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

Interview Y-0015  
George Cosmos  
27 June 2018

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## Abstract – George Cosmos

Interviewee:	Dr. George Cosmos
Interviewer	Darius Scott
Interview date:	June 26, 2018
Location:	The Warrenton courthouse
Length:	59:21

**Dr. George Cosmos** is a retired OB-GYN who moved to Warren County after graduating from Howard University Medical School and working there in Washington D.C. Dr. Cosmos discusses growing up on a farm in Grenada where his family grew nutmeg, banana, and other tropical produce. His interview covers how foraged plants like turmeric were used to treat illness along with the care provided by a community doctor in Grenada. In addition, Dr. Cosmos reflects on the challenging state of gynecological care in Warren County on his arrival, which includes women not knowing they had been sterilized. He also reflects on his immediate positive perception of rural America. He discusses working in rural hospitals. He offers words on how gardening and fresher, wholesome foods are key to improving community health.

## FIELD NOTES – George Cosmos

Interviewee: Dr. George Cosmos

Interviewer: Darius Scott

Interview date: June 26, 2018

Location: The Warrenton courthouse

THE INTERVIEWEE. Dr. George Cosmos is a retired medical doctor who specialized in OBGYN. After growing up on a farm in Grenada, Dr. Cosmos immigrated to the United States to attend medical school at Howard University. After becoming a doctor he spent time practicing in Washington D.C. and then moved to rural Warren County with his family. Dr. Cosmos is a leader of the community and the local NAACP. He is concerned with healthy eating and has ideas for improving the well-being of the Warren County community.

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

DESCRIPTION OF THE INTERVIEW. The interview was conducted in a conference room at the Warren County courthouse. In addition to the interviewer and interviewee, two other project team members were present, a field researcher and a collaborating community member. The interview was conducted after the three research team members happened to run into Dr. Cosmos in downtown Warrenton. He was very warm and forthcoming in his responses. Topics covered include growing up in agricultural Grenada and his early days in Warren County. He also offers reflections on how the health situation of Warren County might be improved today.

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

**TRANSCRIPT: George Cosmos**

Interviewee: George Cosmos  
Interviewer: Darius Scott  
Interview Date: June 27, 2018  
Location: The Warrenton courthouse  
Length: 0:59:21

**START OF INTERVIEW**

Darius Scott: The date is June 27<sup>th</sup> [2018]. We're here with Dr. George Cosmos for an oral history interview. Thank you for sitting with us, Dr. Cosmos.

[0:00:11.7]

George Cosmos: You're welcome.

[0:00:13.7]

DS: To start off, can you tell me a bit about your family? Did you know your grandparents, and if so, what do you remember about them?

[0:00:22.6]

GC: Yes, I knew my grandparents on my father's side, not on my mother's side. Of course, I'm not from Warren County; I'm from Grenada. My grandfather was very enterprising, very hardworking. During his time, he acquired a lot of land. He was also a very avid reader. His favorite book to read was the law books of the island, which he knew so well that although he was not a lawyer, but he represented people within the community who had any legal conflicts. It was permissible for someone like that to

represent clients at the time on the island, and even the people who went to university and studied, he would argue against them and win cases.

[0:01:35.9]

DS: Wow. So you said he acquired a great deal of land in Grenada. What did he do for a living?

[0:01:44.9]

GC: Farming. He did farming. And when I say that he acquired a lot of land, I have to say that that is relative, relative in the sense that it was about 120 acres, but 120 acres I would consider to be a lot on an island that is 120 square miles. So I said that he had lots of land.

[0:02:19.9]

DS: Okay. And is that where you grew up?

[0:02:21.9]

GC: Yes.

[0:02:22.8]

DS: On the farm?

[0:02:24.0]

GC: I grew up on a farm. I grew up in Grenada until, as I said, I was nineteen, and then I left, came to the U.S.

[0:02:36.6]

DS: Switching gears a bit, are there any illnesses that run in your family in Grenada that you can recall?

[0:02:44.9]

GC: Hypertension. I have uncles with hypertension. Other illness that I would think of would be prostate cancer. On my mother's side, they have diabetes and thyroid disease. That's what I can recall.

[0:03:24.2]

DS: How did those affect your family in any particular ways? Were women widowed or children left behind?

[0:03:32.5]

GC: Well, one of my uncles who had hypertension and was not treated, because I think he was noncompliant, he died at forty-eight, and he left, what—how many did he have—eight kids with his wife—

[0:03:59.4]

DS: Wow.

[0:04:00.6]

GC: —and they were all very young.

[0:04:01.4]

DS: Were those kids about the same age as you, or was it a different generation?

[0:04:07.6]

GC: Just a little bit younger than I am. I would say they were five to fifteen years younger than I am.

[0:04:25.9]

DS: So how did their mother cope?

[0:04:29.9]

GC: I think she adjusted very well because she was very resourceful, although she did not have any formal training or any skills, but she started her own business doing baking. She was a fancy cake maker, and this is what she used to essentially raise her kids.

[0:05:00.5]

DS: Wow.

[0:05:02.0]

GC: That's what she did, and I think that her kids did well, because she was able to get every one of them to go to college, so that every one of them has at least a bachelor's degree, and some even have doctorate degrees.

[0:05:24.0]

DS: Awesome. Can we talk a little bit about your parents? Did they also work on the farm or did they do other things?

[0:05:31.7]

GC: My father worked on the farm, and farm life in the Caribbean Islands is a little bit different from here. You find that not a whole lot of machinery is used. So many things are manual. You do not plant I would say what I call your annual crops, but you have permanent crops. The three things that we grew for money were cocoa, nutmeg, and banana. These were your money crops. Of course, nutmeg is, say, comparable to, say, pecan, where you plant a pecan tree and that pecan tree would take fifteen, twenty years to start producing, but once it starts producing, you get it every year. It's essentially the same thing with nutmeg. In about fifteen years, it would be producing and you get it.

Since the temperature there is constant, it's not every year, but it's like every day it just produces, okay? So that's your nutmeg.

Cocoa is a shorter crop. It takes about five years for it to start producing, but once it starts producing, you essentially harvest constantly. Banana takes about, what, six to nine months for it to start producing, and, again, it would produce from that point on. About every five to six years, you'd want to replant your bananas, but it's essentially a permanent crop. So it's not like here where you have to plow and harvest like how you do wheat or tobacco or those things. You're dealing with permanent crops. Of course, there are other things that are grown, but these were the three main things that we grew.

[0:07:55.5]

DS: So that sounds like a lot of work. Were there a number of family members coming in to help keep things going with the 120 acres and the nutmeg, cocoa, and bananas?

[0:08:06.7]

GC: The 120 acres was essentially owned by my grandfather, and then what he did, he gave to all the kids, so all the kids had some land that they would work with.

[0:08:24.3]

DS: I see.

[0:08:24.4]

GC: We were only dealing with, I would say, perhaps about 12 acres.

[0:08:30.8]

DS: So then your uncles would have another 12 acres?

[0:08:33.9]



GC: Right.

[0:08:34.9]

DS: I see.

[0:08:36.5]

GC: So it was divided out. And, of course, my father had some people, laborers, who came in to work, particularly when a particular crop was really producing. Although those things would produce constantly, there's a time when you need to pick, a time of year we need to pick, you see, and at that time, you'd have extra people working.

[0:09:07.1]

DS: I see. And so you had all your family living right next door.

[0:09:10.9]

GC: Not really—

[0:09:15.9]

DS: No?

[0:09:17.4]

GC: —because the 120 acres was not just one tract. There were multiple tracts, so that they were, I would say, within a six-mile radius you had, but it was not one tract.

[0:09:39.7]

DS: Okay. So could you talk about what it was like on the farm when you were growing up? Who do you remember being there and working? Did you do any work on the farm?

[0:09:52.7]

GC: Oh, yes. [laughs] When you grow up on a farm, you have to work. The typical day, my father would always get up and he would—you see, at that time, there was no electricity around. There was no TV. Things were somewhat basic. The signal that he would use to get up, there was always a rooster around, and at a certain time in the morning, the rooster would crow and then the rooster would crow and then the rooster would crow. Usually, he would say, “Oh, this is the third cock crow, so it’s time to get up.” [laughter] And, amazingly, amazingly, at that time, used to be around 4:00 a.m. when he would get up.

The typical routine that he would get up, when he’d get up, we would be awakened and we had to say our morning prayers. [laughs] We had to say our morning prayers. Then he would leave to go to the farm, where what he would be doing would be milking the cow. While he’s doing this, of course, my mother would be preparing breakfast and lunch, because we had to go to school, and you did not go to school and have a cafeteria where you would eat. You basically went to school with your lunch.

But before going to school, when she was finished cooking, we had to carry his breakfast and lunch out in the field to him, which was about—I would say that was about a mile away. And when we brought his breakfast and lunch to him, just at dawn, we would collect the milk that he drew that morning, bring it home, and that is what we would consume for that day until the next morning, you see. Amazingly, the milk, once you boiled the milk, it would sit there, it would not go bad, and there was no refrigeration. You collected the cream from that milk so that you could make butter, right? You can make butter.

After we brought his breakfast for him, we came back. We had to take care of the chicken in the yard. We had to feed the dog. We had to feed the pig, feed the rabbit, take care of the goat, take care of the sheep, and when we did all of that, then we were now ready to go to school. We had about a three-mile walk to go to school.

[0:13:18.7]

DS: What was that walk like? I imagine it's not a paved road the whole way, or is it?

[0:13:24.5]

GC: No, it wasn't a paved road the whole way. We would walk about half a mile from where we lived to get to the paved road. We were off what we call a gravel road, yeah. The gravel was placed there, of course. If you had a heavy rainfall, the gravel would wash away and it would then be mud, you know? But that's where we were.

School usually went from 9:00 to 3:00, and when we left school and we got home, of course, the usual snack we would get when we got home was just fruits, tropical fruits. We had an abundance of those on the farm. So you had mango, sapodilla, golden apple, sugar apple, orange, banana, those type things you'd have. We had to again take care of the animals, and my mother would always have her little kitchen garden, so we had to go down to the creek, get water to come to wet the plants in the kitchen garden, and you did that before you then did your homework. If we did not have homework, there's always something there to be done. [laughs] You never got away. And my mother, who was an ex-teacher, she would always say to me that, "You do your homework." If you didn't have homework—and you always wanted to have homework, because if you didn't have

homework, she would find something for you to do, which was more than the homework that you would have had to do.

[0:15:32.9]

DS: Like chores or—

[0:15:34.8]

GC: No. She would give you reading or math, some passage that you had to read, then do questions, or she would question you and she would have you do spelling and vocabulary and all those type things.

Now, when I started high school and I started to do foreign language, she never had any foreign language, and I was doing Latin and I would come home and she would call me, “Translate this.” She would be there, and she said, “Now, you need to go talk to the teacher.” Did not realize that although she did not know any Latin, but we were translating this book *Caesar’s Travels*, and she read all of that. Historically, she knew the story, so when I would translate and try to make it up, she would realize, “Well, no, this is not what I know,” so she would challenge me. And I was convinced that she knew Latin. She didn’t know a word of Latin. [laughter] She did not know. She did not know any Latin, and I did not figure that out until at the end. At the end, I realized that she did not know any Latin.

[0:17:13.2]

DS: So it sounds like your mother was pretty well educated, well read.

[0:17:20.3]

GC: Yeah.

[0:17:22.0]

DS: What did your parents do for healthcare?

[0:17:25.7]

GC: Well, my mother had a simple system where she would manage her money. She had different containers and she had this particular container there where she put the money that is for the doctor or for health, and whenever we were sick—after you got your basic immunization, there was not, say, a routine health checkup, but whenever you got sick, she always had money in that container to take you to the doctor and to get your medication. Growing up at that time, there was nothing like health insurance. That just did not exist. But that's what she would do.

The initial thing, though, you had different home remedies that she would try, and there were many ailments where you could—if she did not know, there were people that she would call, and she would say, “Well, look. This is the problem. What do I do?” And there was some herb out there that they would recommend. The typical thing that we would have would be cuts and bruises, and for cuts and bruises, the local thing, they would get aloe vera. They would get the aloe vera, they would warm it, put it on there.

For sprains—and we had lots of those playing. We played soccer and you'll always sprain an ankle or something like that, and we would come and she would use—well, in Grenada we call it saffron, but it's really turmeric, and it grows like a weed all over the place. So she would send one of the kids, the one who was not injured, to pull up a plant, and she would just grate it and add a little salt to it, make a poultice, put on that joint, wrap it up. In the morning, you wake up, you're fine. You know? You're fine.

Now, interestingly, now that I'm looking on the other side, I realize that turmeric, indeed, is a very potent anti-inflammatory, and it is said that it is the most potent anti-

inflammatory there is, so that the indication for which you used it made sense. They had no medical training, but passed down through the generations, they knew, “Well, this is what you use when you have sprains. This is what you use when you have cuts and bruises,” you know. There were things that they use for a headache. There were things that they use if you have insomnia, you can’t sleep, things that they use for diarrhea, and they could find a herb.

Interestingly, as a kid, the old people who had arthritis, they would always want a young kid, because the tree was a little bit tall, send you to get a branch of this for them, and they would take this, pull the leaves off, put it in their bathtub, and they would bathe with it for the arthritis.

[0:21:28.4]

DS: What’s that?

[0:21:29.6]

GC: It was much later I realized what that was. It was the marijuana plant. If you apply it to the joints, you have arthritis, you get some relief. Not only would they use it in their bath, but they also take a handful of leaves and they would boil it and make a tea, and they would drink that and they would claim that after doing that, they felt so much better. They can now move, you know. So it’s something which—I’m not saying to go out and get some, but it’s something that works, and it was also used for vomiting. It’s very good for vomiting. Even here, it’s known that if you’re on chemotherapy and you have this unrelenting vomiting, smoking a joint would help, you know. It would help.

[0:22:37.9]

DS: So it sounds like there was a wealth of resources on the natural landscape, and folks knew how to access them. So I'm wondering, what was a trip to the doctor like, and was there an instance when you were living there that you had to go yourself, and what was that like?

[0:22:57.4]

GC: Yeah. Well, usually the trip to the doctor, when I was very young, I hated to go to the doctor because I didn't like that needle, you know. [laughs] I did not like that needle. But later on, most of the times when I would go, it was because I had a severe cold. I remember that was a common occurrence, you have a severe cold, so you would go to the doctor.

The one time that I went—well, I had to go on my own—I had a car accident and had a laceration on my leg that had to be sutured, you see, and went for that. It was fun, because the area where that accident happened was close to one particular physician who was very funny. He was very jovial about things, and he tried to calm you down. When I went there that time, I remember what he said about, “Oh, you should not be nervous, because I'm more nervous than you are.” [laughs] But I don't think that he was nervous. I just think he was trying to calm me down, you know.

[0:24:26.3]

DS: So did you see him in an office, at his home, or a hospital? What was the setup?

[0:24:31.7]

GC: Oh. The setup that we had at the time, we had what was called visiting stations, and a visiting station is something that the government built and a doctor would

assigned to the visiting station. His hours are divided into public and private. When it's public, it's like a clinic where people would come and they would be seen, and you don't have an appointment or anything. You just come. Say, between the hours of 9:00 and 1:00, the clinic is open, and when the clinic is over, he typically—say, he may have lunch from 1:00 to 2:00, and then from 2:00 to 4:00 it's now private and the people who are seen are the people who would pay extra. They have an appointment, they come, and they are seen. So that's usually how it is.

Now, as a kid, for the times that my mother would take me, she would go to the clinic, because if you go to the clinic, you pay ten bucks. You go to the private, you pay fifty bucks. You see? So you see the same person, you get the same prescription, except that one is private and one is public, but it's the same facility, the same physician. It's just the time that you are seen.

[0:26:31.4]

DS: When you were there, would you see other people you knew or was it mostly strangers? I'm just trying to get a sense of—

[0:26:37.7]

GC: When you went to see the doctor?

[0:26:40.2]

DS: Mm-hmm.

[0:26:41.0]

GC: Oh, yeah, you'd see people that you know, because it's a facility that's within that community, and you basically know the people in the community.

[0:26:50.3]



DS: Very cool.

[0:26:51.5]

GC: So you would see them, uh-huh.

[0:26:55.6]

DS: So now I'm wondering, thinking about this community in Grenada and the farm, how do you go from nutmeg trees to Warren County? [laughter]

[0:27:07.7]

GC: Simple answer?

[0:27:11.2]

DS: Mm-hmm.

[0:27:12.6]

GC: Driving. [laughter] No. But as a kid coming up and having to work on that farm, the area where I hated to work was in the cocoa. Cocoa is horrible. It's a lot of manual labor, things are heavy, it's hot. The beans have got to be fermented, and in that little building where they're fermented, if the temperature outside is 90, within that building it's about 120.

[0:27:50.1]

DS: Goodness.

[0:27:51.7]

GC: And you have a sea of fruit flies. You're supposed to wear a mask or something over your nose, but it's so hot, you sweat so much, that when that becomes wet, you can't breathe. So you basically hold your breath, go in, work for a while, come out, and you breathe. What you have to do in that little building is to turn the beans.

There are fermenting cells, and you alternate the cells. You're fermenting here, this one is empty, you're fermenting here, this one is empty, and every day, you flip the beans, all right? Now, you may have about, oh, 800, 1,000 pounds of beans that you have to flip every day, and we are doing that. So that work was so hard that, coming up, I said that, "I want to get away from this. I don't want to do this."

And my mother would always say, "Well, you make your decision. Decide if you want to make a living using a short pen or a long pen," and, essentially, by the long pen, she meant using the type of agricultural tools to do that manual labor.

I said to myself, "I'm getting away from this." [laughs]

So after I finished school, I work for six months, and I decided that—well, during that time, I knew that I was going to leave. I wanted to go to Howard University, and that's where I ended up.

[0:29:40.6]

DS: Why Howard?

[0:29:43.4]

GC: When I was coming up as a kid, all of the dentists and the doctors that I knew in Grenada went to Howard. You know, interestingly, when I left home, I really did not plan to do medicine. My initial thing was to get out. That was number one, just get out. What you would do, that would come later.

So I went to Howard, and when I got to Howard, then I decided, well, this is what I want to do, because one of the things that I did not want to do, I never wanted to work for anybody. Never. I never wanted to work for anybody, and I could say that I've never worked for anybody. The six months that I worked when I was in Grenada, well, that's

really nothing. I would say I worked for somebody when I went through residency training, but when I was in undergrad, I owned my own taxi, and that's what I drove so that I don't have to work for anybody. And when I was finished with medical school, I went into private practice.

[0:31:12.8]

DS: Wow.

[0:31:14.9]

GC: So that's one of the things I wanted to do, and medicine was a way I saw where I could accomplish that goal, not work for anybody. I think, though, I used to fuss with my wife all the time, because she's a retired educator and she would always tell kids, "Well, you need to study hard, do well, so you can get a job." And I would always cringe, because what you really need to tell kids, not that they get a job, but that they need to study hard, they need to do well, so that they could have the means to earn a living through a job or a business, you see. That's the way I look at things. I don't like jobs. [laughs]

[0:32:13.2]

DS: So how'd you make your way from D.C., where Howard is, to Warren County?

[0:32:20.5]

GC: Driving. [laughter] No. I was in Washington, and at the time I was in Washington—and I would call it a turbulent period—the crime was going up, drugs was a big problem, and, of course, it still is. I was working and the malpractice insurance was

going through the roof, and at that point in time, I was thinking, I said, “Gosh, I think I need to get out of D.C..”

And right at the time there was a physician from Vance County, Dr. J.P. Green [phonetic], he came up to Howard and he said, “I need to talk to some of your young doctors. You all are tripping over each other up here, and I want to show you all where we really need some doctors.”

So he invited us down, and when he invited us down, a few of us decided, “Well, let’s go check out what he’s talking about,” and I came down.

He said, “We really need to get some doctors for Warren County.”

I looked around and I kind of liked the place. I felt that it was a place that was not as contaminated as D.C. I had young kids, and I wanted them to have a place where they could grow up with some freedom. In D.C., they were basically locked in. Although I had a beautiful park across from where I lived, there were so many drug pushers there, that I did not trust going out there and I wouldn’t let them go out there without me, you see. They loved to ride bicycles. They couldn’t ride their bicycles because if I was not available to go to the park with them, they just couldn’t go.

So with all of that going on, I came down here looking, I fell in love with it. I liked the fact that it was rural, quiet. I felt that would permit me to again have control on things, and the forces out there are not so overbearing that I couldn’t manage things. That’s how I came here, through that Dr. J.P. Green.

[0:35:01.0]

DS: Wow.

[0:35:01.8]

GC: Do you know him?

[0:35:04.1]

DS: I don't, no.

[0:35:05.3]

GC: Well, he's originally from Warren County, right, and then he moved to Vance County, yeah.

[0:35:11.3]

DS: What was your first reaction to the people here?

[0:35:16.1]

GC: Well, you know, I really didn't find anything that unusual about them, although I was from Washington, D.C., but I came from the country, so it's just like moving back home, you see. It's just like moving back home when I came here. I found them to be very friendly, welcoming. I did not have any problem with them. They were very helpful and willing to walk along with me and show me things and tell me things, try to get me adjusted to the new environment.

[0:36:03.7]

DS: I'm sure you had heard about race relations in the South, in D.C., or had you? And if you had, were you worried about that, moving here to a small town in North Carolina?

[0:36:18.8]

GC: No, I wasn't worried. I knew that they've had racial unrest and all of that going, and they've had lynching and all of those thing[s], but for some reason, I was

never afraid. I was never afraid. I guess that because of the way I grew up, I was never bothered by that.

Of course, when I came down, I know that I had challenges at the hospital. Particularly in Henderson, they were not used to having a black person do surgery, and they instituted a rule where the new surgeons coming in had to be observed and I had somebody observing me who observed me for a while. He reported, "Well, I think he's okay. You don't have to watch him anymore. He knows what he's doing," you know, those type thing. Whether this was racially motivated or just a policy, I don't know, but that's a rule that I know came into effect when I moved there.

[0:37:51.3]

DS: Backtracking a little bit, so you come with Dr. J.P. Green and you're persuaded, I guess immediately, on a trip to move down from D.C. to here?

[0:38:04.8]

GC: Well, no. After he spoke to us in Washington, D.C., I came down to look at the area.

[0:38:13.3]

DS: I see.

[0:38:14.8]

GC: I came down, I spent, I think, three days. I spent three days here, looked around Warrenton, look around Henderson. I think that was in July. It was in July, and I moved in October.

[0:38:37.1]

DS: I see. And at this time, you had your kids, you were married, and brought the whole family down to Warren County?

[0:38:46.4]

GC: I made the first trip myself. The next trip, I came down with my wife, and then the next time, I moved. [laughter] So, on the third trip, I stayed. Of course, my wife initially did not want to move. She didn't want to leave D.C. She felt relaxed, comfortable there. Everything was right at hand, and was concerned that so many of the conveniences that she wanted, and she had gotten used to, she would not have. But after she came down here, she did get adjusted. It's amazing that after about eight, ten years, we went back to D.C. and she said, "Gosh, I can't wait to get out of this place." [laughter] So at that time, Warren County grew on her, and now she likes it.

I felt that when kids grow up in an area where they lack certain things, it somewhat motivate them to be more resourceful and creative, and they perform better. They perform better. I believe that, yes, education is important, but perhaps the most important thing in raising kids is what I call a strong psychological constitution. If they are lacking academically, they can catch up if they're mentally tough, but if they're not mentally tough and they have all the academic knowledge, they won't make it. It's like building a castle on a weak foundation, you see? But if you have a good foundation, you can put anything up.

[0:41:00.4]

DS: Do you remember your first day working in Warren County as a physician?

[0:41:09.0]

GC: No, I don't remember the exact first day, but I remember some things that happened the first few months.

[0:41:27.5]

DS: Would you talk about some of that?

[0:41:29.7]

GC: Well, I remember having one—it dealt with a patient who was very, very sick to the point where she was essentially comatose. But I recognized that the problem that she had was what we call an abscess, a pelvic abscess, which is something that you have to treat surgically. I remember taking her to the hospital in Henderson, and when she got there, I was told, “Well, why are you operating on this dead patient?”

And I say, “Well, if I don't operate on her, she will die, but if I operate on her, she may live.”

Interestingly, I operated on her, we did the surgery as fast as we could, got her out of the OR, and the next day, she was sitting up, eating Big Macs. [laughter] Somebody brought her in Big Macs. No, after you have that major surgery, you're not supposed to eat for days, and she was eating, tolerated it well, no problem. In one week, she was gone home, you know. It's a case where we had certain complications. Also, when you have an abscess, it's not unusual that you run into complications, and we had some of those, but she came through well. She did fine. So that's one case that I remember.

Early on, something that would disturb me quite a bit, the fact that I would talk to so many ladies who'd give me a history of never having any surgery at all, none. And I would examine them and I'd say, “Gosh, you said you didn't have any surgery, but, you know, you do not have a uterus.”



And you question them, question them, question them, and they'd say, "Oh, when I had my last baby, the doctor told me that I was having babies too fast, so he would help me." This is what they knew.

You see, at that point in time, they would have surgeries done without consent. Ladies would deliver a baby and they are put to sleep, so they really don't know what's going on. It would be a couple days afterwards they see the baby when they go back. And, of course, you know that North Carolina settled in the eugenics program, and that is all part of it. But there were quite a few people who did not know that they were involved in that program, and I saw quite a few of those people. They did not know, because they would swear that they never had any surgery. That's something that used to disturb me quite a bit initially, that they did not know that they'd been sterilized.

I'm thinking of just something. There are so many things that you just kind of categorize. There was one case that we had earlier on where there was a physician here who overdosed, and another doctor who was in town and myself, we were able to save him. The interesting thing about this, after he came through, he was upset at us for saving him.

[0:46:02.9]

DS: What do you mean, saving him?

[0:46:06.3]

GC: Well, we save his life.

[0:46:07.7]

DS: How so?

[0:46:09.7]

GC: Because he had OD'd. He had an overdose, and we resuscitated him successfully, for which we thought that he would have been thankful, but he was upset that we intervened and save his life because, of course, he wanted to commit suicide and realized, well, look, because of us, he was not successful. He was not happy about this.

[0:46:41.4]

DS: Could you talk about the health landscape here in Warren County when you arrived? Do you feel like it was adequate for the people who lived here? What's your assessment of it, looking back?

[0:46:54.7]

GC: No, it's not adequate, but I look at health a little differently and on different levels. I think that, first, the people have to be knowledgeable about their personal health, because you are in charge of your health, so that you should know the things that you should do. The fundamental thing that you should do would be to essentially know that you have to eat right, exercise, having your basic immunizations, and sanitation. Knowledge is very important, and, to me, it's really the key, what is it that you need so that you would remain healthy, and I feel that it's something that you can learn within the home or through the school. The school now I think should step in because they know that the people don't know, so school's supposed to get the people prepared, so that's what they should do.

Another big part of this is the fact that in order for you to do some of those things, you need to have the income to be able to afford it, and I'm not talking about affording what we will call healthcare, but affording food, a place to live which is sanitary, and the fact that you are not in a trailer that is a manufactured trailer that is loaded with a lot of

toxins, and that air that you breathe day and days is toxic. So you have to be able to afford that. Warren County is very good for that, because here with that PCB project, is a key point. Say you had a family who is in that area that is contaminated. Well, they can't afford to move, you see? They can't afford to move. That would significantly affect their health.

So when you take care of the education, when you take care of the finances, you then really get into healthcare, because if those pieces over here are not taken care of, the healthcare that a provider would give has a lot of challenges to overcome, you see? You're treating this patient for asthma, but the patient is allergic to that trailer in which she lives, you won't fix her. But if you would just get her to move out of that trailer, boom, she is well. Or if she is close to a factory, she's close to a hog farm, you see, you're close to the hog farm, but this is your land right here and you cannot afford to get land some other place, you see.

So that's how I look at what's going on here. I think that it's now fashionable for people to eat from the fast-food places, and they have moved away from eating the stuff that they produce. Well, they don't even do it anymore. You don't have a kitchen garden of your own. You see? So if you do your own, well, it's good, and you do not add the toxins to your food, then your body would remain healthy. You do a little exercise. People don't go out and walk to the neighbor or do this. The neighbor is across the yard, but you get on the cell phone and you sit on the couch and you call them, so you don't exercise, you see. So these are major factors that affect your health.

Now, when you come to the provider—yes, you do not have adequate provider[s] in Warren County. A big challenge that I saw, the fact that a lot of people could not come

to the doctor because they did not have transportation and there is no public transportation. So they would go to the emergency room because the neighbor who has a car comes home from work at six o'clock when the doctor's office is closed, and the only thing open is the emergency room, so they go to the emergency room. That friend can sit there with them, while now it takes a whole lot longer, about two, three hours, then bring them back home, you see. So the emergency room is still used quite a lot because there is no public transportation so they can go back and forth and see the doctor during the regular office hours.

[0:52:54.8]

DS: Let's see. You got here in '83 and started working, and when did you retire from medicine?

[0:53:04.2]

GC: 2005.

[0:53:07.2]

DS: Just in that time, how would you say the health of Warren County and this community changed?

[0:53:14.1]

GC: I would say that it hasn't changed. I would say one of the main providers here is the Health Department, where you get preventive health, and they do a great job doing immunizations. And STD, they tend to do that very well. The number of providers, I don't think that has changed. Currently, the Health Department is still there, and you have the Rural Health Group and you have BMC. So I don't think that things have changed. I think you may have more obesity now because people are less active and they

eat more fast food. I haven't looked at the stats, but it may even go down—the one thing, though, that is more of a problem here now is substance abuse. That's a big deal, substance abuse, substance abuse and, of course, gun violence. Those are two that I think are beginning to get rid of our younger age group.

[0:55:17.4]

DS: Do you have a primary care provider here yourself in Warren County?

[0:55:23.9]

GC: Well, I go to one in Henderson.

[0:55:27.8]

DS: How long have you been with that doctor?

[0:55:30.8]

GC: Essentially since I came here.

[0:55:36.3]

DS: And all of your family goes to the same doctor as well?

[0:55:41.9]

GC: No. My wife goes to someone in Granville County.

[0:55:48.0]

DS: Let's see. I think we're going to wrap it up there. We're approaching an hour. So is there anything else that you would like to add about health and wellness in Warren County, from your perspective, or anything that I haven't asked about that you might want to share?

[0:56:18.0]

GC: Health and wellness. Well, I believe that there should be more emphasis on teaching people that their diet, diet and exercise, is a major determinant of their health, and that they should eat a proper diet, they should exercise, try to avoid toxins. In Warren County, being an agricultural area, you find that the farmers use a whole lot of weedicide, pesticides, and all those “-cides” that are not good for the exposure. Although you may not use any of that yourself, but somebody miles away can use something on a windy day and you’d be exposed. So, exercise, eat well, and avoid the toxins.

[0:57:37.2]

DS: Do you keep a garden here?

[0:57:41.0]

GC: Yes, I do have one.

[0:57:42.6]

DS: Is that something you started right after you moved or recently?

[0:57:45.8]

GC: Well, not right after I moved, because initially when I moved, I was in the city. I’d have a tomato plant or something like that. But now I have a garden, which is about three times the size of this room.

[0:58:02.5]

DS: Nice.

[0:58:04.3]

GC: Yeah. And I grow the things that I like.

[0:58:07.9]

DS: What’s that?

[0:58:10.1]

GC: Okra, eggplant, all colors of peppers, and Bora beans.

[0:58:19.7]

DS: Bora beans?

[0:58:21.5]

GC: They're long beans you see in the Chinese store. They're about 18 inches long.

[0:58:27.8]

DS: Wow. Do you ever get to get your hands on some Grenada fruit, or has it been a while?

[0:58:36.1]

GC: I do. I go to Grenada once a year.

[0:58:43.0]

DS: Lovely.

[0:58:44.2]

GC: So when I go, I can always get this. And my sister has now transitioned from the typical crop, nutmeg, cocoa, banana, to growing tropical fruits, oranges, mangos, golden apple, sugar apple, and those type things. So there's always one of those in season.

[0:59:07.6]

DS: Okay. Well, thank you, Dr. Cosmos. It's been lovely speaking with you.

[0:59:12.9]

GC: Very good. Thank you so much. I hope I fulfilled your request.

[End of interview]

Edited by Emily Chilton, November 15, 2018