's a piece that—this interview is cathartic because I really haven't talked a lot about it, and it was hard to accept that you've been there for

twenty-seven years; you're a director, you did all these things, you had all these nice letters in your portfolio, all the valuable contributions you've made, all the times that you served the institution in the community, and then someone says, Okay, but we just don't need you anymore. And you were a senior administrator. I was kind of upset. Mmm! But I should have been smart, because at the time that Pat O'Connor came in—. Soon after Pat O'Connor came, I went on vacation for two weeks. And so I went on vacation. I'm doing career development. And when I came back, she said, "Evelyn, I'd like to see you." So I said, "Okay." So I went into her office. Or she came to my office. She said, "I need to share with you that Mary Ann is no longer here." And I hadn't heard a thing. I said, "So what do you mean?" She said, "Well, Mary Ann is no longer here." Mary Ann Peter, who had been my counterpart, had been escorted out of the building, and she wanted me to know that basically Mary Ann hadn't been cooperative, and I guess the word to me was, Okay, if you want to be here, you better be cooperative. You got to be a team player, all of that. Now, Mary Ann's history at Duke was longer than mine. I mean, Mary Ann was a graduate of Duke School of Nursing, master's in School of Nursing, and her husband, a cardiologist there, so it was really strange. But one of the things that was different between Mary Ann and me was I think Mary Ann had wanted to be the executive nurse, and she had applied for the position, and she didn't get it. Mary Ann was pretty aggressive at times, and I think—one of the things you don't do, you don't fight with your boss. And I don't know if that's what she did. All I know is that when I came back from my vacation, she wasn't there. So that should have been to me: Okay, all right, think about this. (*laughter*) So anyway. So now, back to my departure. This is back in 2000. And as I reflected on it—you know, I'd been there, had been a big presence for a long time. I was on committees with the president. What was the female president's name?

ROSEBERRY*:* [Nannerl] Keohane.

WICKER: Dr. Keohane, right. You know, I had been in lots of meetings with her and participated in setting the guiding principles for Duke. That was a big thing at one point: What are the guiding principles for Duke? And various ones of us participated in that. So I'm saying I've done all these things, and then it's, like, you know, I don't exist. And the thing that was really interesting was that I left and nobody said a word. There was never any announcement about my departure. There was never any announcement. Now, my boss asked me did I want a party. I said no. You know, that to me was just very hypocritical. And we do that now—they did that. People who you ask to leave, you have this big party, and everybody comes, and it's a very uncomfortable thing, because that happened with Pat O'Connor, when Pat O'Connor left. I think she was invited to leave, but they gave that big party. So I mean, that is just so schizophrenic also. But anyway, he wanted to know did I want a party. I said, "No, I don't want a party." I said, "I want my rocking chair." They give rocking chairs. I got my rocking chair. "And I'd like to take my staff out to dinner." So he gave me a check for three hundred dollars. I mean, that's not a big deal, not at all, so I took my staff out to Angus Barn, and we had a nice dinner and said, "Bye-bye, Duke." Never heard anything from anybody. And actually it's interesting because once you leave a place, it's like you have leprosy. Nobody makes contact with you. So when I got your letter, it was really curious. I said, Do I want to talk to this lady or not? So I talked to my friends. They said, Well, yeah, you ought to talk to her. What you did, you made contributions to Duke. So that should be recorded, because that's what's important, not how they treated me or any of that, but—you know. Now, they gave me a halfway decent packet when I left, but nothing that was representative of, say, the contributions, the time I spent there and all of that that I viewed as my value to the institution. But then I stepped back and

said, Well, today institutions don't value people. The cultures of organizations is very different. There is no loyalty to people. And it should be around people's value to the organization in terms of what they do, their performance and all that, but even that is not valued, I don't think, anymore. But I'm not there, so I can't say that. So after I left, I took some time to get myself together and then decided, I need to do something, so I started doing little things. And it's been good because I was able to move back home and reunite with my family, because during the time that I was at Duke, my mother and father both died. But it's important to present a balanced picture of Duke There are clearly a lot of perks I got as a result of my career at Duke: the benefits, number one. I mean, clearly the benefits, insurance, and those kind of things were very good. But when I moved into the career development position in, say, 1990, I had more flexibility in terms of my time, and so my parents both had chronic conditions, and so I was able to help manage their care at home. I completed my doctorate degree in '94, so the flexibility again was there for me to do that. I had met some wonderful people being associated with Duke. The Hospital Advisory Board was a group of people who were very influential across the nation, who were on the advisory board for Duke, and they would come in maybe two times a year, and they'd splurge and they'd have all these meetings and dinners and all those kind of things, and those were good associations. Those were a good thing. I got a chance to participate in the Friends of Nursing. It's a project that was put together by someone whose wife had been a patient at Duke, and he was so impressed with the nursing care that he gave a million dollars to nursing, so we started the Friends of Nursing organization. And every year, the Friends of Nursing—they recognize nurses who are outstanding, and this includes LPNs and RNs and managers and all. So I got a chance to work with that. And that organization also helped to fund educational experiences: people going to conferences wherein they were presenters. And so I

had an opportunity to coordinate a seminar with the University of Ghana [University of Lagon in Ghana] in Africa, because they gave me a scholarship to do that, so we coordinated a seminar with the University of Lagon. I had said there were three things I was going to do when I finished my doctorate. One, I was going to go cross-country for a month. Haven't done that. Two, I was going to go to New York for a weekend with a girlfriend—not husband, girlfriend, and have fun. And three, go to Africa. So with my alumni group from Lincoln Hospital School of Nursing, I said, "Okay, guys, one of these years, one of these years we're going to go to Africa." (We get together every two years.) "If you want to go, we're going to go." So to get Duke's support, one of the things to do was to do a presentation, so we put together the conference, and so that way, I think I got $1,500 to support that effort. So that was a good thing. Another good association with Duke was I became a Wharton Fellow. A Wharton Fellowship is a national program with the Wharton School of Business in Philadelphia. They would bring in the executive nurses from around the country together once a year. The initial program itself was an intensive three weeks where you went to Philadelphia, and you spent the three weeks being submerged or emerged in all kinds of content with people from the economic perspective, social, political arenas. I got a chance to meet some really famous people—what should I say?—personalities, who were on the forefront in medicine, in administration and nursing and all of that. So those were some good things from being associated with Duke. At one point I was going to write the history of Lincoln Hospital, and that turned out not to be—it didn't happen. Duke—they were going to support me, and they did support me for a period of time, but things just didn't work out the way they should. The timing was wrong, and Dr. Gifford was actually a part of the process in that. Dr. Gifford and Dr. Watts. Dr. Charles Watts was a part of that process. Another female.

ROSEBERRY: Preston Reynolds, maybe?

WICKER: Well, Preston Reynolds had done the Watts Hospital or Watts Hospital School of Nursing, one of those. And maybe they wanted Preston Reynolds to be involved in the Lincoln project. But it worked out that I was going to do it; but it worked out I didn't do it, and then something happened as a result of that. There was a book, a pictorial history of Lincoln Hospital, so that didn't work out. But you know, there are reasons things don't work out. Shortly after I became involved, my mother and father both died within six weeks of each other, and I thought I was okay to continue it, but that didn't work out. It became too stressful, so it was kind of like a mutual agreement. In fact, Dr. Gifford wasn't very pleased with the work, and I think he was viewed as perhaps one of the authorities on the committee, so therefore it was, like, "Let's stop this," which was fine. At this point I'm able to accept that timing is everything, and perhaps it wasn't the right timing. I hadn't gotten clearly over my mama and my daddy, and the way we were doing it was crazy. I was going to work two weeks at Duke and two weeks on the project, two weeks at—and in retrospect, that was not a good way to do that, so that was what it was. But that was an opportunity afforded by being at Duke. So that's kind of my story from Duke. Good times. Nursing changed, you know. Healthcare has changed, technology. I mean, when I first went to Duke you wrote out nursing care plans, you wrote everything. Handwritten. Now, of course, everything is computerized at the bedside and all of that, so lots of changes. One of the things that remains constant, though is the supply and demand of nurses. We went through lots of shortages, and there were times when we had too many nurses, and we could be selective at Duke and only hire nurses who had bachelor's degrees. There was a time when that was the case. No longer. Now there's a shortage. There's a shortage everywhere. And we created programs to try to be responsive to that shortage, and that career development program

was one of those that kind of responded to the shortage in terms of producing RNs, growing our own, taking our own people and providing opportunities for them, so that's a big piece.

ROSEBERRY: Were you involved in that program?

WICKER: Yes.

ROSEBERRY: Okay.

WICKER: That was the program that I directed.

ROSEBERRY: Really?

WICKER: Yes.

ROSEBERRY: I just talked to Clydie Pugh-Myers, who was one of the LPNs—they took classes at Hillside High School?

WICKER: No.

ROSEBERRY: No? A different program.

WICKER: No, no, that's different. Yes, yes.

ROSEBERRY: Okay, I'm sorry.

WICKER: No, that's okay. But there have been different programs. At one point, that's how LPNs were trained, through the high schools. That's a long time ago, though. That's how they first started being trained.

ROSEBERRY: In the fifties.

WICKER: Yes, yes, in the fifties probably. When I was given a test the other test, I said, Let me think about this a little bit. (*pause*.) Are there other questions?

ROSEBERRY: I wanted to ask about Brenda Nevidjon, too.

WICKER: Oh, okay. Yes, Brenda. That was interesting. Brenda's a wonderful person. She's very smart; she's very strong, very opinionated (*chuckles*) sometimes, which gets you in trouble.

But Brenda had been a head nurse in Duke South when I was director of nursing in Duke South. I think Brenda had—I believe so, because Brenda was the head nurse on the first cancer unit. I think that's right. Anyway, she was head nurse. Brenda left Duke, came back, and she came as one of the directors, I think, and then at that point in career development was still in nursing. So then Brenda became the executive, but while I was still in nursing, Brenda then was my director. Okay. And then when I moved to human resources, I was no longer in nursing. But Brenda and I always had a relationship.

ROSEBERRY: Was she able to strengthen nursing as someone who was higher up in hospital administration?

WICKER: I think so. Brenda was a nurse. When I say nurse, Brenda was a nurse in all that that embodies. And she was pro-nursing. She really was about doing the right things for nursing. But everybody (*chuckles*) who is somebody is not always interested in the right things, okay? And I have no idea what's happened with Brenda and the big boys, but I think at that point in the time, that was still an old boys network there. It probably is today, but I don't *know* that. So I don't know what happened—people are in positions until they fall out of favor. They either do something really—I want to use the word, that pisses the wrong person off, and once you do that, Duke is a very unforgiving place, unforgiving. But I don't know what happened. But anyway, Brenda was there. I thought she was a very strong nursing influence. And then she became the chief operating officer, I think, for the whole hospital. And after that, Brenda was gone to the School of Nursing, and you never quite know what happens. Somebody's there today, and they're gone tomorrow. Something happened. Somebody got pissed off about something, or somebody crossed the wrong person, and therefore that person there is gone, okay? But they tend to take care of people, so Brenda's in the school of nursing. I think she landed a very good

position, so that's good. And I see her from time to time. In fact, I saw her—well, I see her from time to time. I saw her at the state nursing convention in October.

ROSEBERRY: Did you have any contact with Dr. [Ralph] Snyderman?

WICKER: No. No, no, no. In fact, that was also a bummer, too. You mention Snyderman. When I was leaving, I was wanting to negotiate my package, okay? And Clint Davidson was the one who actually—you know, he was my boss, so that's who I interacted with, but I wanted to have an opportunity to have a discussion with Dr. Snyderman, and I was denied that, on the premise that if I were to grieve, he would need to hear the grievance or some little crazy stuff. I just left it alone. But, again, that was another slap, to say they don't value you enough to—you know, they're afraid about a grievance or something? So I was not able to have a conversation with him. I wrote a letter. My letter again.

ROSEBERRY: Yeah.

WICKER: (*laughter*) I wrote a letter, asking—you know, trying to renegotiate my package when I left, and I think I even wrote it to Bill Donelan, included Bill Donelan, but nothing happened as a result of it. I guess they figured, Hey, enough of you, enough of you, so be gone. So that was that. So yeah. So the experience at Duke was an interesting one. So what else can I say? What else can I say? One of the things that—I don't think I coined this phrase, but it's a phrase that I use with my daughter now. I was going to be in a workshop. There was a workshop that they had asked me to participate in, about my experiences. It was the School of Nursing. And I had titled my presentation, "Triple Jeopardy." I guess that's a word today, but the triple jeopardy had to do with being black, female, and a nurse, and that I could probably recount lots of stories that would happen because of those three things in terms of people's view of nurses, people's view of women and people's view of blacks. But, you know—so I kind of

look back at Duke and say, *Boy, what a ride!* (*laughs*) That's kind of the way I look at Duke: What a ride! It was a good ride. One of the things that we do at Duke, and probably other places, too, just recreate—I learned when I went to the graduate school there's nothing new. There's nothing new. And I think about that, and my time at Duke in terms of when people need to leave. Perhaps I should have left sooner, but what I did was I recreated myself. I went to different kind of things. And that was successful for a while, but when new people come in, they have to make an impact, and they make an impact by doing the same old things in new ways, and if you're an old-timer—not old-timer, but if you've been there and you've seen lots of things like that, not that you are—I am not opposed to change, because change is good. But I'm opposed to throwing out everything without evaluating what part of it is good and what part needs to get thrown out. And what tends to happen when new people come into organizations, it's like, Oh, be gone. In with the new. But the new is just a recreation of what has been. So people don't want the memory to say, Well, we did this when. You know, people don't like that, or people don't like the idea that you could say, These would be issues that you need to consider if you're going to do this or whatever. People like to make their own mistakes. They don't like to learn from—I think that's in life. People like to make their own mistakes. They don't like to learn from someone who's been there.

(*end of interview*)