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Y. Stories to Save Lives

Interview Y-0011
Barbara Brayboy
11 July 2018

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Abstract – Barbara Brayboy

Interviewee: Barbara Brayboy
Interviewer: Darius Scott
Interview date: July 11, 2018
Location: Warrenton Public Library
Length: 46:46

Barbara Brayboy grew up on a farm in Essex, North Carolina where she belonged to a small, tightknit Native American community. She recalls illness not being an issue in the community due to better eating habits and the physical activity of farm work. For minor illnesses, Brayboy recalls home remedies being used such as castor oil for colds. After studying education at Pembroke State College (now University of North Carolina-Pembroke), Brayboy returned to the Halifax-Warren area to teach fifth grade at the Haliwa School. She recalls moving to Pennsylvania for her husband to pursue graduate work in education before moving back and buying rural Warren County land in 1975. She reflects on how the area surrounding her property was similar to Essex in being agricultural and largely home to Haliwa Native American families. Over the past fifteen years, she shares, the community has become more diverse. She speaks on health issues facing the Haliwa community such as diabetes and arthritis. Brayboy expresses concern for relationships with family doctors being less personal than during her youth due to aspects of modernization, such as, technology. In addition, she recalls providing care for family members such as her mother who suffered from dementia, which she did in organized concert with her siblings. She remembers having difficulty first accepting the illness of her mother who had always been a very strong, capable person. Brayboy shares hopes for the Haliwa community such as quelling alcohol use and increasing educational achievement. Brayboy recognizes the greater number of opportunities available to young people and the challenges of excessive technology-use compared to her own youth.

FIELD NOTES – Barbara Brayboy

Interviewee: Barbara Brayboy

Interviewer: Darius Scott

Interview date: July 11, 2018

Location: Warrenton Public Library

THE INTERVIEWEE. Barbara Brayboy is a retired educator, Warren County leader, and member of the Haliwa-Saponi Native American community. She grew up on a farm in Essex, North Carolina before attending Pembroke State College (now University of North Carolina at Pembroke). She recalls her first class as a fifth-grade teacher at the Haliwa School. She moved to Pennsylvania with her husband and returned to the after buying land in rural Warren County in the 1970s. Brayboy has witnessed areas of Halifax and Warren counties once home to local Native families become more diverse. She has cared for her mother and other relatives dealing with illness.

THE INTERVIEWER. Darius Scott is a recent doctoral graduate of the University of North Carolina at Chapel Hill's Geography Department. He collected the interview during summer fieldwork for the *Stories to Save Lives* initiatives on health in Warren County.

DESCRIPTION OF THE INTERVIEW. The interview was recorded in a small computer room at the local library in downtown Warrenton. The interview carried on without any interruptions. Prior to the interview, Brayboy shared contact information for other potential interviewees. The interview cover her upbringing on a farm in Essex, the closeness of the Essex community, her education career, and her personal and familial experiences with personal and institutional healthcare. She shares her hopes for the Haliwa community in terms of education and health.

NOTES ON RECORDING. The interview was recorded on a Zoom H4n Digital Voice Recorder.

TRANSCRIPT: Barbara Brayboy

Interviewee: **Barbara Brayboy**

Interviewer: Darius Scott

Interview Date: July 11, 2018

Location:

Length: 0:46:46

START OF INTERVIEW

Darius Scott: The date is July 11th, 2018. I'm here with Miss Barbara Brayboy for an oral history interview for the Stories to Save Lives Project. Thank you for sitting with me today, Miss Brayboy.

[0:00:14.7]

Barbara Brayboy: Not a problem. Thank you for inviting me.

[0:00:17.1]

DS: To start off, could you tell me a bit about where you grew up?

[0:00:20.7]

BB: I grew up in a little village in Halifax County, North Carolina, known as Essex at that time. There was a post office there, but later years, the address was changed to Hollister, so it is known as Hollister now. But the little village itself was Essex, Halifax County.

[0:00:45.4]

DS: And did you know your grandparents?

[0:00:48.0]

BB: I knew my mother's parents. They were farmers, very active in the community. Do you want names?

[0:01:01.6]

DS: Sure.

[0:01:02.1]

BB: Okay. My grandfather's name was Laymar Lynch [phonetic]. He was a farmer, very active in the community, active in his church. He was a deacon in his church. He lived to be ninety-five years old. My grandmother was, of course, his wife, and she had a short life. She lived only sixty-six years, but she was quite active, a great homemaker, a great cook. I always looked forward to going to Grandma and Grandpa's house to eat. They had seven children, of which my mom was the oldest. There were five girls and two boys, and at this time they're all deceased. My mom being the oldest, she lived to be ninety-eight years old. She became deceased in June 24th, 2008.

[0:02:04.1]

DS: Were these grandparents also in Essex?

[0:02:07.9]

BB: Yes, they were.

[0:02:09.6]

DS: What was life like in Essex at that time?

[0:02:11.5]

BB: Life in Essex, everybody was farmers. My mom and dad owned a 45-, 50-acre farm, and where my mom and dad lived, it was more or less of a family plantation. My grandfather, who was deceased, he had two sets of children. He left land to the older

children and land to the three younger boys, of which my dad was one of those boys. So we lived on the farm, and, of course, it was divided and each child knew where his or her property was.

[0:02:55.4]

DS: What kind of stuff did they grow?

[0:02:58.6]

BB: Oh, my gosh. They grew everything. Everybody in the neighborhood grew everything. They grew all of the meat, the vegetables. My mother, in the summertime, her garden, Mom and Dad's garden, must have been an acre, acre and a half, because I'm one of eight children. I'm number seven of eight children, and they grew everything that we ate. Mom did canning. At that time, when I was a child, Mom and Dad did not have a freezer, so my mother and my older sisters, they put everything in jars.

[0:03:38.8]

DS: Wow.

[0:03:40.7]

BB: She would can enough during the summer months that whatever we needed during the winter months or early spring—it was just the staples, the sugar, the flour, the meal, those kinds of things that Mom and Dad would have to buy from the grocery store. And at that time, the little grocery store, there were not the big grocery stores as we have today. It was a little country store that had everything in it from sugar, flour, whatever. It was a gas station, get your gas there. Even there was a department to buy fabric to make children's clothes, shoes. I mean, everything, men's clothing. Everything was at that little country grocery store.

[0:04:24.1]

DS: Would you say Essex was a close-knit community?

[0:04:28.2]

BB: Oh, my gosh, yes. Essex was a very close-knit community, and the thing about it, Essex itself was made up of basically two races of people. There were maybe five or six families that were white, and everybody else was Indian. Everybody else looked like I look. Parents didn't have to worry about children being kidnapped. We didn't have to worry about guns. Wherever we were, we knew that there was going to be an adult to take care of us.

As a matter of fact, my daddy lived on one side of the road and his older brother lived on the other side of the road, and there was a little hill between the two homes, where I lived and where my uncle and his family lived. There were many times—my uncle had a daughter very close to my age. There was a shade tree about midway between our houses, and I can remember my cousin and I being under the shade tree playing playhouse, dolls, or whatever we wanted to play, hopscotch. Mom and Dad could see us from that side, my uncle and his wife could see us from the other side, so there was never any fear of anything happening in our community.

And my brother, two years younger than me, he and my cousin's brother, they basically did the same thing. Of course, they were riding bikes up and down the path, as we called it, to the house. But we never had to fear about anything like that when we were growing up.

[0:06:17.8]

DS: That sounds nice.

[0:06:19.1]

BB: It was. It was awesome, and I only wish children felt as safe today as I felt as I was growing up.

[0:06:25.6]

DS: What would people do for healthcare at the time in Essex in your community?

[0:06:31.7]

BB: Well, you know what? Healthcare was not a big issue. When people died, it was usually from old age. I don't remember, as a child, anybody actually getting killed from an accident in my community. When it comes to healthcare, I can remember one person that I attended church with, which was an older lady, I remember hearing my mom say that this particular lady had had her breast removed, and that is the only really, really time that I can remember an illness like that. Of course, there were people who had—my grandmother that I talked about earlier, she died from a heart attack, and she was a very heavy lady. But most people lived to be a fairly good age. I don't remember a lot of sicknesses and health.

One thing people got their exercise is from working on the farm. If we ate heavy, heavy meals, in the morning, we always had a good breakfast, come to the house, Mama had cooked lunch for us, known as dinner at that time, and ate a big meal. After an hour or so of rest, we'd go back to the field. It was just hard labor, you know, so there was not a whole lot of stored fat that we did not work off. I don't remember a lot of illnesses growing up.

[0:08:16.8]

DS: That's good. How would y'all handle minor stuff like colds and sore throats?

[0:08:23.1]

BB: Home remedies.

[0:08:24.9]

DS: Could you describe some of those?

[0:08:26.8]

BB: One of the things that they gave us for a cold was always castor oil or black draught. I don't know if you're familiar with that or not.

[0:08:37.4]

DS: Castor oil, yeah.

[0:08:38.4]

BB: But the black draught—and that's d-r-a-u-g-h-t—it was a powder. They would mix it with a little bit of sugar or something, because we took it dry and then we drank something after it. But Mom and Dad would always say you take the castor oil or the black draught, and it will get rid of all the cold that's inside you. It would eliminate it through our elimination system.

As a matter of fact, I remember staying home from school one time as a child during my twelve years of school, and that was my senior year. I had the flu and I couldn't go to school because of the flu, because of the aches and pains, the throwing up and whatever. I went to the doctor. Mom and Dad took me to the doctor. Of course, I got penicillin for that, and after a day or so, I was back in school. But that is the only time I ever missed school for being sick.

[0:09:41.8]

DS: Do you remember the doctor you went to, what that was like?

[0:09:44.9]

BB: Yes. Dr.—gosh, I forget his first name, but his last name was Woodburn [phonetic], and he lived in Littleton, North Carolina. It was about 15 miles from where Mom and Dad lived. He was the family doctor.

[0:09:56.2]

DS: I see.

[0:09:57.8]

BB: You didn't have to make an appointment. You'd just go in and wait your turn, and he would eventually get around to you.

[0:10:04.7]

DS: Yeah, that sounds nice. [laughter]

[0:10:06.9]

BB: Basically, he took care of everybody in my neighborhood. There were two doctors in Littleton. One was called Dr. Palmer and one was Dr. Woodburn, and if you didn't go to one, you went to the other one.

[0:10:19.6]

DS: Could you talk about growing up in your childhood home? In particular, what was your day-to-day practice like? I know you mentioned working on the farm. Was there other stuff you had to do?

[0:10:32.9]

BB: Day to day, there were chores to be done. I went, of course, in school. I don't remember a whole lot from the time I was born until going to school, but I just know I

played a lot, and one of the things that I remember my mom telling me—and my mom and dad telling me—that they knew that I would have something to do with children when I got older because as a child, I would line my dolls up and I would teach my dolls. So they told me, “I knew you were going to have something to do with education,” and I turned out to be a teacher.

But growing up, as a kid, I know I played a lot. My sister, who’s older than me—she’s five years older than me—in the summertime we had our little playhouse out in the grapevine. After working on the farm, we always found time to play in the playhouse. But day to day, after school, come home from school, there were chores to be done. Mom and Dad had a wood heater to heat the house, and so it was my chore and my younger brother’s chore to make sure there was wood on the porch to keep us warm during the night.

Growing up, with four older sisters and Mom, I did not learn to cook. I did not learn to cook until after I was married, because with four sisters and a mom in the kitchen, they didn’t have space for little Barbara. So the two things that I learned to do very well, can make a beautiful bed and I know how to sweep the floor very, very good. They were the things that I had to do, because the others did the cooking and the cleaning, the kitchen and that kind of thing.

[0:12:31.2]

DS: Could you talk about the work you’ve done since leaving school?

[0:12:37.4]

BB: Yes. High school or—

[0:12:40.2]

DS: Or college.

[0:12:42.2]

BB: College? Okay. After college, I was hired here in Warren County. I have my degree from UNC-Pembroke, which at that time was called Pembroke State College, later called Pembroke State University, now, of course, UNC-Pembroke. I graduated from there in 1965 with a B.S. in elementary education, and I had spent my first two years in education teaching at the Haliwa School in the Hollister area. My first class was a fifth-grade class. It was a classroom of thirty-six children, and how I managed that, as I look back today, I'm not sure how I did it, but it's unthinkable to put thirty-six children in the classroom today. But I taught there one year, and then I got married and my husband became a teacher there as well.

In May of 1967, we moved to Westchester, Pennsylvania, because he was pursuing his degree in health and PE. He wanted his master's in health and PE, so we moved there in '67 and stayed there until '75. We were purchasing land during that time. We were purchasing land, where I now live, from my brother, and in 1975, we decided that we were going to move back to North Carolina and we both were still teachers. At that time, we had two children. When we moved here, Jennifer was five years old, and we had a little girl, Heather, nine months old at that time. Then two years later, we had a third daughter. Her name's Natalie.

[0:14:41.0]

DS: So you arrived back in North Carolina and came to live in Warren County.

[0:14:47.7]

BB: Mm-hmm.

[0:14:48.6]

DS: Could you talk about the differences, if there are any, between where you grew up in Essex and Warrenton and Warren County?

[0:14:56.8]

BB: Well, in rural Warren County where I live, when I first moved there, it was basically just like the area where I grew up in Halifax County, in Essex. But over the years, there were basically Native people who lived there, but I would say in the last fifteen years, maybe ten to fifteen years, we've had more diverse people to move in the community. All the people were still farmers. Very few did public work outside the home. They were basically farmers. As a matter of fact, the property that my husband and I owned, we rented our land out to a big farmer in the Arcola area, which is two or three miles from where I live, for tobacco. But it was basically the same, but in the last ten to fifteen years, I've noticed that there are more diverse people in my community.

[0:16:02.4]

DS: And historically, the Haliwa people spread across Halifax and Warren County, right?

[0:16:09.0]

BB: Exactly. That's where the name comes from. "Haliwa" is made up from Halifax and Warren County.

[0:16:14.5]

DS: I see. I didn't know that.

[0:16:15.5]

BB: Mm-hmm. That's where the name comes from, mm-hmm.

[0:16:17.3]

DS: Okay. So what is it like living here today? How would you describe it to someone who has never lived in—

[0:16:23.9]

BB: It's a very rural area, but I feel safe, I feel comfortable. In my immediate neighborhood, people are basically quiet. They mind their own business. At one time when we first moved back, there were lots of children in the community. My children, my nieces and nephews and cousins, they all lived in the area just like they did in Halifax County. But there was really not a whole lot of difference in the two areas in which I have lived.

[0:17:05.0]

DS: Would you say that your community is healthy?

[0:17:09.5]

BB: Hoo! Maybe yes, no. I know that among the Haliwa people, I know that there are a lot of diabetics. I'm not so sure that they exercise. I am one who tries to get exercise into every day. I try to work at least two miles a day, if not more.

[0:17:33.2]

DS: That's good.

[0:17:34.6]

BB: I work in my yard quite a bit, and many times I'll go to the "Y" in Rocky Mount to get more diverse exercises. But I think probably diabetics in my community, it's an issue, and there are lots of people who suffer from arthritis, rheumatism, because I had a sister in January who passed away from rheumatoid arthritis.

[0:18:11.0]

DS: I'm sorry to hear that.

[0:18:11.9]

BB: Thank you. So, I think being a diabetic. Of course, there's a lot of alcohol in my area too. I have been told that there are drugs. I have not seen drugs, but I'm told that there are some in the area. But I think the diabetics' situation is probably worse in our area.

[0:18:38.6]

DS: And how are people taking care of that?

[0:18:41.7]

BB: They are getting medical attention through the insulin, monitoring their diets, and those kinds of things. Because my husband was a diabetic, and before he passed away, he was on insulin. Of course, with diabetics, that affects your kidneys as well. He had a kidney transplant in October of 2007, and our daughter Jennifer was his donor. All three of our girls were prospects and they all qualified, but among the three of them, they decided which one would be their dad's donor. So that worked really well for him for several years. Prior to that, he had had five bypasses, and the kidney medication and being a diabetic, he was taking a handful of medicine three or four times a day, and with all the medication, it overpowered his heart and he passed away in December of '09. But to answer your question, I think people are taking—through their medications, and some of them are exercising and monitoring their diets. I think that's the basic things that they're doing to control that.

[0:20:12.8]

DS: And what resources would you say your community has, just public resources or healthcare, to tackle these issues like diabetes and alcoholism?

[0:20:22.5]

BB: For the diabetes, there is a rural health center within a couple of miles of my home. Many of the people go there, and there are some who go to their private physicians. But there are some resources. And there are some who are receiving in-home care to help them with their health issues.

[0:20:49.3]

DS: Do you know the different healthcare providers in your community? Like, when you were growing up, you mentioned Dr. Woodburn. Do you think folks have relationships like that today with their—

[0:21:03.2]

BB: With their physician?

[0:21:04.8]

DS: Mm-hmm.

[0:21:06.0]

BB: No. Growing up, when my mom went to the doctor, the doctor would sit and talk to her, “Well, this is what’s going on, and this is how we can correct it or make it right.” I find now that even when I go for my regular checkup, they come in with their computer. They don’t look at you. They’re just continually asking you question and typing the whole time. So I don’t think it’s as personal as it was, as I remember as a child.

[0:21:41.9]

DS: Why do you think it’s changed in that way?

[0:21:45.0]

BB: [chuckles] Technology, for one thing, I think is a big part of it. I don't know. I really don't know.

[0:21:55.8]

DS: That's interesting. I did an interview a couple days ago, I think, now, and someone mentioned the computer to me in that same way, and I hadn't thought about it because I'm so used to it.

[0:22:08.1]

BB: Yeah. They come in and they ask you how you're doing, and even when we tell them how we're doing, there's no eye contact. They're taking blood pressure, your blood pressure, your heart rate, and asking, "You have any questions? Are you still taking these medications?" And you're out and gone.

[0:22:30.2]

DS: Interesting. The next set of questions are individual questions about your health, and if you don't feel comfortable answering, you can—

[0:22:41.5]

BB: Oh, I'll answer all that I can.

[0:22:42.2]

DS: Okay. Thank you. Well, the first one is, how would you describe your own health?

[0:22:48.7]

BB: I think I have good health. I can basically do anything that I need and want to do. However, in 2014, I had a shoulder replacement. The doctor just said I had worn my

shoulder out, so I had a metal plate put in my shoulder. And in 2017, it had become dislocated or it came apart, and I had a second surgery last summer. So, other than that, I really think I have good health. I don't have to have anyone to help me with my chores or my meals, preparing meals or whatever. I drive wherever I need to go, I want to go. The only thing I don't do—and it's because my daughter who lives near me wants to do it—she cuts my grass, and that's it.

[0:23:48.2]

DS: Well, good. I'm glad to hear that. What do you do when you don't feel well?

[0:23:54.1]

BB: What do I do when I don't feel well? I just rest. If it's a headache or whatever, if I have a home remedy or medication I can take, I do. But normally I don't have to deal with that.

[0:24:09.9]

DS: When you need to go to the doctor, where do you go?

[0:24:14.7]

BB: Rocky Mount.

[0:24:15.1]

DS: Can you tell me about a time when you had to take care of someone else?

[0:24:22.3]

BB: Yes. My husband, for one. After his health began to fail, he became a wheelchair patient, but even though he was in a wheelchair, he could basically take care of his hygiene needs and those kinds of needs. But he was the one that I took care of. There were things that I had to help him with, but he was not totally dependent upon me.

As a matter of fact, he was a pastor of our church. He was a pastor of our church, and even when he was in a wheelchair, he preached in his wheelchair. So he never gave up.

And another person that I helped with, my mother had beginning stages of dementia, and the last two years that she lived, it was getting a lot worse and it got to the place that my sisters and I who live here, along with my brother, it was really too much for us to take care of, because the lifting and whatever we had to do. So she was in a healthcare facility, but we took care of her up until the last two years of her health, and basically we bathed her, because she could feed herself. But we basically had to bathe her, and she used a walker.

But the amazing thing about my mom, she died when she was ninety-eight. At age ninety-five, she fell and broke her hip. I want you to know that was the fastest-healing hip replacement I had ever seen. When she'd go to therapy, the therapist would say, "I have never seen anybody at this age who was determined to walk again like this lady." She was a very strong and determined lady.

[0:26:24.1]

DS: That's awesome.

[0:26:25.7]

BB: Yeah. But my dad passed away at an early age. He was sixty-six. He had a heart issue. So he's been gone many, many years now, but he died at an early age, much too early.

[0:26:39.5]

DS: How has health or illness affected your relationships with other people?

[0:26:48.3]

BB: I don't think that it has, other than the fact that—for instance, my sister-in-law lives next door to me. I will often go out to check on her. I go check on her two or three times a week, or when I don't go out physically to see her, I will give her a call to see how she's doing.

[0:27:11.7]

DS: Is she ill?

[0:27:13.8]

BB: She has arthritis and she has some issues with her leg, but I will go check on her. And she has beginning stages of dementia, so I make sure that she always has something to eat or whatever when her healthcare worker has left. But I will go out and check on her, and I always encourage her, "Velma, let's go for a walk. Let me help you. What is it that I can help you do?" Whatever she needs, I'm next door to her, so she knows that she can always count on me.

[0:27:52.1]

DS: That's awesome.

[0:27:53.4]

BB: Yeah. As a matter of fact, the lady I'm talking about will be Quay's [phonetic] grandmother that you're going to interview, and she will probably tell you many, many good memories about her grandfather and her grandmother.

[0:28:07.8]

DS: Lovely. Where do you get information about health or illness? Do you only talk to your doctor to get that information? Do you use the Internet or friends or anything?

[0:00:00.0]

BB: I use the Internet. I have several medical books at my house, especially dealing with different kinds of drugs. When I get a medication that I'm not familiar with, when I use the medical book or Internet, I want to find out how it's going to affect me. But I use the Internet, I research whatever I can find in books or whatever to keep me abreast of health issues, medications, and whatever.

[0:28:50.5]

DS: Sure. Can you tell me about a time in your life when you felt prepared or perhaps not prepared to deal with an illness or diagnosis? How do you understand that experience now?

[0:29:05.4]

BB: I think when I first saw my mother's health going downhill, I was not ready to accept it, but as I talked with her doctor, her healthcare workers, it helped me to understand it, and I did some research as to what was going on in her body and why she was the way she was. But, as I said first, I can't say that I was not ready to accept it. Maybe I didn't want to accept it, because my mom was always the strong, determined woman, you know. If she wanted something done, if Daddy or one of us couldn't do it, my mom was going to do it. She was going to get it done. So I think that's what I didn't want to accept, that Mom could no longer do those kinds of things.

[0:30:03.6]

DS: Do you feel like she was getting adequate care in terms of her healthcare provider and the facilities she was going to?

[0:30:11.8]

BB: I do, because as we visited Mom—I know when we were keeping our mom, she would stay with me a week, she would stay with my sisters the same thing, and my brother, so we took care of Mom. Whatever her needs were, we made sure that they were met. And when we had to put her in a healthcare facility, we went at different times so we could actually see what was going on. Some people, they just go at a certain time maybe on Sunday or Saturday or whatever, but with four of us being in the area—of course, five of us are in the area, but my one brother, Quay's grandfather, he was a double-amputee, so he could not go as often as we did. But we would go at different times of the day, and somebody went almost every day to check on her. So we knew what was going on there. So I never went there and saw her dirty. I cannot say that I went there and she said she was hungry or whatever. So I think she was getting adequate care.

[0:31:26.0]

DS: I'm glad to hear that. Is that a local facility?

[0:31:29.5]

BB: Yes. It was in Rocky Mount.

[0:31:29.5]

DS: And was it big or smaller?

[0:31:34.8]

BB: It was Hunter Hill Nursing Home, is what it was called. Yeah, it was pretty big, because they had areas for different kinds of people. For my mom, which was an aging person with dementia, there were people who worked with her. There were people there for rehab. So it was different services and resources that were provided.

[0:31:58.8]

DS: Okay. Lovely. What do you wish your doctor knew about you?

[0:32:04.6]

BB: What do I wish my doctor knew about me? I really don't know, because if I have a health issue, I will discuss it with my doctor. I don't keep any secrets from my doctor, so I don't know how to answer that question, because if it's anything going on with my body that I feel that needs to be discussed with the doctor or medical person, I do that.

[0:32:41.2]

DS: Do you feel like there's something that doctors or just healthcare providers, in general, need to know or should know about the local Indian community here?

[0:32:53.5]

BB: Yes. This doesn't affect my family, but there are families in my neighborhood—and it's all with one set of families, should I say, one group of people—they have very red eyes. I don't know if you're familiar with that or not.

[0:33:18.6]

DS: No.

[0:33:19.3]

BB: Okay. There's an area of my community that the people, they have all red eyes, and I'm not sure if I should say the name, but the last names of the people are not—but it's been researched before. The last names are Ansteads [phonetic], and most of those people that live in that particular area, their eyes are very, very red. Now, what causes that I don't know. I wish there was a way that we could better deal with the

alcohol in the area, and I'm sure there are drugs in the area, even though I've not seen them. I would love to have resources that we could deal with those kinds of things.

And I would love—this doesn't deal with health or medications or anything, but I would also love to see our students focus on education. Well, it's a lot different now than what it used to be even ten years ago. More graduates are going to college or two-year colleges or four-year universities, but I would love to see a larger percentage of our students get their education, whether it's in the field of education or medicine or whatever the area might be. I'd love to see our students more focused on that.

[0:34:52.6]

DS: Absolutely. Have you or someone you know had an experience with healthcare that did not go particularly well?

[0:35:03.8]

BB: Yes. My younger brother, he was a heavy smoker, but before he passed away, a couple of years before he passed away, he stopped smoking, but I think the damage was done then. But he was sick, and I don't think he really knew he was as sick as he was, because after he was diagnosed, within three to four weeks, he had passed away. So I only wish that the diagnosis had been earlier, that maybe something could have been done where it lengthened his life for a while, anyway, but—

[0:36:03.7]

DS: What do you think was maybe the root cause of him not getting that diagnosis earlier?

[0:36:03.7]

BB: I don't know, because every time when he went to the doctor, wasn't feeling well or whatever, they would run all kinds of tests, and it was just never diagnosed. He had cancer of the liver, but it took the longest time for that to be—as a matter of fact, when it was diagnosed, he was gone three weeks later.

[0:36:44.0]

DS: I'm sorry to hear that. Are there issues that you don't like to talk about with your doctor or healthcare providers?

[0:36:51.3]

BB: No, because I really think that if I have a health issue, they are the people that I need to express my concerns with.

[0:37:02.0]

DS: Absolutely.

[0:37:02.6]

BB: If something's wrong with me, I will let my doctor know, even if I have to pick up the phone and call my doctor, "This is going on. What do you think it is?"

Of course, they don't like to give opinions on the phone. You know that. She'll say, "Miss Brayboy, you probably need to come in," for whatever reason.

[0:37:21.5]

DS: How long have you been with this doctor?

[0:37:24.0]

BB: This doctor I have been with since 2000.

[0:37:26.8]

DS: Okay. That's quite a while. And it's in Rocky Mount?

[0:37:29.2]

BB: In Rocky Mount, mm-hmm.

[0:37:31.2]

DS: What's the office?

[0:37:32.0]

BB: Boice-Willis.

[0:37:33.3]

DS: So it's a small practice?

[0:37:34.5]

BB: Yeah, mm-hmm.

[0:37:37.8]

DS: Okay. Do you feel like who you are, your identity, affects the kind of care you get?

[0:37:42.8]

BB: Not me personally, because I will ask questions and I won't give up until I get an answer that is the right answer. But I think there are some people that they don't get the healthcare or the resources provided because of who they are. I do feel that way.

[0:38:08.6]

DS: Thank you for your answers. Is there anything else that you think we should talk about or that I need to know that I haven't asked about? I'm wondering, now that I'm at the end of the questions, if there's anything you'd like to add about your career in education and what you saw.

[0:38:29.8]

BB: Oh, yeah. I spent forty-three years in education. I began teaching in 1965 and I retired in 2008, from a teacher and a curriculum specialist to an assistant principal, and then my last years, I served as the principal of a primary school in Scotland Neck, North Carolina. It was an ideal situation. It was a pre-K-through-second-grade school, and I often told my husband, I said, "Gosh, if heaven was on Earth, this would be heaven for me," because I'm a little person's person. I like dealing with the younger kids.

Currently I am very active here in Warren County. I am a school board member, and I have been since 2012. I initially served from 1988 through, ooh, I think '96, and I came back onboard in 2000 to 2004, and then in 2012, I ran as a write-in candidate, and so I've been on since 2012. I serve on the board of trustees here for the library, the Juvenile Prevention Council Board of Directors. What else? There's another one. And Halifax Electric Membership Corporation, I'm one of their board of trustees. I am clerk of my church.

[0:40:09.6]

DS: Wow. Must be busy.

[0:40:12.2]

BB: Very active in my church. I teach the youth class at my church. So I do a lot of volunteering. I serve on the board of directors for the senior citizens' group here in Warren County as well. So I stay busy.

[0:40:27.6]

DS: Okay. Very good. How would you say education has changed around here since you first started teaching at that small school with thirty-six students in your class?

[0:40:35.6]

BB: Oh, gosh. [laughs] Yes. Now I think the limit is probably—well, it's very different. In the kindergarten through third grade, I think it's twenty-two or twenty-three that's the most for the early grades, but in the upper grades, it's probably no more than twenty-five at that point. But I think it has changed. The children have many, many more opportunities than what I did. It was just basic curriculum when I was in high school or in school, but now even in middle school, the children have the opportunity to take high school courses, so that it all depends on which academy they choose to pursue—they have different academies, whether it's the workforce or college prep, those kinds of things. I did not have that available, even though when I went to college, I did okay, I did not struggle. But they have many, many more opportunities.

I was fortunate enough when I went to school that—Mom and Dad, being farmers, they didn't have a lot of extra money—so I was fortunate enough to have a scholarship that they did not have to pay anything for me while in school. So I'm very appreciative of that. The things that they did for me spending money, clothes and that kind of thing. Did not have a car. I rode the train from Pembroke to Rocky Mount and from Rocky Mount back. On Sunday afternoons when I would come home, Mom and Dad would pick me up and then take me back on Sunday afternoon.

[0:42:22.9]

DS: That sounds nice.

[0:42:24.9]

BB: So that's an experience I'll never forget. Kids today, "I've got to have this car to go to school," but—

[0:00:00.0]

DS: Exactly.

[0:42:30.8]

BB: —you don't have to have that now.

[0:42:32.7]

DS: And what challenges would you say have emerged for kids over the years as you started in education? And not just in education, but just being young people today.

[0:42:43.2]

BB: I think one of the challenges, the family doesn't seem to be a family anymore, you know. Growing up, my parents and my siblings, Mom cooked breakfast for us before we went to school. She packed our lunch. When we came home, dinner we ate together. So that has changed. Many, many families don't eat together anymore. They go buy Hardee's, McDonald's, fast food, and that's probably some of the reasons that there are some of the health issues children may face today, because of those kinds of things.

But another challenge, I think, is that children have access to too many electronics, not that I'm against technology, but even talking to young people today, they're steady using their phone. They can't put the phone down to carry on a decent conversation. And I think the supervision of young people is not what it was when I was growing up, you know. My mom and dad always knew where we were as children. Today I'm not so sure the parents know that.

[0:44:09.5]

DS: And you think kids are getting into stuff that—

[0:44:13.0]

BB: Because of the kinds of trouble that they may get into. And I think part of that comes from the fact that some of our parents are so, so very young, they don't know how to parent. I was twenty-five when I had my first child, and I knew nothing about children, because I had a younger brother two years younger than me, and, of course, we grew up together. We didn't have to take care of each other. When I did not know what to do, if I didn't call my doctor, "This is going on with Jennifer," or Heather or Natalie, I had an older sister, "Mannie [phonetic], tell me what I need to do at this stage of the game," with whatever child I was dealing with. But many parents today, they don't know how to parent.

[0:45:09.4]

DS: I see. And I want to ask, you mentioned the boards you're on and all the work you do with the education and the senior services center. I guess what motivates you to be so involved and to take those roles?

[0:45:29.1]

BB: I just love working and helping people, whether it's young people, old people. I always feel that there's something I can do to maybe enhance or make their life better. I just enjoy helping.

[0:45:50.0]

DS: That's awesome. Is there anything you would like to see different about this community today, especially in regards to your positions?

[0:46:00.9]

BB: I don't know if you know this or not, but Warren County has very few industries. Our working population, many, many of them have to leave the county to find

employment. I would love to see more employment here in our county, more industry, more jobs, whatever it might be just to get the people work at home. That would be one of the things that I would really, really love to see.

[0:46:35.7]

DS: Okay. Is there anything else you'd like to add before we close?

[0:46:35.7]

BB: I think that's it.

[0:46:38.7]

DS: Well, thank you so much for your time, Miss Brayboy.

[0:46:46.7]

BB: Thank you for inviting me.

[End of interview]

Edited by Emily Chilton, November 6, 2018