

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](http://www.sohp.org) and in the **Southern Historical Collection** at **Wilson Library**.

## **Y. Stories to Save Lives**

Interview Y-0030  
Lyman Henderson  
9 July 2018

Abstract – p. 2  
Field Notes – p. 3  
Transcript – p. 4

## Abstract – Lyman Henderson

Interviewee:	Dr. Lyman Henderson
Interviewer	Darius Scott
Interview date:	July 9, 2018
Location:	Dentist office in Warren County
Length:	45:53

After growing up on “The Hill” in Warrenton, **Dr. Lyman Henderson**, attended North Carolina Central University and dental school at Howard University in Washington D.C. His 1940s/50s childhood was colored by time spent with well-educated minorities, visits to his grandfather’s nearby farm, and trips across the United States. He spent time with a number of healthcare professionals during his youth including a physician and a dentist who lived very close to his home. One inspired him to pursue dentistry. Dr. Henderson recalls the medical practices of the 40s and 50s such as having his throat swabbed with iodine. He recalls returning to Warren County after military service and working in D.C. to become the first black dentist at a local practice that previously had segregated waiting rooms. Dr. Henderson reflects on the changes to the healthcare landscape of Warren County with the area having more medical services available during his youth. Today, he reasons, while there are more advanced services available, the bulk of providers are in neighboring counties. To this end, he considers transportation being a current problem for Warren County residents seeking healthcare. He names a lack of industry one reason for the sparse availability of local healthcare providers. Dr. Henderson says more exposure and training in leading a healthy lifestyle are needed for Warren County’s overall health to improve. In terms of dental health, he reflects on how things have improved in the County due to the introduction of fluoride and the influence of a state dental hygiene programs. Dr. Henderson also discusses his own health matters including back issues and a major surgery.

## FIELD NOTES – Lyman Henderson

Interviewee: Dr. Lyman Henderson

Interviewer: Darius Scott

Interview date: July 9, 2018

Location: Dentist office in Warren County

THE INTERVIEWEE. Dr. Lyman Henderson is a dentist in Warren County, North Carolina. After growing up in downtown Warrenton, he attended a nearby historically black college and received his dentistry degree at Howard University. He practiced dentistry in the military and in Washington D.C. before returning to Warren County to join a local practice that once had segregated waiting rooms. Dr. Henderson recalls growing up in the 1940s and 1950s and interacting with a number of healthcare providers who inspired him to pursue dentistry. He traveled the United States during his youth with his mother and spent time at his grandfather's farm in nearby Vance County. Dr. Henderson maintains a professional yet special concern for the dental and general health of Warren County residents.

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 conducted in the breakroom of the practice Dr. Henderson leads alongside his daughter who is also a dentist. The interview was set to be recorded in his office there, however, the music playing throughout the practice could be heard there while there were no speakers in the breakroom. Dr. Henderson is a friend of the interviewer's grandfather. This connection is briefly reflected on in the interview. Dr. Henderson was forthcoming and recalled events from his childhood quite vividly such as a doctor allowing him to prepare his own medicine during one office visit. The interview maintained a positive tone throughout.

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

TRANSCRIPT: **Lyman Henderson**

Interviewee: **Lyman Henderson**  
 Interviewer: Darius Scott  
 Interview Date: July 9, 2018  
 Location: Warrenton, North Carolina  
 Length: 47 minutes

START OF INTERVIEW

Darius Scott: The date is July 9<sup>th</sup>, 2018. I'm here with Dr. Henderson in his dentist practice. Thank you for having me here, Dr. Henderson.

[0:00:12.2]

Lyman Henderson: You're quite welcome. You drafted me. [laughter]

[0:00:15.7]

DS: Could you tell me a bit about where you grew up?

[0:00:21.3]

LH: I grew up here in Warrenton, went to school here. All my primary education and all was here in Warrenton, and I was pretty blessed. My father was a principal in this area. My mother was a teacher here, and my mom liked to travel quite a bit, so I got a chance to see quite a few things in the country while I was growing up, different cities. And I'd go to summer camp upstate New York and got exposed to different cultures and all and found out there was another world other than Warren County.

[0:00:56.4]

DS: What were some of the places you traveled to?

[0:00:59.3]

LH: In the States, well, especially in high school, New York, Atlanta, Chicago, Milwaukee. My mother went to most of the NEA, National Education Association, meetings, and I would follow her around, this type thing. Then she went to summer school at NYU, so I'd usually spend about three weeks in New York with her in summer school and three weeks here if she was gone for six weeks.

[0:01:31.9]

DS: Wow. That's quite an experience. Did you know your grandparents?

[0:01:37.0]

LH: Yes, mm-hmm.

[0:01:38.6]

DS: What do you remember?

[0:01:39.9]

LH: On my father's side, I knew them. My grandfather died when I was, I think, a senior in college, and my grandmother died after my first year in dent school. So I knew them well, spent a lot of time with them out at Vance County, out at Antioch, where your granddad was. So spent a lot of time with them, and he was a preacher over in that area, and a farmer, so I got exposed to farming and religion.

[0:02:11.1]

DS: Okay. So you got the rural farming experience and the cosmopolitan traveling experience too.

[0:02:17.0]

LH: Right, yeah. Yeah, the real fun we had, those days, we just had horses and mules, so I grew up with all of that, wells, outdoor toilets.

[0:02:26.6]

DS: And you said your mother's folks were in Lumberton?

[0:02:31.8]

LH: Lumberton. Yeah, she was from Lumberton.

[0:02:34.3]

DS: Did you make it down there much?

[0:02:35.5]

LH: All the time. We went at least two, three times a month, we'd drive down—

[0:02:41.5]

DS: Oh, wow.

[0:02:42.3]

LH: —because she had sisters and all that stuff. It was almost like another home or something.

[0:02:48.6]

DS: How did that community compare to Vance County, say?

[0:02:51.6]

LH: What, Warren County, Vance County?

[0:02:52.9]

DS: Mm-hmm.

[0:02:54.3]

LH: I don't know. They had more things than we did. Let's put it like that.

[0:02:59.4]

DS: In Lumberton?

[0:03:00.6]

LH: In Lumberton, yeah. But the people, to me, weren't as advanced as I'd say Warren County and Vance. I'm probably being prejudiced about that, but I just loved Warren County and Vance.

[0:03:14.9]

DS: Well, that's good. Are there any illnesses that run in your family?

[0:03:19.2]

LH: Not really. We've just had the regular things. I could say rheumatism is something that just about everybody had, and some back problems in my immediate family. So, yes, I could say that, but nothing major, major heart conditions, nothing that was hereditary, I'd say, other than skeletal problems, because all of my relatives who are males tend to have numbness in their legs coming from the back or something like that.

[0:03:56.3]

DS: That's interesting. I didn't know that was a thing that was genetic, but I suppose—

[0:04:02.2]

LH: Yeah, I guess.

[0:04:02.2]

DS: —it all can be. Let's see. What do you know about where or who your parents got their healthcare from?

[0:04:11.1]

LH: In Warrenton here, we had several family practitioners here. There was a Dr. Haywood, who was a minority physician; we saw him. There was a Dr. Hunter, who was a very good doctor. He went to school at University of Pennsylvania, I think, and he did his internship in Philly. My mom liked him a lot because of his exposure. So, basically local.

And over in Wise and Norlina, the little towns down the street, each one of those towns had a physician, a real country physician type. In Wise, there was a Dr. Holt [phonetic]. He had a two-room office, and he mixed up his own medicines in the back, you know. And in Norlina, we had a Dr. Foster, who had a small office. But they all treated just basic problems. Anything major, the patients would be sent to Duke or even Henderson. I also had an uncle by marriage, Dr. Beckford [phonetic], who was a family practitioner and a surgeon in Henderson at the old minority Jubilee Hospital, and he was there, so he would treat us also. We'd go over there.

[0:05:37.3]

DS: Do you have any memories of going to any of those doctors for a particular situation growing up?

[0:05:44.6]

LH: Yeah. [laughs] Yeah, just about everything. I always wanted to be a dentist, and I had a physician living next door to me and a dentist lived two doors from me. I'd always ask questions and all, and when I'd go to the medical doctor—I remember I'd have a sore throat a lot of times—he would be treating me for the sore throat and I'd ask him a thousand questions. I know he would get tired. That was Dr. Haywood who went to Meharry Medical School.

[0:06:15.8]

DS: Is there a photo of him in your office?

[0:06:17.5]

LH: That's his son. That's Dr. Julian Haywood. Get a picture of that if you want to. Julian went to Hampton and went to Howard. But I remember him doing the old—taking iodine and swabbing your tonsils, and it was horrible, but you stopped hurting. And that was before penicillin was used.

[0:06:41.2]

DS: So this is in the [19]50s or [19]60s?

[0:06:44.7]

LH: In the [19]40s and [19]50s, so penicillin was not available then. Then once that came in, it was sort of a cure-all for infection, tonsillitis.

[0:06:59.4]

DS: Iodine.

[0:07:01.9]

LH: I remember that. And I remember having a toothache and going to the dentist, Dr. Perry Jones. He was the first minority dentist here in Warren County, and he was just—I was so impressed with him. He spent a lot of time talking with me, and right then I told him, I said, "I'm going to be a dentist." And 25, 30 years later, he said he remember it, remembered me saying that.

[0:07:29.9]

DS: How about that.

[0:07:30.6]

LH: But I just enjoyed that, and then I would hang around him as much as I could, talking to him about dentistry. Those are the things I remember.

I also remember going to Dr. Hunter. I had an allergy, and I had a series of injections, and he would let me come in and draw my own medicine. He would show me how to look at the milliliters and whatever I wanted, and I thought that was really great. I was probably nine, ten, eleven. I remember going in for that. Those are some of the top memories, I guess you could say.

[0:08:03.6]

DS: Wow. It sounds like you had a pretty comprehensive and good experiences with doctors growing up.

[0:08:10.4]

LH: Yeah, I did. Everything was real good. Dr. Hunter and Dr. Jones, one was a physician and the other one was a dentist. They were both white, and in their offices they had a black waiting room. It was segregated in those days, you'd go in and they had three waiting rooms, because their offices were between each other and they shared a minority waiting room. I used to go in a lot, but the thing is they were fascinated—20 years later, I was practicing in there with them, and it was never a big thing when I decided I'd come home and be with them in their little group. They just closed the black waiting room—

[0:08:57.8]

DS: Wow.

[0:08:58.6]

LH: —and there were never any problems, except people would come in occasionally the first six months not knowing where to sit, you know, “Where can we

sit?” and all of that. But it was not a big deal. Never had any problems patient-wise or anything.

[0:09:10.5]

DS: Never?

[0:09:10.6]

LH: Never. It's like if Dr. Jones said, “This guy, he's great,” it's just one of those things. We just went in smooth and never had any racial problems or anything.

[0:09:23.3]

DS: That's awesome.

[0:09:24.5]

LH: But my father would always sit outside. “I'd never think they'd let you practice in that building.” [laughter] So he was tickled to death. He would just look.

[0:09:31.3]

DS: I'll ask you more about this later, but while we're on the subject, how do you think that Warren County, in terms of a health landscape, the one from your childhood, compares to what's going on now in terms of the presence of doctors and the accessibility of doctors that are here?

[0:09:52.8]

LH: You know, just thinking about it, back in the [19]40s and [19]50s and [19]60s, we had more medical services available than we have now, I think. We have the Health Department up here and we have doctors coming in from Chapel Hill or Duke and all of that, and we get good care and we have availability of nice hospitals and all, but on the ground level, back in those days we had a lot of doctors. We had five doctors right in

Warrenton, Dr. Haywood, Dr. Peet [phonetic], Dr. Hunter. Then we had Dr. Holt and Dr. Foster over in Norlina. So we had five or six medical doctors right in this immediate area in those days, and we eventually got a hospital in the [19]50s, small 35-, 40-bed hospital in the [19]50s. So people got care, but it was not a lot of money available, but for some reason, they all got care. It was right here at home. Now people have problems getting to different places for treatment. Dr. Kenney is the only medical doctor right here in Warrenton, and then there's a clinic over in Norlina, so that helps people. But travel is a big thing now. People don't have the money and can't travel.

[0:11:29.1]

DS: Is that something you hear from your patients?

[0:11:32.6]

LH: Mm-hmm, mm-hmm. If we want to use a specialist, it's hard for them to get somewhere. "I need to get you to Henderson," or Raleigh, somewhere, and a pretty good percentage don't have a way—either they don't have the money to pay for transportation over there. So that is a problem.

[0:11:51.7]

DS: Switching gears a little bit and going back to your childhood, what was it like growing up in your childhood home? How would you describe the experience of your childhood?

[0:12:04.4]

LH: Fun. [laughs] I grew up in a tightknit community, and we called it The Hill and every child belonged to everybody in that area. In our little area, we were blessed. If you get a chance to see that article about the park that was dedicated, we had a girl who

spoke on that, about what we were exposed to things. And role models were so important. Back in those days, a lot of kids had no role models, but, luckily, I was blessed on The Hill.

My next-door neighbors, they were five or six kids, like fifteen, twenty years older than I am, but one was a director of the orphanage over in Oxford there, and she would always talk to me about the underprivileged. "There are so many people that have a hard time, so never forget them." That always stuck in my mind. She was kind of a role model. She went to Hampton University, and then she had a brother who was an architect and he also flew with the 99<sup>th</sup> Pursuit Squadron.

[0:13:09.1]

DS: Wow.

[0:13:10.8]

LH: And during those days, a lot of kids, they just didn't think a minority kid could do something like that, fly an airplane. But these guys are right there, I look at them every day. He had another brother who was a financial advisor, and he lived in New York, but at least I could hear him talk, and I said, "There's a world out there that I don't understand." Then Dr. Julian Haywood, who's a world-famous cardiologist, he was there and always talked about medicine and dentistry, and his daddy was there. I was exposed to a lot like that.

And my father was a real go-getter. He was a principal here, but he also farmed during the summer, you know. He had ten different jobs, probably. He picked up cleaning for our cousins who had a cleaners. He cut wheat and hay. So I was exposed to the farm side of life and also the academic side. So to answer the basic question, I had a good time

growing up in Warrenton, and I least I knew there was another world out there because of my mom.

[0:14:20.5]

DS: That's fascinating, being exposed to the farm side and the doctors and all. It sounds like The Hill was a kind of well-to-do black community. Is that fair?

[0:14:33.4]

LH: Wouldn't say well-to-do, because we had all kind of people there, but nobody even thought about any society-type thing. It was just where all of us live on The Hill. Whether you had two pair of shoes or no shoes, everybody was totally accepted.

[0:14:48.6]

DS: Oh, good. How were you taken care of as a child when you got sick? I supposed you answered this with going to the doctor, but, say, with a cold or something, were there any home remedies or—

[0:15:03.8]

LH: Oh, yeah. They would always do that. My dad would recommend a home remedy and my mother would say, "No, he's going to the doctor." So all I had to do was walk 30 yards and I was at Dr. Haywood's house, and he would always mix up something and do it—or either if I was at my grandmom's over there in Townsville, we'd go into Henderson and see my uncle, Dr. Beckford, and they'd always give you something.

I remember once I was staying with my grandparents and I stepped on a nail. In those days, you would get lots of problems from rusty nails, and all the parents were

terrified. My mom came over there. Maybe I'd been over there for about two weeks. And she said, "How you doing? Everything is okay?"

I said, "Yeah. Stepped on a rusty nail," you know, to make it real exciting.

She almost fainted. "Did you go to the doctor?"

I said, "No. Grandma made me stand in a bucket with kerosene," like that.

She almost panicked. She said, "We've got to get you to the doctor." But I was well then, or dead, one.

[0:16:03.7]

DS: So I imagine talking with the doctors in your neighborhood and your uncle and asking questions, too, I imagine you learned quite a bit about health and illness—

[0:16:17.6]

LH: Yeah, I think I did.

[0:16:18.7]

DS: —as a general concept.

[0:16:20.1]

LH: Mm-hmm. I'd hear discussions and conversations and all of that.

[0:16:24.9]

DS: Are there any that stood out, any, I guess, health scares at that time that you remember them discussing?

[0:16:30.5]

LH: Polio. That was big back in the [19]40s, and infantile paralysis. In this area, a few kids picked it up, but they didn't really panic around here, but everybody was very cautious. I can remember some kids would come in from the city visiting grandmoms and

all like that, and you'd hear the mother say, "Well, I don't know. We hope those children didn't bring anything down here." So that was the biggest thing that I can remember as a kid. That was, like in 1945, '46, '47, during those days.

[0:17:08.4]

DS: That's interesting.

[0:17:10.7]

LH: And going to the dentist, usually people wouldn't know the difference between a permanent tooth and a primary tooth, so kids usually didn't get treated for routine cleanings and all. You'd only go to the dentist if you had a major problem or something like that. So it's amazing, most of the kids in my age group, we don't have first molars usually in the lower arch and all, and as I grew up and went in the military and all, I'd see patients and you could look at them and guess at their age group if they were from the South because they would have missing first molars. I thought that was unique.

[0:17:51.2]

DS: That's pretty interesting, indeed. Well, you mentioned that you wanted to be a dentist early on.

[0:17:58.3]

LH: Yeah, six years old.

[0:17:59.9]

DS: Six years old, and you stuck with it.

[0:18:02.3]

LH: I was a nerd, I guess you would say.

[0:18:04.5]

DS: Okay. So could you describe the process of, I suppose, going through college and actually entering dental school?

[0:18:12.5]

LH: Well, in those days, same thing now, I guess, you needed to have a degree in something science, biology or chemistry, for dentistry or medicine, something like that. But now you don't specifically have to be in that strictly science area. You can get accepted to a dental school or a medical school with a degree in English or geography or whatever if you meet the basic criteria, basic courses, and take the dental aptitude test or the med aptitude test and like that. But in those days, it was strictly science. They'd tell you, your teachers, "You've got to major in biology or chemistry," and I did basically that.

Then I didn't party a lot, because getting in dent school was pretty tight. They had a lot of applicants, so I had to keep my grades pretty decent and all like that. That was four years in dental school, and went to North Carolina Central for undergrad, went to Howard University for dental school, and that was quite an experience. Did four years there. Then after that, I went in the military, went in the Navy and was attached to the Marine Corps. I got a lot of experience and met a lot of people and got a chance to see a little bit more of the world. I spent a year in Vietnam and then some time in Okinawa, Japan, and got a chance to travel in that time. I was able to see a lot in the Far East, Bangkok. Well, that was a big city.

[0:19:54.8]

DS: You were working as a dentist?

[0:19:55.5]

LH: Dentist, yeah.

[0:19:57.0]

DS: Okay. Got it.

[0:19:57.4]

LH: So I spent time in Thailand, and I got a chance to see a few things in China, which was not true China, Hong Kong and the surrounding areas called “new territories.” I always had a desire to travel, so after that, when I got so I could breathe, I practiced in D.C. with a group, one of the first big groups. I think we had about 16 dentists and 40-some medical doctors, and we catered to government facilities there. That was a great experience, and from a standpoint of professionalism, I learned a lot there, but after a while, the country pulled me back. I said, “I gotta go home,” and that’s when the guys here asked me to become a part of their little clinic.

[0:20:44.0]

DS: I guess how long after dental school did that happen?

[0:20:50.8]

LH: That was three, maybe four years.

[0:20:55.0]

DS: Okay. So that happened fast, the military and going to D.C.

[0:20:59.5]

LH: Right, because my last duty station was in D.C. at the Washington Naval Yard, and I enjoyed that environment. I liked that.

[0:21:08.8]

DS: What inspired the military for you?

[0:21:11.3]

LH: Dr. Julian Haywood, the guy I was telling you about, the cardiologist. He came home with his Navy uniform on and he was explaining to me the difference between an officer and an enlisted man, and I said, "Wow." That sounded exciting, and everything Julian did, I wanted to do it, too. So, "Wow." So in my class when I finished dent school, I think we had about 20 people who went to the Air Force, maybe 15, 20 went to the Army, and only two of us went to the Navy. At that time, I didn't know that the Marine Corps was a branch of the Navy. So, anyway, I got in, but I enjoyed it.

So the guys teased me, "You just liked the uniform."

And I said, "Maybe so." [laughter]

[0:21:57.5]

DS: I'm curious, what was dental school like?

[0:22:02.0]

LH: Hard. Very hard, yeah. It was one of those almost studying 24 hours a day.

[0:22:10.0]

DS: My goodness.

[0:22:10.6]

LH: And the attrition rate was really bad.

[0:22:14.1]

DS: Is that right? Is that still true, do you think?

[0:22:16.1]

LH: Not as much so as it was in those days. Scholarships are available. When I was in dent school, a lot of guys were married and trying to work and take care of a family. I mean, you're taking nine, ten courses a semester, you can't study and take care of a family.

[0:22:37.5]

DS: Sounds impossible.

[0:22:38.8]

LH: Yeah. So it was really hard.

[0:22:42.0]

DS: Okay. So, switching gears a little bit, I want to ask some questions about Warren County today. You moved here four years after dental school, is that right?

[0:22:57.2]

LH: Yeah, mm-hmm, three and a half, four years.

[0:22:59.2]

DS: And you've been here ever since.

[0:23:01.0]

LH: Right, mm-hmm.

[0:23:01.5]

DS: So what would you say it's like living here in Warren County currently and over time?

[0:23:07.4]

LH: You've got to want to live in the country. You've got to like country living, and I do, because living in D.C. just was not me. So living here is not bad if you like

living in the country. In my case, I like dogs and horses and things like that, so it was not a big problem for me to adjust, because I was away from home, give or take, about 15 years, school and this and that. But I fell right in—

[0:23:44.2]

DS: Good.

[0:23:45.5]

LH: —and things went very well. I'd have to thank my parents, because basically everybody knew them, and it was like I'd never left. Most of the doctors here knew me. They knew I always wanted to be a dentist when I was a little boy.

[0:23:45.5]

DS: Did it seem different to you compared to your perspective before you were going off to school and the military and worked in D.C. a little?

[0:24:11.4]

LH: Things were changing, like the waiting-room thing. There were segregated waiting rooms, but when I got here, they changed, but it was no fanfare. So, things like that, and more so for my parents. They would come up and couldn't believe there's just one waiting room, white, blacks, Indians are in the same waiting room, and fascinated them. But, changes like that. So there were some positive changes.

[0:24:48.2]

DS: Would you currently say that your community is healthy? Why or why not?

[0:24:54.3]

LH: It's healthy to a certain extent, certain point. We need more training, I would say, health training and dental training, like that. But once we expose the people and patients to this, then we have to find a way for them to be able to afford it.

[0:25:19.6]

DS: What do you mean by training?

[0:25:22.1]

LH: Exposure, I should say, to what's healthy, healthy lifestyles—

[0:25:29.0]

DS: Okay. I see.

[0:25:30.3]

DS: —and this type thing. We do the best we can, and we have some good programs, but I think that's really important. We still could reach out and touch a few more people. But the churches have Health Days, and the Health Department has Health Days and stuff like that, they'll have it. But that's, I think, the exposure. But then exposure to a lot of stuff, and then how are you going to afford it? And that's the first thing they say, you know.

[0:25:56.8]

DS: How would you say dental health is, in particular? What's going on in terms of dental health in Warren County?

[0:26:06.2]

LH: Things have improved a lot since I first came here. However, we have a long way to go. For example, when I opened a practice in 1970, I believe, every morning, basically every morning—you never say always and forever, but just about every

morning, I would have two or three kids with major problems, dental abscesses, teeth that are rotting, and they just had not been trained, home care, brushing and things like that. Well, we got a dental hygienist here from the state, and they would go to the schools and discuss—they had a brushing program there and they introduced fluoride with the kids, and in, say, eight, ten years, you could see a difference, I mean with no studies or anything. Just in my office when I'd go in in the morning, some weeks I may only see two kids with major problems versus 20 or 25 sometimes.

[0:27:17.0]

DS: That's awesome.

[0:27:18.0]

LH: So it was just obvious that this program put on by the state worked. And the fluoride, I mean, it works.

[0:27:28.1]

DS: Could you talk more about the resources that are available to the Warren County community in terms of health?

[0:27:34.5]

LH: Now we have a Health Department and people are seen there. That's available. We have a health center over in Norlina. At one time, we had Soul City and HealthCo. That's not there, but that helped a lot of people, and a lot of people needed help and they could go there and do it free or at a reduced cost. It was a sliding scale.

From a dental standpoint, we have three dentists here in the county now. There are two other dentists, and we all stay pretty busy. I think we give a decent service, a very good service, actually, and we can do a lot of basic things with Medicaid. They can't do

anything exotic, but we can take you out of pain and we can do dentures for patients who have problems. But you can't do anything, like exotic things like root canals and replacing missing teeth with bridges. You have to do it the cheapest because that's all they'll cover. It's amazing, I think all of us occasionally will see a patient and we just say, "We've just got to go all the way with you," and don't charge them anything. That's something I've noticed.

[0:28:58.3]

DS: Oh yeah?

[0:28:58.3]

LH: There are four of us in my office here. Actually, my office is really my daughter's office. But we'll see some patients, there's no way for them to get any money, no nothing, or you can't send them to Chapel Hill because they don't have a way to get to Chapel Hill, and we just do it and say that's part of a service to the patients.

[0:29:20.3]

DS: That's awesome.

[0:29:22.3]

LH: That's not really unique or unusual in the country.

[0:29:26.0]

DS: Is that right?

[0:29:26.0]

LH: Mm-hmm.

[0:29:29.8]

DS: Curious, how does that affect business, just keeping things going, or is it not—

[0:29:36.2]

LH: Well, it's not a big gap. If you say two out of 200, you're not going to notice it.

[0:29:44.3]

DS: Okay. I see. This question might seem a little redundant, but I'm inclined to ask it anyway. How has healthcare changed over your life in this community?

[0:29:55.6]

LH: It's kind of a double-edged thing. We're able to get major great care, like Duke, UNC, on like that, most of the people, but we still have a percentage who are not being able to get even the basic care because of financial problems. Then like I say, years ago in the [19]40s or [19]50s, there were lots of doctors right here in Warrenton, so people would come to town on Saturdays and they would see these doctors, because just about every doctor worked Saturdays too. It didn't really matter. So for basic care—I don't know how I'm making sense, but years ago, it was available on a minimal basis, but now it's available on a top-scale, best treatment in the world, but you've got to get there.

[0:30:47.7]

DS: I see. That makes perfect sense. Why do you think those changes have happened? Where have the doctors gone?

[0:30:53.2]

LH: Big cities, you know. Unless you're country people, money always looks good, but I'm kind of country and most of the people are country, so we make a decent living, but we're not like we could have done in New York or D.C. or something like that. And job patterns. For example, when I grow up in Warrenton, we had car dealerships. Everybody bought their products in Warrenton, basically. I shouldn't say everybody, but 90 percent of the people. We had a Ford dealership, Chevrolet dealership, Chrysler-Dodge dealership, Studebaker, Buick dealership over in Norlina, so it was a lot of activities, but people didn't have a way to travel to Raleigh or Durham to buy things.

So then they started getting jobs out of the county. People stopped farming, so they started getting jobs at the plants and what have you. Then they working at a plant in Henderson or Raleigh or Durham. They would just buy a car there rather than buying it here, because they were up there. So that way, they started probably seeing a few doctors, and all in different places. When the car dealerships closed up, the doctors, nobody wanted to come to Warrenton.

[0:32:16.4]

DS: I see.

[0:32:18.0]

LH: When I opened my office, another doctor came in. He was a medical doctor, Dr. Kaufman [phonetic], and he didn't mind country living. He was from Kansas. He was here, and then Dr. Haywood practiced another four or five years before he died, and so did Dr. Hunter that was in the group that I was with. Then after that, we had a Dr. Bunchy [phonetic], who was a surgeon up at the hospital. But the big numbers of doctors

were gone. When I say big numbers, five or six. But we were down to two or three people. That's my theory. That makes sense, I guess.

[0:32:58.2]

DS: It does. Absolutely. The next set of questions are about your individual health and how you navigate the healthcare industry. So the first one is, what do you do when you don't feel well? Who do you go to nowadays?

[0:33:18.7]

LH: The closest buddy, you know. [laughs] But really Dr. Kenney over in Henderson. He came in for Dr. Green [phonetic], and he's my primary physician. Being a doctor with friends everywhere, depending on where I am and how I'm feeling, if I was in Henderson—there was a Dr. Trivedi [phonetic] who lives in Durham now, from India. I'd say, "Hey, man, this is hurting," or that's hurting, sort of like that. When it's something serious, well, then you've got to go to the big cities. So I've had back problems. I had back surgery over at Duke, and that went well. I don't have the pain and I'm not incapacitated. I may walk bent over, but at 77, you've got to have a little something wrong with you.

[0:34:14.0]

DS: Sure. And that was a good experience in terms of dealing with Duke and the doctors there?

[0:34:14.0]

LH: Oh, yeah, mm-hmm.

[0:34:19.4]

DS: Good.

[0:34:21.1]

LH: Yeah, Dr. Bagley [phonetic], orthopedic surgeon there.

[0:34:25.4]

DS: How long have you been seeing Dr. Kenney, by the way?

[0:34:28.3]

LH: I've been seeing Dr. Kenney, wow, since he's been in practice with Dr. Green, and I'll make a guess at 25 to 30 years.

[0:34:40.0]

DS: That's a good while.

[0:34:40.6]

LH: Something like that, yeah.

[0:34:43.2]

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

[0:34:48.9]

LH: You mean like family members?

[0:34:51.8]

DS: Sure.

[0:34:52.6]

LH: My mom and dad both were sick before they passed. My mother was sick for twelve years and she had a condition, idiopathic pulmonary fibrosis, and it took a long time to diagnose her, but she was diagnosed after two or three years of in and out of Duke. There's always something good and bad in everything, but she was diagnosed by a

physician, Dr. Charles Johnson, who went to Howard. We went in and he looked at my face, “I know you from somewhere,” but he was a little ahead of me. So then she wasn’t expected to survive, but she survived for 12 years—

[0:35:30.6]

DS: That’s awesome.

[0:35:31.6]

LH: —and did fine. So I was in and out, helping take care of here, because I lived just across town, and making sure she had coverage and somebody to help my dad.

Then when he got sick, I started going down—Dr. Kenney and Dr. Green were his physicians, and I was the one who had to make sure things were going—he didn’t want to live with me, so I had to make sure everything was okay. He did not like the big hospitals like my mom dad.

[0:36:00.7]

DS: Oh, no?

[0:36:00.9]

LH: No. If Dr. Green, Dr. Kenney couldn’t do it, forget it. [laughs]

[0:36:05.5]

DS: Sounds like that was something that stayed with them from your youth onwards, because he wanted to do the home remedies and your mom wanted to—

[0:36:13.5]

LH: Right. Yeah, that’s true, yeah.

[0:36:13.7]

DS: —go to the doctor.

[0:36:14.7]

LH: He did go to Duke one time. I carried him up there to see a cardiologist, and they ran all the different tests and everything and then the guy did the treadmill. He said, "Mr. Henderson, you're going to have to come back because our machine was not plugged in."

[0:36:28.1]

DS: Oh, no.

[0:00:00.0]

LH: So that was it. Dad said, "No, I'm not coming back. That's it. Forget it." So that's why I like to stay in with my country doctors.

And they gave him a lot of different medicines, and Dr. Green, Dr. Kenney said, "Yeah, this is correct medication for his condition, but we know him. He doesn't look like he should look," so they took him off of about three or four things.

Daddy said, "That's the only reason I'm alive. If these country guys hadn't treated me, I'd probably be gone."

[0:36:52.8]

DS: Maybe he was right.

[0:36:55.2]

LH: Yeah. [laughter] There's a good chance.

[0:36:57.7]

DS: Let's see. Can you tell me about a time in your life when you felt prepared or not prepared to deal with an illness, a diagnosis of yourself? That's a tough one, so—

[0:37:12.3]

LH: Yeah, it's a tough one. I'll think for thirty seconds. Or what's that thing, "Give me a lifeline," call somebody else. I guess when I started having major leg problems, which was coming from my back, you would hear so many conflicting reports, "Don't have back surgery, because the people are never right. They never get right again," and on like that. So I had a little concern on that, and I see how patients get confused, because they've got three or four different recommendations on that. Finally, when I saw Dr. Bagley over at Duke, we just talked about it. He took a lot of time explaining what was going on, and he says this and that. I had no choice except to keep hurting or go on with the surgery, and, luckily, things went well. However, I had a friend in Atlanta who, two months ago, had the same surgery and everything went haywire.

[0:38:16.6]

DS: Goodness.

[0:38:17.8]

LH: But as you know, in medicine, dentistry, nothing can be perfect all the time.

[0:38:21.9]

DS: That's right.

[0:38:23.1]

LH: So there can be some things that just don't work, unexplainable. So that was probably the one time that I was concerned about my health.

[0:38:31.8]

DS: Do you feel like the relationship you have with your doctor helped that or it was just because of the procedure itself, you were just concerned that there was no way to really tell?

[0:38:45.4]

LH: No, I'd say the relationship helped because I had put trust in my buddies and all. I said, "They want me to get well." So I went along with what they said, which was totally different from what a few other doctors had said, but I was happy.

[0:39:02.8]

DS: Okay. This next question I want to backtrack a little bit and ask you as a dentist where do you get information about, I guess, the newest advancements in dentistry, and how do you stay up to day over the years?

[0:39:21.5]

LH: Continuing education.

[0:39:22.8]

DS: Okay. What's that process like?

[0:39:24.3]

LH: The state has a mandatory thing for dentist, physicians where you've got to get so much continuing education every year. There are so many Continuing Ed courses that are available, some at the university, some at outside facilities and all, and it's pretty easy if you'll take your time and you go to the Continuing Ed. That's what I was reading before you came, a fantastic course. It's exciting, and not that I do as much as I used to. I just have certain areas I'm interested in, but the vastness of everything now, it's so specialized, but as a family practitioner, you really need to know a little bit about everything. There's an article I'll show you before you go about one of the hardest things to do is be a general practitioner for dentistry or medicine or what, because you've got to dabble and dabble in a little of everything and know when to refer and things like that.

Luckily, now I have the ability to refer patients to University of North Carolina. We have a lot of specialists, but back in the late [19]60s, I don't think there was maybe one or two oral surgeons in Raleigh.

[0:40:42.4]

DS: Wow.

[0:40:43.6]

LH: And now there's googahs [of them]. But we just couldn't refer, and if we did refer, do a referral, patient couldn't get there, didn't have the money. Those days, I did a lot of oral surgery from school, but basically from Vietnam, I was stuck for about a year doing things that I probably wouldn't have done, had I stayed in the States.

[0:41:05.5]

DS: That's interesting. Do you feel like the Continuing Ed is adequate for you?

[0:41:11.7]

LH: Yes. It's mandatory and adequate—

[0:41:14.4]

DS: Oh, good.

[0:41:15.6]

LH: —if you'll just lend yourself to doing it, and I love Continuing Ed courses.

[0:41:22.5]

DS: So it's a lifetime of learning being a dentist.

[0:41:25.1]

LH: Right, mm-hmm. I have a few friends who don't practice at all, but they hit all of the available Continuing Ed courses just to stay abreast of what's going on.

[0:41:37.3]

DS: Well, it must be a love of the industry.

[0:41:40.1]

LH: Right. Yeah.

[0:41:43.0]

DS: One of the last questions here is, have you or someone you know had an experience with healthcare that did not go well? Maybe someone you referred in your own practice or maybe a personal experience.

[0:42:00.1]

LH: I can't think of anything right off, but there are many cases that don't go well. But anything in the medical community or medical arena, nothing's going to be 100 percent, and I can name cases that things have gone bad with or gone wrong, but, luckily, nothing catastrophic has happened from a referral by me. But you're always reading about something, patient was referred and something went wrong, nothing that I have referred. But like I was saying, one of my buddies grew up here in Warrenton with me, ten years younger, and he had surgery a couple months ago in Atlanta, one of your top facilities, and he should have been hospitalized for one or two days at the most, back surgery, but everything went haywire and he ended up all of his systems shutting down and he died. I went to Atlanta for his funeral.

[0:43:07.6]

DS: I'm sorry to hear that.

[0:43:08.6]

LH: His funeral was there, and it was just one of those things that happened. If you look at the numbers, you know it's going to happen, but personally for me, that was one of the few that I've seen happen. It didn't answer your question, though, that I referred, but, no, I don't have—

[0:43:24.7]

DS: Oh, that answers the question. I'm sorry to hear that. Thank you for sitting with me today. Is there anything else you think we should talk about that I might need to know that I haven't asked about?

[0:43:41.2]

LH: Not really, except that I'd like to encourage young people to come back to the rural area. My daughter that I practice with her now—she used to practice with me—she grew up here, and everybody tells her, “You're not going to practice in the country.”

And she says, “Well, that's where all my friends are. I like it, enjoyed growing up, had a good life.”

So she lives in Durham, but she comes in here a couple of days a week, works three days. She floats. Then she does a lot of hospital dentistry, patients who are not able to be seen in an office, so she's at the OR at Maria Parham usually a couple of days a week, and she goes down there to a little town just outside of Sanford. Can't think of the name of it right now. But anyway, so she does that. So she stays abreast of what's going on, and she likes it and she feels obligated that people in the country have got to have treatment too.

[0:44:39.3]

DS: That's true, yeah.

[0:44:41.1]

LH: But talking to students who are in med school, dent school, I think if they spent a little time in an area like this—and some of the programs are doing that, exposing them to country areas—they can see that it's not a bad life. You're never own an airplane or you'll never own a Trump Hotel or anything, but it's a good life, very enjoyable, and people appreciate what you're doing.

[0:45:06.2]

DS: It's peaceful. I suspect maybe soon it'll get more attractive to younger folks as the cities get denser and more expensive.

[0:45:14.3]

LH: Yeah, very expensive. I went on a missionary trip to Haiti many years ago, and it was amazing how those people just showed appreciation. They were bringing gifts and everything, and it'd make you say, "Well, I could really live down here." That was forty years ago. But if you get into a community and stay for a while, you can always say, "I think I could survive here." So maybe you won't go too far from home, and keep us in the news.

[0:45:44.0]

DS: Well, I thank you, Dr. Henderson. I really enjoyed speaking with you.

[0:45:48.6]

LH: I hope it was helpful.

[0:45:48.6]

DS: It was, indeed.

[End of interview]

Edited by Emily Chilton, November 20, 2018

Interview number Y-0030 from the Southern Oral History Program Collection (#4007) at the Southern Historical Collection, The Louis Round Wilson Special Collections Library, UNC-Chapel Hill.