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Y. Stories to Save Lives

Interview Y-0004

Jeffrey Balfrey

25 June 2018

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ABSTRACT: JEFFREY BALFREY

Narrator: Jeffrey Eric Balfrey

Interviewer: Caroline Efird

Interview
Date: June 24, 2018

Location: Wesley Chapel United Methodist Church, Misenheimer, Stanly
County, North Carolina

Length: 1 hour and 24 minutes

Jeffrey Balfrey was born on January 24, 1954 in Philadelphia, Pennsylvania. In 1956 his family moved to Albemarle, North Carolina (Stanly County) when his father's employer, Collins & Aikman automotive manufacturing company, relocated to Albemarle. He discusses what it was like to grow up on a farm in Richfield, NC. He attended elementary through college in Stanly County at Central Elementary, Albemarle Junior High School, North Stanly High School, and Pfeiffer College. He married Sharon Macey Balfrey in 1984, and they chose to remain in Richfield. Mr. Balfrey describes the values that he believes are important in his rural community, and how life in Stanly County has changed over time. He has mostly worked in the manufacturing industry with textiles, auto parts, batteries, and metal. Mr. Balfrey expounds on how the decline of manufacturing jobs and the closing of factories has impacted Stanly County in his lifetime. Mr. Balfrey also shares his opinions related to current U.S. healthcare policies, Obamacare (the Affordable Care Act), health departments, and how the Trump Administration's emphasis on bringing back manufacturing jobs to the U.S. could improve health care. This interview is part of the Southern Oral History Program's project, Stories to Save Lives: Health, Illness and Medical Care.

FIELD NOTES – JEFFREY BALFREY

Narrator: Jeffrey Eric Balfrey

Interviewer: Caroline Efirm

Date: Sunday, June 24, 2018

Location: Matton's Grove United Methodist Church, Misenheimer, Stanly County, North Carolina

NARRATOR: Jeffrey Balfrey was born on January 24, 1954 in Philadelphia, PA. He currently works manufacturing management. He has held positions such as line supervisor, quality control supervisor, and materials manager. He moved to Stanly County as a child and attended elementary school and junior high in Albemarle, NC (Stanly County). He attended high school and college in northern Stanly County at North Stanly High School (New London, NC) and Pfeiffer College (Misenheimer, NC). He lives in Richfield, NC, with his wife, Sharon. He is an active member of Wesley Chapel United Methodist Church. He and his wife have two children, Meghan (born 1986) and Nathan (born 1990).

THE INTERVIEWER: Caroline Efirm is Ph.D. student in the Department of Health Behavior at UNC-Chapel Hill. She is currently working with the Southern Oral History Program on the Stories to Save Lives: Health, Illness, and Medical Care project.

DESCRIPTION OF THE INTERVIEW: The interview was conducted in a Sunday school classroom at Wesley Chapel United Methodist Church. Mr. Balfrey was eager to share his stories and opinions, smiled often, and seemed at ease throughout most of the interview. Specific questions about health/healthcare were asked because this interview was part of the Stories to Save Lives: Health, Illness, and Medical Care project.

NOTE ON RECORDING : Various noises occurred during the interview, including occasional tapping of the narrator's fingers on a table, and some muffled vibrations from the narrator's phone when he received text messages. The interviewer used the SOHP's Zoom 4 recorder #4.

HIGHLIGHTS OR POSSIBLE EXCERPTS :

Between [0:53:41.2] to [0:55:51.5] Mr. Balfrey discusses a positive encounter with healthcare providers. He shares about an experience when he thought he was having a heart attack, but it ended up being acid reflux. He mentions the health behaviors and stressors during his life at that time that he believed caused his acid reflux, but he also discusses the traits that he valued in the doctor who administered care to him. Specifically, he appreciated the provider's honesty and forthcoming manner related to his

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weight gain and how that was impacting his health. He also mentions that he welcomes going to a doctor who has Physicians Assistants at the same practice because they can also prescribe medication when he needs it.

TRANSCRIPT: Jeffrey Balfrey

Interviewee: Jeffrey Eric Balfrey
Interviewer: Caroline Efird
Interview Date: June 24, 2018
Location: Wesley Chapel United Methodist Church, Misenheimer,
Stanly County, North Carolina
Length: 1 hour and 24 minutes

START OF INTERVIEW

Caroline Efird: My name is Caroline Efird, and I am here with Jeff Balfrey in Misenheimer, North Carolina, in Stanly County, and today is June 24th, 2018.

Do you want to introduce yourself?

[0:00:17.1]

Jeffrey Balfrey: Hello. I'm Jeff Balfrey, sitting here with Caroline here in the great town of Misenheimer. [laughs]

[0:00:23.0]

CE: Thank you. So, to get us started off, could you tell me a little bit about your grandparents?

[0:00:30.1]

JB: Okay. On my mother's side, it was Horace Paul, and his wife died shortly after my mother was born back in the 1920s, so I never knew one of my grandmothers. "Pop Pop" Paul, we used to call him, and he worked as a machinist, worked for a lot of different manufacturing things over the years. He worked at the Packard Motor Car

Company in Philadelphia at one time and did other things like that. He taught me a lot of things about how to build stuff, how to fix stuff. He would come down from Philadelphia, and spend a week or two with us every summer, and I was following him around. I was [about] ten years old, twelve years old. I'd follow him around because I knew where to find all the tools because I probably hid most of them, or lost them. [laughs] I learned a lot from him, how to do things, how to, think about fixing stuff and all.

My other grandfather, my dad's father, he was Millard Balfrey, and his wife was Elizabeth Deakin, D-e-a-k-i-n, Balfrey, and he also up in the—lived in Morristown, New Jersey. He worked a lot of different jobs. He worked in the Philadelphia shipyards during World War II. Him and his brother did a lot of adventures earlier in life, some of the things that—my other uncle, my great-uncle, would tell a lot of stories. I don't know how much those were real or embellished. [laughs] He mostly worked in maintenance-type thing. He worked as a loom fixer for Collins & Aikman in Philadelphia, and then the last few years of his working life, he worked as a custodian for a high school in Willingboro, New Jersey, then moved to Florida in the [19]70s, and passed away in the [19]90s.

[0:02:30.2]

CE: Did any of those stories your great-uncle would talk about, do any stick out in your mind that you want to share?

[0:02:35.7]

JB: I wished I'd have taped those things back then, because we used to sit there amazed at the stories he would tell. He told that one time they were hobbing. They'd hop on a train, ride somewhere and get off and work for—you could walk up, find some

work, and go and work for a couple days or a week, and when you find you want to move on, just go ask the paymaster and get your money and leave. So they'd come and go work. He said this one place they were working on a tunnel in Pittsburgh, and they decided, "Oh, let's go—." Him and his buddy—may not have been my grandfather, but him and a buddy decided, "Oh, let's go somewhere else." And he said later on they found out about a day or so later there was an explosion in that tunnel that, a bunch of guys got killed in.

And then he was talking about—he would tell stories, and some of those were probably *really* fabricated. [laughs] But he had a quite adventurous life growing up in the early 1900s.

[0:03:36.1]

CE: And what do you mean by adventurous?

[0:03:38.6]

JB: Going around boxing. Him and my grandfather both were boxers at times, and probably not professional or anything, but couple guys getting together and boxing and everybody would be placing the bets and stuff. They would scoop up on that, betting and stuff. [laughs]

[0:03:58.5]

CE: How do you think your grandmother felt about that?

[0:04:01.1]

JB: She was so nice and quiet and reserved and everything, and she was as sweet as could be. She was English. She would stop at 3:00 o'clock in the afternoon, whatever, and have tea and biscuits. One time when I was ten years old, I got to spend a week with

them in New Jersey all by myself, and none of my brothers and sisters, so it was fun. And she would stop, and I thought that was—so I learned how to drink tea with milk in it, because she would stop and fix tea, lay it all out on the table and take a little break.

It was interesting, because later years when she had—well, probably it was Alzheimer's, and she would come up and had been so nice and sweet, and she had some real outbursts at times. She would cuss like a sailor. We were, “[demonstrates] Oh, my goodness,” [laughs] It was kind of sad to see that part, because by then I was in college. She was a sweet, dear lady. [laughs]

[0:04:57.9]

CE: Do you know anything about the medical care she got as she got older?

[0:05:02.9]

JB: No, ma'am, because they moved to Florida at that time, so we didn't see them a whole lot. And in the [19]70s, there wasn't a whole lot about Alzheimer's then. I don't even know if they had it identified as being called Alzheimer's. But she definitely, did not have her faculties, her mind. You could tell. One time she wandered off so we had to go help find her. She'd walked down the road about a half a mile on the little country road we lived on. So we did have to kind of keep alert and keep tracking of her.

[0:05:35.8]

CE: Now, you said she was English. What brought her to the U.S.?

[0:05:40.3]

JB: Well, she was not first generation, but she came from a family from England, so she was probably second generation by then.

[0:05:50.3]

CE: She kept the tradition?

[0:05:52.2]

JB: She was born here, yeah.

[0:05:53.3]

CE: And then going back a little bit to your Pop Pop on the other side, what are some of the things that you remember doing with him?

[0:06:02.9]

JB: What comes to mind, we were working one time on the barn, and we took an old door had come out of the house after a remodeling, and sawed it, and we were trying to keep the—where the horses and cow stuff couldn't get into the feed room. So we took an old door, and he showed me how to put some hinges on it, and he told me, "Go get a bar of soap." And what you do is you put soap on the screws so that it would make it easier to drive them in, because we weren't drilling the holes, pre-drilling holes, we were taking a screwdriver, but putting that little soap on it, giving it a little bit of lubrication to drive—and how to saw things and proper way to saw, and how to fix stuff the way to think through it, because my dad was an industrial engineer, so he also taught me a lot of mechanical things, how to think through a problem and solve it.

[0:06:55.6]

CE: So can you tell me a little bit about your parents?

[0:06:59.9]

JB: Okay. My mom was born in Morristown, New Jersey, in probably 1925, [19]26, , and then she grew up in—and her family had a little cottage back there on Lenola Road in Morristown, New Jersey, and it was kind of like a weekend cottage and

all. And then she actually grew up in Philadelphia, Park Avenue. It was actually the—it was a two-story walkup, and her dad owned two sections, so he lived in the downstairs and rented out the upstairs. It was right beside what's now Temple University. Temple University's probably run over there by now.

My dad grew up in—he was born in Philadelphia and grew up in Morristown, just the opposite. And they met. She was about sixteen, and she was over there skating, a little place called Strawbridge Lake, and she fell down and my dad skated over there and picked her up, helped her get up on her feet again. Think about it, like a storybook romance here. And they dated on and off, and then, of course, World War II came along. My dad went off to war, and when he came back, he looked up Mama. Didn't take him that long, because they were married in 1947.

[0:08:16.7]

CE: Do you know where your father served when he was in the war?

[0:08:22.7]

JB: Yes, he was a bomber pilot, B-17s and B-24s in the 8th Army Air Corps stationed at Lavenham, England, and flew thirty-five missions over Europe at nineteen years old, twenty years old. And you think now, you see all the little high school or college kids, "Oh, we have to have safe spaces." Okay, really. [laughs] I'm sorry, I have no sympathy. [laughs] My father was fighting. He was over Normandy, in the air on D-Day, I mean, and flying missions deep into Germany and stuff. So, yeah, a whole lot different world then than it is now.

[0:09:03.5]

CE: Did he talk about his experiences?

[0:09:05.8]

JB: Yes, he did, and he would tell the stories about going on certain raids. One of them, on D-Day, he was actually assigned to fly over Calais, which is a port in France that—Hitler always thought that the invasion would be at Calais, and the Allies did everything they could to convince him that was true so they would concentrate all of his forces around Calais, instead of Normandy. And he was actually was supposed to bomb Calais that day, but because they couldn't see because of the cloud cover, they circled as long as they could and they start heading back to England.

Typically, back then, they would drop their bombs in the English Channel versus trying to get back, land with them. It was dangerous to land the planes with the bombs still in it. But my dad was like—he said, “Nah, we're not wasting these bombs.” So he was coming back in. Matter of fact, as he got closer in, he did not have enough gas to get to his field, so he ended up landing at a fire strip, and the whole time he was coming in, he told the guys, he said, “I've got to land. I can't go any farther,” and they were yelling at him not to do it because the runways were not long enough. And what they finally did, they did land safely, and they ran off the edge of the runway, got tangled up in some barbed wire at the end of the fence, but they were able to pull the plane back up on the runway.

And then the commander got *real* upset when he found out it was full of bombs. They unloaded the bombs, because they had to do that for the weight, and he said he actually saw the planes, fighter planes, taking off with his bombs before they got him all re-set up, and then he was able to get the thing back off the ground. They gave him enough fuel to get to where he was going, and he said the only thing the commander told

him was, “Do not come back here and buzz this field.” [laughs] So he got off and took back and got back to his base. But that was his day on D-Day, 6th of June.

[0:10:55.2]

CE: How long was he a part of the fighting?

[0:10:58.2]

JB: He got over there in [19]44, so he would actually finish his thirty-five missions before Victory in Europe Day. So he was back already, back in the United States, and he’d finished out, after he came back, his training of the pilots. After the war stopped, then he got released from the Army and went back into college.

[0:11:22.1]

CE: And where did he move when he came back from the war?

[0:11:26.3]

JB: He came back to Morristown where his parents were, and then first year, he went to Carnegie Tech in Pittsburgh. He was going to be a chemical engineer. And then he did that for one year and then changed because—and then changed to textiles and industrial engineering. He went to Temple University for a number of years, because my mom, lived right across the street from Temple University, so that was convenient. He worked at Collins & Aikman on second shift, loading, unloading trucks by hand, because his dad worked there as a loom fixer, a maintenance guy. So he did that, he took his classes there, and then ended up getting moved to the—after he had a pretty good couple years of college there, he never got his degree. He took all the textile classes and stuff, but never took the liberal arts classes he had to do to finish the degree. It wasn’t until years later, when he was in his sixties, that he finished his degree over at Pfeiffer.

[0:12:22.6]

CE: And what about your mother? Did she go to school?

[0:12:26.2]

JB: She went to a business college. She worked as a medical transcriber or office person, for a while, then after they got married, started having children, then she was a housekeeper until she died.

[0:12:43.0]

CE: And what year did they get married?

[0:12:46.2]

JB: 1947, so that's post-World War II. And five kids. I'm the middle of five, so I was born in [19]54, so they were, growing family. I was born in Philadelphia, but we lived in that house my mom was born at in New Jersey. We lived there for a couple years, and then we went and moved up to Paramus, New Jersey, was outside of New York. And then in 1956—I was a year and a half old, two years—we moved to North Carolina when Collins & Aikman came down to start up their Collins & Aikman plant in Albemarle. They already had one in Norwood.

So we came down. There was a whole bunch of people who came down from the New York office and all to help start up that plant, which was quite a bit of a culture shock, really. You think about all these Yankees coming down here to Albemarle, North Carolina, which they had gotten dial phones here at that time. We had lived right outside of New York City. Now, I was two, so I wasn't aware of it. My brother said first thing when they hooked up the TV, he said, "Dad, the TV's broke. There's only two channels,"

because in New York they had eleven channels, VHF channels, and only had two here at that time. That was Channel 3, and I maybe Channel 9 was there, but that was it. [laughs]

[0:14:01.7]

CE: Did your parents ever talk about any other culture shock type of things moving here?

[0:14:06.8]

JB: No, and I don't remember a whole lot. What I do remember is that a lot of my parents' friends were folks that had come down together. They kind of stuck together, because, all the friends we had, the best friend my dad had was a guy—he was a sales guy, or him, and our families had the same amount of kids and stuff, so we did a lot of stuff together. No, we did over time, assimilate with the community and stuff like that, with other people. You could always tell it was a little bit out there, a little bit different.

[laughs]

[0:14:44.9]

CE: Can you tell me about your experience of going to school in Albemarle?

[0:14:52.7]

JB: Yes. When I first started, it was elementary school, and back then you walked to school, didn't think anything about it. It wasn't until second grade before I got my own bicycle, but first grade, my best friend had a bicycle, and his dad—it's kind of funny, because we first moved here, we didn't have any doctor or anything like that. Now, this was in the [19]50s, and the house that we had had a brick porch front and it had where you could walk along it, and I was walking along playing guard like on a fort or something, and fell off and cut up my face, and my dad called the landlord and asked

him, “Where could we go to a doctor?” And his wife worked for Dr. Richard Ross in Albemarle.

So we went over there and got my face sewed up, and he went home that day and he told his wife, he says, “We found a friend for Danny.” That was his son that was my age. So we were three days apart in birth, and Danny and I were best friends until he died at forty-two.

Going to school—is that what you asked me about, going to school and stuff? Danny and I were best friends from day one. The first time we met was at preschool clinic, they used to call it, they’d have, like, in the March before, a little half day to get a little feel for it and everything. It was nice we lived about four or five blocks from school, so you could walk, unless it was raining, then Mama would carry us or drop us off. But most of the time, you walked back and forth.

There was a little place called K&L Grocery or K&L Drugstore, and they had a little soda fountain and everything that you could stop on. That was on Montgomery Avenue. That was halfway between the school and home, so that was a fun place to stop and get a—for ten cents, you could get a Coke and some crackers, for ten cents. [laughs] That was real good back then.

Elementary school was fun. I always enjoyed going to that. I don’t know any specific experiences about that, but it was always fun. I enjoyed changing classes every year. I was the first class—when they added on the part they renovated at Central Elementary, that used to be a great big old building that was built in the 1910s. I remember doing chapel programs and events in there. I remember when I was in fifth

grade, they tore that down and built that new section that they remodeled, and it's got the auditorium and all that, and I was the first class in that building.

It was also the first year that we had integration, and it was available—that was 1965, [19]66, and there was two black kids that came over, Alicia Thomas and her younger brother, and she was in—I can't remember if she was in my class or not, but she was—yes, she was. And she was the first one to come over, from the south Albemarle, it was called Kingville back then, and it wasn't but a year or two later than that that they shut down that school and combined it all. But that was the first year volunteered they had black kids to come over to the white school.

[0:17:54.8]

CE: What was that experience like?

[0:17:57.2]

JB: Never really thought much about it. Some of that may be because I was from up north, and up north it was different. It was more about ethnicity. It was more like you don't like the Italians or you don't like the Irish or something like that, and the black people, they weren't the same things down here. Down here there wasn't a whole lot of,—you dealt with black people, you saw them. We had a black maid, nice lady. My best friend's father, Dr. Ross, he had a maid, Mary, and she was like a mom to us. I mean, she was my other mom, third mom, and if we were doing something we weren't supposed to, we both got our bottoms swatted. [laughs] It didn't matter. You weren't supposed to do it, and you knew that. You didn't say anything. I never had any bad feelings about it myself, and when they had the riots and stuff like that, it's like—never much of that around here in Albemarle, so never a real big issue.

[0:19:00.9]

CE: And you mentioned Dr. Ross. Were there many doctors in town or was he the only one?

[0:19:08.2]

JB: Yeah, there were, plenty of doctors around, yeah. Matter of fact, in the [19]60s and [19]70s, he and four others, three or four others, put together one of the first big practices. And when he first started, I can remember he was—it's where Tiffany's on 1st and Main, that was the old Lowder Hardware Store—in that building going more towards north up on 1st Street, and it's a little slot. There was a little place—it's a hair place now—and if you look, there's a little door beside it. He had a long hallway, and you go back in the back, and that's where his office was, in the back there. That first part where the hair place is now, that was a drugstore, Rexall Drugstore, and he was in the back behind there.

And he also had a room in there for black people. Black people were not allowed to sit out in the white—in the room with the other—I didn't understand. I remember one time seeing that. Sometime I was sitting there, and they opened the door, and the black—there was a whole roomful of black people. I'm like, that's strange, but that's about it. I didn't really—I wasn't raised in a racist-type home. We didn't really have—the only thing my mama ever said is, “Don't marry a Catholic, because I won't come to the wedding.” Okay. [laughs] “You can marry black people, but don't marry no Catholic.”

[laughs]

[0:20:32.9]

CE: What did it mean in your family to be healthy when you were growing up?

[0:20:36.4]

JB: We all had good health. When I was ten years old, we moved out to Richfield, and we lived on a farm. My mom and dad bought land in 1962. We moved out there in [19]64. So we were raising a garden. We had a little garden in the house in Albemarle, too, so we were learned to work. Everybody pitched in. You had five kids that took a lot—as soon as you were old enough to start to do, pushing the lawnmower or, bringing the clothes down to do washing, the work was distributed. My mom didn't do it all herself, or Dad.

Growing up on the farm was great. At ten years old, I was driving tractors. Matter of fact, the first time I did that, my dad rode around with me the first time, and it was a tractor—this great big—this tractor was huge. I mean literally. The wheels were like about 50, 60 inches high. The first time my daddy rode around with me and behind me and was pulling the disc that you couldn't lift up. You had to drive straight. I could barely reach the clutch, to get it into gear. And I had ridden on his lap a bunch and steered it and all that. And so he rode around with me one, couple laps, then he watched and he walked beside me for a lap, and then after that, he watched me do it a couple more laps, and then he went in the house, and my mom was like, "Well, what is—where is—where's Jeffrey?"

He says, "He's out there running that." [laughs] My mom about had a fit.

You learned to do it right. I was taught how to do it safely, what to do, how to shut it off, so don't do anything outside of what we were told. Growing up was great. We did a lot of work. We raised a lot of our own food. Literally, we had a big garden, and we canned food and stuff like that so we'd have it all year long.

No real health issues. I had a hernia when I was a little kid. And I had a brain concussion one day at school, was running in from school, tripped over a root and hit my head. But outside of that normal measles and stuff like that, typical childhood stuff.

I remember when they had polio vaccine, the Salk vaccine was on the sugar cubes. I remember when we were kids going by, and it was, like, three Sundays in a row, and we went by what's actually the Senior Center now. That was the Army Reserve Center, and they had a line set up, and you go there, and you would—they had all those sugar cubes. And they'd go, "How many in the car?" and they'd give everybody—and they'd write down the names and stuff. They kept track of it. We thought that was cool. You got a sugar cube. "All right! We got a whole—." We didn't get a lot of sugar like that, so that was fun. [laughs]

But we did lots of—we were always out, active, never really had any big issues with health and stuff, because, like I say, you were out eating good food, my mom was cooking stuff from scratch. You didn't have the processed foods like you have now, so most of our—actually, I remember when a Chef Boyardee pizza kit was, "Oh, wow! We're getting a pizza tonight!" And my dad would buy the kit and then add a bunch of stuff to it, because—but we didn't have a whole lot of processed food. My mom cooked basically from scratch. So we were out on the farm, we raised our own beef, so we had plenty of beef. We ate a lot of that all year long, feed the cow out and slaughter him, and you've got enough food for about a year or more.

[0:24:02.6]

CE: And so what made you decide to stay in the area after school?

[0:24:08.9]

JB: That's a good one. I liked it here. I really do. And I've had a lot of opportunity to travel. When I worked for a company in the post-college out of Burlington, we did a lot of work—we traveled the country, basically. We were doing sound for Amway conventions, and I ran audio equipment and stuff like that, and traveled all over the United States. And of all the places I went, I said, "I still like it here best."

Now, most of my brothers—all my brothers and sisters basically have stayed here, except for one. He moved away to Arkansas, and he's in South Carolina now, but he's building a place now on the family farm where we grew up on. He's, fixing to come back here to retire.

And my wife and I, we decided—her brother and sister, they both left and went—one went to Salem, one's up in Asheville area, and we decided we're going to raise a family, Stanly County's a great place. It's a horrible place to grow up, but it's a great place to raise kids. [laughs] When you're a kid, it's, "There's nothing to do here," but that's kind of good because there's not a lot of place for trouble, to get in trouble.

[laughs]

[0:25:15.3]

CE: Can you tell me a little bit about how you met your wife?

[0:25:20.1]

JB: Well, her dad was a professor at Pfeiffer College, and she's about four or five years younger than me. Actually, the first time I met her was when she got on my school bus. I was her school bus driver. [laughs] Later on, as I went—she's my younger brother's age, so in a small community like Richfield, you do know people, I mean really.

I went to Pfeiffer— I was driving the school bus, that was my junior, senior year. So when I went to Pfeiffer, then her dad was a professor there, got to know him and stuff, and, like I say, it's a small community. She went to church here at Wesley Chapel. At that time, I didn't go to church here, but we would come over here for church functions, something, like Bible School, stuff like that. So, yeah, we knew who they were and everything. And then college years, I was finishing up college when she started, so had some overlap there and knew her. It wasn't a meeting, so to speak.

Then I moved away, actually, for about a year and a half to Burlington to work for a while, and came back here, and I was twenty-nine then. I said, "Well, it's time to settle down."

So I started looking around, and Sharon was, "Okay. Hi, let's talk." [laughs]

Matter of fact, in October of '83, there was a homecoming at Pfeiffer, and I saw her on campus, and my sister and her friend, myself, we were all going up to the local tavern—it was the nightspot for adult at the time, John's Tavern—and invited Sharon to come along. So after that, we started dating, and eleven months later we were married. [laughs] Could have been sooner than that, but she didn't want to—I wanted to get married on April 1st, but she said she wouldn't marry me on April Fool's Day. [laughs] [She] wasn't going to do that.

[0:27:17.2]

CE: And so y'all chose to live in Richfield or Misenheimer?

[0:27:21.3]

JB: Yeah, actually, when we first got married, we lived with her mom. Her mom and dad had divorced by then and had a great big four-bedroom, five-bedroom house, so

we stayed there for a couple months until we could find a place. Alton Crowell used to rent—he had some duplexes on Old Salisbury Road, and we waited—it was about six months before one came open. And they were great, because it was a one-bedroom duplex. You had a bathroom, bedroom, and a living room, and a kitchen area, and it was reasonable rent. We could afford to rent, so as soon as we could get in one of those places, we moved there, and then kept moving around here. Actually, we rented a whole lot, multiple places, until I finally built us a house, and we moved into that 2001. Then I sold it, and now I'm building another house.

[0:28:12.6]

CE: And tell me about what the two of you did for a living.

[0:28:15.6]

JB: Sharon, when I started dating her, she was working—Stanly County had a Daycare Center they operated over in south Albemarle, and it was a county-operated center mostly for lower-income folks. Of course, right there on the edge of the black side of town, mostly black kids, and she worked there first as a lead teacher. Later on, she became the director of it. And then she left there and went to work for the state as a licensing consultant, basically doing the licensing reviews for Daycare Centers, and did that total—she did that—oh, excuse me. Before that, she did—the county got out of the daycare business and they started doing a purchase-for-care where they would take—instead of operating a center, they would fund people to go to other centers, and she ran that program for a while, then went to the state as a consultant. So she did that until she retired.

Myself, I started work at nine. Well, actually, before nine, my first job before that was I was an entrepreneur. We used to have to—when I was growing up in Albemarle, Cannon Avenue, there's a lot of big oak trees and stuff, so my dad would have us all out there raking leaves every fall. The whole family, everybody had a rake. And I got the idea, "I bet you I could get paid doing this."

And I actually took my rake and went two doors up to Mr. Watts' house and asked him—knocked on his front door, and I was sitting there with my rake and I said, "Mr. Watts, how much would you charge me to rake your yard?" [laughs] He got a kick out of that.. He let me rake his front yard or something. He probably gave me, like, a nickel or a quarter or something. I thought I was something else, though. [laughs]

At nine years old, my brother, older brother, had a newspaper route with *Stanly News and Press*, and it was actually considered a car route. It was 120 customers, so he split the route, he did 80 people, I did 40. So nine and ten years old, I was doing a paper route.

We moved up to the farm when I was ten, so worked on the farm. So that's like having a job, but room and board's what you got paid. [laughs] But did a lot of work [with] tractors. Since my dad worked a full-time job, especially when I was old enough, I would do a lot of the plowing, disking, that kind of stuff, get the fields ready, help him planting and stuff like that. Through high school, did that kind of stuff, drove a school bus for a little pocket money.

Then through college years, I did what I called hustling, a little bit here, do something here. I used to take kids to the airport and stuff and get paid for doing that. After college, I got into—all along in there I also played in different bands. That probably

cost more money than I made [laughs], but we had a good time doing that, playing, rock bands and stuff.

After college, I started deejaying and then, doing other jobs and stuff, got into Amway, worked in textile mills, did a lot of different types of jobs. First job out of college, real job, was working at a textile mill as an industrial engineer trainee, because my dad was an industrial engineer, so that worked out pretty good. And that lasted for a little—a couple months, not real long.

Then I did a number of other jobs, got into manufacturing, did some work with multiple companies doing that. In the [19]80s I got into a place called Abex Friction Products. Worked with Union Carbide Corporation, Eveready battery products in the late seventies, worked there as a first-line supervisor and then a quality supervisor. I did a little bit of everything at that place, real good. Went to work at a company that manufactured audiocassette tapes. I did the mastering of the tapes and stuff like that.

Went to work at a—did a stint trying to—a buddy of mine was like, “We’re going to get rich. We’re going to be contractors.” There was a guy down there, had some houses. These were—what are they called—shotgun houses. These were real low-end houses for—black people were living in them. Actually, the guy who owned them, his mama had been a custodian at Pfeiffer, really sweet lady, and her son, he had these houses, and then he could fix them up to a certain level, had to do some remodeling. Most of these houses only had one spigot running for water and maybe a couple electrical outlets. That was it. People were living in these houses. I mean, this was in 1970, [19]80s. And he had to do some remodeling.

The other guy and I, we was, “You know, we can get rich remodeling these houses.” We didn’t, really, but we did do a lot of work on the houses. He had to put electricity, and then he could get government money to help people live in them.

After that, I worked in a mobile home factory, and then worked at a place in Salisbury called Abex Friction Products, went to work there, worked there for eleven years, first as a line supervisor, materials manager, purchasing. Went from there to Metal Forge in Albemarle, worked there as a production control coordinator, quality manager, or quality engineer, quality manager, and then after there went to a place in Concord, Pass & Seymour, up in—excuse me, there’s another place in Charlotte. They made our synthetic paper. Worked there for a couple years, and then went to Pass & Seymour in Concord, North Carolina, and stayed there for thirteen years up until a few months ago.

[0:33:50.2]

CE: You mentioned a lot of manufacturing organizations. Are many of those still open?

[0:33:58.7]

JB: Most of them are gone. Based on what I’ve read—1977 was peak manufacturing, and that’s when I start manufacturing, so, yeah, I’ve watched manufacturing decline over the years as—and you can get real political here real quick. I really see it’s an effort to remove manufacturing, because that’s the strength and wealth of America, is you don’t make money reselling stuff; you make it by creating it. And, yes, it’s tough now because manufacturing’s been—they incenticized (sic) and moved it out of the country, get it from somewhere else, and that’s not a real good way to do

things. I'm really happy, actually, the current administration is actually working to bring back things.

People—when I was , sixteen, I don't know if you remember all the mills that used to be in Albemarle, where it's all open now, so big open field, that was all people's jobs. There was factories. That was a mile down there, where the ballpark is up the Salisbury Avenue, that was a mile of manufacturing. That was all buildings of people making stuff, and it's all gone, it's all bulldozed.

But, you know, back then, a person could—a lot of people did this—quit at sixteen, quit school and go to work they get a car, and in a year or so they could get married, and they could actually support a family. And there's no way you can do that now. But there was manufacturing jobs. Now that same person, you're lucky if you can get a job at Wendy's or a fast food or something like that.

So, yes, there's been a big change in the availability, and every summer, boy, it was a matter of where you want to work. You could go find summer work about anywhere, and now it's so hard. There's not that many jobs for kids to do, which takes away from them learning how to, you know—the ethics of—work ethic and how to produce and get that first check and say, "I made this. This is my money. I earned this."

So I did a lot of working through—I could get summer jobs as a—quilted bedspread factory over here in Richfield, Richfield Manufacturing. I worked there a couple summers. I worked construction. So there was always plenty of things you could do, plenty of work you could find. I don't think that those opportunities are as good now for kids as they were back when I was young.

[0:36:21.5]

CE: What kind of opportunities do you think people have now for jobs when they get out of high school?

[0:36:28.6]

JB: Most of it's service jobs, if you really think about it. My son graduated from community college with a biomedical equipment technology degree, but basically what he's doing is fixing something that somebody else made. That's a service job and that's where the future is right now, but the manufacturing needs to be brought back to really—if you want—right now we have a—deficit and payments going out. That's our wealth leaving our country and going to other places because they're making the stuff. And fortunately right now, I see a lot of that getting reversed, and that's good. People are wailing about it, but really if you want to have a truly strong country, you need to be making your own stuff, not being dependent on other people.

[0:37:12.0]

CE: So what would you do to fix that?

[0:37:15.2]

JB: I'd make it more profitable, more incenticized (sic) for people to do it. And you don't have to do a whole lot make—one, make it harder to bring stuff in from other places. The people will, start it up, business startups, small business, stuff like that will start up and fill that need. It will create more opportunities for people wanting to do different things.

Too many people got this college degrees that don't really create new stuff, and you hear some of these titles like—really, I have a business degree in economics, and that was a good degree for going lots of different places. Technical trades now actually—like

I say, my son, he used to—my daughter went to NC State and got a degree in communications there. Nathan finished up at the community college, and he's making as much money as she is on a two-year degree, and a couple more years, he will be making way more than her, once he gets a little farther along in that career.

I told him, I said, "If you can be the person that can fix that CAT scan machine when nobody else can," I said, "you're going to get six figures." Robotics come into medical in the future, there's going to be all this robotics stuff, and Nathan, he's going to be perfectly positioned to be in that field. There's technical fields out there. Once again, there's services. As far as manufacturing, it would be good to bring that back, to get, you know, where people can learn that work and actually create wealth for the country.

[0:38:48.9]

CE: Are there other ways that you've seen Stanly County change in the past twenty or thirty years?

[0:38:56.2]

JB: Probably the biggest thing in Stanly County is the exodus of manufacturers. It's big. And now the top two employers in Stanly County are the hospital and the Board of Education, and that's—they're services. Those are things you need and everything, but they don't create wealth; they consume it. Figuring out how to get manufacturing back here. Unfortunately, because of some political activity in the past, that it's going to be hard to get that back here. The current local commissioner, stuff like that, aren't too good on bringing it back.

Actually, matter of fact, back in the [19]70s, we had an economic development guy, Ed Cochran, and he was great. He brought in a lot of stuff. If you've ever been, over

by Walmart and all back there there's a Metal Forge, and there's a Preformed Line Products, Cargill. There was a mobile home factory. There's a bunch of stuff back in there, and Ed Cochran was the one who brought that stuff here. He brought this, in the [19]70s , and it was going great until they were able to—these were companies mostly coming from other places, like mostly from up north.

Metal Forge was perfect because they came from Ohio, came down here, and they were able to pay half what they were paying for union labor up there for nonunion labor here, and still that was above what the local people were getting. It was four dollars or five dollars more an hour, and all of the best and brightest from the textile mills were going over there, and the good ol' boys from the textile mills didn't like that because now they're going to have to pay more to keep their good people, and they actually shut down the economic development.

And a few years later, after that, in 1997, on the front page of *The Wall Street Journal*, Stanly County was listed there as the most depressed county in the Southeast. Made the front page of *The Wall Street Journal*. I saw the article. And basically what it was, Ross Perot had talked about this, if you pass NAFTA and GATT, what you'll see is all the manufacturing leaves. Because my wife, she was working at Social Services, I told you. I told her, "Be ready, because if that stuff passes, then all that textile mills will stop and all those people are going to be coming to see you to try to feed their families and stuff." And, sure enough, that's what happened. That's—don't that. [laughs]

You know, but it was kind of funny, because in that *Wall Street* article, *Wall Street Journal* article, some of the guys who actually ran mills in town—one of them, particular one, was a mayor at the time, he was wailing, "Oh, this thing—," and dah, dah,

dah, dah, dah. You're the guys who shut down economic development here because we were all focused on textiles.

And that diversification that Ed Cochran tried to bring in here—or Jim Cochran. Excuse me. Jim Cochran is the name. That money—you know, the new business he brought in here, if we had been that diversified, other types of manufacturers outside of textiles, we'd have been in a lot better shape. But after Alcoa moved out and stuff like that—and there was a lot of political stuff about Alcoa, the county commissioner's trying to take over the assets and stuff like that—that's not going to help our economic development here. It's going to take a long time for outside companies to come back here.

Sorry, but that's my think of it. [laughs]

[0:42:28.6]

CE: No, thank you for sharing. You've talked about some of the challenges in Stanly County. What do you think are some of the assets of Stanly County?

[0:42:37.6]

JB: One of the biggest assets is that we are so—actually, being behind has helped a lot because we don't have a lot of the big-city problems. Charlotte, of course, is a big mega-city, even Concord and stuff. But we're not immune to that, the drugs and the stuff like that causes—brings violence with it. But we still do have a whole lot, more conservative type. Even the Democrats here are conservative. [laughs] I know that sounds a little strange, but they're not as liberal—most of them are not—they're better work ethic. There's still a pretty good work ethic here.

The recreation opportunities are fabulous here. We're in a very good point, Morrow Mountain State Park. Albemarle's working on a lot of recreation facilities. Matter of fact, Albemarle's led in parks since Chuck Morehead was over the Parks and Rec back in the [19]70s and [19]80s, and Albemarle's way ahead.

Richfield Park is—when they built Richfield Park—and that was just a couple people really pushing that, and that was way ahead—we're still way ahead for a park that nice and that size in a town of 500 people, 600 people. You know, now we have the Carolina Thread Trail's connection here, the Falcon Trail, from Misenheimer all the way to that park, and then later on that will connect down to Albemarle. So the recreation opportunities are fabulous. You've got Uwharrie National Forest, Lake Tillery, all the lakes, the Yadkin, Pee Dee River. It's lots of opportunities for recreation, and it's a lot of things, that could bring in a higher quality of life if you can bring back in the right kind of manufacturing to once again create that wealth.

[0:44:29.0]

CE: And you mentioned that it's conservative in a good way. What do you mean by that?

[0:44:34.5]

JB: People, still [have] a strong influence of religion here, and there's still a lot—I can see, our church here, over the years, has declined in membership and all, because I can remember when, the pews were pretty much full on Sunday. Some of that's Pfeiffer [University], but Pfeiffer has changed a lot over the years. As it's grown bigger, more people come outside. At one time, of course, there was nothing out here, so Pfeiffer had the faculty houses, so all those faculty went to church here in this area. Now, over the

years, they've sold off those houses, so the faculty scattered out more over a bigger area, so they're not necessarily right here in Misenheimer. They might be in New London, Richfield, Albemarle, Concord. So it does spread out some, but there's still a strong family unit, like I said, good work ethic for most people. There's a lot of people willing to work, and they'd like to work if they could find work. So [work ethic] is one of our strong points. We do have great educational opportunities. You've got Pfeiffer. Stanly Community College is a strong school, and it can teach a lot of trades that you can use right here. It's not like something you learn here and you have to go somewhere else to do. But those are some of the bigger assets.

It's affordable to live here right now. My son, he's been looking at trying to get an apartment in Concord. I'm saying, "You know, you can rent an apartment here and drive there cheaper than you can—and still save money on what it costs just for the rent in Concord." We have a better cost of living here, and that's a good thing. We have abundant water, because we're actually selling it to other counties. Cabarrus [County] and Union [County] are trying—getting one now, a waterline. So we do have a lot of natural resources that we can utilize here.

[0:46:33.7]

CE: What does it mean to you to be from a small town or rural area, whichever way you would describe it?

[0:46:39.7]

JB: I'm proud of it. I love it. Now, my daughter moved to Raleigh, and she'll never come back here. [laughs] And she likes it. She likes the big-city life. This just feels not big enough for her. I can remember one time she and I went up to New Jersey. I was

going up there to pick up some stuff, my aunt's furniture, after she had passed away, and some of that was my brother-in-law's. So I rented a van, went up there, and Meghan went with me. She was about ten years old at the time, and we drove through Philadelphia, and she's, "Oh, wow! Look, there's a street person!" And stuff—it was so funny. I took her to a real deli where you get a real submarine sandwich, not like what you got around here, and it was just an eye-opener for her, and she like "Wow!" because all this big city, because we drove—when we were driving out Sunday morning, we drove through Philadelphia, on the edge of it, and it was a beautiful view of the skyline and all. She got her eyes opened up.

She got to travel a lot when she was young, and I thought, "Well, she'll never come, you know, to Stanly County." I knew—but it was summer school and she stayed up in Raleigh during the summer. She wouldn't come back here. [laughs] Nathan's kind of more a homebody. He'd rather stay here, but he's starting to—wanting to move on.

There's not a lot of entertainment stuff. The entertainment now's better than when I was growing up, because now in Albemarle they do have alcoholic beverages, and back then they were not. Albemarle was dry back then, Albemarle and Stanly County total. You had to go to John's Tavern, which is across the Rowan County line, was where we had to go. [laughs]

It's hard for the youth here, and one of the things I see in our church, a lot of the youth grow up and they get—especially when they go to college and stuff like that, and they move away because it's just not work here to do. That's why we really need to invest in here and somehow get businesses to come back in. I'm hoping what the current administration is doing now will incenticize (sic) companies to reinvest in America and

put factories here, and that will help. That'll help a whole lot for making everything better.

[0:48:55.4]

CE: If you could tell somebody who's never been to Misenheimer, Stanly County, what would you want them to know about it here?

[0:49:04.4]

JB: It's a friendly place with good people here, real good people. It's a slower pace. It's not a big city. You don't have the crime and stuff that you have. There are bad people, but you have to—it's a lot fewer of them and a whole lot more noticeable here. [laughs] But it's a great place to raise a family. In the schools and stuff, you don't have all the problems they have, like over in Charlotte-Mecklenburg. It's a lot better place. It's more community. We still have the distributed high schools. That helps a whole lot because you have that community around that school. Even as you're spread out [across] three or four small towns still [there's a] focus on North Stanly because that's where all the kids go to school, so it is still a centralized and more of a family atmosphere.

You do know people. One thing I learned a long time ago, especially coming from outside this county, you don't talk bad about anybody because that person you just said something bad about—like, you say something bad about—“That's my third cousin's wife over there you're talking about.” [laughs]

“Okay.”

“My aunt's uncle's brother's sister's cousin.” [laughs]

So you don't talk bad about nobody. [laughs]

[0:50:16.8]

CE: How do people around here usually get healthcare?

[0:50:24.3]

JB: You have Stanly Hospital, which is—they do a good job down there. And in later years here, my wife has the perception that we're better off at Cabarrus. Some of that may be because Cabarrus was a bigger hospital, before—this was before Carolinas Healthcare, Charlotte Memorial took over everything. I still remember when Charlotte Memorial and Cabarrus Hospital, whatever—and Albemarle is good.

The problem with Albemarle, one of the weaknesses here is there's a lot of turnover [with] the doctors. And I noticed this one time. They used to run ads all the time, oh, new doctor, new doctor, new doctor. We have a lot of new doctors, but what happened to all the other ones? And basically what they do, they come here and they'll work here for a couple years, and maybe that's, like, an obligation to do their education, if they've got some kind of funding, whatever, and do a couple years in a rural [area]—which is good because you're getting new ones, out of college, but usually they're not experienced, but they do know the latest stuff, so you do have some good stuff.

The people at [Carolinas Healthcare System] Stanly [formerly Stanly Memorial Hospital] do a great job. I've had, like, a heart catheterization there once. The guy who did it actually came from Charlotte, Charlotte Cardiology, but he did it locally, which was nice, so I could get it done here and go home. Things like that, you can do that. Right now we actually go to—Cabarrus Family Medicine had an office here in Richfield, and Stanly Memorial had an office there, and the Cabarrus one, I actually started going there after the doctor I had gone to over in Albemarle for years retired. So we went to the one in Richfield, liked that, and then they ended up—moved it over to Mount Pleasant, which

is not too bad. That's about the same as driving to Albemarle. My wife thinks that they do better over there.

They probably do all about the same, really, because what they'll do, they'll transfer you real fast, especially now that it's all owned by the same company, basically. Atrium now has taken it all over. They will move you around, they'll transfer you if they need to, and I know of people that go to Stanly County, and then, okay, they moved them over to Cabarrus because they're—it's a higher level because it's a bigger hospital and stuff. So the healthcare is good [and] available.

Most of my life, I've worked in manufacturing, so I've had really good healthcare coverage. Matter of fact, when I worked at Abex, when I first went to work there in 1988 my healthcare was \$10. I said, "Is that a week?"

"No, it's a month." That was a family plan, \$10 a month.

We were owned by the Illinois Central Railroad, the company was owned by it, They underwrote a lot of it. Now, over the eleven years I worked there, that changed a lot and that rate went up a bunch, and even now, right now I'm sixty-four, so I'm getting ready to—December or January I'll be transferring over to Medicare. So we'll see how this goes. I'm fortunate. I've been in real good health most of my life, not had a whole lot of issues. My wife, on the other hand, has had a lot of issues and a lot of use of healthcare.

[0:53:41.2]

CE: Can you tell me what it means to you to have a good experience with a healthcare provider? Like with your heart catheterization, what made it a good experience?

[0:53:51.0]

JB: Well, the first one was—my mother-in-law was a nurse for Dr. Kendall in Albemarle, and when I had this issue, I couldn't get a hold of my regular doctor. I tried to call him—because one night I was having a lot of burning in my chest and everything, and Presbyterian Hospital [in Charlotte] at the time was running all of this advertising, “These are the signs of a heart attack.”

And [I had] this burning sensation, like, “Okay!”

I don't know. Maybe it was because I was working a full-time job, building a house, raising a family [laughs], a couple other things. Maybe some of that drinking forty cups of coffee a day and smoking two packs of cigarettes, that might have had some effect on it. [laughs]

But I couldn't get a hold of my regular doctor, so my mother-in-law had her boss to come meet me at a hospital, and they did some tests and stuff on it, and basically it turned out to be acid reflux. But they did do a heart catheterization just to be sure, and that was good because that did—actually, Dr. Kendall's a great doctor. He was the first one to ever—sitting there, says, “You're fat. You're going to die.” I never had a—he told you like it was. Some doctors are too nice. They won't tell you things you don't want to hear, but he was—I liked him. He was like, “You're fat. You're going to die. I can show you here you gained ten pounds a year.” And he was right.

And then changing those habits is hard, but it was nice to know that you do have good doctors out there that—the one we go to now is a real nice young man, smart, knowledgeable. He does a real great job. He's got a good manner, and that does give you a lot more confidence. And it's nice to know that he's in a group that if you can't see him

if you've got a sinus infection, [and feel like] "I've got to have something now," one of the PAs, they can do the same thing and take care of you and get you started on treatment. Putting in the PAs has helped a lot, free up the doctors for maybe the more serious stuff.

[0:55:51.5]

CE: Can you tell me a little bit about your wife's experiences with healthcare providers?

[0:55:54.2]

JB: Yeah. She's got fibromyalgia, anemia, and some other things. She was a premie when she was born, and I've always wondered—because she was born back in the [19]50s at Bowman Gray Hospital, and I wonder if [being born prematurely] does have a long-term effect on people. If you were born premature, is there a correlation to that to later on healthcare? I don't know or not, but she started developing these issues probably back in the 2005 or so. In 2007, she actually took an FMLA to be off a year to try to work through some of these, and she never did go back to work from that, so the problems in some ways—and this is just my personal opinion, that maybe doctors are too willing to prescribe. One of the things, I have great health insurance. I can't help but think, "Oh, look. This guy's got—we can—I got a buddy who can give you a pill for that. I got—." I've become a little more cynical about healthcare. It's too much about, "We've got a pill for that." They're treating symptoms, not curing the root cause.

There's some things I've grown into and all. I had a—my thumb—what I was doing was holding a hammer, and the way I had my thumb, it got inflamed in here, the joints, and I went to the doctor about it and he gave me some pills for the inflammation.

Interview number Y-0004 from the Southern Oral History Program Collection (#4007) at the Southern Historical Collection, The Louis Round Wilson Special Collections Library, UNC-Chapel Hill.

I'm like, "Huh?" And it took, you know—about a year later, now the thumb's about working again, but I just didn't think—he wanted to give me a pill for it. Now, tell me what I did wrong and what can we do about fixing that. There's a lot of things that you can do now not inside that pharmacy, the pharmaceutical medical complex, they call it.

[laughs]

My wife is just too much looking for a magic pill, and, of course, like I say, doctors are always, "Oh, I've got a buddy who can do a pill for that." And it's a vicious cycle. I mean, she's taking, like, fifteen prescriptions a day. I take one, you know? That's for thyroid. And my mom had an underactive thyroid, so that's genetic. I actually believe if I actually got my weight where it should be, which I'm trying to work towards, that, yeah, I might even be able to get rid of that one.

I've been looking at—I've got receding gums, and my dentist told me, he said, "Well, you should have been flossing the last thirty years."

I said, "Well, I didn't so what's the cure?"

"Well, the cure is we can do this—." They can do an operation, they can do these grafts and all this stuff.

I'm like—so I go on the Internet and start looking around, and the other day I found something, where you can do more natural—what is it, homolistic (sic), whatever they call it, cure?

[0:58:47.6]

CE: Homeopathic.

[0:58:47.6]

JB: Yeah. And this was to fight the receding gums, well, one of the things that—sodium lauryl sulfate was one of the prime ingredients in all toothpaste. Guess what? That's bad for your gums. And you go looking, it's in everything. Actually, the last month or two, I've been using coconut oil and baking soda. I make it myself, put it together. I've been real good with that. But I get—because of these receding gums, it's withdrawing from my—the roots of my teeth. I found a thing the other day, it said you use red sage tincture. If I can even just find the stuff, that will actually help you regrow your gums. Now, is that real or not? I don't know. Of course, it's on the Internet. Sure, it's got to be right. [laughs]

Maybe there's more natural things. How did people do a lot of the stuff before they had all these drugs? I do believe, like, there is too much of all the advertising on TV, and some of the stuff I see on TV is appalling. It's like, "Okay. This will cure this little thing, but you might have cancer, you might get—," dah, dah, dah, dah fifteen [other side effects]— sounds like you're going to die of this stuff. [laughs]

And I just don't wonder maybe if some of that stuff is creating more issues. It is for my wife, creating more issues than it's helping, because she's gone—there was one doctor we went to in UNC Chapel Hill Hospital, and this guy, he was the first one [that] said, "We really need to start taking you off all these drugs," and never went farther than that. He did one or two, but, you need to back off.

With my wife, I not been able to convince her [that] maybe we need to change our food, change how we eat, exercise, stuff like that. But she wants a pill, and she's gotten this, from watching the advertisements, and, "There's a pill for everything. How come I can get it?" No. Sometimes you just have to do the right thing. Your bodies are not

designed for maybe all this processed food, especially the GMO stuff and all. I'm trying to do better about eating that [by] getting healthier stuff.

But my wife, if I make healthy food, she'll say, "It just doesn't taste right." Well, you know what? If you eat—for a while, I was eating a little breakfast shake thing, and then maybe once a week go to Bojangles' for a biscuit, and it was, my Friday treat. But, after doing that shake for a while, it got where that biscuit didn't taste as good, and it's like, you're used to one thing, but, if you get away from it and go back to it, it's like some of that food, manufactured food, doesn't taste that good, once you get away from it long enough to realize that maybe there's stuff in here I shouldn't be eating. And a lot of health can be fixed by, more about nutrition and healthy foods versus, all the stuff that—the convenience foods that they have in the stores.

[1:01:47.7]

CE: If you could wave a magic wand to help fix the healthcare—you mentioned some issues with it—what would you suggest?

[1:01:54.1]

JB: Tort reform, number one. The reason healthcare is so expensive is because it's too easy to sue. Somebody has a bad outcome—and it could be—outside of actual malpractice. I mean, if a doctor viciously—or somebody did something just horribly wrong, [then] you have review boards that can handle that. But outside of that, if—you know, okay, it's bad they leave a sponge in you. Or if you don't survive a surgery, maybe it's because you waited till, too late. But the thing—it's like a financial roulette wheel here. "Let's get rich on the bad operation or the bad outcome."

I read one time in Japan they don't have much trouble with malpractice suits because in order to sue somebody there, you have to post a bond for the amount of money you're suing them for. If you lose the case, that person gets the money and you have to pay for all the lawyers. I think, "Hmm."

The tort reform would help a whole lot and make it harder to sue for—or reducing the amount of—the money you can get. What was that actual damage? Could that death been prevented? If it's not an actual malpractice, real obvious malpractice thing, they really should get rid of these lawyers being able to sue on stuff. That would help. That would help bring that cost down a lot.

A lot of doctors, they overprescribe tests. "Oh, we've got to do—." And four tests here, and is that really to know what it is or is that to cover yourself in a future lawsuit? And there is a lot of that going on out there.

They have to do that to just be sure—because somebody come back, "Oh, you didn't think about this over here," this off-the-wall issue. That's a lot of it.

You were talking about manufacturing and all. One of things that has destroyed healthcare in the United States is the exporting of manufacturing. If you go back to health insurance and healthcare, the whole health insurance business grew out of World War II. In World War II, companies, they had wage and price freezes, during the war to keep people from gouging or over-profiteering, and corporations need people to come work in their factories to help the war effort, and they couldn't raise wages. Wages were fixed, so they started offering benefits, and that's where healthcare started. That's where employer healthcare started, in World War II. And then, of course, in the post-World War II baby

boom and all, the economies are exploding and expanding so big, and as an extra incentive, they had better and better healthcare plans.

I had an operation when I was about seven or eight years old. This was my hernia operation. I had got the invoice my dad had. It was \$110. That's to get operated on, the whole—now, I don't think the surgeon was that [price], but that was the hospital bill, \$110. That surgery now costs, what, \$5,000, \$6,000, \$10,000? So what's changed so much? How much of that is covering themselves?

Now, before Obamacare and everything, there was a whole lot of—if you showed up at a hospital, you got care, but it was covered by people who had insurance paying more money. In my opinion, what they ought to do is go back to the old system where they had health departments in the county, instead of people now, they show up, you know, at the emergency room for basic care. They started working now on these urgent care centers and all that. That's helping a lot there.

A couple years ago my wife was—she had overextended herself and she was going—she was in, like—I don't know the way I should say it. She was incoherent, she was in kind of a fog and everything, and I ended up taking her over to Cabarrus Hospital Emergency Room, and I'm sitting there in a room, and there's sixty people or more in there sitting. And some of them are families, but, some of these things I'm not seeing what they're [in the emergency room for]—my wife, she's in a wheelchair. She can barely handle it. It wasn't until I went up to the thing, I said, “Can you watch my wife for me? I'm going to get my car. I'm going to take her somewhere else where she gets seen.”

We'd already been sitting there for an hour and a half, when they took her—they finally—the guy, “[demonstrates],” and he took her back in, and she was there for eight

more hours. She was totally dehydrated, and until they got her back hydrated and everything. But there was all these people over here that they're—what are you here for now? And why are you—could that have been taken care of during the day? Back in the old days, you had the Health Department, so if you did not have the resources, you could go there and get [care]—now, why don't we have that still? [Health departments] might be a better way to deliver healthcare versus clogging up the emergency rooms with people who are doing things that don't need to be treated that same level of care.

[1:07:15.9]

CE: You mentioned Obamacare. How do you think that's impacted healthcare for people in this community?

[1:07:24.6]

JB: I know for myself—now, I don't know how it's affected people that didn't have insurance. I know my rates went up 40, 50 percent, and I'm not getting better care. My out-of-pocket I had to pay was at least 40 percent a couple years in a row. So, first off, it was a lie. There's no way the government can take over and insure 40 million more people and [have the cost of health care] to go down. Hello. Anybody that has any business sense knows that that's not going to happen. That was a big lie from the get-go.

The insurance companies are alleged to have written this policy, whatever, so it was a way to edge out a lot of the marginal ones, and by the government taking over, everybody knows the government can not more efficiently run something. There's nowhere in the Constitution they're even supposed to be in that field. There's nothing in there that they should be doing it. Ideally, if you're going to have any government intervention in healthcare, it should be at the state level. You should be allowed to buy

insurance across state lines. Actually Trump just recently did some things to make that happen.

So now the fact that I have to pay for a lot of things that I'll never use, it's spreading it out, but I'm never going to have to need [an] obstetrician. I'm never going to need an obstetrician for me. Now, my wife needed it a couple times, for two children, but we're at the point now we're not going to have any more children, so we're still paying for everybody else to have an obstetrician.

I see a lot of things, and something that's interesting, now there's some of these doctors who are getting way from all the insurance and things and they're doing co-ops where you subscribe to the services, like \$1,200 a year, you become a member of that doctor's services, and you can get that stuff and get the visit—you pay \$50 or something when you actually go—to get around all this—and it's pretty straightforward, and you sign a waiver that you will not sue them. Hello. And a lot of these guys don't even—they get rid of all that staff, and it's a lot better way to run a healthcare business. You still need the big hospitals because there are things that you have to have that kind of talent and stuff for.

Probably the hardest thing for me to wrestle with is the ethics of at what point do you quit giving care. We have now the capability, the neonatal intensive care, and we have a friend that's got a granddaughter, and she had a heart issue. I'm not exactly sure exactly what it was, but she's already probably had a million dollars' in healthcare. She's just now a senior. She's a rising senior in high school, sweet young lady and all, but you sit there and think do we need—do we have to do this for everybody? That's a hard—, and I say this is a sweet young lady. I love her to death, but there's a lot of kids out there

to get care that [and] at what point is there a return on that? It's a hard thing, because as a Christian, you try to do what you can, but at what point is that?

Elderly, at what point do you stop doing everything, watching my wife's grandmother, decline in health over the years. My parents fortunately both went pretty—heart attacks—it was kind of sudden. There was not a long prolonged decline in health. [I] watched my wife's grandmother go from assisted care down all the way to intensive and even after they had “do not resuscitate” and stuff like that, they still—that step down till you actually pass away, at what point do you say, “Okay, that's enough”? That's a hard decision or a hard thing to think about both ways, but you have to—at what point do you?

[1:11:26.3]

CE: How do you think those decisions could be made or should be made?

[1:11:27.5]

JB: That's the troubling part there. Yeah, that's—who makes that decision? Does, some—one of the things, of course, when they're doing Obamacare, and a lot of people are saying, “Oh, the death panels,” whatever. Now, is that some bureaucrat somewhere? Is that a doctor who makes that [decision]—your doctor should be the one who makes that decision, that he should be unchained to make that decision of whether it's worth keeping that care going.

Of course, that's going to be hard because everybody's going to say, “Hey, that's my grandma. We want to keep Granny here.” Well, Granny's a vegetable.

And you just can't go out and shoot people or something like that. I mean, no way. You don't want to do anything—there are people—I saw a thing where California

has assisted suicides. Some people may—that option, if somebody makes that decision themselves, they want to do that they should be able to make that decision. I don't think I would ever want to do that myself, but I've known people that got cancer and they decided, "No, I'm not going through all that treatment," and commit suicide. They didn't ask nobody, they just did it themselves and left a note saying why. And maybe that's—I don't know. You get into so many religious and ethical decisions in there, and confusion, it's tough to think about what is the best way to do that.

[1:12:57.6]

CE: How does your religion shape the decisions that you make about healthcare?

[1:13:05.1]

JB: Well, I believe that—I personally—[am] against abortion, and for that reason, I don't think government should be involved in that. I don't think you should be doing it. You shouldn't have abortions for—what am I trying to say here—as a means of contraception, avoidance, or whatever. There are other things you can do to avoid having a child.

My wife had a—when she was in her senior year in college, she got pregnant, and this was back in the [19]80s in a small community like Misenheimer, because that's where she was going to college. And of course, then that was absolutely scandalous. You went off to live with an aunt for a year or something like that. And she ended up having the baby and releasing it for adoption, and twenty-some years later, we got to meet the baby. Sharon had signed up on adoption.com because she always thought about her baby because it was born two days before her birthday, and she'd let me know this before we

got married and stuff and all, and I supported her. I supported that she had the baby and, gave it to somebody who couldn't have a baby.

And Leah was actually raised by a guy who's a doctor. He went to—him and his wife were here. He was going to Bowman Gray Medical School at the time when they adopted her, and he has actually ended up—he was at Baylor University, head of the department of family stuff. So she had a great life, and I can't help thinking that was the right decision that Sharon made. This was long before I started dating her. But she made the right decision and gave that child to somebody who couldn't have children, and that's great.

I don't think you should do it if, "Okay. I had a little too much fun Friday night. Let's go to the clinic on Monday and get—," I don't think that's a right thing to do.

Healthcare for regular stuff, I believe God heals in many ways. He gives us that ability to have doctors and surgeons that can—or chemists that can give us things that stop infection, cure a defect of heart or something like that and prolong life. That's good. It's good and ethical. But there's so much—there's some other things in there, but if you're doing it for—change your gender, really? This is not—that's something totally different. If people want to do that, go ahead and do it. Just don't make me pay for it, and do what you want, and you pay for it. You can deal with that.

As far as—I know there's people out there in certain religious groups that think that healthcare is bad and evil. No, God gave us these abilities to do this stuff, so we should use that. That's part of his reaching out to help keep your life going so you can live more for his glory. So in that point [healthcare] is good.

[1:16:25.0]

Interview number Y-0004 from the Southern Oral History Program Collection (#4007) at the Southern Historical Collection, The Louis Round Wilson Special Collections Library, UNC-Chapel Hill.

CE: Are there any specific health challenges that you think are more or less present here in Stanly County than in other parts of the state?

[1:16:31.0]

JB: I know down around Aquadale area, there was some times—there was a plant down there that recycled waste and stuff like that. They were burning rock. I forget the name of the place now, but it was back in the [19]90s or something, and there was a lot of controversy because they were using hazardous chemicals and waste, hazardous waste, to fire their kilns, and there was people—there was a bunch of concern about whether that was polluting any of the local wells and stuff. And there had been some areas where there have been some, environmental pollution, stuff like that, it has affected people's health.

I know Alcoa, a lot of people—I know—I used to remember seeing so many times somebody you'd see in the 25-Year Club or 35-Year Club, they retired, and, boom, they died. Alcoa is probably the biggest environmental issue that has been in Stanly County, especially in the last ten, twenty years. You've got to keep in mind, though, that most of the first seventy years of operation, there were no environmental laws. It wasn't until the 1970s that that came along. And refining aluminum is a pretty nasty business. They were doing primary reduction, taking the bauxite powder and extracting aluminum from it. Most of those years, they did not have that level of safety and health concerns.

I was fortunate, I went to work at Union Carbide in Asheboro—that was in the late [19]70s—and they had a very strong safety program, containment program, safety training for supervisors and for employees. As a supervisor, I was required every month to turn in so many times where I saw somebody doing a safety violation. Probably the only thing I ever ran into that whole time I worked there was we had a—in the mixing

room where they mix some of the chemicals and stuff for the—goes into the—we were making flashlight batteries, and somebody dropped a container of mercury, so now you've got mercury. Now, when I was little kids, we would break open the thermometers to play with the mercury on the table, and we used to, "Yeah, look at this! That's cool!" Little beads, you put two beads together. [laughs] We didn't think anything—you lick your hand. "Okay. Yeah, we're good." [laughs]

But this particular incident, the place that he did it, it was on a wood floor that had a lot of cracks in it, so I know mercury is something we have to worry about. I called my boss and asked him, because I was a second-shift supervisor, and he says, "Well, just get it swept up as best you can, contain it into a five-gallon bucket." And that's what we did. And Max was the guy [that] was working on it, and we got it all—it was still down in some of those cracks in the boards, but we got most of it up, and we put down some sawdust, wet sawdust, to help attach it to it, and identified it, locked it up, and then they disposed of it the next day. But sometimes your environmental work, you have problems like that.

Alcoa, they probably did have some environmental issues over there. Most of them have been resolved, or at least they're identified and being monitored. But, over the years, people did get exposed to that. A lot of it's just because we didn't know at that time.

Nowadays, in the place where I was working, we had an environmental ISO 14001, environmental certification, and we'd certify any outside vendors coming in that, "You will do stuff." We did everything in our plant, proper containment of, hazardous materials and how you dispose of it, and we had to contain it, and then, you know,

properly send it to recycling places or disposal places. We've become a lot more aware of it. That's helped a lot. That will keep people healthier.

When I worked at Abex in Salisbury, that was—we made brake linings, and asbestos was a big number-one—asbestos was used as a reinforcement in the brake linings. Also, it's heat-resistant. It's a natural fiber. By the time I got in the place there, they were using fiberglass instead of asbestos, and I couldn't help but wonder how about another twenty years from now, we'll say, "Oh, instead of asbestosis, it's fiber-iosis or something," because it's an inorganic material. Could [fiberglass] just be as dangerous as [asbestos]—if you breathe it in? Car places and certain things, you had to wear a facemask to help.

Industry has become a lot more cognizant of these things, and a lot of them do it because it's a cost avoidance, because a good safety program will save you money because you keep your employees healthy and you keep them from having those long-term illnesses, you keep them working better, so it's a cost benefit if you look at it that way.

[1:21:39.1]

CE: Well, thank you for the things that you have shared this afternoon. Is there anything else you think I missed asking about or that you would like to share?

[1:21:44.2]

JB: I'd just like—in healthcare, they really need to go back some. First off, government needs to get out of it. Bringing back manufacturing will help a lot, because as businesses start competing again for employees, they will take care of that and they will find the most cost-effective way to do it. The company I work for, we're self-

insured, so they would find ways—they had Health Fairs and things where you can do— if you would do certain healthy things, they would discount your insurance for a hundred or two hundred dollars. There's incentive out there to do healthier lifestyles, to reduce your premiums because it helps the company reduce the premiums.

And we need get more back over to the private sector. Government never does anything efficiently. It's not going to work. You've got too much bureaucracy, too much—and you took healthcare away from so many families that had it and gave it to people who didn't have it, but then that made for the people who were working and stuff a whole lot harder. Maybe we need to find manufacturing—another source of those people to get healthcare privately funded versus the government do it. So that would probably be the biggest thing to helping—that and tort reform, to reform healthcare.

[1:23:12.4]

CE: Well, thank you for all your thoughts.

[1:23:15.1]

JB: All right. Thank you.

[End of interview]

Edited by Caroline Efird, July 17, 2018