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Y. Stories to Save Lives

Interview Y-0010
Tammy Blackman
25 June 2018

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ABSTRACT – Tammy Blackman

Interviewer: Tammy Blackman

Interviewer: Maddy Kameny

Interview date: June 25, 2018

Location: Dunn/Newton Grove, NC

Length: 44 minutes

Tammy Blackman was born in 1964 in Goldsboro, NC, and grew up in Newton Grove, NC. Her father was a farmer, and later sold insurance. She describes him as being optimistic and encouraging. Tammy had a strong Christian upbringing. She recalls her mother as nurturing, and her grandmother as patient and sarcastic, and relates her own personality to her grandmother's. As a child, Tammy was a tomboy who loved animals. She remembers her grandmother making mustard plaster for her when she had bronchitis, steam for sinus problems, and methylate for sore throat. Tammy talks about working with the Hispanic/Latino population, the strong family values they have, and her experiences learning the culture. She discusses how being a healthcare provider leads her to question the system and her providers. Tammy is passionate about teaching and helping the underserved. Tammy's mother was in skilled care for arthritis, and her father experienced cardiac issues and sudden death. Tammy recalls caring for her mother when she had MRSA and her grandfather when he broke his hip, and attending Living on the Edge meeting with a family member who was struggling with addiction. She discusses caring for her children when they were sick, and bringing them to CommWell Health. Tammy started working at CommWell Health as an X-ray tech, and still works in X-ray and answering lab-related questions. She talks about prevention versus treatment, health literacy, and respecting patients by remembering personal details about them. She recalls community members being hesitant to visit CommWell Health because of its status as a migrant worker clinic. She discusses her coworkers using one another for emotional support. Tammy works in triage, and talks about how patients may tell her "just enough" about taboo issues (such as abuse), but that working in a dark X-ray room seems to make people more open. Today, she rides motorcycles with her fiancé to pass the time. This interview is part of the Southern Oral History Program's pilot project to document health and healthcare in the rural South.

TRANSCRIPT: Tammy Blackman

Interviewee: **Tammy Blackman**
Interviewer: Maddy Kameny
Interview Date: June 25, 2018
Location: Dunn, North Carolina
Length: 45 minutes

START OF INTERVIEW

Maddy Kameny: Okay, so what I'm going to do is just have you talk—I'm going to be testing the volume levels of this, so if you want to just talk about like what you had for lunch or—

[0:00:09.0]

Tammy Blackman: Okay. I went home for lunch, and I had some leftovers from yesterday. That good?

[0:00:17.1]

MK: Um, what were they? [laughter]

[0:00:19.1]

TB: I had some shrimp and scallops. We went to the beach this weekend.

[0:00:24.1]

MK: Ooh, yum. Sounds great. Okay. All right. This is looking good, so we can go ahead and get started.

[0:00:32.4]

TB: Okay.

[0:00:33.4]

MK: Okay. I'll introduce myself. This is Maddy Kameny. It is June 25th, 2018. I'm at CommWell Health in Dunn, North Carolina, and I'm here with—

[0:00:43.0]

TB: Tammy Blackman.

[0:00:44.0]

MK: All right. So, Tammy, what they told me is that I was going to be interviewing the person who's been here the very longest.

[0:00:50.9]

TB: There are two people that have been here longer than me, but I'm the third, yes.

[0:00:54.7]

MK: Oh, you're modest.

[0:00:55.4]

TB: Mm-hmm, mm-hmm.

[0:00:56.9]

MK: So how long have you been here?

[0:00:58.3]

TB: August 13th will be thirty years.

[0:01:00.2]

MK: Wow. So can you talk a little bit about what the clinic was like then?

[0:01:04.0]

TB: In the beginning, we saw a lot of migrant farmworkers, community folks and migrant farmworkers, but my favorite part was the migrant farmworkers, because you truly made a difference in somebody's life that that might be the first time they ever came to the doctor. So that was my favorite. That's my favorite years of all of these. Now most people have settled out, so we really don't have that many farmworkers in the community anymore. It's a good place to be, but that was my favorite kind of healthcare.

[0:01:38.1]

MK: So you feel like the population has kind of changed since then?

[0:01:41.9]

TB: Yes, it's changed tremendously.

[0:01:43.4]

MK: So what was your role then and then what it is now?

[0:01:48.8]

TB: Actually, I came to work here as the RT, the x-ray tech. I still do x-rays, but I do a lot of overseeing a lot of lab stuff, so anywhere from our clinic in McGee's to Shallotte. I answer lab questions all day long, put out fires, plus I still do x-ray.

[0:02:10.0]

MK: Oh, okay, okay. So you work at multiple locations?

[0:02:12.5]

TB: Sometimes I do, not that often, but I'm in communication with all the sites, you know, many times a day.

[0:02:19.1]

MK: Did you grow up around here?

[0:02:21.6]

TB: I did. I grew up in Newton Grove, which is about eight miles from here, so not far at all.

[0:02:26.4]

MK: How was that back then versus now? We just drove through it for a minute.

[0:02:30.5]

TB: Yeah. It's probably not changed as much as some places, because it's still very—there's not many places to eat, many places to shop. They don't want it to change into a fast-paced town, the community leaders. It's a good place to live, good place to raise children.

[0:02:30.5]

MK: So you grew up here?

[0:02:53.5]

TB: I did, I did, right down the road.

[0:02:56.3]

MK: Wow. So what are—can you tell me about your childhood?

[0:02:59.8]

TB: Yes. I actually had one sister. She passed away last year.

[0:03:04.3]

MK: Oh, I'm sorry.

[0:03:05.6]

TB: But I grew up in the country early years, and then we moved to the big town of Newton Grove. You know, how big is the big town? But we lived there right off the

circle. Have three daughters, and they're twenty-five, twenty-four, and twenty, and they're all doing well. Youngest is at UNCW, middle is a nurse here, and the oldest is a dental assistant, kind of doing her own thing right now, but—

[0:03:37.4]

MK: What about your parents ()?

[0:03:39.5]

TB: My parents? My dad farmed early on, and then they sold insurance, so, I had a good childhood. My mama was always home when I got home from school, and that was a good thing, had that nurturing family structure.

[interruption]

[0:04:00.2]

MK: I'm just going to pause this for a second for the leaf blower.

[recorder turned off]

[0:04:04.8]

MK: Okay. We are back. And so you were talking about your parents.

[0:04:07.8]

TB: Yes, my parents. Very strong in church, very strong Christian upbringing. You know, "you better be in church on Sunday, or you're not going anywhere on Sunday afternoon," but that was a good thing, yeah. I don't have a very big family. My dad had three sisters, the only boy, so he was spoiled. My mom had two brothers and one sister. One is passed away, as well as my mom and my dad. They're both passed away, but good parents, good role models to grow up with.

[0:04:39.6]

MK: Yeah. Did you grow up around your grandparents also?

[0:04:44.1]

TB: I did, I did. My granny, she was my favorite of all because she was very patient. She taught me how to cook, and she was a little sarcastic, yeah. She was made—yeah, I would like to have lived in those days. I would have been the good chocolate chip cookie maker, you know, for my kids to come home to, but life kind of makes you work.

[0:05:03.8]

MK: Yeah. Do you remember—like, do you have any memories of getting sick, like, and your parents or your grandparents, what they would do [leaf blower in background; inaudible]?

[0:05:13.7]

TB: Oh, yeah, we were just talking about that recently. I had a bout with bronchitis. I have asthma, and my granny would make these mustard plaster things out of dry mustard and a piece of cloth and put it on your chest. And I actually looked on Pinterest to find that recipe. I never made me one, but things like that, so much better than modern medicine, I think.

[0:05:36.8]

MK: Yeah. So you have memories of getting that mustard and mustard plaster?

[0:05:42.1]

TB: Mm-hmm. It was called a mustard plaster, and it was actually on Pinterest, how to make it.

[0:05:46.6]

MK: Oh, wow.

[0:05:47.1]

TB: So it kind of burned, but it kind of opened you up. I should have tried it when I was sick. I probably would have gotten better quicker.

[0:05:53.9]

MK: So do you—would they take you to the doctor a lot or—

[0:05:56.9]

TB: Oh, yeah, we went to the doctor. I used to have headaches, and I had to go get—I remember the medicine. It was orange and it was, like, chunky, and it was absolutely disgusting. [laughs] So I remember that. I had a lot of sore throats. But we went to the doctor like we needed to, probably not as much as kids go now.

[0:06:16.6]

MK: Yeah, yeah. So you work directly with patients now [leaf blower in background; inaudible]?

[0:06:24.4]

TB: Oh, yeah, mm-hmm. It's my favorite part. I don't like the computer part or the paperwork. Just give me people. And the Latino population, I love them. They're very strong family-oriented. When you have the mama come, you might have five adult children, but that's good. They're supporting their grandma or whatever.

[0:06:46.8]

MK: Did you already kind of know about that community when you first started?

[0:06:51.5]

TB: No, nuh-uh. Actually, growing up here, there was very little Latino population here.

[0:06:55.2]

MK: So how does that kind of learning about—

[0:06:58.3]

TB: To learn the culture, it probably takes you a little while, and we have a lot of culture sensitivity kind of programs here and such, but you learn you don't look at a baby and not touch him. That's very offensive. And it's not for everybody. It all depends on where they came from, but just the family values are very different than the world is now, you know. Nobody goes with you to the doctor. You go and you hurry up and you go on to the next thing.

[0:07:31.3]

MK: Right. I'm curious about kind of your experiences—I mean, you said you had—you did go to the doctor when you were little, and I don't know about your experiences sort of as an adult with doctors, if you've had any kind of positive or negative experiences with healthcare providers.

[0:07:52.4]

TB: I think, honestly, working in healthcare as long as I have, you're a little more questioning. You know, you're like, "Yeah, right. Sure, I'll do that." So we probably—I think medical people, in general, we don't go to the doctor as much. We try to take care of things ourself. You know, we're very anti-smoking. My fiancé smokes, and I'm like, "Really?" That's job security, because eventually something will happen if you choose

that lifestyle. But I think we just don't respect the opinion as much as people who don't know. We kind of make our own way. You know, we figure out our own thing.

[0:08:38.5]

MK: So is that what you tend to do when you're not feeling well?

[0:08:41.0]

TB: Oh, absolutely. Yeah.

[0:08:41.7]

MK: Home—.

[0:08:44.0]

TB: Figure it out, you know. Time helps most things. I think as medical people, something has to hurt a really long time before you'll say, "Hmm, I might need to go to the doctor." We're probably bad patients [laughs], in general.

[0:08:57.6]

MK: You're surrounded by it all the time, so you're like—

[0:09:00.6]

TB: Exactly.

[0:09:00.6]

MK: —kind of tired of it.

[0:09:03.6]

TB: Well, what's even worse is when you're here, then when you hear somebody in the family or whatever, "Oh, what do you think's wrong?"

I'm like, "Not anymore. I've spent all day dealing with that." I'm just playing, but you just—when you get away from it, you don't exactly want to hear all that.

[0:09:19.3]

MK: Right. So how did you start getting into healthcare? Like, what made you decide to start working in healthcare?

[0:09:25.4]

TB: I decided to go to x-ray school probably because of Career Day at high school. This guy said, “Oh, this is really hard to get into and even harder to stay in.” I don’t know. He just—somehow I got a challenge. It’s not like I grew up wanting to be an x-ray tech.

Actually, I wanted to be a teacher, and the more I thought about that, I’m like, “Hmm, yeah.” So I used my love of teaching—I’ve trained people to do x-ray. I help them in lab to learn this and learn that. So I’ve kind of had the best of both worlds. But my personality type is to help people, especially the black sheeps [*sic*], the underserved. That’s who I am.

[0:10:09.4]

MK: Where do you think that came from?

[0:10:11.4]

TB: I don’t know. It’s kind of a ministry in itself. You get a lot out of helping people who truly need people. On certain days of the week, we have our IEP patients. Lisa’s probably told you all about that, but our HIV population. We have two days that we see many, many, and I kind of roll out the red carpet because the world doesn’t, so I enjoy those patients.

[0:10:40.2]

MK: Yeah, definitely. Well, in your own family, you were talking a little bit about your experience with healthcare, but I'm curious if you've experienced sickness or healthcare in your own family.

[0:10:57.3]

TB: My mom was in skilled care for about two years. She had really bad arthritis. I think some of her problems started with some statin drugs. You've heard the things that can happen, like muscle-wasting and stuff, so that really took a toll on her, and she was in skilled care for a long time and she had gotten where she would fall a lot. She had shoulder surgery, so she went to rehab after that, and then it really never really worked for her to come back home because she couldn't take care of herself. We would do the best we can, but to take care of her 24/7, she needed to be somewhere—not the nursing home, because that would have been the end of her. She hated those words, but—and she was in skilled care, which is kind of equivalent to that, but not exactly the same. And she passed away there, but she had been sick for a long time.

My dad had a lot of cardiac issues. He actually had flash pulmonary edema, where your chest would just fill up with fluid—if your heart's not working right, your lungs don't work right kind of thing. And he had that happen to him I think three separate times, and then he was doing great. He was gardener and doing all the fun stuff outside, and he just—one Monday morning, he didn't wake up. My mom said, "Oh, he was sleeping good. I could hear him breathing really deep." And I'm a CPR instructor. I mean, the sounds that he was making was the sounds of a heart attack, so, yeah, but he died peacefully.

[0:12:46.6]

MK: Had he gone to the doctor—

[0:12:49.8]

TB: Oh, yeah.

[0:12:51.4]

MK: —and they just didn't know what was—they didn't see it coming or—

[0:12:54.0]

TB: Well, we knew what was going on. You know, he was on all the medications and things, but it's only so much you can do for that, I guess.

[0:13:02.6]

MK: Yeah. That must have been hard.

[0:13:03.6]

TB: Oh, yeah. I was daddy's little girl. [laughs]

[0:13:06.2]

MK: Yeah, yeah. Do[es] disease run in your family or did it—

[0:13:12.6]

TB: Not particularly, nuh-uh. It kind of started on him in 1998, and he passed away in 2002, so he had a lot of highs and lows during that time, but right before he passed away, he was doing great. So he had a lot of time after all that.

[0:13:36.2]

MK: Yeah. And so for your own kids when you were raising them, what about when they got sick?

[0:13:42.5]

TB: When they got sick, most of the time I would bring them here because, you know, I trusted these people. [laughs] But all three of them had tubes in their ears, two the very same day, though, had lots of ear infections despite being breastfed, no one smoking around them, all the things you can do to make it not happen, but it's anatomically created too. So, they had that. Pretty much, they were healthy kids, though.

[0:14:15.3]

MK: That's crazy that you brought them here and now—

[0:14:18.7]

TB: Oh, yeah, pediatrician here—it's not who's here now, but I knew she would take care of them.

[0:14:25.3]

MK: Do you think it was good for them to go to the same person all the time?

[0:14:30.9]

TB: Oh, yeah. Absolutely.

[0:14:31.4]

MK: Did they form a relationship? Yeah? How was she? Do you remember her as a doctor?

[0:14:35.5]

TB: Oh, yeah. Actually, it was a man part of the time, Dr. Torres [phonetic]. He was my favorite, and he just knew them completely. He could look at them and tell when they didn't feel good, so—but I was not that mom who wanted them on medicine all the time, either.

[0:14:50.1]

MK: [unclear].

[0:14:51.5]

TB: So it worked.

[0:14:53.3]

MK: What do you feel [are] important qualities for a provider?

[0:14:57.0]

TB: To be able to get on the patient's level, not try to be all "above." Listen to the patient, fully understand them, be respectful of their culture, is a huge thing. We have very good providers here as far as being able to communicate to all kinds of patients. We have all kinds of patients, and that's important, to be able to communicate in a way that they understand and they feel like they're getting what they need.

[0:15:32.3]

MK: Yeah, it seems like CommWell Health does a really good job of that.

[0:15:36.7]

TB: Mm-hmm, I think so.

[0:15:37.9]

MK: Yeah. So, and when you started here, it was just the one building, right?

[0:15:42.7]

TB: Oh, yeah. It was one little building on these same grounds, but it's grown a lot.

[0:15:46.6]

MK: Yeah, I saw the picture in the hallway, yeah. [laughs] It's amazing.

[0:15:50.6]

TB: Yes, it is.

[0:15:51.4]

MK: We could talk more about your childhood if you want. What—do you have any stories?

[0:15:56.5]

TB: I was kind of the tomboy. I liked my motorcycle. I loved animals. I actually—when I was really young, I wanted to be a vet, and I thought, “Hmm, that’s a long time to go to school.” And you have to deal with big animals, not just little ones. I almost took a job at the NC State vet school—this is before I had kids—and that was so—I should have taken it, just didn’t want to drive. Yeah, it was while I was here. But I got it, I got the job. It was just the fact of, I knew I wanted children. It was very early when I was married, and I couldn’t imagine being in a room with a big horse, you know.

[0:16:35.1]

MK: Yeah, that’s true. So you wanted to be a vet?

[0:16:39.4]

TB: That, then a teacher, then an x-ray tech. And I don’t even have any animals now. My daughter has a cat named Archibald. When she comes home from school, she brings Archibald. He has no personality. All he does is shed. [laughs]

[0:16:54.5]

MK: Did you grow up around animals? Because I know you said dad—

[0:16:58.2]

TB: I did, I did. Many pictures of me, I’m in the dog pen with them, with a dirty face, and I always had me a puppy or something.

[0:17:07.4]

MK: Did you play outside a lot?

[0:17:08.9]

TB: I did, I did. I liked my little mini bike. I was a fat kid. I guess I ate Snicker bars while I was riding on the mini bike. But it was good growing up. We lived in the country, for the most part, when I was young, so we had all kinds of places to ramble and stuff.

[0:17:27.2]

MK: That's nice. What are your best memories of your parents?

[0:17:29.8]

TB: My best memories? Of the things that they taught me? My dad said, "Never let any grass grow under your feet," meaning if something's wrong, keep moving. "Learn to stand on your own two feet," you know, very good stuff. My dad actually made me write "can't" on a piece of paper—you'll like this story—and we dug a hole and I buried it, because you can do anything. [laughs]

[0:17:29.8]

MK: Sounds like he was very—

[0:18:01.1]

TB: Oh, yeah, he was. Even back in the day, his favorite books were like Dale Carnegie. What were some of the books? About being a winner and not being the 95-percenter; be the 5-percenter.

My mom was just sweet. My mom was very humble, and she wasn't exactly a "yes" person. She was spunky, but she was the peacemaker, too, because my sister and I

used to fight all the time. Yeah, she's eight years older, totally different than me. So, yeah, that was not the best memories of her, but I wish I'd have had a big family. It's a little different.

[0:18:41.4]

MK: Yeah. I actually had some other questions, but I left that piece of paper. Do you mind if I run and get it?

[0:18:48.8]

TB: Nuh-uh.

[0:18:49.8]

MK: Okay. One second.

[recorder turned off]

[0:18:52.8]

MK: All right. We are back. So, I'm sorry. Where did I interrupt you?

[0:18:58.5]

TB: Parents.

[0:18:58.7]

MK: Parents, yeah. But, yeah, I don't know, anything else about your parents? I have other questions I can move on to.

[0:19:09.8]

TB: Just that we had dinner together every night, that kind of family, yeah, so did my kids and myself and their dad.

[0:19:17.1]

MK: What else—

[0:19:18.5]

TB: Makes a difference.

[0:19:18.5]

MK: Sorry. Go ahead.

[0:19:20.7]

TB: Mm-hmm. I think it's important for children to—that's their time to tell about their day. Now they're all gone, so—

[0:19:27.3]

MK: Do you think you took anything else from your parents and used that in your—

[0:19:32.0]

TB: I'm sure. I'm a very positive person. I can always see the half-full glass instead of the half-empty glass. I'm nurturing like my mom, maybe not quite as sweet. She was, "Oh, okay."

[0:19:46.8]

MK: You're like a grandma, right?

[0:19:49.1]

TB: I think of my grandma. My grandma was stern but sweet. She didn't care if I messed up the kitchen when we were cooking too. My mom would get in there and kind of do what she had to do and she was out, but my granny would let me do whatever. Something about grandmas. Now I'm a grandma, so—

[0:20:07.6]

MK: Oh, really?

[0:20:08.6]

TB: Yeah.

[0:20:10.7]

MK: Yeah. How is that? Do you get to see your grandkids a lot?

[0:20:13.6]

TB: Oh, yeah. It's perfect. I get to see two of them almost daily. The third one I don't see as much, but I love them all.

[0:20:20.5]

MK: That's great. What about yourself today? Like, can you tell about your daily routine?

[0:20:27.6]

TB: I love the beach. You can tell I went this weekend and was out there longer than I needed to be. I stayed out like I used to stay out when we were there all the time, and much sunscreen later, more freckles. But I take my little grandson to his little day school. This summer, he's going to a camp that they do different stuff every day, just a day. He goes three days a week and then he stays with family other times.

I have a fiancé. We were actually high school prom dates [laughs], yeah, marriage for both of us, kids, and then around the world, so that's kind of interesting. It is. You never know what life has in store, and that's been a good thing. We all do well. My kids love him. He has a daughter, and we all work well together.

[0:21:28.7]

MK: When did you get engaged?

[0:21:28.7]

TB: At Christmas this past year.

[0:21:32.7]

MK: Congratulations.

[0:21:33.7]

TB: Thank you.

[0:21:34.9]

MK: That's so exciting.

[0:21:37.2]

TB: It is. It's exciting and it's kind of scary at the same time, you know. I'm smarter than I used to be, so I have to make sure it's right.

[0:21:44.9]

MK: Are you planning a big wedding or a small wedding?

[0:21:46.4]

TB: A small wedding. Been there, done that.

[0:21:50.0]

MK: Courthouse?

[0:21:53.1]

TB: A little more upscale than that, probably. I don't know. It doesn't matter. Nice honeymoon, and I'm sure we'll have a big party for all of our friends. He has, actually, a bigger social circle of friends than I do, because mine are more quiet. I'm much more laid back than he is, but it works.

[0:22:15.8]

MK: Do you still know anyone here who you grew up with?

[0:22:19.3]

TB: I do. My best friend from seventh grade, we communicate—she's probably text me today. We don't see each other often, but I remember the first day we went to seventh grade together, she had these big old glasses, but we just formed a friendship that has lasted forever. And a few other people. I even have some patients that [I] went to high school with.

[0:22:42.4]

MK: Wow.

[0:22:43.7]

TB: So it's nice to keep in touch with the ones you want to keep in touch with. Facebook, you know, you can keep up with anybody there. If it wasn't for Facebook, I guess I wouldn't know half of what's going on. It's kind of habit-forming, too, but, you know, that way.

[0:22:59.1]

MK: Yeah. So your best friend, what's her name?

[0:23:01.7]

TB: Cynthia.

[0:23:02.5]

MK: Cynthia? Okay. So did you, um—were you, like, away for some time and then you both came back or did you—

[0:23:07.7]

TB: We have remained some—in touch the whole time, but we’re closer now than we probably were for a few years, and we can see each other and catch back up like we never were apart.

[0:23:21.2]

MK: Yeah, now you get to text. [laughs]

[0:23:23.2]

TB: That’s right, mm-hmm.

[0:23:25.1]

MK: What does being healthy mean to you?

[0:23:28.8]

TB: Being healthy is to exercise and to eat correctly and to drink lots of water and to do all the things that I know to do that I probably don’t always do like I should, remain a healthy weight. I’ve kind of let that get out of control, working on that a little bit, but I would rather prevent things than fix things. That’s like I said about the smoking. Sooner or later, if you do all those things, it’s going to catch up with you. I don’t want to be caught up with. I mean, things will happen anyway, but I try to do the things right, as best—

[0:24:06.0]

MK: Yeah. Is that something that you talk to patients about a lot?

[0:24:09.8]

TB: I do, I do. And I love the stories of, “Oh, I’ve lost twenty pounds because I’ve been eating fruit and vegetables a lot more.” I love my patients. I know a lot about many of them, especially Dr. Shimakoa’s [phonetic] patients. It makes them feel good,

too, if you remember that they had a dog, or they own a zoo. I have one patient that said, “Please come to my zoo.” I’ve never been there, but I need to. Kind of cute, I’m sure.

[0:24:40.9]

MK: Yeah, it makes them feel, like—

[0:24:42.6]

TB: Right.

[0:24:44.0]

MK: —connected.

[0:24:45.1]

TB: If you have conversation with a patient when you’re drawing their blood, it makes it go a whole lot smoother.

[0:24:49.6]

MK: What would you say are some of the health problems that you see in this community?

[0:24:53.4]

TB: Well, you see a lot of diabetes, obesity, just the lack of knowledge about what to eat and what to do.

[0:25:02.5]

MK: What do you think we can do about that?

[0:25:06.0]

TB: Encourage them all we can and actually take the time to explain what your BMI is and how that matters. And it’s hard because providers are so rushed, so that’s probably not addressed as much as they would like to sometimes.

[0:25:25.9]

MK: What gives you hope about this community? Do you think that there's assets that we can use to kind of improve those?

[0:25:34.4]

TB: Yes, just communication and information and getting their lab results to them as quick as you can and having a follow-up conversation, "These are the things you need to do." I think we used to not give patients the benefit of the doubt of them following up, taking care of things. You just assumed that they wouldn't, but there's many people that if you tell them, they'll listen. Some, you can tell them all day and they never will.

[0:26:06.2]

MK: How do you think healthcare has changed in this community? You can either talk about this community or this clinic or you can talk about, like, on a larger scale.

[0:26:15.9]

TB: Healthcare over time, it's much more about just giving somebody a pill to take for a problem, instead of the healthy alternatives, and some people love that. We have one doctor and he's all about that, and I love talking to him because he'll just tell you all these things that you can do to prevent this or fix that, whatever. But I believe in that. I believe everything doesn't have to come from a pharmacy. Kind of overrated.

[0:26:46.9]

MK: Do you think—so is that something that you've seen, personally, change over the years too?

[0:26:53.6]

TB: I believe that, yes. I think it all depends on the age group you are. Like with my mom, when she passed away, she was seventy-eight years old and she was on a lot of medication—but you can't tell somebody that age, because there wasn't always fixes to things in her lifetime, so she wouldn't have much to—she didn't listen much when you tried to talk to her about that. And my niece is actually the pharmacist here, so—my mom raised her. She lived with my mom and dad from when she was two, but she didn't want to hear about it. “That doctor told me to take that medicine, and that's what I'm going to do,” kind of stuff.

[0:27:35.1]

MK: Do you remember any home remedies or anything that your parents would use?

[0:27:38.7]

TB: My grandmother, along with the mustard plaster thing, she used to get a long Q-tip and paint your throat with—I think it was Methiolate. It was red something.

[0:27:52.5]

MK: Methioline?

[0:27:53.8]

TB: Methiolate, M-e-t-h-i-o-l-a-t-e, I think.

[0:27:56.8]

MK: Hmm. Never heard of that.

[0:28:05.4]

TB: Yeah.

[0:28:06.3]

MK: So, for sore throat?

[0:28:07.2]

TB: Mm-hmm. And it'd make you better too. Maybe that's where I got my love of home stuff, right? Breathing in steam if you got sinus congestion or something, it works.

[0:28:21.6]

MK: Do you think that things in this clinic have changed in more recent history, like since the ACA?

[0:28:29.5]

TB: We see a different population. We see a lot more community-based people, a lot of people that live right down the street back in the day that, "I'm not going there." But when you walk in the doors of this place, you realize it's—we've got a lot going on here.

[0:28:51.0]

MK: Why didn't they want to come here?

[0:28:54.1]

TB: It was the migrant clinic. It never was just that, but we do see more Latino patients than anything else. They'd rather come here because most of us speak some degree of Spanish.

[0:29:08.8]

MK: Do you find that—it seems like once people start coming, they kind of form a relationship with all—?

[0:29:15.8]

TB: Right. They realize when they walk in those doors that it's not at all what they thought it was. And it's prettier here now too. We have someone that puts the little pretty pictures and kind of got rid of the bus station feel, you know.

[0:29:30.2]

MK: Yeah, that makes a difference.

[0:29:33.1]

TB: It does. It's more welcoming.

[0:29:34.5]

MK: Have you ever had a time when you had to take care of somebody else who was sick, besides every day at your job?

[0:29:41.5]

TB: Yeah. My parents. My mom had MRSA in her leg, and had to do the infusion pump every day with her, twice a day, I think it was, and that's kind of—you don't mind ever doing that, but it's hard seeing your parents get older. But I was glad I had the knowledge to do that too. That's really it. My grandpa, he died when he was ninety-four, and he was playing basketball until a couple years before he passed away. Fell and broke his hip—not playing basketball—fell and broke his hip and had to go the nursing home, and he passed away with sepsis. I mean, this was not right then. But he was something too. Very churchgoing man, talked 10,000 miles a minute, but he was cool. Everybody loved my granddaddy. He went to all the ballgames and stuff. When my granny passed away, I was sure he would just wither, and I think that man was so happy. I mean not that she died, but he could do what he want[ed] to do, and she was kind of bossy, a lot like my granny. [laughs]

[0:30:58.4]

MK: Did you have a support system when you were having to take care of your parents?

[0:31:04.4]

TB: Yeah, pretty much. My kids were teenagers, and my ex-husband, he was there pretty much for all that, but still it's hard to see somebody you love not be themselves.

[0:31:19.7]

MK: Yeah. What about—I imagine when you get home at the end of the day, you kind of have to decompress. Do you do anything to sort of free up your mind and relax?

[0:31:33.4]

TB: I used to go to the gym a lot, but that's not true anymore, but that's important. I like to go to church. And I used to go to these meetings, Living on the Edge, which is good. Everybody's living on the edge about something. I really wasn't going just for myself, but a family member, and that's good stuff.

[0:31:55.9]

MK: What is Living on the Edge?

[0:31:57.4]

TB: It's just about addictions and problems. No, I've never had addictions myself, but I have a family member that's struggled with all that, and it kind of puts things in perspective, "It doesn't always have to be like it is right now" kind of stuff.

[0:32:13.3]

MK: So you went as a supporter for that person?

[0:32:15.8]

TB: Yes, mm-hmm.

[0:32:17.3]

MK: Do you think that that group helped that person?

[0:32:19.4]

TB: As much as you want it to. You have to want to listen too. [laughs] But I liked it. I enjoyed it myself. I kind of feed off of things like that when times are crazy.

[0:32:32.8]

MK: How many people was it?

[0:32:36.8]

TB: In that particular group there was probably twenty, twenty-five.

And I love to go to the beach. Watching the waves, that's my—yeah, anything is so much better when you're sitting there at the beach. That's kind of my therapy for myself, I think.

[0:32:52.1]

MK: Yeah. So who do you talk to when you feel like you need help with a situation or with illness or anything like that, support?

[0:33:05.0]

TB: It all depends on what the situation is, I guess. Talk to my fiancé, my middle daughter, coworkers. We have a very close group of coworkers here, kind of each other's therapists sometimes, I guess you'd say.

[0:33:18.9]

MK: Have most people been here a really long time?

[0:33:21.4]

TB: Not as long as me, but you have some that have. There's kind of a gap there. You have thirty years and then you have, like, eighteen, fifteen, eighteen.

[0:33:34.3]

MK: Let's see. I don't know. You talked a little bit about being with doctors and what makes a good doctor. Can you remember any situation where you thought that a doctor was especially good or bad, and what you did about it?

[0:33:56.5]

TB: I just don't like it when they don't give them time to explain themselves, be quiet and listen for a minute. I think that makes the most difference. And that same doctor I was talking about earlier, Dr. Torres, he said "It's not what you know, but it's how you present yourself to somebody." You know, don't rush. Listen to what they're saying and then go, but don't just walk in like you're in a hurry. But they have to kind of be in a hurry, too, because they've got a lot of patients to see and not a lot of time allotted.

[0:34:30.6]

MK: What about you personally when you've gone to the doctor?

[0:34:34.0]

TB: I kind of have my list of questions in my brain, and "I don't waste your time, you don't waste mine," so kind of cut to the chase.

[0:34:43.1]

MK: Do you think that any of your own experiences with healthcare have affected how you interact with patients?

[0:34:48.9]

TB: I'm sure it has. I remember going to the doctor with one of my children, and he walked in and his body language was just reeking of "I don't have time for you." So you kind of always just sit back and give them a minute to talk. I was in the lab earlier and this guy that's been a patient here forever was telling me about his brother-in-law and some things that were going on with him. I was very busy, but I just kind of sat back and just gave him a few minutes to talk. Sometimes that's all people need. Just that listening ear means a lot.

[0:35:23.0]

MK: Yeah. They might not have talked to anyone ().

[0:35:25.3]

TB: Exactly. And we might be the only time they've ever been to the doctor, you know. A lot of times, our patients tend to have a problem for a long time, kind of like us as healthcare workers. But if you are going to miss a day of work and you're not getting paid for that, you're going to make sure that you go when you have to and not unnecessarily.

[0:35:47.4]

MK: Do you think that that's a struggle that your patients have—

[0:35:51.8]

TB: Oh, absolutely.

[0:35:53.0]

MK: —with work and stuff?

[0:35:54.4]

TB: Yes. Historically, when it would rain, you knew that was going to be a really busy day because of farmworkers, they can't work in the rain. But you don't see as much of that now. A lot of our patients have settled out. They're constructions workers, fast-food workers, such as that.

[0:36:14.7]

MK: And you don't have walk-ins anymore, or do you?

[0:36:20.6]

TB: We do, mm-hmm.

[0:36:20.9]

MK: Oh, okay. Gotcha. Let's see. What would you do—so if you had like a magic wand and you could change the healthcare system, what's one thing you would change?

[0:36:35.8]

TB: The affordability for patients. Like, my daughter that is at the urologist, or she's gone now—that was her I talked to—her first kidney stone was two days before her new health insurance went into effect. Had to have ER visits, CT, then you have the radiology interpretation fee. I mean, it was like \$10,000 for that stuff. She was smart, though, because she joined COBRA from her previous employer for the insurance for that month, and it paid for most of it. That was smart, that I didn't realize with COBRA that you could skip months and just pick that particular one, but she figured that out. But, you know, people hesitate to go get taken care of knowing they're going to get such crazy bills, and a lot of times if you look at the bills, there's stuff on there that makes no sense, either, so you have to be mindful.

[0:37:38.3]

MK: Yeah, absolutely. Um, what are—do you think some patients have, like, issues that they would prefer not to talk about with providers and issues that they are more comfortable talking about?

[0:37:53.4]

TB: If it's a situation of abuse or addictions, they're going to tell you just enough, but a lot of times—I work in triage, I help triage the patients sometimes, too, and that story can change so much from the nurse to the doctor. Sometimes it's a totally different something, especially guys. If they have an STD or something, they're not going to tell the pretty little young nurse out there. They're going to wait till they get in there and know they have to. But it's making them feel comfortable. Sometimes patients will tell me things in x-ray because it's dark, it's kind of quiet, and just that whole feel of the room. Sometimes they're more open about things than they would be anywhere else.

[0:38:44.4]

MK: I never thought about that.

[0:38:48.2]

TB: Mm-hmm.

[0:38:49.1]

MK: I feel like I would probably say more in there too. [laughs]

[0:38:50.9]

TB: Oh, yeah.

[0:38:52.5]

MK: Let's see. I feel like we touched on a lot already. [laughs]

[0:38:59.2]

TB: Mm-hmm.

[0:39:01.0]

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

[0:39:02.5]

TB: No, I don't think so. You know my life in a nutshell, right? [laughter] I could write a book.

[0:39:10.0]

MK: Yeah, you should. I mean, we'll have this as a transcript. It'll be online.

[0:39:12.9]

TB: It'll lead up to my book, right? [laughs]

[0:39:14.3]

MK: Yeah, your memoir.

[0:39:16.0]

TB: Mm-hmm.

[0:39:17.1]

MK: Let's see if I missed anything. I guess just, like, attitudes about healthcare that you feel like were maybe passed down from your parents. I mean, you touched on this a little bit, but—

[0:39:33.8]

TB: Right. I think just taking good care of yourself and eating right. My parents kind of did more of that when they got older and sicker, but I think even in those days, they were really mindful of, you don't go to McDonald's every day. And eating food out

of the garden, we did a lot of that. I think that's what's happened to a lot of people. The Dollar Menu's the cheap, cheapest thing of all.

[0:40:11.4]

MK: Yeah. Do you think that that's happened in this community?

[0:40:16.4]

TB: Oh, absolutely. Kids especially. There's so many obese children. My little granddaughter is, but she's eight months old and she's breastfed, so, you know, the fat baby rolls [laughs], that's a good thing when you're eight months old. But, yeah.

[0:40:32.7]

MK: I didn't ask you about your experience with school, if you have any time.

[0:40:43.6]

TB: Mm-hmm. School here as in the lower school or college or—

[0:40:49.3]

MK: Both, any, yeah.

[0:40:50.7]

TB: I think when I went to school, it was very different than now. Now it's all about preparing you for the end-of-grade testing, and for those reasons, I'm glad I was not a teacher, because the parents, "Oh, my child would never do that," kind of stuff, and that happens many times. And just the whole EOG thing.

College, I wish I had gone to college longer. I should have gone and done some specialty or whatever, but I don't know if I would have ever found my niche any more than what I do right here. I love what I do and I love my patients, so it's kind of a testimony in itself.

[0:41:33.6]

MK: So you went to college locally?

[0:41:35.5]

TB: Yes, I went to Johnson Community, mm-hmm.

[0:41:38.4]

MK: What was school like when you were younger here?

[0:41:42.7]

TB: I think much more laid back, not nearly as strict as it is now, because they have to be. I mean, kids are bringing drugs and guns to school. That didn't happen when I was in school. Maybe it did, but I didn't know about it.

[0:41:56.2]

MK: Did you have a big classroom?

[0:41:57.7]

TB: Our graduating class was, like, 120, so, no, not really.

[0:42:03.4]

MK: Was it, like, the same people from kindergarten—

[0:42:05.2]

TB: Oh, yeah, mm-hmm, mm-hmm.

[0:42:06.7]

MK: Oh, that's great. We'll end on a positive note. What makes the day worthwhile for you?

[0:42:15.2]

TB: The day worthwhile is that patient that says, “You did a great job,” or, “How long have you been here? I remember you.”

A lady the other day asked me, she said, “Have you lost weight or gained weight? What’s different about you?”

And I thought, “Oh, well, I’ve gained a few pounds, but not really.”

She said, “I think it’s your hair.”

And I’m like, “Oh, yeah, it’s my hair,” because my hair is usually really, really short and spiky like, I guess a cutesy haircut, but we ride motorcycles a lot, and I like to ride the Harley, but I don’t like to have horrible helmet head, so grew my hair and now I can pull it up. I hadn’t even—

[0:42:56.0]

MK: You didn’t tell me you rode motorcycles, that’s awesome.

[0:42:57.2]

TB: I hadn’t even talked about that part, have I?

[0:42:57.7]

MK: Yeah, tell me more.

[0:42:59.8]

TB: I don’t have my own, I don’t want my own, but my fiancé has a Harley, and we have a big group of friends that we ride with and stuff. That’s fun.

[0:43:08.3]

MK: That’s great. Just around these, these roads?

[0:43:11.2]

TB: Yeah, we go [to] Myrtle Beach Bike Week. That's interesting. And just a Sunday afternoon to wherever, somewhere to eat dinner or whatever.

[0:43:21.4]

MK: That's great.

[0:43:23.0]

TB: Bar-hop here and there. That's probably not the good part of it. [laughter] But we have fun. That's kind of freedom. It's been especially good for my fiancé, because he has a ten-year-old daughter and he spent his entire life with her doing everything she wanted to do, and now he actually does some things he wants to do. We need to all do that.

[0:43:49.3]

MK: Yeah. That's great. Anything else, Tammy?

[0:43:53.7]

TB: I don't think so. Told you my whole life history. Told you I could write a book, though.

[0:43:58.3]

MK: Yeah, I mean—

[0:44:00.2]

TB: Probably kept out some of the juiciest details. [laughter]

[0:44:01.1]

MK: We've got to—we should do a part two.

[0:44:05.0]

TB: Oh, in a couple years, see how all this works out, right?

[0:44:09.0]

MK: Yeah, exactly. I'm really glad I got to speak with you, so thank you.

[0:44:09.0]

TB: Thank you, thank you. What is your major?

[End of interview]