

This interview is part of the **Southern Oral History Program** collection at the **University of North Carolina at Chapel Hill**. Other interviews from this collection are available online through www.sohp.org and in the **Southern Historical Collection** at **Wilson Library**.

Y. Stories to Save Lives

Interview Y-0020
Ana Maria Deaver
28 June 2018

Abstract – p. 2
Transcript – p. 3

ABSTRACT – Ana Maria Deaver

Interviewee: Ana Maria Deaver

Interviewer: Maddy Kameny

Interview date: June 28, 2018

Location: Dunn/Newton Grove, NC

Length: 55 minutes

Ana Maria Deaver was born in 1955 in Panama. She married an American man and traveled for 10 years for his military service, including living in Germany for 5 years. She attended Panama University. Ana worked at Hamilton Beach upon first moving to Clinton. She then completed CNA training at Sampson Tech (Sampson Community College). She then worked at Sampson Regional Hospital, and discusses working with trauma patients. Ana lived in Clinton until 2000, and then moved outside the town and bought land. She currently works as an interpreter and Certified Nursing Assistant at CommWell Health, and talks about how patients do not always expect her to speak Spanish, since she is black. Ana discusses the transition moving from Panama to the U.S. and cultural differences, such as cuisine, and her first time stepping off the plane in Charlotte. She discusses adjustment as a young wife, learning to farm with her parents in law after having been raised in the city. Ana recalls her father's struggle and passing away from alcoholism while Ana was living in Germany, as well as recently losing her brother. She discusses how difficult it was for her mother, who loved cooking, not to eat when she had cancer. Her grandfather passed away building the Panama Canal. Ana's mother attended a segregated school for black students. Ana discusses hearing stories of her family through oral tradition. She discusses humility, learned from her upbringing and applied to her work.

Ana recalls putting on makeup despite her father's rules, and sneaking out to party as a teenager. She remembers home remedies such as castor oil. Her father was a physician's assistant, and when Ana contracted polio as a child, she stayed in the hospital where he worked for one year. About healthcare, Ana touches on experiencing burns, being nervous of the doctor, her experience giving birth in the military hospital, military doctors, the healthcare system in Panama, healthcare costs, and teaching skills to patients. Ana discusses the role of religion in her life, and her pride of her children. This interview is part of the Southern Oral History Program's pilot project to document health and healthcare in the rural South.

TRANSCRIPT: Ana Marie Deaver

Interviewee: **Ana Marie Deaver**
Interviewer: Maddy Kameny
Interview Date: June 28, 2018
Location: Dunn, North Carolina
Length: 56 minutes

START OF INTERVIEW

Maddy Kameny: —you talk about what you had for breakfast this morning.

[0:00:04.8]

Ana Marie Deaver: Well, I do not eat breakfast in the morning. I just had coffee and water.

[0:00:12.7]

MK: Is it okay if I move it a little bit closer?

[0:00:16.2]

AMD: Yes, ma'am, mm-hmm.

[0:00:17.4]

MK: Okay. I'll just keep it, like, right here. Is that comfortable for you?

[0:00:23.3]

AMD: Yes, mm-hmm.

[0:00:24.4]

MK: Okay.

[0:00:25.6]

AMD: Okay, if you need me to speak up a little bit louder, let me know, okay?

[0:00:28.8]

MK: This sounds perfect to me.

[0:00:29.6]

AMD: Thank you.

[0:00:30.5]

MK: Yeah, so I'm going to try—when you're talking, I'm going to try not to say “mm-hmm”—

[0:00:36.0]

AMD: Okay. I understand.

[0:00:37.1]

MK: —because then it'll interrupt what you're saying, but I'll be nodding and I'll be listening to you.

[0:00:40.5]

AMD: Okay. [laughter] Thank you.

[0:00:42.3]

MK: All right. So I'll just introduce us on here.

[0:00:45.2]

AMD: Yes, ma'am.

[0:00:46.2]

MK: This is Maddy Kameny. It is June 28th, 2018. I'm at CommWell Health in Dunn, North Carolina, and I'm here with—

[0:00:54.7]

AMD: Ana Deaver.

[0:00:56.4]

MK: Okay. And if you're okay, we can go ahead and get started.

[0:01:01.3]

AMD: Yes.

[0:01:01.7]

MK: Do you want to talk about how you started working here?

[0:01:05.5]

AMD: I started working here in 1920. I worked at the hospital in Clinton, Sampson Regional Hospital, for twenty-eight years, then I left there and I came and work here, and I've been here from 2016 till now.

[0:01:25.3]

MK: Okay. When did you start working?

[0:01:27.2]

AMD: 2016.

[0:01:28.9]

MK: 2016.

[0:01:30.5]

AMD: Mm-hmm.

[0:01:31.6]

MK: How did you know that you wanted to go into healthcare?

[0:01:34.4]

AMD: Well, from when I was home in Panama, I went to college to be a nurse and got married to [an] American, came to the United States thinking that I could finish school here, but it was a traveling thing. We have to go to different places, and I could never go back to school. We lived in Germany for five years, then after we came back, I tried to go back to school, and I needed to go back to school, but the only thing that I could do to finish was take CNA. But I love what I do every day. It's just what I was born for, is to help people and do the right thing in life.

[0:02:20.4]

MK: So why were you traveling?

[0:02:22.4]

AMD: Well, my husband was military. He was in the military. We traveled for most of ten years until he decided to get out of the military. Then I became mother with two children, had to work to take care of my kids, and that's what I did, went to school, finished school and become a CNA, was very proud of it.

[0:02:49.2]

MK: What are some of the places that you lived?

[0:02:52.5]

AMD: Oh, my goodness. You ready for this? [laughs]

[0:02:54.3]

MK: Yeah.

[0:02:55.3]

AMD: I lived in Kentucky, I lived in Georgia, I lived a lot of places in the United States. Then I went to Germany and I lived in Germany for five years, worked for the German, loved it, went to visit Paris, London, Austria, different places of Europe.

[0:03:21.0]

MK: What's been your favorite?

[0:03:22.2]

AMD: Germany. [laughs]

[0:03:23.4]

MK: Why is that?

[0:03:24.6]

AMD: Because it's clean, pretty. It's just like a storybook you open to read. That's the way Germany look to me.

[0:03:32.2]

MK: So how was transitioning to coming to live here?

[0:03:36.3]

AMD: Oh, it was kind of—well, I spoke English from I was a child. My father spoke very good English, my mother spoke good English, so I spoke English when I came over here, so it wasn't that hard. But the only thing, that the food here make you fat. [laughs] We used to have to eat, you know, like, grits and eggs, and, you know, back home in Panama, we don't do that. We drink like maybe hot tea in the morning with a piece of bread and piece of cheese, and that's it, but here you eat everything in the morning, so from 99 pound to I'm not going to tell you how much I weigh now. [laughter]

[0:04:19.0]

MK: Can you talk about your childhood in Panama?

[0:04:23.4]

AMD: Oh, my childhood was good. My father was a PA. My mother was a home wife. I have three other sibling. It was a good childhood. My father was very strict. He loved for us to learn everything that we needed to learn. He wanted the best for us, but things happen in life, so he passed away now. My mother passed away too. But I thank him every day for everything that he taught me.

[0:04:53.3]

MK: What were some of your best memories of childhood?

[0:04:56.4]

AMD: My best memory was my father and my mom and the way we lived. You know, we was poor, but we was happy. You know, we was very humble, so that's the best thing.

[0:05:13.5]

MK: Were you in the city? In the countryside?

[0:05:14.6]

AMD: The city. I don't think I could do in good in the country because I don't like bugs. [laughs]

[0:05:19.5]

MK: So what was it like then?

[0:05:22.5]

AMD: Living in the city? Everywhere you wanted to go you could walk, even could take the bus. You could walk—from home to where used to live at the school, this was maybe ten minutes' walk. So we went to school. It didn't take much, but it was good. We used uniform every—you know, to go to school. It was kind of hard in school because there was very discipline, so it was good. It was a good childhood.

[0:05:57.3]

MK: What did you and your friends do for fun?

[0:06:01.2]

AMD: When we were small?

[0:06:02.0]

MK: Mm-hmm.

[0:06:03.4]

AMD: Play jump rope, go fishing, climb trees, just do a lot of things, tell stories, just good things, get in trouble, get whipping. [laughs]

[0:06:23.4]

MK: What are some things you did to get in trouble?

[0:06:24.2]

AMD: Oh, my goodness, we don't want to talk about that. [laughter] Well, as a teenager, my father didn't believe in us putting on makeup because he always say, "For you, you don't need makeup. You're a beautiful person." We didn't need makeup, and for me to make my daddy mad, I would put on lipstick and I would get in trouble for that, and get dressed and go out the window and go party and come [laughs]—so one day I got caught, and that was the last time I went out.

[0:06:58.2]

MK: What happened?

[0:07:00.0]

AMD: He beat me. He beat me with a belt. He did. But I have to learn, you know, to follow what he says to me, not to do what I wanted to do, so it was good. It was fine. So the same discipline that I use with my daughters now, but I didn't used to beat them. I used to talk to them.

[0:07:00.0]

MK: Why is that?

[0:07:23.3]

AMD: Because, you know what I mean, I feel like self-discipline is something you have to teach your children to do, is to not trying to let them take life—they need to be raised with good discipline. And my two daughters was raised with very good discipline. I was a solo mom after me and my husband divorced, and they was very good children. Now that they forty-five and forty-one, I think I have to talk to them more serious now than when they was teenagers.

[0:07:57.9]

MK: What do you think were some things you took from your parents and applied to your own—

[0:08:02.8]

AMD: Well, to my father I took a lot of respect, from my mother I took the cooking. She loved to cook. My father, he was a self-discipline, you know, disciplinary, so that's what I took from them.

[0:08:19.0]

MK: Do you think you did anything differently from how your parents raised you?

[0:08:23.2]

AMD: No, not really, you know, not really. It's just like, I always appreciate everything that I learn when I was coming up. Sure, you don't like for them to punish you and whip you and things like that, but I see now that they was just teaching me the right thing in life, not to grow up and be wild and, you know, get in trouble.

[0:08:47.5]

MK: Do you mind talking about when your parents passed away?

[0:08:53.6]

AMD: Oh, I was in Germany when my father passed away, was 1982. He had turned into be—he had became an alcoholic and homeless and he just died, you know, just died.

And my mother, she died in '85. I was here in the United States. They had called me and told me that they find out she had a mouth cancer and they had cut her tongue out, because her cancer was so bad that they had to cut her tongue out, some of her lungs and everything. I went home in 1985, March of 1985, to see her because knowing what I know, I know I would not get to see her no more. So I went home to see her, and once I saw her, I was kind of a shock the way my mom look. So she couldn't talk to me because she didn't have no tongue, but she would write English very pretty, and she had told me what she wanted me to know and what she wanted me to do.

I left Panama 1985—the 19th of April, the day of my birthday, I left Panama to come back home, and I told her that I would see her again when she go to heaven, and she told me, “Okay.” And, let me see. She died that December of 1985. So it was kind of hard, but I have to accept it, because I didn’t want her to suffer no more.

[0:10:41.0]

MK: How did you get through that time?

[0:10:44.5]

AMD: It was kind of hard, because I had left two sibling[s] at home and they was the youngest sibling[s], and that’s one thing she asked me and my other sister to promise, because my sister is here, too, to promise that we would look out for the other smaller two. And it was kind of hard, because you had to call them on the phone, try to take care of them monetary-wise, and it was hard. But my brother became an alcoholic, my sister became a drug addict, and my brother just passed away this year of alcoholic problem. My younger sister is still in Panama. It’s kind of hard to have to deal with things when you’re so away from your family.

[0:11:43.8]

MK: So you were taking care of your mom?

[0:11:47.4]

AMD: Well, monetary-wise, because she was in Panama and I was here, yes, we was, me and my sister both.

[0:11:55.6]

MK: I wonder about—sorry. So you have one sister?

[0:12:06.1]

AMD: Two sisters and one brother.

[0:12:08.5]

MK: Two sisters and one brother, and your brother recently passed away.

[0:12:11.4]

AMD: Yes, mm-hmm.

[0:12:12.5]

MK: Do you want to talk about that?

[0:12:13.5]

AMD: Well—

[0:12:14.8]

MK: If you don't, it's okay. We can talk about something else.

[0:12:23.3]

AMD: It was our baby brother, you know, and we always took care of him, but he started to drink and started to do drug[s]. And we would call him or he would call us, and anytime he called, he would tell us that he loves us, and I'd tell him that I love him, but it was like a big loss for me because I love my brother so much. My baby sister, she's still in Panama doing the same thing, but at least she's working.

[0:12:54.5]

MK: Have they—everyone's been living in Panama this whole time?

[0:12:59.7]

AMD: Yes, yes, everybody—well, the two of them, one that left now, she's still in Panama. We tried to bring her to the United States, but she don't want to come.

[0:13:10.4]

MK: How often do you see them?

[0:13:12.4]

AMD: Well, I don't travel like I used to travel, because I got burned in 2010, so my health is not that good no more, and then for me to travel, it's just so hard. And then monetary-wise and physical-wise, it's kind of hard, so I don't go like I used to. I just don't do it. Yeah, I wish I could, but I doesn't do it.

[0:13:46.1]

MK: When your mom was sick, do you know what her relationship was like with doctors? Like, did she—

[0:13:53.3]

AMD: Well, she couldn't accept—she wouldn't—she could not accept having mouth cancer, tongue cancer. She had a trach. They had to place a trach, and she could not accept not eating no more because she was such a good cook. And I remember when I went home, she asked me, she said, "When can I eat?" And I told her she could not eat no more, she would have to try to get fed by Ensure or something, and she said she did not like it. And I told her we could not do anything else about it, and I said, "You have to live like this."

And she said, "Well, I don't want to live like this anymore." So not eating I think became a big issue with her.

[0:14:43.1]

MK: That was an important part of who she was?

[0:14:46.0]

AMD: Yes, eating, cooking, and feeding people.

[0:14:50.6]

MK: What kinds of things did she make for you?

[0:14:52.3]

AMD: Oh, Panamanian food. She loved to cook anything. Anything you put in front of her she loved to cook. She just loved to cook.

[0:15:01.1]

MK: Like, what was your favorite dish?

[0:15:02.9]

AMD: My favorite dish was rice and lentil beans and coconut rice with lentil beans and chicken and anything my mom cooked, something we called plantain.

[0:15:18.0]

MK: Plantain?

[0:15:19.1]

AMD: Plantain. It's like the sister—no. It's just like the mom to the banana. It's a green, big old—I don't know if you ever see it in the store. So that what we call plantain.

[0:15:30.0]

MK: What do you make with them?

[0:15:31.6]

AMD: We fry them. We fry them and cut them, fry them in oil and eat them with the rice and meat, you know. Without plantain and rice, you don't have a meal. We always have to have rice or plantain.

[0:15:49.6]

MK: What were your memories of school?

[0:15:52.1]

AMD: Oh, school. School, we had to get up at seven o'clock in the morning to be ready for school at eight o'clock. School was very strict in Panama. It's not what you call school here in the United States. We had to go to school from 8:00 to 12:00, and then they had another shift from 12:00 to 6:00 o'clock. And we'd have to use uniform. From the kindergarten to the twelfth grade, it was good memories, but it was very strict in school. Then I went to college, and that's when you could get a little wild then. [laughs]

[0:16:37.0]

MK: Was it a religious school that you went to?

[0:16:39.6]

AMD: Catholic. We all Catholic in Panama. Now they have different religion, but I grew up as a Catholic.

[0:16:47.3]

MK: Where did you go to college?

[0:16:48.0]

AMD: To Panama University.

[0:16:50.4]

MK: Do you remember when you and your siblings would get sick when you were younger, what your parents would do?

[0:17:02.5]

AMD: Oh, God. When we got sick, the first thing my mama say, because I suffer with tonsillitis a lot when I was coming up, the first thing my mama say, "I'm gonna go get me a bottle of castor oil." [laughs] So castor oil and honey and some garlic, that was

our medicine for our cold, and that's what we were brought up on, castor oil, honey, and garlic. We didn't go to the doctor as much because you wasn't privileged to go to the doctor as much, but like I said, my father was a PA, so he used to give us medicine, but my mama always gave us castor oil.

[0:17:49.0]

MK: So would it start with the castor oil and then later your dad would take a look at you if—

[0:17:54.4]

AMD: Well, yeah, but he knew my mama would give us castor oil and that would clean our system out, and that was good. So a lot of time if we was sick, we try not to let her know because the castor oil was coming with the honey and the garlic. Oh, my goodness. [laughter]

[0:18:10.6]

MK: Do you know what would happen when your parents were growing up, when they got sick?

[0:18:20.0]

AMD: I cannot tell you that my father and my mother was sickly people, you know. My father mostly got sick when he was—and he started to drink, and then when he started to drink, my mom started to drink, too—but they wasn't sickly people. You never heard my mom say that, you know, "I feel bad. I had a headache," my father either, so it's not like—wasn't a sickly. But we, especially me, I stayed sick all the time, and most of the time was like castor oil, honey, or maybe Prednisolone shot for my tonsil. But that was it.

[0:19:05.2]

MK: Do you remember your first time going to the doctor?

[0:19:09.2]

AMD: My first time going to the doctor is when I got sick when I had polio. I got sick and my father had to take me to the doctor, and that was it. But we never went to the doctor—we have a fever, my mama would put us in cold shower. We wasn't privileged to go to the doctor, nuh-uh.

[0:19:33.9]

MK: How old were you when you had polio?

[0:19:35.7]

AMD: I was eight years old, yeah, mm-hmm.

[0:19:40.7]

MK: Do you remember—

[0:19:41.2]

AMD: Oh, I remember everything about it. I remember one night I went to bed, got up to use the bathroom and I got up and I fell and I started screaming because I could not get up again, and my mom came and said, "What's wrong?"

And I said, "Something wrong with my leg."

And my mom put on the light, and my leg—my knee was so swollen, and my mom said, "What happened? Did you fell? Something hit you?"

And I said, "No." Because she know we always jumping. And I said, "No."

And they took me to the hospital and come to find out I had polio, and that polio increases to a tumor, so I had to have surgery, and I had died and come back again.

[0:20:34.8]

MK: What was that experience like?

[0:20:35.7]

AMD: Oh, my. I just don't say too much about it because people might not believe you. So it was kind of a bad experience. But I stayed in the hospital for a whole year because I had to learn to walk again, and once I got out after that year, I went downstairs and fell again and broke my kneecap and had to have a body cast for—I think it was for four months. So that leg always had gave me a hard time since seven, seven or eight.

[0:21:16.2]

MK: So you were in and out of the—

[0:21:19.5]

AMD: Hospital.

[0:21:20.0]

MK: —hospital?

[0:21:21.2]

AMD: Yes, ma'am, mm-hmm.

[0:21:22.0]

MK: Do you remember any of the doctors?

[0:21:25.0]

AMD: Well, for what I remember, the doctors there was very good. The nurses—my father worked at that hospital, so, you know, the nurses there was good, and I had good memories of the hospital. They served good food. [laughs] Yeah, but I remember

very good about it, mm-hmm. And my father and mother used to come visit me all the time, so, yes.

[0:21:57.2]

MK: Let's see. What would you say is the ideal healthcare provider? Like, what qualities would they have?

[0:22:08.6]

AMD: Like I say, I work in this system for thirty years now, I work at the hospital, and caring—a person that don't matter who they are, what they are, once they go in the room, they have a good bedside manner, they respect, they listen, they give the patient whatever they need to know. And I always say sometime people don't want to hear the truth, but it's good to tell the truth, and that's what a good provider means to me.

[0:22:42.5]

MK: How was your schooling experience?

[0:22:46.9]

AMD: My school experience was very good. College was good. School was wonderful, so, there was no problem. I loved college.

[0:22:59.4]

MK: And then you got your CNA. When was that?

[0:23:02.6]

AMD: When I got my CNA was 1978, and it was here in Sampson Tech. I get back from Germany and I needed a job and I went back to school and got my CNA, and I finish[ed] in December and I started working in December at Sampson Regional, so I've been there for twenty-eight years.

[0:23:27.7]

MK: Sampson Regional?

[0:23:30.3]

AMD: Yes, ma'am, mm-hmm.

[0:23:31.7]

MK: So what do you do now?

[0:23:34.3]

AMD: Everything, because, like I say, I learned so much from the hospital. I learned how to work with doctors, all different kind of doctors, because I was an interpreter, interpreter CNA, so I had to work with a lot of doctors from OB to surgery to ER. Whatever they asked me to go interpret, I would go and help with the procedures.

[0:24:05.6]

MK: How would you describe a typical day?

[0:24:10.7]

AMD: At the hospital or here [CommWell]? Just life itself?

[0:24:17.6]

MK: So you do part-time at Sampson Regional and part-time here?

[0:24:18.5]

AMD: Sampson Regional is a learning environment where you see everything different every day. Every day there's something different. Here there's mostly like cold, fevers, you know, aches and pain. There you would see, like—working in ER, working in ER for two years, and you would see trauma, and I love trauma. You would see trauma.

Every day there was something different coming in at nighttime and daytime, and I love that experience.

[0:24:52.0]

MK: What do you love about it?

[0:24:53.9]

AMD: It was just something different every day and you do not get boring because every day there was something different, like bullet wounds, somebody come in with bleeding, they cut theirselves, you would be an interpreter, you would have to interpret for Hispanic people, and just life itself. Every day there was something different, and I loved it.

[0:25:22.5]

MK: Can you talk about your experience as an interpreter?

[0:25:26.0]

AMD: My experience as an interpreter I think is a blessing because it's a blessing to help people that can't speak the language, and a lot of time we see people that really cannot understand and cannot speak, and I think that for us to have the bilingual language is a good experience, because even yourself, if you was in Mexico and you couldn't speak Spanish, there would be somebody to speak English for you. So I think that to be bilingual is a blessing, you know, because you can help people.

[0:26:04.1]

MK: So do you interpret inside of appointments and, like, in the waiting room? Like, what kinds of things do you do?

[0:26:12.9]

AMD: Anytime, anything that they ask me. Like, I work with Dr. Belk [phonetic] right now. I sit there and I interpret for her. I help her with her patient. I do what I need to do every day, and I think it's a wonderful experience that come with help. Like, I'm going to go back. CommWell Health is a very, very good place to work. I think this—it's not saying this, because I need to say the truth. I think it's a wonderful place to work, because when I came here, I see that it was here to help people. It was here to help any type of people. It was here to help Hispanic, black, white, anybody come through the door, and never seen nobody say, "Well, you've got to go back out there because you don't have the money. You don't have what it takes to come to this clinic." Everybody is welcome and that's what I love about it, and I think it's a wonderful place to work and that's why I decided to stay here until I retire, if they have me. [laughs] But I think it's a wonderful place to work. I really do. I always say that.

[0:27:24.3]

MK: That's great. Do you live near here?

[0:27:28.4]

AMD: I live maybe fifteen minutes from here.

[0:27:33.0]

MK: Can you describe your community to someone who's never been there?

[0:27:38.0]

AMD: Well, my community is very quiet. It's very—there's not many children. I live by myself. It's a very good community. If you decided to go anywhere, you just say, well, you know, "Neighbor, can you watch the house for me?" and you come back home,

and they will do—they will, you know, take care of your house and whatever you ask them to do. And everybody's very nice in this community. I love it.

[0:28:09.7]

MK: When did you move there?

[0:28:12.4]

AMD: I moved there in 2000. I decided to get out of the city and go to the country. It's got a lot of bugs, but it's okay. [laughs]

[0:28:22.7]

MK: So you were in Clinton, you said?

[0:28:25.1]

AMD: I was living in Clinton, you know, and then I decided to buy some land and move to the country, and I've been there [since] 2000 and I wouldn't change it at all because it's very nice and quiet.

[0:28:37.7]

MK: So is it farmland?

[0:28:41.4]

AMD: Yes, ma'am, mm-hmm.

[0:28:44.2]

MK: Do you grow things?

[0:28:45.4]

AMD: No. God, no. I told you I don't like bugs. [laughter] Don't like bugs. I cut my grass, and you'd see me in that lawnmower trying to kill the bugs. One day, I raked

for trying to kill a bug and I hit another tree. I said, “God. Was anybody looking at me doing this? I’m gonna quit.” [laughter]

[0:29:09.1]

MK: What was it like going from the city to the countryside? Like, was there anything surprising about it?

[0:29:09.1]

AMD: No. It’s just—I don’t know. Living in the city, there was too many people walking back and forward in your yard, and living by yourself, you got to be so careful, you know? And I told my daughter, “I’m gonna find me some land and buy me a doublewide and put it on the land,” and now I’m fine. I’ve been there. I haven’t been scared. I put me some alarm system to my house, which is fine. [laughs] It’s fine. I love it.

[0:29:52.7]

MK: What about your kids? What are they doing?

[0:29:57.9]

AMD: Oh, my daughter Sulianne [phonetic], she works—she lives in Georgia. She is forty-four years old. She’s a mom, a mom of a 21-year-old—my granddaughter’s going to nursing school. My daughter’s getting ready to graduate from—to work with lawyers. And my daughter lives here, Sally Deaver, and she is forty-two, and she wanted to move to Georgia, but she would not move because she don’t want to leave me by myself. And that’s it.

[0:30:38.6]

MK: How has your relationship with your daughters—

[0:30:43.9]

AMD: Oh, wonderful. They wonderful relation—we got wonderful—sometime they got on my nerves, because they at that point that they forty and they think they know more than me, and I'm like, "Really? Do you think I was born walking or something?" [laughs] No, but they good. They listen to me. Sometime they have they own opinion and I got to respect that, you know.

[0:31:07.4]

MK: How do you think your daughter is raising her kids?

[0:31:15.9]

AMD: Well, my granddaughter, she is kind of—she's humble. She's got this character. She is very not shy, but she's very intelligent, and she's hungry for learning, and she wants nice thing[s] out of life, like a Cadillac and a big house, you know. And I said, "Really, you gotta go somewhere and get you a good job, make money, and if you can put me in the basement, let me live with you."

And she said, "No, I don't think so, Mamaw." [laughs] They good girls and they fine. Everybody got different attitudes.

[0:32:02.4]

MK: Did you see your grandparents a lot when you were growing up?

[0:32:09.0]

AMD: My grandparent? My grandmother died when I was born, and she was from—she was one of the African[s] that came from Africa to London. She was raised in London, then she came to the Panama Canal. That's where my great-grandfather used to work, and that's when she had my mom and my aunts and stuff, and that's why Mother

speaking English. She used to speak English very good, write it very good. Her English was very pretty. And my father was from an island in Panama named Bocas [phonetic], and he only spoke English. He couldn't speak Spanish. His Spanish was maybe like your Spanish. [laughter] And my mom did, too, she couldn't speak Spanish.

[0:33:05.6]

MK: Do you have memories of being around your—well, your grandma died when you were born.

[0:33:11.5]

AMD: Yes, mm-hmm.

[0:33:12.4]

MK: Do you have memories of your grandfather?

[0:33:13.7]

AMD: Well, my grandfather died too. He died when they were building the canal. He got tuberculosis and he died.

[0:33:22.7]

MK: Where did you hear these stories of your grandparents?

[0:33:27.1]

AMD: My mother and my aunts. They used to sit together, and as a child, I always liked to listen to old—well, not older people, but grown people speak, you know, tell about stories, and I used to sit down and listen to them and that's when I learned a lot about things that happened in the past.

[0:33:49.9]

MK: Do you remember any stories that you heard from them?

[0:33:52.9]

AMD: About my grandmother and grandfather?

[0:33:54.5]

MK: Anything.

[0:33:56.1]

AMD: Well, yes. My mother, she went to school that they was only school for black people, and she learn a lot from the school. All my aunts went to that school and finished school, and that's what I learned from them, them going to school and how they used to have to work hard. It was nothing like here, that people used to have to work in the cotton field and stuff like that. My mother and them didn't have to do that, but they used to have to clean people houses, so once she met my father, it was all right.

[0:34:43.1]

MK: Do you think anything about the way that you were brought up affects the way you do your job now?

[0:34:53.3]

AMD: Being humble. My father always said just being humble and respect people. You know, just don't try to be better than nobody and try not to feel like you above anybody, even if you have a job, but never feel like you better than nobody and always respect people, and that's what I do. I respect and I humble about what I do every day. I don't take nothing for granted.

[0:35:28.5]

MK: Do you have any stories about patients that stick out to you?

[0:35:36.2]

AMD: Oh. [laughs] Well, most of it was at the emergency room. Most of it was at the emergency room. You see people come through, and most, like I say, they would come through the emergency room and they would try to say in English that they need to see the doctor, and I would say, “You need to see the doctor? Why you need to see the doctor?”

And they would say, “Oh, this hurt. This—,” and they couldn’t say the right word, so I would say Spanish to them. And I say, well, “¿*Que lo que duele?*” [“What, what hurts?”].

They would say, “*Pero* [But,] why you speaking to me in English if you speak Spanish?”

And I was like, “Oh, because you started speaking English to me.”

So, it’s like here, a lot of them will say, “Oh, I didn’t know you speak Spanish. Are you American?”

And I’m like, “No, I’m Latina, just like you. I’m from Panama.”

“Oh, I didn’t know you could speak Spanish.”

And I say, “Yeah, I speak Spanish. Yeah.”

So they would be amazed about that because they see a black woman with kinky hair that speaks Spanish. Yeah, but it’s okay.

[0:36:56.6]

MK: What’s your relationship like with healthcare now? Do you like going to the doctor?

[0:37:02.4]

AMD: No, I'm a white coat. You imagine. This is crazy. I work here, I go to the doctor, my doctor, and when I go to him, my blood pressure goes sky high, and this ain't nothin' but a white-coat disease. That's all. I go to him, my blood pressure could be just as fine, and as soon that I sit in his office, my blood pressure go up and I say, "I don't know what it is." And it's crazy, because I work here and I go to him and my blood pressure will go real high. So I told him he's got something that makes me nervous. Yeah, but it's okay.

[0:37:42.3]

MK: What's the first thing you do when you start—like, you're not feeling well or something?

[0:37:48.1]

AMD: Oh, well, like I said, when I got burned, my health kind of went down the drain, so it's not like every day I wake up and I put 100 percent in it no more. I might just put 80 percent, but I still get up with a good attitude and come to work, but it's not like it used to be when I was healthy, healthy.

[0:38:13.3]

MK: Do you remember any positive or negative experiences with visiting the doctor?

[0:38:19.8]

AMD: Oh, positive. It's always good. I don't have nothing negative. I got a good doctor. He's always listen, and like I say, I have known him for thirty years. He used to work at the hospital, so I know him for so long, so it's always been good. I don't have nothing negative to say about him. I don't have nothing negative to say about the doctors

in here, because if I feel bad, they'll see me and they all treat me very well, so it's not like I'm going to say this—no, I cannot do that.

[0:38:57.4]

MK: How was your experience when you were pregnant?

[0:39:00.3]

AMD: Oh, jeez. Fat. [laughter] Got fat, too fat. Yes, too fat.

[0:39:14.1]

MK: What were you doctors like?

[0:39:17.1]

AMD: Well, most of them was military doctors. Military doctors, they not like civilian doctor[s]. They just go in there and do that—say, “Oh, I’m hurt.” I’m gaining too much weight, or something like that.

And they’ll cut you short, you know, “Next.” That’s the military doctors.

[0:39:37.6]

MK: Why is that?

[0:39:38.3]

AMD: Well, they don’t have time to sit down and listen to you. They got so [many] other patient[s] to see. But it’s just the military. That’s it.

[0:39:50.3]

MK: So did you give birth in the military hospital?

[0:39:52.5]

AMD: Yes, I did.

[0:39:53.6]

MK: How was that?

[0:39:55.7]

AMD: It was good. It was painful. [laughs] It was painful. You go there, you have your baby, and you stay for three days if you don't have a C-section, and you go home. And, you know, they will tell you to come back in six weeks, or back in the days, it was like a month, two months, and you would go back and they look at the baby. And it's not like they give you an appointment, like for vaccination. Back in the days, they didn't used to do stuff like that. Most of my—after I had my baby in the military, I would take them to the Panamanian clinic, so that's what my children mostly grew up on, the clinic in town.

[0:40:44.0]

MK: Is the healthcare system different there?

[0:40:46.8]

AMD: Yes and no. It's very poorly, very poorly. It's just not like—you know what I mean? Now it's different, but back in the days when I was home, it's very poorly. It's not like there was a clinic there to see people whenever sick and things and like that, so it's different now. Most of the—now you have to have, like, insurance card to go to the best clinic and things like that.

[0:41:20.7]

MK: How do you think the healthcare system here has changed since you remember it?

[0:41:28.2]

AMD: Well, I think the healthcare system here is good. Like I said, I cannot say too much about the system. What I love about this clinic, they see anybody that comes through that door, and no matter if you rich, poor, black white, they will see you and they will give you the best care, you know? And that's one thing, like I say, about this clinic is very good.

If you come to the hospital and you don't have no insurance and you don't have what you need to have, they will send a social worker in there. Even if you dying with your tongue hanging out your throat, she will come in there and ask you about, "How can you pay for this bill?" or, "How can you do this?" and I don't think that was right, you know? If you go to the emergency room, you get a bill and it will be over a thousand dollars, and I didn't think it was right.

So I think that that's the reason why people come here. They don't go to the hospital no more. They come here because they feel good here. They feel like the pay is not that big, whatever they have to get, they get it, and whatever they have to see, they see, and they leave from here with a good attitude. They come and they talk to them about bills.

Yeah, they get mad and they leave, because who in the world can pay for that kind of money if you don't have no insurance? And that's the reason why this healthcare system is going down, because they require for you to have insurance, and if you don't have it, you got a bill that—no people cannot hardly pay anything now, so that's why they come here, and thank God for this clinic.

[0:43:29.3]

MK: What do you think are some of the challenges in this community that you see?

[0:43:36.1]

AMD: It's to have more clinics like these, have more clinic, have more—let people know that there's a clinic like this here to help them. They don't have to not get sick and not have nobody to see them, at least to go out and let people know this clinic is here to help people. They're not asking for much. They're just asking for some and for you to be taken care of, because I had seen a lot of people being sick and don't go to the hospital because of what they want, and I will have to say, "Well, this clinic is here. Just come here and they take good care of you."

We have people that come in with diabetes that they didn't know they have diabetes, and here they find out that they have diabetes. You have to take insulin, they got to take pills, they got to take everything, and when they leave from here, they feel good. And if you don't know how to give yourself an insulin shot, they will ask somebody to teach you how to do it, so when they leave from here, they leave from here with a good attitude. So it's a blessing for this clinic, you know.

[0:44:54.0]

MK: What do you think are some of the strengths of this community?

[0:44:58.8]

AMD: I think the strength of this community is it's just a small community and everybody get along fine. Sure, you're going to have good and you're going to have bad, but I think that's what it is. It's just a small community and it's not outrageous busy. So that's what I think it is. It's very nice.

[0:45:26.8]

MK: Let's see. I'm going to kind of switch gears and go back to you.

[0:45:37.0]

AMD: Okay.

[0:45:39.2]

MK: I'm curious to hear about, like, your first job or one of your early jobs.

[0:45:44.0]

AMD: My first job was, here in the United States, I worked for Hamilton Beach. That was a factory that made blenders, made irons, made mostly things for home, and I worked there for seven years, got laid off, went back, got laid off, went back, and that's when I went to school because I could not see myself taking care of my kids with laying off and working, laying off and working. So that was my first job in the United States, was Hamilton Beach.

[0:46:23.2]

MK: Where was it?

[0:46:24.5]

AMD: Here in Clinton.

[0:46:25.6]

MK: Oh, okay.

[0:46:27.0]

AMD: In Clinton.

[0:46:27.4]

MK: How old were you when you moved to the U.S., again?

[0:46:32.9]

AMD: I was nineteen, twenty, twenty. I was twenty.

[0:46:36.6]

MK: Okay. What were your memories of moving here?

[0:46:37.9]

AMD: Scary. [laughs] Very scary. When I came here, we came through Charlotte, North Carolina. Charlotte is from North Carolina. Charlotte, North Carolina. The plane stopped and we got out the plane, and I was like, "What is this place?" Because I'm accustomed to beaches and palm trees and things like that, and when we came off the plane, I was like, "Why it smell like this? [laughs] Why it look like this?" And I told my husband, as soon that I got done, I said, "I don't like this place."

[0:47:22.9]

MK: What did it smell like?

[0:47:24.5]

AMD: Oh, it was a horrible smell [laughs], and I told my husband I didn't like it, "I'm ready to go back home."

He said, "You didn't even give it a chance."

[0:47:34.7]

MK: Did you stay in Charlotte at all or did you just—

[0:47:39.2]

AMD: No, we came to North Carolina and stayed—his mother and father lived in Clinton, and when we got there, I'm like, "Really? Really?" I didn't like it. And his father and mom didn't like me, either. They said I was too picky. But really, you know what I

mean, for what they gave me to eat, I was like—you know, in Panama, we don't eat stuff like that, you know? We eat real meat, real chicken. First thing he gave me to eat was coon. You ever ate coon?

[0:48:12.4]

MK: What is that?

[0:48:13.6]

AMD: Oh, I don't know. You see those road kill stuff in the street. [laughs] Nuh-uh. I told him I couldn't stay there. I lost a lot of weight living with them, too. I told my children if I wanted to lost weight, I can go stay with them for two months [laughter] and I would lose a lot of weight then.

[0:48:39.1]

MK: So there were cultural differences?

[0:48:42.1]

AMD: Yes, a lot, big, big different. They was mostly country people, and I'm not from the country, I'm from the city, so it's big different. They took me out there to work in the field, and I didn't know what I was doing. [laughs] His father say to take me back home because I didn't know what I was doing. They took me out there to drop tobacco. I never seen tobacco in my life, you know, because I lived in the city, and he said, "Get on the truck," because I didn't mind learning to do things, but if you're going to teach a person something, you show them first. But his mentality wasn't that, so he said, "Get on that truck."

And I got on the truck and he gave me a whole big bushel of something green, you know, and I was like looking at this stuff and I started dropping them, you know, and

I was dropping them upside-down, the leaf in the—and the stem—and he got mad and he said [laughs]—I called my husband and I say, “I don’t think your father and mom like me that good because I’m not country like them.” So they didn’t even like me.

[0:50:05.3]

MK: What kind of culture do you think your kids grew up with?

[0:50:07.9]

AMD: Panamanian. Like, they love my culture. They like my culture a lot, yeah. They don’t speak Spanish that good, but they love the Latino environment.

[0:50:25.2]

MK: How do you feel when you see them connected to it?

[0:50:28.2]

AMD: What, my children? I love to be around my children. I think that’s my joy in life, is my children. We sit down and we reminisce about good days, and that’s what they like. We sit down and we talk and we get along fine. We get along very good.

[0:50:55.4]

MK: How do you take care of yourself when you’ve had a long day of seeing emotional things and helping patients?

[0:51:07.5]

AMD: I believe in prayer. I believe in going home, take a shower. I don’t eat when I go home. I take showers and look for what I have to use the next day and get in bed and look at TV. I’m hooked on TV. And pray. I pray a lot. I have to pray a lot. So, yeah, and that’s my thing, is just pray and then just dealing with life, because it’s kind of crazy now. So, you know, that’s just it.

[0:51:49.4]

MK: What is health to you?

[0:51:54.8]

AMD: Health? Lose some weight. [laughter] Lose weight and get out there and exercise and just do the right thing, because the more weight you lose, the more healthy you get, but it's so hard to lose weight. It's not like I'm a big eater. I suffer with thyroid, and sometime I just can't even stand myself. I put on clothes and I tell my children I look like a big old mushroom. [laughs] But it's the truth, it's just being healthy. You eat healthy, you do the right thing, but it seem like I just can't lose weight. I say if I was a millionaire, you know what I want to do? Go to Wilmington and get a tummy tuck or something. I think I feel a lot better too.

[0:52:51.6]

MK: What would you change about the healthcare system if you could?

[0:53:05.7]

AMD: What would I change? To quit bothering people about more money. Take care of everybody, especially the elderly people that all work so hard in the United States. Don't let them take all the money that they make once a month and buy medicine and not have nothing to eat, and don't have to worry about medicine, how they pay their bills, how they have to live for the next day. I think that is a very big thing for me. And mostly older people, and I think they need to them more because they have worked hard for everything that they have all they life, and then once they retire or get sick, they don't treat them the same no more and I think that's need to be change.

[0:54:09.9]

MK: What do you think has been your proudest moment?

[0:54:14.5]

AMD: My proudest moment was when I had my children.

[0:54:21.3]

MK: Why is that?

[0:54:24.4]

AMD: Because I was proud. I was very—it hurts, but I was proud of my children, and still I am today. And when my granddaughter was born. Yeah, when she was born, too, she was something to see. It was exciting. So that was it.

[0:54:43.6]

MK: You were there when she was born?

[0:54:45.5]

AMD: Well, I had just left the OB's, two minutes and they call me back, say, "Ana, come back. She's having the baby."

So when I went in the room, I was like, "What in the world is that?" [whispering] Got a lot of jokes. [laughter] Yeah, so that was a good moment for me, my granddaughter.

[0:55:09.5]

MK: Is there anything else you want to talk about?

[0:55:12.0]

AMD: No. [laughter]

[0:55:13.1]

MK: No?

[0:55:14.5]

AMD: No, it was nice meeting. I seen you in the hallway and I was like, "Who is that lady? She must be a PA or something."

[0:55:23.0]

MK: Yeah, we've been here bothering people all week.

[0:55:24.2]

AMD: Oh, okay. That's good. I know they haven't been crazy like me.

[0:55:29.2]

MK: No, you've been great. It's been great talking to you.

[0:55:36.2]

AMD: Thank you. It's nice meeting you.

[End of interview]

Edited by Emily Chilton, October 29, 2018