START OF TAPE 1, SIDE A

FLORENCE SOLTYS
NOVEMBER 4, 1998

NATALIE FOUSEKIS: I am interviewing Florence Soltys for the Southern Oral History Program on November 4, 1998 at her home in Chapel Hill, North Carolina. I'm here to talk with her about issues related to the elderly in North Carolina from World War II to the present. This is tape number 11.4.98.FS.

So, why don't we start with when and where you were born.

FLORENCE SOLTYS: I was born in the country, in Tennessee--my dad was a farmer—in August of 1935. I was a depression child and the first in my family and first grandchild on my dad's side of the family and my grandmother--. I was the only grandchild of her many children and grandchildren that had red hair. She had auburn hair so I was always her favorite and spent a tremendous amount of time with her when I was a child. She was a gardener, loved to garden. I would go and spent a week with her--. I can remember her infinite patience with me in the garden teaching me what was what. I remember once when I weeded her garden for her, I pulled out all of her flowers. It's the one time she every spanked me.

NF: Did she live in the same town as you?

FS: She lived probably two or three miles away, not that far away.

NF: How many brothers and sisters?

FS: I have one brother and two sisters. I'm the oldest. My brother is two years younger than I. I have a sister five years younger and a sister eleven years younger. So, in some ways, they were like older children because they were little kids when I went off to college really.

NF: Where were your parents from?

FS: My parents were southerners. My dad's family in fact—I have a book written about the family called The Grey Ghost—they were Virginian originally. Then settled in Tennessee, in the eastern part of the state. My mother was a Hill. Her family had come from North Carolina. I really don't know a lot about that particular grandfather. He never really talked that much. But my grandmother and he were enormous landowners. A lot of the land that they owned—I think it was several thousand acres at one point—were taken by the park, Smoky Park Mountain, Cate's Cove and all that area. So that both families were original to that area for many generations.

You know the old family cemeteries--. My dad's family cemetery--actually they moved some of the graves that go back to the Revolutionary War which they were moved from Virginia which surprised me. I didn't realize that until recently. When I was visiting with my eighty-five year old aunt who is the only family member left of my dad's generation. We'd gone to the--. She took my younger daughter to the graveyard so that to give her a little bit of linear education and also me as well. My mother's family's graveyard—I think goes back—I can't—the mid-1700s, I think, is the earliest date I saw there. So they're both old-timers in that area. We're sort of related to everybody there though the area's starting to change.

NF: What did your father do?

FS: He was a farmer.

NF: What kind of farm did he have?

FS: It was multiple, but the basic source of interest was dairy, except in his later years when he couldn't get help. It's so labor intensive. He actually sold off all the equipment and didn't run it anymore. He ran beef cattle. The other thing he loved was

horses. As a matter of fact, he died three years ago—soon be four—and his last day, I was so pleased about it, was that he chopped wood and went riding on his horse. He then developed a pain and went to see his internist. Started to stand up to go in to see him and fell dead. How lucky can a person be?

NF: Right. If you're going to just go--.

FS: And he was always riding horses. As a matter of fact, he would actually break them, teaching them to ride until he, probably, was eighty. My brother would say to me, "He's going to kill himself." I said, "Look. He'll die happy." If he wants to do it I'm not going to worry about. So, he remained—. In fact he had a coronary in his fifties, but then he was quite healthy until he died at eighty-four. So you can't complain about that.

NF: No you can't.

FS: He was very lucky.

NF: That's a great life span. I'll take that any day.

FS: My mother died much younger. So, he--. In fact she died twenty years before he.

NF: Did he live in the same town?

FS: He stayed in the family house. He remarried about two years afterward.

NF: Where did you go to school?

FS: I went undergrad to the University of Tennessee at Knoxville. I majored in nutrition and institutional management because I'd been involved in 4-H and a variety of activities like that. So, it made a lot of sense that I would go to a state university and continue with that. Originally, I had thought that that's what I wanted to do, was to stay

in a rural area and actually work with--. In many ways working extension is a lot like social work. But, I decided to do the nutrition part because I really enjoyed it. You can't believe the chemistry in the classes in nutrition. My professors there really pushed me to do graduate work in nutrition because they really thought that was the way I should go.

When I graduated I applied two places. One was New York City and the other was Boston. I was very lucky. In those days you didn't take GREs or anything. It was on recommendation and grades. Got in both places. You'll probably laugh about how I made the decision about whether to go to Mass General or Columbia Presbyterian. These are dietetic masters in hospitals. I decided to go to Boston because when I looked at the map it was closer to Harvard. [Laughter] So, that's when I made the decision.

NF: Well that's not a bad idea.

FS: Two of my classmates actually joined me out of twelve people they accepted in the graduate class. We made up a third of the class, or a fourth of the class.

NF: From Tennessee?

FS: Right. There was like this loop of back and forth between those two places. I think because of the professors being friends. I was very much pushed to go to Mass General. People said to me, "That's where you want to go."

NF: What year was this?

FS: That was fifty-eight. So it was a long time. The minute I stepped my foot in Boston, I fell in love. Seeing the public garden. We lived on Cumberland Avenue. This beautiful old brownstone that had been the Herricks, who had been the ambassador to England during the Second World War,--. It was magnificent. They had given it to the Mass General. They used it for housing for us. It was just gorgeous.

Just walking through the public garden to Charles Street to Mass General everyday was just such a pleasure. Then the excitement of just learning. It was such an active hospital. Then they employed me and I had the great luck of working with people like Jocelyn in diabetes who was the world expert. Paul Dudley White, the cardiologist, who was world-renowned, etc. They tolerated a kid who was in her early twenties working with these great men. I sometimes think about it and laugh. I'm amazed they put up with me. I met my husband, also, who was a medical student when I was there.

NF: What is the most memorable thing about these great doctors that you had contact with?

FS: I think the humane-ness. The consistency of really caring about people. The kind of role models that they were. And, despite how world-renown they were, it never showed. There was never this ego trip. This toleration of this tremendous—I think both of them, they were older at the time—I think both of them had this need to teach, to leave behind the wisdom that they had accumulated. I have so often thought about and thought how lucky I was to have had crossed the paths where they were.

Then, one of the other people I used to spend a lot of time with—. I think it was the beginning of the reinforcing of my interest in geriatrics was John Rock. I don't know if you know who Dr. Rock was or not. He discovered the birth control pill. He had been a Catholic and had been excommunicated from the church. In those days, patients could stay in the hospital forever. Dr. Rock was old. He was widowed. He was cognitively very alert, but physically not. If I didn't go visit him everyday—and he was there for months—he would call me in my office and want to know why I hadn't been by to visit him. He would sit me down and tell me all these stories about his life. I was so sorry I

didn't record them. I often think back--. Because he would say to me, "Florence you're only twenty-three or twenty-four, I can't remember which one it was now. When you're fifty and sixty, you think back about me and the time that I've spent talking to you. I will have done more to change society and give women the ability to make choices than anything else you'll be able to identify." He had somewhat of an ego. But, he also knew that what he had done would really impact on society. I've often thought about that. He probably was right. I've not been able to identify anything that was more. He would talk to me a lot about his wife. She had long been dead. He really missed her. He would talk about his early days. It was great fun. I think that was my beginning of having a lot of interest in people's stories and older people and honoring their lives, etc.

NF: I love sitting and listening to stories like that. How exactly did you meet your husband?

FS: That's a good story. At the Herrick House I had two roommates. We had these enormous bedrooms. There were three of us in the room. My roommate had been going out with a mental student. I had actually been going out with one of his classmates. Well, before that, I need to tell you another story.

Before that I was dating a Harvard law student. He had been down to Cuba when Castro--. He was one of the students who went down to help Castro take over the government. Actually, Castro came to Boston as a young, dashing charming man. I met Castro because of him.

NF: My mother met him, too. My mother was a Wellesley at about the same time.

FS: Probably at the same reception over at the law school.

NF: Yeah.

FS: Could absolutely charm the flies off the wall. But, anyway, I had been going out with him and then I'd gone out with one of John's classmates. I grew up as a Protestant. I think I never really thought very much about stringency's of religion and that sort of thing. But, the young man that I was dating was Jewish and his parents were very religious. They did not want him to go out with me anymore. We weren't going out any more. My roommate had been dating his classmate. She was very Catholic, Irish-Catholic. This whole thing got very confusing. She was going out with this young man that she said was Jewish as my husband. Her parents were objecting to her going out with him. One night when he was at the Mass General he'd gone to a neurology party because he'd rotated ( ) through the neurology. He had had what he felt were too many drinks to drive. He called Pat and wanted to go out. I answered the phone. She wasn't there. He said, "Would you go out and have a cup of coffee with me just so that I feel okay to drive back to the medical school?" Which is only about two or three miles away. I said, "Sure." I didn't think Pat would mind. I went down and had a cup of coffee with him and we never dated anyone else after that. Then we were married in June of '59.

NF: In Boston?

FS: He finished medical school. No we were married in Tennessee. But he was not Jewish. In fact, he was Catholic. His parents were Austrian. As I said, Austrian-Hungarian impact.

NF: So how did you get down to North Carolina?

FS: How did we come to North Carolina? Well, John did an internship, actually in Chicago because that's where he was matched when he graduated. I was over at

Presbyterian St. Luke's in Chicago. He was at Michael Reece which no longer exists, on the south side of Chicago. We lived in—I'm blocking the name of the apartment complex—on the south side which was the first experiment in this country in integrated living done by New York Life Insurance. They kept it at ratios. You were interviewed before you were allowed to--. It's right on the lake and directly two blocks from Michael Reece. That was a very good experience for both of us.

NF: How so?

FS: In that we developed friendships with a lot of black couples that we still hear from to this day at Christmastime, forty years later. It was very positive in that it gave us perspective that neither had from our backgrounds. I knew a lot of black people growing up in the south. I knew them as friends.

As a matter of fact, on the farm we had an older black couple. He lived to be ninety-eight and died when I was in college. We called him Uncle Wash. His name was George Washington Stokeley. His wife was Lizzie. We called her Aunt Lizzie. Uncle Wash used to take my brother and I out. He would baby sit for us when he was probably eighties. He would take my brother and I out fishing. He loved to fish and we would go fishing with him. There was a pond on the farm. He used to sit us on his knee or we'd sit with him fishing and he'd tell us stories that he could remember from his mother who was a slave. I'm not sure he can remember them himself.

NF: Right, right

FS: They'd probably been repeated to him. But, he was an absolutely fascinating man. Then, of course, we'd make cookies or something like that that you could throw against the wall and break the house down. So, that was interesting. It was done more—

I think our going to Chicago was more on a different level. Of course, you're at a different place in your life then, too. These people were professionals. They were peers, etc. which made a difference. But, we were there one year and we knew we were coming back to Boston. So, we went back to Boston and he did his residency and all his training there.

NF: What were you going at this time?

FS: I was back at the Mass General. Working back over at the hospital.

NF: As a nutritionist?

FS: Umhmm. Working still was sort of--. I just was gone for a year and came back and moved back in and worked in Phillips' House in Great Park which is the private hospital. It's on the Charles. It's where the elite sought health care. It was fun. You had--. In those days, in the sixties, it would be unusual--if a patient wanted watermelon in January you called Florida and ordered watermelon in January. And they had crystal and linens and all that sort of thing to go out. It was a lot of supervision of a lot of PR kind of thing. I was working with the physicians. Many of their patients would be internationally known people that they'd be taking care of that I would work with, too. So, the experience was not with a lot of poor people as I had had experience before, but it was still working with Dr. Paul Dudley White and those physicians. This was the other end of their practice. No students were there. It was a little different. The rest of the hospital was a teaching hospital, but that part was not. It was fun because of the people you met and the joys of it. Occasionally, it was very frustrating. But, I stayed there.

Then the desegregation in the Boston schools started. There were riots and problems and all this sort of thing. I decided that I would go see the people in the

education department and if they needed a white person to go into the black community that I'd go. I talked to them, and, indeed, they did. I taught for three years in Roxbury which—a girls' high school—which is a black school which they were trying to integrate. There were very few white students there. But, it has a principal who wasn't—. I taught--. This is high school, so the students were older. I taught third and fourth year of high school. It was basically life skills is what it ended up being, because these kids were so far behind, and socially had problems. Came from really serious problemed homes, etc. But, I loved them. They were marvelous.

In those day, they had what were called reform schools where when a child was incorrigible they were sent off to reform school. They were segregated by gender as were the schools in Boston, at that time, once you got to high school level.

NF: They were segregated by gender?

FS: Yes. So this was girls high school. It was only girls. What was interesting was that by then John was entering his last years of residency and he was consulting to a number of these reform schools. So, I would have them in my class and he would see them in the reform school when they'd be sent off because they had misbehaved. It was rather funny at times. I remember one incident--. And, my principal said to me one day, "As long as you are reasonable--." Because I wanted to take them on field trips. I wanted to take them to places like the art museum, etc. where Boston is just so abundant in things. They'd never been outside their community. So, I went to the principal and I said, "I know this is not ( ) but I really feel like they need socialization and exposure. She said to me, "As long as you don't get the school in trouble and you're feeling that

they're learning, you do what you want." This was after she got to know me. One of the things that I still--.

I read over the article the other day when I was looking for something. Streve, Crump & Lowe which is the store in Boston, or used to be--I'm not sure it even exists anymore—had magnificent things: antiques and very expensive things. Each year they sponsored a contest with the Silversmiths of America where high school students would come in and develop a menu and chose from anything in their store and set a table. The school that won would them for the next twenty years be given a place setting of sterling silver to the outstanding senior graduating and get a silver tray service for the school. So, I read about this and I said to my principal, "I think I'm going to take my students to the store and have them visit. And, then I think I'm going to have them enter the contest." And, she said to me--. And, this is, of course, competing with Wellesley and Weston and all these fancy schools. And, she said to me, "Florence, if you have the courage to do it, go ahead. But, you'd better make sure their hands are in their pockets when they go into the store [cough] and I don't think you'll get too embarrassed." So, I called up Shreve and I talked to them. I knew some people. He said, "No. We'd be glad to do that." With all the problems happening in Boston, they dared not say no.

So, I took the students on a field trip and they were wonderful to them. They really were very gracious. Then I decided, "Well, I'll have them enter the contest." I couldn't go help them. They had to go on their own. I had to pick them and they went on their own. So, I picked a team of students. Some of the better students and some of the poor students because I wanted to have them learn from each other. But, I could help them develop the menu. We thought we'd have a Boston theme, a Massachusetts theme.

We picked things like Harvard beets because Bobby Kennedy, uh, Teddy Kennedy had just--. The thing had just come out about his cheating at Harvard. Boston Cod and stuff like this. They decided they wanted--. You had to choose who you would do this dinner in honor of and they decided Ted Kennedy. So the Harvard beets was sort of a joke.

The students went down and I think they must have helped them at Shreve's because they ( ). But, anyway, they chose the china and the silver and set this table. They took little silver cordials and put the state flower in. Then they decided they would use an American flag at one end and a state flag on the other. They couldn't find a small state flag so they just marched themselves up to the Secretary of State's office and asked to borrow his which his graciously gave it to them. And my students won. There were all these articles in the paper about it and about the students winning this. My principal was so pleased. Of course, the students, for years, received the sterling silver place setting when they graduated from school. The top student in the school suddenly had all this silver and the principal said they had no place to put it. It was very nice. The article I noticed the other day when I was going through some things. But, those are the kind of things that you remember.

I remember a lot of students who were immigrants that were coming over during that time for whom English was not their first language and they're sitting with a dictionary translating and trying to catch on. Many of them were so motivated that they would wind up being really good students by the end of the year. But, they were mixed in with all these students with really serious problems. I think it's also a time when you begin to realize how maybe mainstreaming is not the best way to educate children. Sometimes you have to give people supports.

In my laboratory we had these huge real long soapstone sinks. Somebody from the school board, probably, had been in cahoots with the old Octagon soap because I had a whole closet full of it. I used to put it out for the students. I still remember one of the black students there. Everything's very quiet and they're washing their hands and she speaks up and she said, "Mrs. Soltys?" And, I said, "What?" And, she said, "You know I'm going to turn white in your class one of these days if I keep having to use this soap." [Laughter] So, there all sorts of funny things like that that I can remember.

NF: What motivated you to do this in the first place?

FS: I don't know. I enjoyed--. When I was at the Mass General, I then started having--. I wasn't responsible for a full class at the Mass General, but I was having students rotate through with me on projects and things. But, I really enjoyed the teaching part. I was feeling very badly that there was all this problem in the schools and people weren't coming forward to do anything to attempt to rectify it. I felt very mixed about it because I also felt that the burden was being put only on the poor people of the city. All the suburban areas were standing back and yelling, "Oh, look at those animals." So to speak. Both white and black. Sort of the, basically, that's what they were calling the Irish in South Boston and so forth. But, they were all poor and they have the family support, the economics and all that. I was very frustrated about the whole thing. But, I loved the three years that I was there and then I became pregnant and ( ) stopped my teaching career. Then I stayed home for the next fifteen years and volunteered, probably, twenty to thirty hours a week in a variety of things.

NF: Where were you at this point?

FS: I was still in Boston. Oh, golly, some of the things I did there. I was on the Y board. A lot of things were happening in Boston at the Y. That's when it was still very prominent. We had a community organization. We then bought an old house in Boston in '68 that had a lot of work to be done to it which we did. Which I did a lot of it myself. But, we had a neighborhood organization and I was elected president of that which was the first woman. It had been a male-dominated thing. So very early seventies.

NF: What kind of stuff did you do?

FS: Well, we did things like run all sorts of programs for the young people like Brownies and hockey and that sort of thing. We monitored, for instance, the policing. We made sure that politically that people—. We would encourage people to vote.

At one point we were having lots of house breaks. We were able to convince the mayor to put a policeman and a dog in the neighborhood. Which with one policeman and a dog and no one knowing when they were working the house breaks went from three hundred fifty to two in a year with just the effectiveness of that. Just lots of issues that came up.

There began to be a push from modern developers to come in with high-rises around the local park system. I participated in a task force that the mayor appointed which is still quoted in a lot of the literature called *The Charles to Charles Cabinet State* in which we set guidelines for a lot of the city and hype and all that sort of stuff in neighborhoods.

Then things became worse and worse throughout the city. So, then what we did was organize the entire city. All the neighborhood organizations started to look at things in a more "whole-istic" way. I chaired that and it represented close to three hundred

thousand people. So, it really required a lot of time. It also gave me a lot of access to people that you wanted, like Ted Kennedy or Barney Frank or the mayor. That's how I became friends with Michael Doukakis who later became governor I think when he was a selectman in Brookline. So that I knew a lot of people in Boston. I knew how many of them connected.

It was a city where I could go anywhere. It's a series of neighborhoods which was so exciting about it. So, I was very committed to the city. I loved the city and it was home for me almost from the day I put my foot there. Then in 1975 one of the people from the University here--I can't remember if John met him in a meeting or what. The AHEC program was just starting here. It was really not terribly progressed. They were real interested in expanding the psychiatry program. And AHEC, of course, is the program that reaches out over the state for continuing education, for consultation, for clinical services, etc. It started with federal monies just with the medical school. It's in, I think, seventy-three or seventy-four, so it was quite young.

NF: What does AHEC stand for?

FS: Area Health Education Centers. It then later--. North Carolina eventually took the model and put it in all the health science schools and also includes social work now. That--. I'll talk about that in a few minutes because I was involved in that. They talked to John because he had done community psychiatry. He did adult psychiatry, child psychiatry and then community psychiatry. He was going to school all these years. They wanted somebody in community psychiatry to come here to expand the program all over across the state because the community health centers weren't really caught on yet, etc. They were dumping out the hospitals.

So, anyway, we came down and he talked to people and back and forth. Then the chairman came up to Boston and came to talk to us and our younger daughter misbehaved terribly and we were afraid they wouldn't ask John to come after that. She was two and she threw a tantrum at dinner.

NF: That's two-year olds.

FS: Exactly. He was very gracious about it, but I was horribly embarrassed. I would much rather she would have thrown it when he wasn't here. Anyway, they offered him a job and after much thought and many tears, we came because I just had a real hard time with it. Chapel Hill was a different place in '75 than it is today.

NF: How so?

FS: There were, as I recall, three restaurants in the town. There was a little Chinese one out on 15-501 that's now defunct near a motel there. There was Ray's Fried Chicken where Sienna is, Villa Teo and Rathskellar's. There were four. And Carolina on Franklin Street. There were those and that was it. It was very much a black and white society. There were almost no ethnic backgrounds.

And remember that—I didn't know this at the time—but, in fact, it was not until 1965 that the university integrated, allowed blacks to come in. In fact, I later became very good friends with Hortense McClinton who was the first black faculty person to come to UNC. She had come, I believe, in sixty-six, sixty-seven. She told me when she came she had to use a separate bathroom, couldn't eat in the restaurants, etc. And, if you're interested in reading about it there's a great book by John Elhe called Brave Men which is an accounting of what happened here during the sixties with--. And you'll be interested in some of the names and activities and there were trails and all sorts of things.

It's very ugly. A part from his account and, I assume, his account is correct. But, it was--. Coming from a very multi-ethnic background for a long time we had food shipped down to us from Boston of various ethnic foods.

NF: I can relate to that.

FS: Like pita bread and grape leaves and things like that were things we always enjoyed. Kind of an interesting story, our older daughter was eleven years old.

NF: What's her name?

FS: Jacqueline. –was eleven years old at the time and she was in the seventh grade and she went to Culbreth. She--. My kids had always been accustomed to eating ethnic. I think she took something to school on pita bread and I can't remember what else, whatever it was she wanted, she took. Anyway, she came home in tears because these classmates made fun of her because they'd never seen food like that. So, it's sort of an example of the way society was here.

Schools were very poor at that time. My kids had gone to the Boston public. I had sent them to the public school, but it was a neighborhood school in which it was fairly good, I think. Rebecca went to Glenwood. She was a first grader. Our younger daughter. She faired better that Jackie because there was lots of oh, what shall we say? Violence, I guess, is the word I want to use. I was trying to find a better word. But, in many ways, I realized, maybe I don't want to overprotect the kids because they weren't accustomed to that. So, Jackie would come home with these stories.

I started volunteering at the school because I wasn't working. What I found was that she was correct. I started tutoring kids that were sixteen, fourteen, sixteen, and couldn't read and write. Multiplication tables may have well been Greek. I started

tutoring one-to-one probably twenty hours a week. The students and classes changed and it was like chaos. [Recorder is turned off and then back on.]

Anyway, I was back to tutoring the students. I just was really distraught. It finally wound up that I would go out between classes and I had no authority. It just goes to show you that I maybe was already aggressive. But, I would say to the student, "You have thirty seconds to get to your classroom." To really push students because I thought they didn't have boundaries to know where they stood. This really bothered me. The more I was involved the more I knew that it wasn't the place for my kids because I could see--. Jacqueline, our older daughter, had already skipped one grade. Their solution was for her to skip another grade. She did graduate from high school at sixteen, but she would have been even younger. I thought socially she couldn't handle it. I said to my husband, just to show you how desperate I was. I said, "Either the children go to a private school or I'm going back to Boston." This was how I felt. So, we put them in Durham Academy which is, probably, the smartest money we ever spent because they loved the school. As a matter, Jackie went to the school--.

I was going to tell you the difference with ethnic food. She came home the first day--. And they don't have a lunch program, the kids take their lunches. She came home the first day and she was so excited. She said, "I'm starving." And, I said, "Did I not give you enough lunch?" And she said, "The kids all ate it. Nobody had ever seen food like that and they were so excited. They wanted to try it. So can I take extra tomorrow so they can all try it?" She said, "I just love it. Nobody said to me you're strange and weird and all that stuff." Those were very happy years. My kids went through and graduated from there. They say to me now, if we ever have money, we wanted to go to

Durham Academy, not to the colleges and universities that they went to. They saw that school as really shaping their character.

Jackie's going to be thirty-five soon and Rebecca's twenty-seven or twenty-eight. They have seen the importance in the devotion of the teachers. When Jacqueline married some of her high school teachers came. She was twenty-eight when she married so it had been years since she'd been out. Many of her teachers came to her wedding.

NF: That's so unusual.

FS: Well, you know, I think it speaks for the school.

NF: Yeah. I've heard they're--.

FS: And there were disadvantages because many of the kids were very well off where maybe the value structure was a little different from mine and not what I wanted my kids to carry off as values. But, educationally, it was superb. I was out there the other day to take something and the waiting list is so long now. The waiting list is as long as the number of students in the school.

NF: Yeah. I believe it.

FS: And they don't have land to expand. They're sort of penned it. In Durham where they are there's no land ( ). So they were talking to me about building a campus that would be somewhere in the country where they could expand. I don't know what's going to happen. I'm not really on the board or anything so I don't know. But, the other thing I did after I was here for a year. It was'76, I guess, maybe close to '77. I think it was '76. There was a push to do meals on wheels. There was no program here. The Episcopal church, the Episcopal diocese and some of the local churches really wanted to start this. So, actually, I was the first coordinator. I ordered the filing cabinet and

telephone and all that at Bickley Baptist where it all started and put together the volunteers and all that. That was great fun. That program is still going, as a matter of fact. I'm going to speak in December. I think it's the twenty-second, or something like that, anniversary, twenty-second or twenty-third.

NF: So how many people did you serve when you first started?

FS: We started out with five. I think it's something about sixty now. We set up a very different kind of program because the older Americans Act will pay for meals on wheels. The decision was made that they didn't want to be restricted to just older people because this was an academic community. If young people, college students, needed meals delivered to them, they wanted to have it available. We rejected federal money and actually raised the money and it continues to be that way today.

NF: Really?

FS: Yeah. It's a very neat program. We gave the federal money to the meals that are done in the congregate program. I think it helped me begin to adjust to Chapel Hill and begin to be involved in that because I really got to know very large numbers of people because of the volunteers. It forced me to go out over southern Orange County where our ( ) area was and really learn a lot of people. Then, working with the board was very interesting, too. They were a nice group of people. Then I did it for a year and resigned and went on the board and became chair.

NF: So you were still there even though you weren't doing it?

FS: I'm no longer now in any formal capacity, but it was an interesting time.

NF: So how did you get from volunteering on meals on wheels to the kinds of work that you're doing now?

FS: I did a lot of volunteer work for the botanical gardens. I chaired a school bus safety task force in Chapel Hill because I was very concerned that sixteen-year olds drove school buses. The first year we were here there were twenty-two school bus accidents in town. So, this--.

NF: Sixteen-year olds drove school buses?

FS: Oh yeah. There were more responsibilities put on sixteen-year olds than the teachers in the classroom because they would take ninety students on a school bus. So, that got a fair amount of publicity. I was called a communist for questioning this in North Carolina because these kids had driven tractors and all that and knew how to drive. But, I thought it was inappropriate and Ralph Nader got involved.

NF: How did he get involved?

FS: Well, I called. Alexander, who was secretary of transportation at that time, actually threatened North Carolina in taking away their federal highway funds if they didn't so something because of the publicity that came out of this. It wound up changing the training and the age of school bus drivers and so forth in North Carolina. I thought that was fairly successful in coming in as a newcomer. My kids weren't using the bus anymore by that time, but I just was very concerned about it. A lot of details I don't want to go into that were very political and so forth. But that was interesting.

Then across the street--. In the house down this way lived Martha Tippett. Her husband had been James Tippett, the children's writer. The house directly across the street didn't exist then. It was woods.

NF: I'm going to stop for a minute.

END OF TAPE 1, SIDE A

START OF TAPE 1, SIDE B

FS: --lived Martha Tippett. She was born in 1892 so she was relatively old when we moved here, but still pretty active. She and I just became very fast friends. She had no family here. I remember having a surprise eighty-fifth birthday party for her. She absolutely flipped out. We didn't know many of the neighbors but they all came--the house was packed—to honor her because she was so respected. As she became more frail everybody became more involved in helping her and meeting her needs.

NF: What kind of stuff did you do for her?

FS: Oh. When she needed to be driven somewhere I took her. She liked to go visit old friends that would be out of town, an hour and a half away, like Warrentown. Places like that, I would take her because she was scared to drive there. I met wonderful people that she knew. She had friends of all ages and I was very much included in that. She could tell stories that were just beautifully told. So, the more I worked with her and the more I volunteered I began to look because Jacqueline was going to go off to college in '82. I thought, I really need something to bite my teeth into.

I went up to school public health and I talked to them about a doctorate in nutrition. I hadn't kept up with journals. A lot of things had changed in these interim years. Once I talked to them I realized, I'm never going back in that. That's not really what I want to do anymore. What I'd been doing was basically volunteer work. I haven't mentioned everything, but a great deal of it was with older people and programs that related to them.

I went to see the people in social work. It was a very different program in '82. There were very few older people coming back to school. It did not have the number of

students that we have now. I'd never taken the GREs. I'd never been required to. I talked to them and they very strongly suggested that I apply and take the GREs. So, I spent some time preparing myself trying to remember the math I'd forgotten and all these other things getting ready for the GREs. I got one of those Barron's and spent hours going through it. I took the GREs with my knees trembling so much it rattled the desk through the whole exam. And, did okay, much to my amazement, I decided somebody was kind, and got into the school. And went to school between '82 and '84.

I was older than most of my professors. I was in my middle forties. I was older than most of my professors. When I think back, I think how terrible I was. I remember in classrooms challenging professors about theories and real world. I said all this stuff that probably wasn't too kind.

When I finished, what I really wanted to do—because I'd been involved in the founding of hospice in North Carolina. I'd been on the committee that started hospice in the late seventies and then on the board of Triangle Hospice which was the local hospice. It was an organization that I dearly loved because I really think people need control over their lives and choices. A very different model from the medical model for me than the medical model where families are included as part of the standard of care and where volunteers are involved and so forth as part of a team.

NF: What drew you to that in the first place?

FS: You know, I don't know. One of my friends was involved in the committee and she called me and said, "Could you come to the meeting?" I immediately after that was captured. It just seemed like I'd come home.

When I worked at the Mass General I don't particularly recall—except I can remember a few people who would call me in the room--older people--and would beg me to read their chart to see if they were dying because they wouldn't tell people. They'd want to know, "Do I have cancer? Am I dying?" These questions that I knew that if I did it, I'd be fired. I would have been in big trouble. So, I saw a number of instances like that.

Another thing I remember was being on rounds with the doctor. There was a fairly well-known person who had a brain tumor. There weren't many machines then. I remember the very first kidney machine. I'll tell you a story about that, if you like. The doctor just walked in and unplugged everything. You didn't go through all these things that families go through. I thought how kind he is to do that to the person and to help the family. The family wasn't there. He just said, "He's had enough and so has his family," and unplugged whatever was plugged in. I don't remember what it was now. It wasn't ventilators and all that because they didn't exist. But, I think those kind of issues have always been--. I've always been a person who likes to have control. Not knowing what boundaries are and all that has always frightened me. So, I think that was something that was very strongly of my interest. Now I've lost my train of thought as to why I went to the school.

NF: You were telling me what you were doing.

FS: But hospice was really a new concept then as was Alzheimers. And I'll tell you a story about that, too, in my school. So, anyway, I went to the school and their--. Basically, I said I really want to work with older people. I think I was one of the few students who ever said that to them. They really didn't have much of a program. In

many ways they were very tolerant of me because they tried to give me as much as I could.

My first year I spent at Duke two days a week in the Alzheimers' unit. Most of my professors had never heard of Alzheimers' disease. I used to come back to school and really talk about this in the classroom and many of the teachers were fascinated. We were doing education work. Duke, at that point, was starting its program. They gave me a lot of responsibility. I was older and I was--. It was a real pleasure to work with many of the people that I worked with there. Then the second year I said to them that I wanted to work at hospice. So I had to resign from the board in order to be a student there.

So, I worked at hospice and did a number of things. Again, my professors knew nothing about hospice so I was bringing that back to the school. That was a new concept for them, too, in the role of social work. And one of the things that I did while I was a student was that I was disturbed that it was thought of as a middle-class white organization ( ) educated white. I said, "You know given black families and value structures and all this this is an organization that really ought to be serving these people." Durham was probably the catch in the area with Orange had at one time been Wake, too. It was too big an area so Wake broke off.

So what I did when I was a student—I had the luxury of doing this—was spend about three months really visiting with all the black leaders in Durham talking to them about hospice and trying to educate them. Practically every Sunday morning, the black churches were very kind to me in that they would let me come in and do a presentation for their congregation. We turned the Durham Park into the most integrated hospice probably in the entire country to make it more reflect the population. To this day, board

people and patients, etc. are very well represented in the hospice. Those are my experiences other than classrooms when I was a student.

When I left, I thought I'll never--. I wanted to go into the community to work because I really like hands-on clinical work. Never occurred to me that I would get a phone call six months later from the school asking me to come back. I was working in home health in Durham county in, basically, a minority community which I love.

NF: What did home health do?

FS: Home health delivers care to people who are acutely ill and on Medicare reimbursement. Again, it's nurses and social workers and p. t., etc. You could have a stroke and be home and put the staff in to help. I would be in with resources and that sort of thing depending on the situation. It's a short term not a long term care.

I got a phone call from the school saying that they were interested in organizing something in geriatrics on the campus. Would I be willing to come back part-time? I wasn't sure. I thought about it and I said, "Well, yes, I'd come and talk to them." So, I did. At that time, there was a person at the school--. Public health is no longer there. We got a grant and the grant was to pull together the whole campus to do some education in gerontology across the health sciences and social work. I came back and I coordinated that program for our school. Meantime, I left home health and I was also at hospice. I was working two jobs part-time. They seemed like two jobs. But, I didn't want to leave hospice because I loved it. I just--. It was just like it fit something that I needed.

NF: What did hospice satisfy for you compared to--?

FS: I always felt like you cut through all of the façade that's there from anyone that's dying. They have very important things. So many things don't matter anymore.

Really important things are the things you want. If you can help people get what they needed and families and relationships repaired. People being able to say "I love you" to each other. Providing the kind of atmosphere and support, love that was needed then you really felt--. I always felt that I left getting much more out of any patient family than I gave them. I think even today there will be ways some things will happen and I'll think back to a patient from years back and realize the impact they had or the thought processes that affected me in working with them in looking at who I am as a person.

So, anyway, hospice was then pushing me saying, "We want you here all the time." At that time, we had six or seven patients so it really wasn't a lot. But, it was slowly growing. It had to be accepted. It was a new concept. The university was saying to me, "We want you full-time." So, I was really torn about what I would do. Then, probably, one of the most life-changing things happened in my life that had ever happened.

My brother was a professor at the University of Rhode Island and at Brown. He was an animal scientist and head of science. Workaholic. Married to a lovely young woman who in '86 was forty-five and they had two children. Marsha had a masters but she stayed home. She was very quiet. Probably lacked confidence in herself. Played the piano beautifully and was a marvelous gardener. Had thought that she would go back to work when her youngest daughter finished high school. And, this is January of '86.

She and Glen--. She ran five miles a day. Didn't carry one ounce of weight that she shouldn't and, I think, was appalled at me because I had let myself gain weight. But, she and my brother were shopping on a Saturday morning and she developed a terrible headache. It kept getting worse in the grocery store. So, he took her to a little hospital

which was nearby, a couple miles away. They'd gotten a cat scan a week before which is amazing and took her in there and scanned her and she was having a massive cerebral aneurysm. Ambulances went blaring to Brown with her which is thirty-five miles away () hospital. My brother went to find the two kids.

They did hours of surgery. She came out on total life support. The summer before that, actually it was our last trip here—had been here. She read a lot. She was very close to my older daughter, Jacqueline. She had gone to school at Wesleyan and Yale and would spend a lot of time with my brother and his wife in Rhode Island. She and Marsha were particularly close. She came on total life support.

But, anyway, when she was here the last time, she'd had been doing a lot of reading. Of course, because of Jacqueline's interest in Soviet things she had done a lot of reading of some of the Soviet books and we were discussing and some of the fiction, etc. She had always had this obsession with Karen Ann Quinlan. She said to me that day. She and I were alone. We were in the kitchen. She said to me—you know, they had taken Karen Ann Quinlan off the ventilator-they had left the gastrostomy tube in--.

NF: My advisor just wrote a book on--. My other advisor, Peter Filene, just wrote a book on the right to die so I've just been reading this story.

FS: About my sister-in-law?

NF: No, about Karen Ann Quinlan.

FS: Anyway, Marsha had been reading that and she said to me, "You know, Florence, I've thought a lot of this." She looked me straight in the eye and she said to me—we talked about hospice and that sort of thing—she said, "If that ever happened to me, you wouldn't let them be that cruel to me? You would stop feeding me, wouldn't

you? You would see that that happened?" And, I said, "Of course." She was perfectly healthy. I think nothing of making a commitment like that. Not realizing that less than six months later I would be facing that.

Her mother was living. Her father was dead and she had a sister. She came out of the ventilator and after about six weeks we decided to ask them to take her off the ventilator. The children agreed. We spent a lot of time with the neurologist. They took her off the ventilator and she stabilized. She had enough brain stem function to stabilize. She was still in intensive care at Brown. Still getting physical therapy to prevent contractions. She developed an infection. They had to go back in and put a shunt in for drainage and when they did they removed the bone fragments and her head collapsed in to her eyebrow. So you looked at her and it was hard to look at her.

After about seven or eight months, Brown said to my brother, "We really are sorry about this, but we can't keep her here in intensive care any longer." He had Blue Cross/Blue Shield of the state because of being a faculty person. Of course, he was at Brown and the people knew him. "You're going to have to transfer her." And, she needed so much care, of course. She had to be suctioned. She had to be turned every hour, all these things. They said a nursing hour wouldn't take her. So, I read the policy and re-read the policy and so did Glen. There was no way that we could read that the policy was going to cover anything after her medical care after she left there. So, they transferred her to Cranston General Hospital which is a big general hospital. It's on a big campus, sort of like Dix. The prison was there. There was this hospital. There was mental health, etc. She had--. It was five floors and it looked out over Point Judith

which is her favorite place on the ocean at the lighthouse. They transferred her there. She continued at the same--.

We had people look at her. Everyone agreed. There was nothing there. There was nothing there but brain stem that had kept her anatomic functions going. After about a year we talked again and decided that we would ask them to remove the gastrostomy tube. That was something that just was not being, had not been done. So, my brother spoke with the physician. He said he agreed. He thought it was perfectly appropriate. There was no hope for recovery, but we would have to talk to the hospital administrator. So, my brother made an appointment and when the family went to talk to the hospital administrator, the attorney general was there, of the state. He said to us that not only could we not remove the gastrostomy tube, but we couldn't take her out of the hospital. Meantime, it's clicking it over five hundred a day. My brother said to him--. First he said to him, "We'll move her to another place." He said, "You can't move her because your intent is to commit murder. And, if you move her and remove the tube as a chief law enforcement here, I'm going to charge you with first degree homicide. You, the members of the family and the doctor and the facility that does it. So, my brother said to him, "I think we're going to have to sue you them."

So, in order to sue the state and the attorney general and the hospital administrator, we, of course, had to go to federal court. No family had ever gone to federal court before. Their had been some in the state like the Quinlan and Jobe and Broffey. There had been four or five matters in state court. We found a young lawyer. She was thirty-six. Linda McDonald. Who had never tried a major case, but whose husband when they were in law school had gotten cancer. They had made a decision

when to stop the treatment. Of course, it wasn't removing him from anything, but she understood the issues. She was far enough down the road from the bereavement that we felt she was a balanced person, very bright. We decided to go with her rather than a big hot-shot attorney. Linda did a marvelous job. She's now chair of the bar ethics committee and really has a national reputation in the area now.

We went to court and one of the things we attempted to do was to get the Catholic church--because with Allen's ninety-eight percent Catholic—to take a stand and couldn't get them to. There was no response, so we filed a case. Two or three month--. The judge that we drew was Francis Boyle. Francis Boyle was the right to life attorney. Was the attorney for the right to lifers' before he became a judge. It was kind of nerve racking.

Eventually, the bishop ( ) of the Catholic church actually called a press conference on a Saturday and ( ) of Rome supported us. Said he'd investigated it thoroughly and that we were right. That there was a certain time when death was what one would reasonably expect. I don't think those are his words, but that's basically what he meant.

We then asked the national hospice to enter it for another court which they refused because removing food and hydration was too radical for them which has always been a disappointment to me because of my involvement with hospice. The bar association was supporting us quietly, but in the background. So was the medical--. The Episcopal church supported us. Very few groups would support us. It was like you were hanging in a jar by yourself.

The next two years were in a court with all sorts of things happening. The right to lifers being unmerciful. They picketed. They brought them in by the busloads. They

would picket when you went in and yell, "murderer" at you. After a while, it was making international press. We were all known. I was under more and more pressure because I was flying to Rhode Island on weekends helping my brother. Talking to him every day on the phone because he continued teaching. We were trying to normalize things as much as possible for the children.

The university said you have to make a decision. So, I left hospice and came to the university full-time. Because I could not continue to deal with the issues from hospice professionally and deal with that personally. So that's when I made the split here always intending to go back to hospice. Then, the outcome of the whole thing was at the end of the year on Halloween day in '88, the judge ruled.

He ruled that Marsha's rights under the constitution were denied. Many people think that Boyle's decision is the best one that's been made yet in a court case--much better than the Supreme Court—that her rights were denied. He quotes the *Wade-Roe* practically every other page. He said that no health care provider has the right, no matter what their discipline, to project their values onto the patient. The patient always decides. If the patient is incapable of deciding, the family decides. If there's thought to be conflict or not reasonable thoughts on the part of the family on the patient's behalf that the burden is on the opposition part to prove the interest is not best. The Supreme Court reversed that with the Crisson case.

But, in any case, it wound up—and they gave him thirty days to reply to the Supreme Court or--. We could remove her, but if we decided not to remove her we would have to take the gastrostomy tube out. So, it wound up that the local hospital where she first had her x-ray, cat scan, took her back and were marvelous. They dealt

with the whole staff from on and on and on. The pickets continued. They moved to the other hospital. Just before she died. She lived ten days. Just before she died local people started coming down and picketing against the pickets. It was sort of chaotic in a way. There was no violence, but we were nervous there would be. The hospital provided a place for us to come and go without going through the pickets.

At her funeral we had to have the police cordon off an entire block. You could only get in if your name were on the list because at the Broffey funeral in Massachusetts they stormed the church. I felt my brother couldn't deal with that. The bill was a million dollars, just slightly shy. Blue Cross/Blue Shield quietly paid all of Brown with the deductible, but not all of the last hospital. The ten days of the--. The small hospital had eighty percent to the Cranston hospital. No family had ever sued for giving medical care against will. I wanted to sue and my brother said, "I've had it after all these years. I can't go any further." So, what we did was our lawyer went to the state.

My brother also said to me, the taxpayers of the state will have to pay this. Glen wen to the hierarchy and told them we were going to sue. It was amazing how quickly the two hundred thousand became a few thousand. My brother sold some property and was able to pay it.

That's sort of, in a nutshell, what happened. It was a very hard three years. We did what was right. I don't have regrets. I feel like death was a friend. We did what was needed. I think we respected and showed, probably, the greatest love we ever showed her by respecting what her wishes had been. But, it left its scars, no question.

You think that you grew from it. You thinking you're stronger. I like to think that I'm stronger because of it. I'm a better social worker and I understand patients' feelings better because I've had that experience.

I still have—I'm sure you can hear my voice—an intolerance for groups like right to lifers. I think they have every right to their opinion and I'd fight to see they did, but they crossed the line. They didn't respect my value system or my familys' value system or Marsha's and that's where it really bothers me. That's where I hope I'm always sensitive when I work with individuals that I respect that structure and value and never cross that line. That I'm there to be a resource but not to intervene in a way that's negative when I have to tell them what to do. I'm going to have to take a little visit down the hall.

[Recorder is turned off and then back on.]

FS: I guess one other thing I'd like to tell you is that we were then contacted when they did not dump our cases from Supreme Court, they backed off. The Crisard family contacted us because they'd gone twice to Supreme Court in Missouri. What they were able to do—our attorney helped and met with them, etc. and they've since become good friends—but, they were able to take our case. Then jump ( ) right to the Supreme Court. There's a little cadre of people who've gone through these cases now. Armstrong, Quinlan's attorney, came to the trial and supported us along with the family and so did the Jobes and so did the attorney from Massachusetts for the Broffeys. Mr. Broffey has been very supportive, etc. So, people who have gotten through it are very supportive of people who then face a similar situation which has been very positive.

NF: Those cases have become things which the board refer back to all the time to see the development of how these things are done.

FS: It's interesting. Some of the classes I teach use our case as referrals in the literature.

NF: So, did you try to work at the school, social work, during all of this?

FS: I did. I did. It gave me structure. I needed diversion and structure. It was sometimes hard. But, I think, it would have been a disaster if I hadn't had something that diverted me from that.

My brother continued to work. He, actually, lectured until the day Marsha died because he felt he needed the structure, too. He said the classroom was where he could forget.

NF: Sure. Probably one of the few times. Sure. So, what kind of program were you developing at the schools at this time?

FS: At that time we were attempting to develop classes. We were developing classes for students in HA. We were attempting to reach across campus and relate to other schools. I began to make a lot of contacts with medical school and the program on aging of which I'm a part and have been for years now. At that time we didn't have the cross—with all the students like we have now entering when they are teens—and the very close relationship that has developed over the intervening years. But, it was--.

We began to develop structure in that we also developed a class that was taught evenings so that practitioners could come in and get the classes. Because they were feeling they didn't have the background in aging and, yet, they were working with older people. Nothing like demographics now. It was much less than its--. And, North

Carolina now is number three in the country of in-migration of older, retired adults. Only Arizona and Florida are more. So, it's really—along with the people who live here who are aging—many people that in five years if it continues we'll be number one.

I just had a phone call from the president of the United Fund up in Hendersonville. They'd had done a little neep study and much to their shock they found that twenty-five percent of the population is over sixty-five. And, they're saying, we're not spending our funds to build stronger aging programs and wanting the university to help them which is one of the things we ought to be doing is a lot of ( ) in the community and helping as much as we can.

It's one of the things that we do in the program on aging is examples with students and teaching for about eight years now we've been going, as part of the AHEC program in the community, we go up to North Hampton County and do a clinic. Where we put the practitioners there to see older people, to see people in the community, sometimes in the home and in the nursing home. We've actually been working with them since the nursing home opened. It's a community-private not a profit nursing home which is very unusual these days.

NF: What's the community of North Hampton like?

FS: Jackson. It's one of the poorest counties in this state. It's more minorities than non-minorities. Very rural. Wonderful people. The little town has two hundred people, or something. It's fairly new, Roanoke Rapids, up in that way, up near Virginia.

NF: Is there a team of you that goes up?

FS: Yes. Mark Williams the geriatrician and Flash, the nurse practitioner, Sherry Rosemond the physical therapist, Sue Kipola the p. t. and myself. The social

workers go up. We fly up on the AF planes and we also have a plane for students so we kept a team of students with us. There would be a social work student, a medical student, etc. We'll have students also join us a BCU and most always from Campbell University so that's it a big teaching clinic as well as help to the practitioners very helpful for us.

Then, we can also put students up there during the summer in teams to work issues with them. It's too far for them to take classes and come back and forth. They do things like needs assessment; one group developed meals on wheels, a whole variety of projects over the years.

Then for five years, I think it's been, we've been going to Scott Neck which is in Halifax County. That's in Our Community Hospital. Isn't that a beautiful name? The community got together because they were so far from facilities and raised the money through grants and private donations and built a small hospital. It's a nursing home and rest home and lots of acute care beds.

NF: Where?

FS: It's near Scott Neck which is a little town in which the cars still park in the middle of the street. There are no parking meters. I think the restaurant there is a Hardee's, if I'm not mistaken. I'm not sure. It's very small. Luckily, people again--. And, so again these student teams go with us and the others join us which is again a wonderful outreach. Then, the other place we go is McCain Prison.

That's a prison down in Hoke County, down toward South Carolina. We go there every other month. This is the old Keepy hospital built in the early 1900s. North Carolina has taken all of its older sick prisoners and put them there which is going to be one of the looming issues in gerontology in this country because we're not letting

prisoners leave prison. Many of these people have committed very serious crimes, others not so much. But, they're old and sick and it's costing the state approximately sixty or seventy thousand dollars a year to keep one of these people in prison. Medicare doesn't pay. It's out of your tax money that pays for all their care whether it's dental, psychological, physical, whatever. If they were go into the community in a nursing home or a rest home, it would be half that. I think we need to rethink policies. It's a national problem. North Carolina is so far ahead of the others. They are terrified, many of these older prisoners that they'll get sent to what they call the "big house" which is central prison where the young people are because they get so abused.

NF: The old? The elderly?

FS: Oh, yeah. They're terrified of these younger prisoners.

Let me turn the heat up. You're probably cold.

NF: Just a tad.

[Recorder is turned off and then back on.]

FS: Then we also have tele-medicine which is television. It's hooked into these rural areas like the nursing home that Our Community Hospital would go to and so forth so that we often can see patients in between our visits. When we started it, people said, "Well, you know these older frail people will adjust to this, no problem at all." Two or three minutes they're absolutely comfortable and so are their family members. I do a fair amount of tele-medicine.

NF: How often do you do that?

FS: It varies. Sometimes I do more than one session a week in that I do some teaching for nursing assistants and other people. I just do crosses over this. I often see

older people in the nursing home that the social worker will want me to see; sometimes because with their families there may be strife, sometimes because a person may be depressed. But, many times I do this it's reminiscing with them. I tape it and give them my tape.

NF: So you're doing their own oral history?

FS: Yeah. It's sort of like helping them deal with what's happening with their lives. They look back and feel good about themselves. I give them the tape and I've had so many notes from families after these people have died that: "I didn't know that about mom; " "I didn't know that about dad." It's this wonderful treasure to have, kind of thing. It's a great deal of fun. Often they're sort of depressed and it helps them energize themselves and feel better about themselves.

NF: So you do this with your patients?

FS: Yeah. I have patients. And, one of the other things I've done, which I found fascinating is that many of these people in these nursing homes, in particular minorities do not want to sign what's called advance directives, living wills and that sort of thing. They don't trust the health care system. You can understand given what's happened here with segregation and all that.

So, what I've been doing is taking very small groups of five or six people that the nursing home identifies. Usually among them will be a person who is comfortable with this issue who have signed living wills or whatever. I sort of discuss with them—and this gets taped, videotaped—discuss with them about what the laws are in North Carolina and about this. Then talk to them about what they want for themselves so that it gets taped

and it's part of the record. They didn't want to sign anything, but they were willing to talk about it.

NF: That's fascinating.

FS: So, I do think we'll be doing more of that because I think that's a way to capture what people want.

NF: Is that done much of anywhere else in the country?

FS: Well, we just put a grant in to Washington for it and the people there wanted one of the tapes. They think no one else in the country has done it. It wasn't that I was creative. It was just that the nursing homes kept saying to me, "These people aren't telling us what we want." Everyone was very nervous the first one I did because they didn't know how people would react to this tele-medicine. No problem. So, I think that it is a wonderful medium to use.

The other thing is when I have students up there because there are rules of the university. You have to have certain qualifications to supervise them. What I did was supervise them every week over tele-medicine and then I would see them when I would go out. But in the interim I would use that. I'm trying to acquaint my students with it.

Next week I'll be running a support group for caregivers out of the one of the areas that we're tele-medicine. I'll take a couple of students with me because I want them to have the experience, not only of running the group, but—and I'll help them out if they get into trouble; they do pretty well—but, I want them to be comfortable with tele-medicine. I think it's a way of reaching people that is unique and may be a wave of the future. So, that's probably one of the exciting things that I love the most that I'm doing and, of course, the other thing is my students.

We have a masters and a doctoral program and I'm involved with masters and I'm chair of the aging concentration. The first year our students take a generic set of classes and the second year they concentrate in one of five areas: gerontology, family and children, mental health, administration or health. I chair. We're the smallest concentration. The fewer number of students actually go in to aging. That's true whether it's medicine or whatever.

NF: Why is that, do you think?

FS: I think many people don't want to work with older people. They feel there's no future in it and with children there is a future. Well, all sorts of things have been said to me. "They've already had a chance. Most of them are grumpy and not very nice. They're going to die anyway." There are all sorts of things. But, I try to push them with the demographics. By the year 2000 in this country we're going to need sixty thousand social workers trained in gerontology. Each year there are about thirty–five thousand students getting masters in social work in this country. Less than three percent of them are choosing aging. Then they leave and they get a job and it's with older people and I get these panicked phone calls. "Tell me how to deal with older people." What do you tell them? I usually suggest books.

The other thing we're getting ready to do—I was just working a lot on it this morning—is we're going to develop the certificate in gerontology that people can come in and get supplementary after the fact. I'm trying to find a place in this country that has one. I worked all morning. All these places that supposedly have them and when I call they don't for a model that we can look at. I haven't found a model yet, in social work. That's one of my projects that I'm going to work on and, hopefully, come out by next fall

by having this certificate available for people who want to come in. It should be available for people in other fields who want to come through.

We'll select some classes across the university, including probably, your class on life review. I was looking at that and thinking that should be a choice for people. But it's whole campus-wide.

NF: Oh really?

FS: Yeah. We're thinking of looking at the classes campus-wide. Trying to decide how many hours a person would need, etc. in order to qualify for it. Do we need to select specific areas, etc.? That's one of the things we're looking at. One of the other things that I'm doing with my students, which is greatly exciting, is also expanding the places where they do field practicums. I'm trying to develop very various diverse ones where they don't do the same thing all the time. They may--.

For example, I have one student right now who is a little older who has had a fair number of--. That's the other thing that students in aging are older, usually. So, they've had life experiences that have driven them to choose that. But, I have one student right now who has had several years in--. She's--. Monday with me in the geriatric clinic--. We run the clinic on Mondays. The same team. We've been together for over ten years. We do a geriatric clinic for very old people.

NF: The same doctor? The whole--?

FS: Yeah. The same team. It's a teaching clinic, too. But, except we have more geriotricians seeing patients. It's a busy clinic.

NF: Is that at the hospital?

FS: Yeah, the hospital. See, I still do a lot of clinical work. Then phone calls from families and all that in between. But, anyway, she's with me on Mondays in the geriatric clinic. Then she goes Wednesdays to Carol Woods. On Thursdays we have a grant from the Hubbard Foundation that takes medical residents, a social work student, a pharmacy student—and we had to go to Duke to find one, because the nursing school basically is not putting out people in aging—and p. t. We see patients in the home environment as a team. It's teaching them to work as a team.

The exciting thing for my student is that she's the coordinator. And, usually, a social worker doesn't take the lead role. But, this is a situation where she offers the leadership, does the preliminary work and deals with--. Then, we discuss, of course, the issues. It will vary. Sometimes it may be a broken hip and we talk about the issues with that. The p. t. will lead us because of all the exercise and sometimes it's a medial problem. Sometimes it's a social problem, etc. It's a great teaching tool and the students love it.

NF: I would think so. How long have programs like going into people's homes like that--?

FS: Almost non-existent. And you learn so much by doing it. Obviously, we have to choose patients who are Chapel Hill/Carrboro, but there are plenty of them. That's not a problem.

NF: And are these patients that can't get themselves to the hospital or don't want to go to the hospital?

FS: They could probably with an easy rider or family member s. Some of these are resident patients, but they learn a great deal by going to their house. They see them at

the hospital, but, by going to their house they learn more. A person is very different in their home environment.

END OF TAPE 1, SIDE B

START OF TAPE 2, SIDE A

NF: This is an interview with Florence Soltys by Natalie Fousekis for the Southern Oral History Program conducted on November 4, 1998 at Florence's home in Chapel Hill, North Carolina. I'm here to talk to her about issues regarding the elderly in North Carolina from World War II to the present. This is tape number 11.4.98.fs.2.

FS: So, those are the kind of field placements I'm working on for students so that they now have them at Duke in the VA, with the Alzheimers' program at Duke. They're in all sorts of things. I'm trying to work out very exciting programs, the senior center--. One of the things people want to rural ones. I'm working on senior center and hospice combination for a student.

Also, one of the students this year is doing something. I have her working with a lobbyist on aging issues and developing a statewide program for people in social work and aging to develop and continue in aging issue programs.

So, I've been doing a lot of exciting things. I would like to expand that and make it even more cutting-edge so that they--. Because they're going to walk out of leadership roles. And because they're going to walk out leadership roles, my goal, also, is that no student will ever leave my program without having done their national presentation.

NF: Good thing to do.

FS: And, I'm on a national committee of American ( ). I run a bunch of national and international boards in aging, but I happen to be one of four people on a committee.

We, as of this year, have developed a track for students. It's the largest aging organization in the world. It has ten thousand members. It's going to meet in Atlanta.

We just solicited students from all over the country in aging to put in abstracts to present there. This was one of the assignments for one of my students was that they would do an abstract. And what they did this past Tuesday was that I asked them to develop posters from it. In the lunchroom when most of our students are there they did their posters to their fellow classmates in the school as a dry run in preparing to go to Atlanta. A few are going to clean up a little bit, but most of them did a great job.

I'm hoping to take this whole group of students to Orlando. I found a couple of people who will let them live with them so they won't have hotel expenses. So, basically, it will be food and transportation. They can serve as monitors and have no fees. I want them to see the school become more prominent with students in national organizations. That's another goal.

NF: What's most rewarding to you about teaching?

FS: I love the students. They become like extensions of my family. I guess not a Christmas goes by that I don't have at least two hundred Christmas cards from students, phone calls, that sort of thing. "I've gotten married." "I have this great new job." "This is my new baby."

I go to these national meetings and see former students and they're in leadership roles throughout the country. It's so exciting because of the differences that, I think, they're making, are incredible. Just very positive lives. I find the students very giving. You know, one hears and reads in newspapers and so forth about young people not any more having morals or not caring and all this and that. I have absolutely the opposite.

Sometimes I have to say to my students that you can't give everything you have. Save something for yourself. Many of them tend to have personalities in that direction. Sometimes you have to warn them of that; that they save themselves and not burn out. If it weren't for the students and it weren't for the clinical work that I'm able to do in the program on aging I probably would leave the university because I'm really not an academic type. I mean, I write a paper or two in a year and do a few things like that. But, I really am not.

What I really like is being in the trenches with people. I think it's also one of the reasons that my students relate to me so much is because I'm out in the real world. I have hands-on. When I give an example in class to back up a theory, I've seen that person; I saw it happen, that kinds of things. In our school there are very few people that have that. Most of the people are more isolated research type people because that's what's rewarded.

I think it's one of the frustrations of the university is that good teaching and good clinical work and services to the community are not rewarded equivalently with research. They don't look at the quality of the research and how beneficial it's going to be often to the community. I know there's also tension between the two, but I think--. That's the way I feel about it. And I've got several research projects going, and grants, but they're more pragmatic kind of clinical that you can see a direct connection to practice with. ( ) students we have a project from NIA looking at elder abuse. The Hubbard project, as I told you, with the students going into outreach the rural communities, etc. They're varied. Reducing restraints in nursing homes, etc. But, you can quickly connect them just from hearing the titles. Another number cruncher.

NF: Well, there are a lot of us out here who aren't very--. Is the program on aging here--? How many other programs like this are there in the country?

FS: Well, the program on aging here under the direction of Mark Williams has been going about twelve years, I think. He has provided the leadership to develop a very strong inter-disciplinary program. It has a research component. It has the clinical aspects that I really talked about in education. There are new classes where the subject is different each week that had inter-disciplinary students in it.

As a matter of fact, somebody from your program, recently talked about the work and interviewing people, Ann Phillips. Women of Stokes County, very well received. I've asked Betsy to come give one of the talks. She's going to do it next semester in some of her work.

We've tried to choose a variety of things that are pragmatic intertwined with research. Not much of it is hard number crunching. It's more clinical oriented. Then, twice a year we do a two-day geriatric update for clinicians, but people come from all over the southeast to that. Mostly physicians and pharmacists, but it's inter-disciplinary. This year it'll be—I think, the 14th and 15th of January at the Friday Center and hundreds of people come. The secretary of aging for the country's coming. She's a friend of mine. Jeanette Tuperman. I'm very pleased that she'll be coming.

NF: What happens at this --?

FS: It's really a lot of issues on aging. The first day will be devoted to issues with dementia in a lot of pragmatic and scientific kind of ways. Then Jeanette will talk. The next day is more geared to more science, the social aspects and all that. You may be interested in coming. You can come as a student for free. When the brochures come out

I can--. I'm sure they'll come out in December. It's run by the medical school in the continuing ed and students can always come free. There are lunches and you have to pay for the lunch, but I think you'd particularly enjoy the first day.

NF: That would be fascinating.

FS: You can always look at the titles and see if you wanted to come. So, any number--. And, most of us are involved in doing a lot of workshops across North Carolina on aging issues. A lot of national meetings on a lot of boards.

I'm on the International Reminiscence and Life Review Board which I wanted to remind you today that the call for papers has just come out and I need to get your address and send you a brochure for your department because you may want to put in an abstract. It's in New York and Robert Butler's involved in it. I don't know who he's working with. Then the American Society on Aging which is the big--. The biggest gerontological society--. Which is pretty academic and research oriented and, not my favorite. It's a wonderful organization but it's not my personal favorite.

And, then the Southern Gerontological Society of the southeast. And that, actually, will be here in the year 2000. I'm on the board of that . I moved also outside and that's been fun. And that's the thing I want to model for my students. But, all politics are local and I chair Orange County Advisory Board on Aging. It's the county commissioners--. I'm sort of the person between they and the community. That came from the needs of the older persons in the county. I'm going to be--. I just assumed that chairmanship a week ago. I'm going to be looking at lots of things like needs assessment for Orange County, developing their day care center and a whole variety of things, a new senior center and so forth.

The other thing's that has happened is that's exciting, potentially—and it may not be during my career. I might be retired because it's down to road quite a bit. The legislature founded an institute on aging two years ago. It's on this campus, but it's for the whole state. I'm on the operations board of that. It's finally gotten a permanent director who will be coming July of '99. It's had a temporary thing. It's just not caught on as it should of and done as much as it should have. Anyway, because the senior center here is a private public partnership on Elliot Road. The others—there are five in the county. It's in Galleria Shopping Mall. It got sold recently. There was a month to year lease and it got sold recently. The man that bought it went in to gather the rent and the county said they couldn't afford.

They wanted to build a new senior center. So, two years ago in the election a bond issue was on the ballot along with school. The bond issue didn't pass. The schools did, but the senior center didn't. There was a fair amount of feeling about that. The county, because they count votes, there were more senior citizens in this county than there are students in schools. The senior citizens vote. So, it was very easy for them to figure, "We've got to do something." So, they said, "We'll build one anyway even though the bond issue didn't pass."

Then, I don't know if you know Ned Brooks or not, the associate provost--? He's a real nice fellow. Anyway, Ned chaired the task force that pulled together some people from the community and from the Institute on Aging and from the senior center about "what can we do together?" Because this Institute on Aging provides potentiality of really changing a lot of aging things on campus, if it really ever works. They had just voted. Hooker decided that he would give the group, the county, forty-five acres of land

( ) Williams that backs up directly to land owned by the county. So, on the county will be built the new aging center.

The new Institute of Aging will be built directly adjacent to it. The parking lot will be on the university property. So, they'll share. Plans are just starting to be developed about what should this contain. What kind of programs should be here? Should we have a daycare center here? Should we have clinics here rather than at the hospital so older people could be seen there? All sorts of things. There are thousands of people using the senior center so it's a great place for research and collecting all this data.

Medical students, now, interview patients--.. I have students there, even in the old location. Pharmacy students check people's drugs, talk to them. There some students take blood pressures. It provides a marvelous marriage for the university and the community. So, that has tremendous potential.

Over the years, I'll be involved with that. I think those are some of the really exciting things. Of course, I'm on the board at Carol Woods which is, as fair as I'm concerned, the best CCRC in the country. I've been on the board there for years. I saw the health center being built and that sort of thing. It's becoming a very mature community. It's twenty years old, or will be next year.

To show you the demographics in North Carolina, there are now almost sixty continuing care retirement communities in this state: profit, non-profit, private, church related, etc. New York State just got its first one. That shows you what's happening here, I think, when you--. Because, New York's a pretty big state.

To me, if the infrastructure can be kept at a steady pace then we can keep the quality of life, I think it stands to be a very important state when you get to aging issues.

I think the potential with the university and Duke and Wake Forest for education. We need to do more things together. One of the things that's happening--. Am I going too long?

One of the other things that's happening is that the Robert Wood Johnson--. When I was in central Europe--. We were there for a site visit--. UNC's involved with Forest, Duke and ECU along with Hospice of North Carolina which is the administrative umbrella for North and South Carolina. My friend, Judy Line Pierce, who's been director since the beginning, is leaving this. With all these university people together and the Hospice, we're looking at this multi-million dollar grant that would develop as one of the centers in this country for a death education in terminal illness. It would be from the university's perspective of educating students and practitioners to go out into the field and learn how to work in teams, education to the community about advance directive life choices and all that sort of things. Then, also, help for clinicians. So, it's a three-prong thing. I think there's a very good possibility of funding which will be very exciting for us with a lot of interest. It continues to be one of the major interests of many of my students now in areas that they want to work in. I practically never go to a hospice anymore which I don't see one of my former students working just because of so many years of working. That's exciting, too.

There was something else I wanted to tell you. Oh, the other thing is that I just came back from New York City in August. The New York Academy of Medicine asked me to come up along with seven other people from the country. The Johnson Foundation combination. Basically, what they're going to do is put five and a half million dollars into gerontological social work because of this tremendous need. They put it into

medicine about three or four years ago and now they've decided the next priority is social issues in older people and it's going to go into education. So, I have been invited and have applied the preliminary part of the grant. I'm hoping to get a sizeable chunk of that money to enhance the programs here and expand it. That's also one of the things down the road that I won't know until probably next spring whether or not. Well, I will know in two weeks if I'm one of the chosen twenty-five and if I am then I'll put in a full-blown grant and know by next academic year or next summer if I'm going to get it.

NF: That'll be amazing. That'll be good.

FS: That's another thing I'm looking toward enhancing the program along with the certificate. My dean is really pushing me because he wants this other program doubled. That's fine. That's a goal. That's fine. But, I think you also have to look at the students and you don't want to push people into this area that really truly doesn't have interest and commitment because they'll never make lots of money. If that's what they think, they shouldn't be in the profession.

NF: How do you think we're going to get more people interested in this kind of an issue?

FS: I don't know. Oh, I know what I wanted to tell you. Right before I left a patient, my phone rang in my office and the person said that they were calling from Senator McCain's office from Arizona. Well, Washington, but he's their senator. I knew nothing about him, absolutely nothing. I said, "And, you're calling me?" And, she said, "Well, yes." Basically, what it was it that he has put in the bill to refund the older Americans act which is going to run out of money. He has decided that there needs to be leadership in the Senate on aging issues. He was calling me, or his aid was calling me,

because he was interested in looking at the kind of things I'm doing in North Carolina. What could be replicated in Arizona? Because they we're in many ways similar with the number of aging people, the rural poor and for urbanized ( ) senior centers. Then, the other thing--. And I talked at length with the person about that--. But, then the other thing was he wondered if I would begin to talk to a number o f people here and identify issues that the vets need to be looking at and call back and share that with them. So, that's one of the things I'm doing is--.

I lectured in all the health-science schools and this week has been my week to lecture in all the schools except medicine. I did public health yesterday and nursing the day before and speech the day before and tomorrow I'll be doing o. t. But, I'm also asking classes what they say because I think young people have thoughts that may be very different from mine and it should come from people of different age levels before I call him back. I need to call him back within the next week or so.

NF: I suppose if you pose this question to younger people they start thinking about it?

FS: Yeah. But, one of the things that needs to be looked at is end of life. And, Henry Waxman—when my sister-in-law died—was very interested in attempting to draft a law that would develop a national standard for end of life care. And, Congress changed and he decided that--. He was going to have a number of us come and testify and he decided, I think, that the atmosphere wasn't right. I doubt that that will happen, not on that level. I think it's still too early.

NF: What do you think the toughest obstacle for the state of North Carolina's going to be in terms of dealing with aging and the elderly in the next--?

FS: Probably the biggest obstacle is that I haven't seen any leadership in state government, but it's very limited in looking at the issues. While I admire Governor Hunt, all he talks about is children. I think he needs to look across a life span and the issues there and making sure that services and needs are being met.

The legislature passed a couple of things that were pretty important for the older person. They passed that you'd be eligible for Medicaid all the way up to poverty level now which will make a great deal of difference for many poor older people in being able to get medical care and buy drugs and that sort of thing. That's good.

The other things they passed was monies to move rest home personnel. It was, until this legislative session, that you needed one person per fifty residents. Now it's one for thirty, which is still not adequate, but it's a big improvement.

Other issues that I think, absolutely—and this is federal and state—have to be dealt with is the quality of care in nursing homes, rest homes. We need to look at more home care and give people a choice if they want to stay home. I think the problem is how to pay for this. What's happening now is that the middle class are the people who are most up against it. If you're well off you can pay to go to a nice place or to get good home care. If you're very poor, you can get the care. It may not be the best of quality, but you can. It's the middle class that will run out of money quickly.

They do not have the resources, particularly if the family member can't do the care. And so many women are working these days or the spouse may be frail and it may be impossible. But, the average caregiver in this state charges fourteen, sixteen dollars an hour. It doesn't take too long for ten twenty-four hour care and looking at that day after day until thirty, forty, fifty thousand is gone.

Another issues that's been created by the feds--in fact, it just came to my attention yesterday and I was making phone calls this morning to try to do something about it—it came out from Washington. And, I think, it goes to show you that the people who make policy don't always have pragmatic experience or think, because, otherwise, I think they would have thought of this.

The new food stamps? They're going to issue people--. It's going to be like a credit card. It's no longer the coupons that you tear out. It's going to be like a credit card. Anyone who gets one has to come to the Department of Social Services and be trained on how to use them. They have to use the card. Now, think about the people that use these cards. A person who's probably most needy is the poor, frail older person. They don't have transportation. Many of them don't even use a bank not even mind a credit card. They can't get to Social Services and fill this out and take this lesson and they won't go to the grocery store for themselves because they can't, most of them. So, I had two phone calls yesterday about people in the community pulling their hair out because this just started and they don't know what they're going to do and they don't know what these people are going to do. So, it's those kinds of things that are frustrating because you feel like people don't use common sense.

The other issue, of course, is paying for medications, which will be greatly enhanced by the new poverty Medicaid. But there's an incredible program—and I have a student there—called Pharmacists in Durham. The person writing it actually took classes though she's a pharmacist.

She started as her project when she was a master's student. She developed a program where many of the drug companies and a lot of private citizens give her money.

She worked out deals with drug stores so that people going out to poverty level who weren't Medicaid eligible actually pay a dollar for their prescriptions. She does the educational component. She makes sure they understand what the medications are for. That there's not poly-pharmacy. That they aren't seeing three different doctors giving the same drug, which often you find with older people, etc. That they keep their prescriptions and they take them the way they should. She's never had a social worker working with her before so my student this year is blazing the trail working with other groups and working with groups of senior citizens and so forth in social issues and attempting to enhance the program there. It's a model that should work out in places.

I have a meeting with Moses Care and one of the county commissioners in about three weeks to talk about it for Orange County and how we can implement something like that to expand even the level of Medicaid with the poverty level. But, that, I think, is another of the issues, medications.

Many older people, in fact, are on, probably, too many medications. I don't know who this person is. Well, it doesn't matter. So, those are some of the issues and I'm going to be very unpolitical and say to you that one of the things that I'm really concerned about right now is the commitment of this campus to aging.

NF: Because?

FS: Because I see programs disassembled and people not knowing what the future is going to be on aging. I don't know what's going to happen. It changed as of November 1st at the hospital. I don't know if this is going to be good or bad. It may be the best thing since sliced bread, but I'm concerned about it.

NF: What happened on November 1st?

FS: The legislature passed a law stating that the hospital now belongs to this campus rather than being state-wide and that Dean Hock will become head of the hospital, dean of the medical school and vice chancellor for medical affairs. So that it will change--. [Doorbell. Recorder is turned off and then back on.]

I feel guilty because he's afraid that I would see him although the poles are not on our property, I'm sure, or right of way.

NF: All right. So we were talking about the change in the UNC--.

FS: I'm concerned about a couple of things. I'm concerned because as of November 1st any new employee will not be covered by the state benefits. Other criterion will be developed for new employees. What that will be I have no idea. But, I do understand that many of the employees are very upset by it.

The other thing is that this hospital was built in 1952 after the Second World War because North Carolina had more young men with chronic disease that couldn't pass the test to enter the armed services than any other state in the country. North Carolina Legislature, after the war was over, was so embarrassed by this. There was a two-year medical school here at the time. Said that would never happen again. They funded a four-year medical school and they built the hospital.

That's why it's called North Carolina Memorial. It was built to serve all the people of the state irrespective of resources. I'm just concerned because the statement keeps being put out that we're going this to compete with Duke.

NF: Medical center?

FS: Yeah. And, we're very different places. Duke has its place and we have our place. In my opinion, we belong to the people of North Carolina. Some of the richest

people in this state and the poorest use it. It should be available to both. I just hope that this remains in its availability. So, that's one of the other things I'm concerned about.

Then the other thing I'm concerned about—and it's really hard for me to say this—Mark Williams was called in by the dean and relieved of his chairmanship on the program on aging. No one knows the future of geriatrics. He was told he could remain through June. He was told the day he won the statewide award for being an innovator of aging in this state, the Buzzy Award which I nominated him for. He was told he had won it and then heard this. I took the fact that he won it and the letter that I wrote directly to the dean's office and handed it to the secretary so I'd know they knew. But, none of us know after June what will happen to that program; what its future is. There are a number of clinicians and researchers and other people there who don't know if they should go looking for other jobs or what's going to happen. And, what's going to happen to geriatrics in the hospital.

Now, I'm going to take it one step further—. About five years ago, six years ago, on the Carol Woods board, every time I would go to a board meeting everything I heard were complaints about the hospital: board people, residents, personnel there. Finally I was given the charge to do something about this as my place on the board. I met with a number of other groups in Chapel Hill and realized they had the same problem. We pooled together and developed a whole set of recommendations. One being an in-patient interdisciplinary unit for frail older people that would be staffed with trained geriatric people, social work, medicine, nursing. That it would be a place where students could be trained. Clinical research could be done, etc. That a trained geriatric nurse would act as

liaison across various departments in this unit. That a lot of changes be made in the emergency room, the pharmacy, a lot of things.

But, then another strong recommendation was that the university really look at inter-disciplinary education on aging and start to put out adequate numbers and enhance the education. I met with Fred Spireley, the head of internal medicine, who was positive when he started training for residence, which they weren't getting. It took a little longer to convince Ed Munson , head of the hospital. But when he bought it, he bought it all the way. He's put almost two million dollars--. It's being renovated now after this unit. It will be a state of the art. Hired a crackerjack nurse from Cincinnati who's come in and made a tremendous difference within the community and within the hospital. Hired one of my students as a social worker. Just terrific. A lot of changes in the emergency room. Nothing's perfect.

The other thing they did was hook the computer to places that were big enough, like Carol Woods, Carolina Medicine, ( ) Village and all that so that instantaneous results and discharge plans and lab results could be sent. Then we worked with the police department and the EMS and all that in the community with issues that come up.

We meet quarterly. We share a lot of information back and forth. Sometimes it's a little bit combative. Most of the time it's very positive. We see ourselves as very supportive of the hospital and the university. At our last coalition meeting Mark came and he told the community what had happened. The community was very angry. This includes twenty-eight community groups in Orange and Chatham counties. It's no small group. They're very representative from very poor to very wealthy and there are minorities and majorities of people. People are very concerned about it. People are

angry about it. We don't know what the chancellor thinks because there's no communication. We don't know what the dean has done because there's no communication.

The other thing that's happened is that the pharmacy dean has called in the person who teaches there and has told him that he's no longer going to teach classes in pharmacology and aging, but rather to be in the community consulting and bringing in money, is my understanding. So, we're seeing, what I consider to be, a demise.

NF: Of the program on aging?

FS: Well, just in geriatrics, in general, because we've all worked together. We have these really warm and gracious relationships. We really respect each other. It's taken years to develop this. No one quite knows what's going to happen. I'm hoping that it'll be positive and that I'm looking at things with the glass half full. But, I'm afraid I might not be.

NF: It's very disconcerting.

FS: So, that's one of my down loads for the future is the--. My students--. You've never seen the letter to the editor last week from my students that sixteen of them signed.

NF: I didn't see it.

FS: It's a copy of the letter that went to the chancellor which he has not replied to, not after two weeks. Again, that's bothersome because I feel like this university runs because of students and belongs to the people of the state. They have a right to answers or explanations of what's happening. I guess, the other thing I'll say--. I may as well just go all the way and say what I think. I think the Bill Friday campus is gone

NF: Yeah.

FS: I think this man, who I admired very much, who offered the kind of leadership in this state, who understood the people of the state, who loves the people of the state--. We now have people running the system who are distanced from the people. Who have entirely different value systems that conflict with some of us who've been here for a while and who look at things very differently. It need not be.

NF: No. I mean, I don't know a lot about these kinds of things, but it seems like they're doing harm to a good thing.

FS: Well, from my perspective, they certainly are, but, of course, there's another side to every issue.

NF: Well, of course.

FS: I'm giving you my side.

NF: And that's the point of the interview. [Laughter]

FS: Exactly. In any case, my heart is sad when I tell you this.

NF: Yeah. I can tell. Well, how about we change to--. There are only a couple more questions I have.

If you had your ideal view of what care for the elderly would be like as a system what would it include?

FS: Well, I think we have the resources in this country to meet the needs of the older person. It depends on how we spend it. When you look at the Social Security trust fund, seventy-five percent of the people in this country now pay more into FICA, which is the Social Security trust fund, than they pay in federal taxes. They just raised it in the next level. Twenty percent of the national debt, twenty trillion dollars, is now owed the

Social Security trust fund by the federal government because they've been using it over the years to meet the deficit. How we're going to repay that I have no idea; tax people more I guess. Because it's been not looking physically--.

I happened to be very conservative fiscally because I feel like you need to look and figure what you can—and if you can't afford it, you can't spend it unless it's an emergency. I think we need to look at that. I think that belongs to people who are older, who have paid it in. I refuse to believe it's a welfare program as many people call it. I also think that there are older people who don't need it who might not take it, but they're certainly not the majority. And, of course, if you have a certain income, you can't take it until you're seventy, anyway. But, I think looking at that and making sure that everybody has enough income to meet basic needs. I'm talking about the bottom rung in Mazlo's ladder like food, shelter, clothing and health care.

I'm very concerned about what's happening to health care in this country. I'm very concerned about what's happening with Medicare. It's slowly being dismantled. Home health has greatly been cut back. Nursing home coverage, which is very minimal under Medicare, has changed. DRGs, people are being sent out very sick after a very short period in the hospital often to situations in which family members can't manage, spouses can't manage and then you have the home health being cut back. They're not getting the support that they need for that.

Many people can't afford the drugs that they may need so we need programs put in place for that. Actually, the majority of older people are really quite healthy. They're going to have very short end of life stresses and illnesses. Forty percent of the Medicare

dollar spent the last year of life and twenty-eight percent of that the last two months. That's when the great bulk of the dollars are being expended under Medicare.

One of the other areas that concern me a lot is managed care. I don't think that MBAs and big profit companies have any place in health care. I get very upset when I hear physicians say to me that they have to call Debbie in Des Moines, who's probably a high school grad who's looking up these numbers and diagnosis in the book and telling them this person can stay in the hospital two days or not. They don't look at all the intervening variables that exist. They are practicing medicine without a license.

Or people who go to the emergency room and get turned away because their managed care company hasn't given them permission to see someone. In fact, the nerve of the government in this country to say that you can't sue an HMO is beyond being a democracy. I cannot believe it. When you work with many older people appears that you realize and there are some counties in North Carolina where many of the older people do not read and write given the poor education and segregation. How do you expect them to work a system that a professional has trouble working? How can you expect them to know the ins and outs of how to get services when the bureaucracy and the language is so foreign and vague to them that, again, a professional person has trouble knowing how to access it. We need to be up front and clear.

We need to cut out a lot of bureaucracy. I know it provides employment and that's okay. I like to see people employed, but when it gets in the way of decency, we've got a problem. It's like I told you about the food stamps. When you have people in Washington making decisions like that there's something wrong. And I'll give you

another example of bureaucracy and this is North Carolina bureaucracy. They blamed it on the feds, but it was really North Carolina.

The nursing home up in North Hampton county that I told you about—Hampton Woods, that we go to—I had a student out supervising out near there. Most of these people aren't ( ) that are in this nursing home. It has plenty of land around it I said, "Karen, let's get a fireman to come in and plow up the land on the side where the people are the sickest and can't get out of bed--the others can go out on wheelchairs and walk—and develop a garden. And, the people who can't work in it can see it out their windows." So she did this. They were so excited. People would go out in their wheelchair and check the cucumbers and tomatoes, etc. Harvest time came and the bureaucrats from Raleigh came on a site visit. Tomatoes were getting ripe and they were picking the cucumbers.

The people from Raleigh said, "Did the Department of Agriculture, the USDA, monitor this garden when you were working in it?" "No." "Did you use pesticides?" "No." "Well, do you have any proof of that?" "No." "Well, that's why USDA should have been monitoring it. You are not to use any vegetables out of this garden because we're not sure they're safe to eat." Talk about deflation of egos and disenchantment. And, that's what I call stupidity.

NF: That's crazy.

FS: We take this cute medical care model and put it into a building and call it a nursing home. Most of those people are going to stay there a long time, the chronically ill. We need to be making it like a home and making them comfortable. I'm sure the green tomatoes that they were bringing in that they were probably paying a dollar twenty-

five a pound for weren't nearly as good as those vine-ripened ones that they'd grown. It certainly wouldn't have tasted as well because they had cultivated them. So, those are examples of things that I find very frustrating and don't understand why.

NF: Yeah, I don't. It's puzzling to me, as well. I think we've about covered everything. You might be tired of talking, too. You never know.

FS: I like to talk.

NF: That's okay. I'm a talker myself.

END OF TAPE 2, SIDE A

END OF INTERVIEW