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Y. Stories to Save Lives

Interview Y-0033

Nancy Holt

13 June 2018

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ABSTRACT – NANCY HOLT

Narrator: Nancy Holt
Interviewer: Nicholas Allen
Date: 06.13.2018
Location: Nancy's Home, 7206 Bradshaw Quarry, Mebane, NC
Length: Approximately 3 hours and 30 minutes

Nancy Holt is a life-long resident of Mebane, North Carolina. She has worked in a variety of fields and positions, from nursing to entrepreneurship, although she now works entirely in community advocacy. Her strong sense of self is evident in all of her work and are an important part of her story and identity. The interview began with Nancy discussing her mother's root medicine practices and how they dealt with illness during her childhood, especially without the help of a doctor, except in one particular instance of needing stitches. She talks about her husband Bruce's work as a healer, a professor at Elon University and a shaman. She discusses her career trajectory and some pushback she received for being a working mother. She tells how she took in boys from the community from bad home situations and raised them, including details about religion, diet, education, and culture. She discusses a remedy for mononucleosis. She discusses negatively changing community culture in Mebane and social media. She tells a story about how her ancestors got to the U.S. and married into Cherokee families, how her mixed lineage contributes to a stronger family health history. She details her aneurysms and their wider effects, including their supposed root cause, the antibiotic Cipro. She discusses sewage sludge application in rural areas, co-authored papers with Dr. Edo McGowan, and immediate and long-term negative side effects, including cancer and Hashimoto's disease. She talks about her career path from nursing, to UNC work in Medicare billing, to law education, to her personal business' success doing billing for Duke, UNC, and other North Carolina colleges. She discusses her current work in grant writing and legal documentation like healthcare and durable powers of attorney, Do Not Resuscitate (DNR) orders, and creating LLCs. She discusses helping doctors set up private practices, business sense, theft in doctor's offices, and internal controls. She tells a story of a sexist experience she had while running her own business. She talks about a particularly wonderful employee and his AIDS experience, as well as other AIDS experiences she encountered. She talks about having a desk next to Steve Jobs.

FIELD NOTES – NANCY HOLT

Narrator: Nancy Holt
 Interviewer: Nicholas Allen
 Date: 06.13.2018
 Location: Nancy's Home, 7206 Bradshaw Quarry, Mebane, NC

NARRATOR Nancy Holt is a life-long resident of the Mebane community where she currently lives. She was precocious and perceptive as a child, a trait which has lent itself to her favorably throughout her life. Born on March 25, 1944, she spent her life in a variety of occupations from nursing, to running her own business, to contract consulting and beyond. Her multi-million dollar startup was contracted by Duke, UNC, and Wake Forest, among others, to take care of their medical billing operations. Besides her career moves, she raised her two biological sons Richard and Michael as well as a host of other “sons” who came from troubled households to live with her family. Nancy is extremely savvy in the legal world thanks to experience obtaining guardianship papers and studying law for three years at UNC’s expense as a medical liaison at the University. She currently spends her days writing grants for local non-profits, calling isolated rural seniors to check in, and helping others establish Durable Powers of Attorney and other legal documents, such as her great-nephew’s LLC. She is suffering from 16 aneurysms in her heart and brain thanks to the use of the antibiotics Cipro and Levaquin in her younger years, precipitated by an allergy to penicillin. She has outlived 6 prognoses by medical professionals.

THE INTERVIEWER Nicholas Allen is a graduate student in the department of English at UNC-Chapel Hill, currently earning an M.A. in Literature, Medicine, and Culture. His research focuses on late life and end of life.

DESCRIPTION OF THE INTERVIEW The interview took place in Nancy’s home in Mebane. I arrived at 4:30 and we began the interview soon after. We sat across from each other on floral couches in a room with a distinct Southwestern aesthetic, the beauty of which was emphasized by Nancy’s refrain from using artificial lights. A large window at the front of the house let in light to the room, which slowly grew darker as the interview progressed, leaving us in a kind of hushed dusk as we concluded the recording.

NOTE ON RECORDING I used the SOHP’s Zoom H5 #4 for this recording. We were interrupted three times by phone calls—an important aspect of Nancy’s social life. Two were from her sisters down the road asking about her interview. At one point her sister Nana entered the living and said a few words as she inspected her dog. Later you can hear her leaving to go buy antibiotics for Shiloh Hypes. Additionally, Nana fiddles around in the kitchen at least twice and leaves or re-enters through the front door a handful of times over the course of our three and a half hours together. Finally, a TV was on in a nearby

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room which may be faintly heard from time to time and the air conditioner was also running throughout.

HIGHLIGHTS OR POSSIBLE EXCERPTS I was particularly drawn to Nancy's discussion of her aneurysms, her strong desire to assist people in drawing up end-of-life documentation, her cynical yet savvy take on doctor's business skills and training, as well as her discussion of her husband Bruce, by all accounts an exceptional individual worthy of closer posthumous examination. Additionally, when she discusses taking a Raleigh executive in to see her business, she makes a strong statement about her feminist values.

TRANSCRIPT: Nancy Holt

Interviewee: Nancy Holt
Interviewer: Nick Allen
Interview Date: June 13, 2018
Location:
Length: 3 hours and 32 minutes

START OF INTERVIEW

Nick Allen: All right, this is Nick Allen interviewing Nancy Holt on Wednesday the thirteenth of June [2018].

Nancy, I don't know where you'd like to start. [laughs]

[0:00:15.7]

Nancy Holt: Let's see. Let's start at the beginning. [laughs]

[0:00:16.6]

NA: Start at the beginning. You're on record as talking about this community and your childhood a lot with the Southern Oral History Project already, but I thought you could tell me a little more about your grandfather and some of the root medicine that he passed down to you.

[0:00:32.8]

NH: It was my mother.

[0:00:34.4]

NA: It was your mother.

[0:00:34.8]

NH: Yes. There were eleven kids, and we never went to the doctor, ever. If we got a cold or anything was—upset stomach or whatever, it may have been a virus, whatever, she would have us go out and pull or cut branches off of trees. So I learned what kind of bushes and trees it was. And she would often take the bark of some trees or some limbs and put it in a pot and boil it, let it steep. And in other cases, she would take the side of a plate and crush the stem and break it up, the limb, and that's what she would make a potion out of. It was sweetened with honey, whatever it was, and some of it tasted God-awful, and some of it all you could taste was the honey.

But since there was so many of us, we never went to a doctor, ever. I remember going one time. There was a tire swing across the road from the house, and I decided I was gonna tough the limb that the tire was attached to, and so I got up high and fell out of the tire swing, and I fell and hit my head, and I got the nice scar there to prove it. And my mom drove a lumber truck and carried me to Dr. Johnson's office in Graham, and I was holding a towel. And any head injuries bleed like you're gonna bleed to death, but if you apply pressure, which I didn't know to do, if I had applied pressure, it would've stopped, but it kept on bleeding.

And I remember going into that strange office and the big nurse, she looked like a giant, and she had red hair and she barked at us, "Go in this room! Doctor be here in a minute!" And she brings in this little container and it had flames heating it, and they were syringes. And they would use these needles over and over and over again because we didn't have disposable needles then, and I didn't realize that's what it was, but I was fascinated by this, in that white enameled container with these metal things in it, and it was unbelievable, watching those blue flames underneath.

[0:05:35.9]

NA: Was it scary as a kid to see it? [laughs]

[0:05:37.5]

NH: It was scary. I didn't know what he was gonna do to me. He stuck something down in there and got one of those needles and pulled it out and then stuck it in a bottle and shot a little bit out, and that was anesthetic so he could sew up that cut. I didn't know what that was. But I do remember the iodine. That's what he used. He used iodine, and it was all over my forehead. And he sutured it and put a bandage on it and told Mama to bring me back in a week and he'd take the stitches out. We didn't have disintegrating stitches then either.

So that was my first and only contact with a healthcare provider, because the rest of it was handled, anybody was sick, Mama would have me to go get some bushes or branches or something, and some plant she dried and hung in the kitchen above. I don't know what they were. And sometimes that's what she used. And I hate that I didn't take note of what branches of what trees. I do know that for cough syrup, she used the bark from the cherry tree, and that was bitter. That was God-awful cough syrup, even with honey, but it worked. It worked.

And then I marry a guy that's a shaman and he does all this healing, and I had no idea how many people he healed or helped until we had his memorial gathering, and people would come up to me and tell me what Bruce had done for them, everything from they were infertile and they came out to see Bruce and he told 'em what to do and they got pregnant and they had a baby.

And one time a couple years before he died, a lady called and wanted to come out and bring us a Christmas basket, and she wanted Bruce to see her two boys, and I said, "Sure, come on out." And she brought a basket of baked goodies and stuff and homemade jams and jellies, and she told me that she had had three in vitro procedures and the baby never would form, so she miscarried. And finally the gynecologist at Duke told her that she could never have a baby. So she told me that she came out and she and her husband talked to Bruce, and he told 'em what to do, and they did it. Three months later, she's pregnant with her first son, and then she had another one.

And I asked Bruce, I said, "Bruce, 25 percent of all couples are infertile now. If you know something that works to help infertile couples, tell me and I'll broadcast it."

And he said, "Everybody is different."

And I said, "Well, what do you use?"

And he said, "I don't remember." He said, "It's not up to me to remember. It's up to them to remember."

And I said, "You don't remember what you told people to do?"

He said, "No." And he said, "Because it wasn't for me that I told 'em; it was for them." And he said, "I don't know where the words came from, I don't know where the knowledge came from. I just told 'em what to do, and then it became theirs, not mine."

[0:12:38.5]

NA: Wow.

[0:12:42.2]

NH: And another thing that doctors would call him about, he could remove warts and leave no scars. And one woman had over 100 warts or moles on her face. They broke

out, “bing!” And she went to Kowalski [phonetic], the dermatologist, and had two removed and they left a pit. He called Bruce and said, “Would you see what you could do for her?” And he bought ‘em. He bought her warts. They became his, not hers. They went away. And that’s what he did to remove warts; he bought ‘em and they became his.

[0:14:06.0]

NA: He paid her?

[0:14:07.5]

NH: He paid her.

[0:14:07.7]

NA: Huh!

[0:14:09.0]

NH: He had a bag of quarters, and he would say, “Hmm. That looks like a six-dollar group of warts.” So he’d count out the quarters. Or, “That’s a two-dollar.” He never gave anybody over ten, but every one of the warts disappeared. And he told my granddaughter, and she can do it now.

[0:14:45.1]

NA: Nancy, I didn’t make you take an oath, but this is stranger than fiction.

[laughs]

[0:14:48.9]

NH: Well, that was my life living with Bruce, and he taught world religions at Elon for twenty years, and what is now the Food Bank out here for O.C.R.A. is what he built for his students so they could have a place where there was no interruptions and it was absolutely quiet if they wanted to come and stay and read some of his books or do

whatever, and mostly they came and took a nap. [laughter] Because the sun would shine through in the afternoons and it was so cozy, they'd fall asleep. And I never knew that a lot of 'em were there until they came in and said—it would be about suppertime, and so they'd stay for supper. [laughter]

And that was another thing. On Tuesday night we had a community supper for anybody that wanted to come, and I never knew how many people to cook for, but it was amazing that I always had enough food, no matter how many people. It might be two or it might be twenty, and they would come and laugh and connect, and that was a gift to me, having all these people come, and I enjoyed cooking, so it was good. It was good.

And after Bruce died, the people said, “No, let's not do that anymore, because Bruce is not here.”

[0:17:29.3]

NA: Hmm.

[0:17:34.3]

NH: So we stopped the Tuesday night suppers. And then I got involved with O.C.R.A., and I have about as many people coming in and eating [laughter] as I had before, but mostly now it's cookies and coffee instead of a meal.

[0:18:04.2]

NA: How long has Bruce been gone?

[0:18:05.7]

NH: In [20]09. But he's not really gone; he's still here. That's one of the things that everybody says, that when they walk in the house, they feel Bruce, and I never gave it a thought. I was here by myself, never gave a thought to—Nina wasn't here and the

dog wasn't here. It was just me, and I never gave a thought to safety or anything else, because I felt safe, and I never lock my doors, ever. I figure that locks will cause you to have a lot of damage. Somebody'll break down the door or break windows or do something. If they want something, they'll come and get it. And I've got rid of everything, so I have nothing they want now.

[0:19:33.9]

NA: Except for your cowboy painting.

[0:19:35.5]

NH: Now, that's true.

[0:19:37.5]

NA: That's a high prize right there.

[0:19:39.3]

NH: I think it is.

[0:19:40.5]

NA: I really think it is too. [laughter] I like it very much, although the flowers here might distract from the—

[0:19:48.5]

NH: Aren't they beautiful?

[0:19:49.3]

NA: They really are beautiful.

[0:19:54.0]

NH: That picture caused me to run across this big showroom floor to get to it, and I told my sister, I said, "You have to have this. I don't care what it costs. You have to

have it.” And I said, “It perfectly matches your furniture.” She had just bought a townhouse. And I said, “That’s what you need for that big wall.” And it was perfect, just perfect. And then she sold the townhouse and moved in with me, and I said, “Bring the picture. [laughter] You can bring anything else you want, but bring the picture.”

[0:20:48.7]

NA: So how did this community mix having Bruce around as a healer and having—I assume there were doctors around. Were both used equally or—

[0:21:04.8]

NH: Well, doctors referred patients to Bruce, and there were a couple of doctors in West Virginia that would call and want Bruce to make the recipe for them, because they had patients that had bronchitis or they worked in coal mines and they needed something, and so I would FedEx copies of the recipe.

Nina, you know Nick?

[0:21:47.1]

Nina ____: Huh?

[0:21:48.1]

NH: You know Nick?

[0:21:49.2]

NA: We have met once before.

[0:21:50.0]

Nina ____: I have.

[0:21:50.6]

NA: It’s great to see you again.

[0:21:52.1]

Nina ____: Good to see you too.

[0:21:54.8]

NH: Anyway, when Bruce quit work at the university, there was a lot of snide remarks about him quitting and me—I was running the business, but he had high blood pressure and it was almost malignant.

[interruption]

[0:22:55.3]

Nina ____: My husband heard that Bruce would be able to stay home with his kids, or their kids, and he said, “Why don’t you get a job? Then I can quit work.”

[laughter]

[0:23:09.8]

NH: Well, that was a lot of the snide remarks, that “How could Bruce possibly put his poor wife to work.” Well, his “poor wife” was having a ball. I was traveling all over the country, installing computer systems, having a ball, and he stayed here, still teaching at Elon, and that was part-time.

And we acquired seven more kids and I got guardianship papers on all of ‘em, because they were abused, and my sons brought ‘em home and said, “Mom, Buck needs a place to stay,” or, “Tom needs a place to stay,” or, “Mark needs a place to stay.” And my sons told me that they couldn’t tell me what the kids’ home environment was; that was up to the kid to tell me. And within two weeks, they’d open up and start talking, and when they opened up and started talking, I got pissed off. I drew up guardianship papers and gave ‘em two weeks to get ‘em back to me or I would turn ‘em into the sheriff for child

abuse or child abandonment or whatever else they had done to this kids, and they were all boys. They were aged fourteen to sixteen, and they lived here. I had nine at one time, and they were within two years of age of each other. And they had to wash their own clothes and they had to fold 'em up, and they had to clean their own room and change their own bedding, and I taught 'em to cook, I taught 'em how to properly eat.

And I'd set the table with a couple of forks and a couple of spoons and two knives and a dessert plate with the fork lying in it, and I put a couple wine glasses and put juice in it, and one was for water and two were for wine, and I said, "I want you to be able to eat with the King and *never* be uncomfortable." I even made 'em go to a tea party down at the Europa Hotel in Chapel Hill. On Saturday afternoons, they would have high tea, and that was the funniest thing I have ever seen in my life. [Allen laughs.] Now, here comes all of these country kids, and I made 'em dress up in their Sunday best, and we're going to have High Tea. And I don't think many of them had ever drunk hot tea before, and my son Brian was in a chair next to me, and he said, "Where's the tea?"

And I said, "In the cup."

He said, "Where's the ice?"

And I said, "You drink it hot. It's hot tea."

And he said, "I think that's silly." [laughter]

And the waitress was dressed like a French waitress. She had on a black dress with a white apron, with crinolines that made the dress stand out, and this little white cap that was frou-frou'd. And she would bend over to pour tea at some of the tables, and those boys were [demonstrates]. They enjoyed that part of it. [Allen laughs.] But you could ask any of 'em now how they enjoyed their high tea, and they'd tell ya. [laughter]

And I took 'em all to every type church that was around. We went to a Jewish synagogue; we went to the Catholic church; we went to Baptist church; Presbyterian; Methodist; the ultra—I don't know what they're called. The only thing that comes to mind is "holy rollers." [Allen laughs.] But anyway, those churches, and I enjoyed 'em because that music was good, and you stood up and you clapped and you sang, and the boys had a ball there. And I don't know how much they got of the message, but they really enjoyed that music. And they'd have a band and lights flashing and all sorts of stuff. I mean, they really enjoyed it. So I wanted to expose them to every type of religion there was.

And we had one Muslim child, one black child, and one Jewish child, and if they wanted to go to synagogue, I took 'em. And the young Muslim, there was no Muslim churches anywhere around. I think there may have been one in Raleigh, but he never said anything about going. But he and Bruce talked a lot about the Quran, and the boys would come and listen, and it was easy acceptance of different people. And I was so proud of those boys, all of them, because they became brothers.

And when they were eighteen, I had been preaching this, "When you're eighteen, you're going to college."

[interruption]

[0:32:21.7]

NH: "You're going to go to college, have a job, or go to the military." Four of 'em decided on college, one had a job, and he later became a policeman and he went to the Police Academy, and three were military. And it's hard to believe that they're retiring

after twenty years. Where did all this time go? I mean, in my mind's eye, they're still scruffy pre-teens and teens.

And one of 'em's coming to spend the night Friday night. That was my tenth one, and he was going to college and he was living in a house that didn't have a bathroom and didn't have a shower. It had running water into the kitchen sink, but didn't have indoor bathroom. Anyway, so he started spending a lot of time here. Next thing I know, he's living here on a couch, and his four years at Carolina was with us. [laughter]

And his dad was a doctor down in Fairview. And Jim caught mono, and they tested him at the Student Health and said, "Don't come back until you're over this." So he's ensconced on the couch and I won't let anybody come in the room because it is contagious. Anyway, and his dad gave him a shot of gamma globulin and he made me promise not to tell anybody that he had administered an injection for mono. Well, now that's exactly what they give you. Of course, I didn't say anything to anybody.

[0:35:45.2]

NA: What year was it that that—

[0:35:47.7]

NH: That was—let's see. That was seventy-something.

[0:35:59.5]

NA: Wow.

[0:36:01.7]

NH: And before my husband died, we were sitting at the breakfast table. He said, "Do you know how many people have lived here?"

And I said, "No. And how do you know how many people have lived here?"

He said, "I counted 'em." He said, "I've got a filing system in my head, like Rolodex, and it's alphabetized. And I start at the A's and go to Z, and all of their names are on my cards."

[laughs] And I said, "You're nuts."

He said, "Seventy-eight people have lived with us." They were not all kids. Sometimes they were families. Sometimes they were runaways. And Bruce would pick up people that were thumbing, bring 'em home, feed 'em, and depending on what their situation was, they'd stay. And we never had any problems with any of them.

We had one of the UNC students, his dad was an Iranian general, and he could not tell us his last name. He said, "Nobody can know my last name because they're looking for the general and his family." He was there when the king got thrown out of office in Iran, and the Ayatollah, and they were looking for all of the military people that had escaped, because they were going to be killed, and they didn't stop with the military people. It included the families. So he was fascinating. And the kids, I had two that were about sixteen and the rest of 'em were close to eighteen or seniors in high school, and they were fascinated by Raymond. That wasn't his real name. And he taught me how to cook some of the Iranian foods.

He was Muslim. I said, "Do you pray? And if you do, pick out a spot that you can put your rug down for prayers, and everybody will respect that."

And he said, "No, I don't." He said, "Just don't tell anybody in my family I don't."

[laughs] And I said, "Well, since you hadn't told me your last name, I couldn't tell anybody." [Allen laughs.] But he was fascinating.

You remember the big brouhaha about six, eight years ago, when the Quran was the required reading for incoming freshmen at UNC?

[0:40:49.0]

NA: I didn't hear about that.

[0:40:49.5]

NH: Oh, yes. It was a *big*, big deal. So Bruce and I had already been through the Quran and we read it, but I bought a new one with a CD that goes with it, that had some of the prayers that were sung. And my grandson was a freshman at UNC, and he said, "I don't know what the hell the big to-do is about the Quran." He said, "If you paid any attention to it, it's the same thing as the Old Testament." And he said people get on his nerves. [laughs] And he was going to UNC on a wrestling scholarship, and he did very well, very well at UNC.

[0:42:17.3]

NA: You said that you taught all the boys that lived with you how to eat healthy.

[0:42:22.3]

NH: Yes.

[0:42:23.5]

NA: What did that look like?

[0:42:24.6]

NH: We ate a lot of dried beans, we had potatoes, which you couldn't have a meal with these boys without potatoes, either sweet or white. And I made sure that there was always something leafy greens of some sort and a fruit salad and, of course, biscuits.

[0:43:06.5]

NA: Sound like they're eating like kings.

[0:43:08.9]

NH: And oftentimes that would be it. I wouldn't have any meat. And at other times, there'd be things like sauerkraut with hot dogs cut up in it and fried, and, man, you would a thought that was ambrosia. And they loved beef and goat. They loved goat. They loved curried goat. [Allen laughs.] And I thought, of all the things. So we had friends that introduced all of us to curried goat. Well, the boys thought it was heavenly, so I had to learn how to make curried goat. And then I had to find a place to buy goat, and the only place was Cliff's Market in Carrboro. [laughs] And chicken.

Oh, and we killed a pig, and the boys couldn't wait for the killing. They wanted to see it, and I said, "It's not pretty, boys. You may not want to see it."

"Oh, yes, we can handle it."

So we go to a neighbor's house and he had raised pigs for years, and these were the pigs that were out in a lot. They never got—they were never confined. And the meat was lean, unbelievably lean. But anyway, they go, and the farmer shoots the pig in the head, and the pig wanders around a little bit, flops over, and he cuts the pig's throat, and then he and his son hung the pig up and the blood is pouring out of there. Well, the boys poured out of the barn. They were white as a sheet, and I said, "Are you okay?"

"Yeah, we're fine."

And I said, "It was kinda tough, wasn't it."

"I'm never gonna see another pig killed." [laughs] And I don't think they have either. [laughter]

But the boys growing up in this community, they were the last generation of community. They knew everybody all along this road and the road that went to Oak Grove Church and the road that went to Cane Creek Church and the road that cut through by Teer Farms, and they would ride their bicycles, and every morning after breakfast, they would disappear unless I hog-tied 'em and gave 'em something to do. They were gone. They either went fishing, went to play baseball at the church that had a ball field. There were so many of 'em, hell, they could play anything. They had their team, and they'd pick up a couple of more along the way.

And if they did something stupid, I would know about it before they got home, because the neighbor would call and tell me. Well, at the same time the neighbor would call and tell me, the boys knew where to stop and get a Pepsi and where to stop and get a piece of cake along the way, and they adopted some of the neighbors and they became Aunt Effie and Uncle Clarence and Miss Hazeline [phonetic], and they knew everybody, and everybody knew those boys. And if they did something dumb like getting up on the bank with their bicycle and trying to be a Evil Knieval and jump off, I'd get a call and I'd already know about it before they got home. And their generation was the end of community.

[0:49:34.9]

NA: Hmm.

[0:49:35.3]

NH: Now, I know a lot of the people left that's my age or older, but the people that have moved in have made no attempts to get to know any of us. The housing development, not a single person has made an attempt to get to know anybody. Now, I

went up there. I think there was fifteen, twenty houses. I went up there. I was working election here. I wanted people to get out and vote, so I went up there and knocked on doors, introduced myself, told 'em where I lived, and I said, "Are you registered to vote? And if not, let's get you registered." And I said, "Do you know where to vote?"

"No."

"Well, I'll tell you where to vote."

And I went to all the houses and I invited them to stop by anytime they wanted to and we'd have a cup of coffee and spend some time together. Never. Not a single one.

[0:51:24.1]

NA: Why do you think people are like that now?

[0:51:25.7]

NH: I think that Facebook, tweets, the anonymity of that, and people seeking anonymity has made it so that people don't even know their next-door neighbor, and I think that they lose so much in enrichment of lives by getting to know people that are different, people that you could learn something from. It bothers me that theirs was the last generation where a teenager could ride a bike down this road and there's only two remaining houses that would know the kids. The rest of 'em, they've been sold and it's like they work in Durham or they work at UNC, and that's where they make their connections. They do not connect at home. And I find that strange.

[0:53:46.3]

NA: Yeah, that really is a shame.

[0:53:52.3]

NA: When I was growing up, there was very few neighbors, but the neighbors knew you and you knew them. You knew that Cory Armstrong [phonetic] had eggs, so you'd take a bucket if our hens were not laying eggs, and I'd take a small bucket and he'd fill it up with eggs. And I'd say, "Mama says she'll pay you."

He said, "[demonstrates]. Go on." [Allen laughs.] And Mama would try to pay him and he wouldn't take anything for it.

And another neighbor had—when our cow died, we never replaced it. I don't think we could afford to replace it. But for buttermilk, which Daddy loved buttermilk and I loved it, and I think all of us loved buttermilk, and Mama would get a jar of whole milk and we'd churn it and make butter, and that was such a treat, such a treat.

And it was comforting that you knew and the neighbors knew who you were and you knew them, and there's such a sense of loss now in a community when you don't have that connectedness.

[0:56:21.7]

NA: Hmm.

[0:56:26.3]

NH: And a lot of the people that's moved here have moved here from Connecticut or Washington, D.C., or some of the other northern states, and it's really been a blow and it changed the feel of the community. There's only a couple of neighbors that still remain that's my age or older, and absolutely no connection or connectivity with any of the move-ins.

[0:57:31.7]

NA: Hmm. Somehow by some weird osmosis it affects everyone not to be connected like that.

[0:57:38.7]

NH: It does, it does. People in apartments often don't know their neighbors. They know nothing about them. It's that anonymity that they're seeking, and they're not even aware that they're doing it, because they're connecting on Facebook, which, to me, is the saddest thing in the world, that that is your connection to another human.

[0:58:15.4]

NA: Right. It's still social somehow, but it doesn't—it's not the same at all.

[0:58:18.8]

NH: No, no, it's not. I've got around 1,200 friends on Facebook, and I stopped. I don't mess with it anymore. There were a lot of bots that came out last year during the election, or year before last during the election, and I didn't know what they were and where they were coming from. Well, now I know, and nobody seems to have any idea about how to stop the damn things. And on *60 Minutes* Sunday night, one of the guys from that company in England, he said he could do 100,000 bots in five minutes.

[0:59:49.2]

NA: Wow.

[0:59:50.7]

NH: Just think, 100,000.

[0:59:57.6]

NA: Was that your cue to get off Facebook?

[0:59:59.7]

NH: No, I was already off.

NA: [laughs] Well, I got a piece of good news for ya.

[1:00:08.1]

NH: Yeah?

[1:00:10.1]

NA: The generation after me, so I guess—I coached fifteen- and sixteen-year-old girls in volleyball this year. They told me that none of them have Facebook.

[1:00:21.8]

NH: Good.

[1:00:23.0]

NA: I think they may be using a couple other different social media platforms, but they all think it's real silly, including some of the older ones. So there may be hope yet.

[1:00:33.3]

NH: Yeah.

[1:00:33.5]

NA: I don't know.

[1:00:35.0]

NH: Well, I have a rule that when all of the young kids that have cell phones come in, I'll put a basket and they know to drop their damn phones in that basket. [Allen laughs.] And they can't sit there and go [demonstrates] and not look up and not talk. And I told 'em, I said, "If I am that damn dumb or not interesting, that you have to sit there and communicate with somebody that you probably don't know, on a cell phone, then

don't come. Just get the hell out." They all very routinely put their cell phones in the basket.

[1:01:38.5]

NA: I like that rule.

[1:01:40.7]

NH: We have meals at my sister Kitty's house regularly, and all of the young people are sitting there around the table going [demonstrates], never communicating with anybody on the left or the right or in front of 'em. And so when I sit next to somebody, I'll say, "Why don't you put that away and talk to me?" I said, "I'm a hell of a lot more interesting than that thing." And I said, "If you don't do it, I'm gonna shame you into doing it." [laughter] So they don't know what that means, and I don't know what that means. I don't know how I could shame 'em into it. [Allen laughs.] However, they didn't like the sound of it. So the word got around, "Don't sit anywhere near Nancy. If she's already sitting at a table, go to another." [Allen laughs.] But I don't understand the lack of connectivity with humans. It truly disturbs me.

[1:03:20.9]

NA: It's a very strange thing, no doubt.

[1:03:24.2]

NH: And we been a society of communicators, and we've lost that, and getting a—whatever you call it. I refuse to have a cell phone. First of all, it wouldn't pick up anything here, because we're down in a hole. But I don't understand how that inanimate device could be more fascinating than who's sitting across from you or next to you on either side. I don't understand it. And I don't know if it's schooling. I know that when I

went to school, you knew everybody. Of course, there wasn't but 200 of us. [Allen laughs.] And you talked to each other, and it was good, and I wish that kids today would start that, put that damn phone in your pocket and start talking.

[1:05:33.2]

NA: Mm-hmm. You said you have dinner at your sister's house?

[1:05:40.7]

NH: Mm-hmm, Miss Kitty's house.

[1:05:44.4]

NA: How many of your sisters—I guess she lives close by?

[1:05:45.9]

NH: Mm-hmm, lives on top of the hill.

[1:05:48.7]

NA: Okay. Are they all close by?

[1:05:50.0]

NH: Mm-hmm.

[1:05:51.2]

NA: That's great.

[1:05:51.9]

NH: Yeah. And invite children and grandchildren. It winds up about thirty people for the meals.

[1:06:04.2]

NA: Wow, that's great.

[1:06:06.1]

NH: She has 'em on Sunday, Sunday supper or late Sunday lunch, depending, and it's covered dish and everybody contributes and makes something. It's a way to at least let the kids know who their kin is. I don't see how families that don't stay connected with relatives, how their children will know that this is your cousin, this is a friend of your cousin, or this is your second cousin, and the second cousin belongs to this family and this family. I don't see.

[1:07:34.2]

NA: Hmm. I'm glad Miss Kitty's doing something to hold the community together, though.

[1:07:38.8]

NH: Yeah, yeah. She's the glue. Miss Kitty is glue to hold the family together. Birthdays, you get to go first in the buffet. [Allen laughs.] And she always asks you what your favorite food is, and she'll fix it. And she's eighty-one years old—

[1:08:10.4]

NA: Wow.

[1:08:10.9]

NH: —and still does it.

[1:08:14.9]

NA: That's amazing.

[1:08:16.2]

NH: Yeah.

[1:08:20.3]

NA: There's my goal to shoot for at eighty-one, still cooking and bringing the family together.

[1:08:24.4]

NH: Yeah. When our mom died in [19]68, it was like we had no glue anymore, so Kitty decided to become the glue, and she would decide that everybody was gonna gather at Daddy's house on Sunday and you fix something, fix a meat and a vegetable and a dessert and come on. And so that's how we stayed connected, because somebody has to start it. Somebody has to be the glue, and she has done more than anybody else. We shared it for years. She would do one Sunday and I'd take over and I'd do the next. After my health problems started, she was the predominant one.

And do you know that in our family there's no diabetes, there's no high blood pressure. Let's see. We do have arthritis. I don't. Some of 'em have arthritis. No cancer, none. And I don't know why. It may be because we're mutts. I did the ancestry thing. Guess what?

[1:11:13.6]

NA: What?

[1:11:14.2]

NH: There was a box on the report that said, "Based on your DNA, we could not find a suitable connection or group for you." Now, I know that my dad's ancestors came from Germany, Theodoris Philmet [phonetic], and he came in 1720, and he was a serf, and his job was—no, he wasn't called a serf. He was called something else. His job was to keep the church in good shape and clean. And at that time, the Roman Catholic Church was going to have the Vatican along the Rhine River. Well, there's beautiful, beautiful

chapels and churches that were going to be part of the Vatican, and he was one of the slaves, and somehow the other, he got away from there and he came over as one of the indentured servants, and he spent seven years with the governor of Virginia.

And after your seven years was up, you got two acres of land and you were a free person. So you got to decide where that two acres of land would be, so he plopped down right down in the middle of the Cherokee Nation and decided he wanted two acres of land on the Cherokee boundary. [laughs] Well, that didn't work out. However, he did marry a beautiful Cherokee, so we've got several Cherokees in our family.

And my grandmother, her family were Cherokee, and I heard on National Geographic that they had a difficult time trying to get DNA profiles for the Cherokee Nation, for any Cherokee, because it kept coming up Asian.

[1:15:15.3]

NA: That's interesting.

[1:15:16.2]

NH: Well, if you looked at the facial and bone structure, they look Asian. Now, my sister Kitty looks Asian. She's got slanted eyes, high cheekbones, black hair, and we all have my mom's Irish skin. But I couldn't believe [laughs] that box that said, "Based on your DNA, we can't put you in—we don't have a profile for you."

[1:16:09.9]

NA: Wow.

[1:16:14.3]

NH: "We don't have it."

[1:16:17.2]

NA: So you think that's part of the reason that the family's health history's pretty good?

[1:16:21.5]

NH: I think so. We're mutts.

[1:16:25.2]

NA: And the strongest have survived to this point.

[1:16:27.5]

NH: We are mutts. I think it's such a combination of a lot of genetic profiles, they were all stirred together, there's French, German, Cherokee, and I don't know what the hell else. [Allen laughs.] But I do know that based on our health history, other than my sixteen aneurysms, there ain't a damn thing wrong with me.

[1:17:24.3]

NA: Hmm.

[1:17:25.3]

NH: Nothing.

[1:17:28.4]

NA: When were the aneurysms first discovered?

[1:17:31.9]

NH: About six years ago.

[1:17:39.1]

NA: Wow.

[1:17:39.4]

NH: And they started popping up and growing, and I've had two bleeds, intracranial bleeds, and they can stop those in a New York minute, thirty minutes with the radiologist, and he goes in the femoral artery with a little wire with a basket, and in that basket is titanium curls, and he finds the bleeder and he stops it up with the titanium curls.

[1:18:26.6]

NA: Hmm. Wow.

[1:18:29.1]

NH: Yeah. You don't have to have surgery anymore, just that.

[1:18:34.6]

NA: That's amazing.

[1:18:35.5]

NH: Yep.

[1:18:39.5]

NA: But even though that's true, there's still a danger to the aneurysms.

[1:18:43.3]

NH: Well, my entire aorta is one fat-ass aneurysm, and the descending aorta looks like a water-filled balloon. And I've been given six expiration dates already, and my family physician says, "Don't pay any damn attention to that. They don't know."

[laughter] So I don't pay any attention to it.

[1:19:30.0]

NA: Has it put you in a new frame of mind when people start giving you expiration dates?

[1:19:33.6]

NH: The first one, it was like waiting for the next shoe to drop, and every day I counted off. It was like six months they give me before the aorta would blow. And when I passed that, I thought “What the hell is this?” And then the next one, I said, “Okay,” and then promptly forgot about it. Same thing has happened. The last one, I was given six to eight weeks. That was twelve weeks ago. So you can forget expiration dates.

[1:20:45.7]

NA: Yeah. But it doesn't really change much in your day-to-day, huh?

[1:20:54.4]

NH: Well, the pain is excruciating, because the aorta is 10 centimeters and it flops over on my spinal cord nerves, and when it does, it's like I'm being stabbed with a burning knife, and the pain won't stop, and I can't take any pain pills of any kind. So, deep breathing, imagery. If I can get it in time, I can control and put myself to sleep in about five minutes, if I catch it in time. Otherwise, it's hell on wheels.

[1:21:56.0]

NA: That's awful, Nancy.

[1:21:58.0]

NH: Well, it is what it is.

[1:22:08.0]

NA: I can't imagine something like that.

[1:22:11.0]

NH: Nobody else in the family has aneurysms to take off and grow. We have another batch of aneurysms. We get a CT scan and it's eight and then it's ten and then it's

fourteen and then sixteen. I got a[n] aneurysm on my thyroid. I got both kidneys, my pancreas, liver, and three [gestures], and the rest are all along the aorta. So I have no idea—well, I do have an idea about what caused it, the Cipro antibiotic. Did you know that?

[1:23:33.5]

NA: Nuh-uh.

[1:23:34.6]

NH: The class of drugs Cipro and Levaquin causes aneurysms, and one dose of Cipro or Levaquin can start the aneurysm process, and there's a class-action lawsuit against the manufacturers of Cipro and Levaquin, and one other drug. There was a paper written by the British Medical Society in September of 2015, and then in January of 2016, there was another paper written [in] the *New England Journal of Medicine*, and they both came to the same conclusion, that if you take these antibiotics, you risk having an aneurysm.

[1:25:09.1]

NA: Hmm.

[1:25:09.5]

NH: And the reason is it destroys collagen, and collagen forms the structure of your ligaments and tendons and the structure of your blood vessels and your arteries.

[1:25:32.4]

NA: Hmm. There's no fix for an aneurysm, huh?

[1:25:33.8]

NH: If they catch it in time, they can do surgery if it's operable.

[phone rings]

[1:25:56.4]

NH: I need to take this.

[recorder turned off]

[1:26:07.0]

NA: I don't know where we were.

[1:26:09.3]

NH: I don't either. [Allen laughs.] I'm older than air, so [Allen laughs] I get to forget.

[1:26:18.3]

NA: We were talking about the class-action lawsuits.

[1:26:21.9]

NH: Oh, yeah, yeah, on Levaquin and Cipro. And now that I think of it, I had my first—since I'm allergic to penicillin and tetracyclines, when Cipro came out, that was the antibiotic of choice, and so in [19]97, that's what I started taking.

[1:27:00.8]

NA: Wow. So you've had much exposure to it, then.

[1:27:04.2]

NH: Mm-hmm. You see, the guy that owns the land across the road, the dentist from Durham, owns 800 acres, and he has Burlington's sewage sludge applied about three times a year. They're getting ready to do it again because they plowed that field over here, and they're gonna come and dump shit on it from Burlington, and along with the shit comes lots of toxins and they become airborne and the dust carries. And I've

written papers along with Dr. Edo McGowan in California. The two of us wrote a paper about the transport of the chemical toxins and how far it would go. And depending on the wind, the ambient air like you see now, that is ambient, and you can see the slight movement of the limbs, so that would be about four- to five-mile-per-hour wind. That would carry the sewage sludge 1,600 feet, and as the wind increased, if it got up to twenty miles, it could go seventeen miles, and the whole neighborhood has got exposure through contaminated water. My well had E. coli, it had hydrofuran, it had styrene, it had—what was the other one? Styrene and—what do you make foam out of?

[1:30:11.0]

NA: Styrofoam.

[1:30:12.1]

NH: Yeah, whatever the chemical with that.

[1:30:16.5]

NA: This all got in your well?

[1:30:17.3]

NH: Mm-hmm. Yep.

[1:30:20.7]

NA: 'Cause of the manure coming in?

[1:30:22.1]

NH: Mm-hmm.

[1:30:24.5]

NA: Wow.

[1:30:24.5]

NH: See, it goes down through the soil to the water table, and not only do you get it by breathing the air, and toward the end of the day when the wind settles since we're downhill, it settles here and you can hardly breathe if you go outside, it's that bad.

And in 1991, I contacted Dr. Steve Wing, the epidemiologist at UNC, and talked to him several hours about what was going on from the wastewater treatment plants and the sewage sludge being applied to land, and he didn't know it. He didn't know anything about it until then, and, boy, did he get educated. We had community meetings, and at that time, seven of the farms around here was having sewage sludge applied to their land. One of 'em grew corn, like Silver Queen corn, for everybody to eat. Somebody else was growing cucumbers. And anything that's in that soil is going to go up in that plant, and so we were able to get Whole Foods to stop buying produce from anybody that used sewage sludge, because we didn't let up. We started at the top and rang bells all the way down to the local store.

And one of the guys, Mario, is a hero to all of us, because Mario was sending off emails to everybody every day. We wouldn't shut up. And finally, they gave up and said, "Okay, okay." And they put a notice out to all the stores that they were not to purchase anything from any farm or producer that had sewage sludge or any kind of waste treatment [detritus] applied to their soil.

[1:33:47.9]

NA: So that's a win, huh?

[1:33:47.9]

NH: Yeah.

[1:33:50.7]

NA: But is this guy still doing it?

[1:33:51.7]

NH: Oh, yeah.

[1:33:52.7]

NA: I guess his—does he farm on this land?

[1:33:55.1]

NH: He grows grass, and he has beef cattle.

[1:34:09.3]

NA: Do you think you've seen the community directly affected by—

[1:34:14.1]

NH: Oh, yes.

[1:34:14.1]

NA: Besides your own well?

[1:34:15.2]

NH: Yeah. About—let me see. About seven, eight years ago, Dr. Bass [phonetic], who's a neighbor, and Louise Cook [phonetic], who's a neighbor, and I split up the community. Well, after we had our big community meeting where the CinoGrow [phonetic] folks came in and tried to break up our community meeting, and there were a lot of loud protest, so they backed off and went away.

And we decided that we would take a survey in the community and find out if there were any consistent health problems, and what we found in the forty-eight houses that lived along this 800-acre farm, and it's almost a lopsided square, anyway, Anna Bass did all the folks along Mebane Oaks Road, Louise Cook did all the folks on the Oak

Grove Church Road, and I did all the Bradshaw Quarry. And what we found in forty-eight homes, and we said we would go back five years at cause of death, 83.4 percent of all the deaths in the last five years were from cancer.

So I called the cancer research folks and I said, “You need to come out and do a study on this community that’s been exposed to sewage sludge.” And we’re talking like twelve- and fourteen-year-olds with brain cancer, and they also had thyroid disease, Hashimoto’s disease. That’s what young people get instead of—it’s hypothyroidism for young people. And all of a sudden, my sister Kitty’s got hypothyroidism. Her two daughters have got it because they live next to her. The people that lived in the house right across the bridge, both of them had hypothyroidism, and the people that live next to the dump—well, not the dump, it’s the convenience center; I’m sorry—had hypothyroidism too. And we’d never had that in this community, ever. Nobody had any thyroid disorders.

I got the GPS coordinates, I got the names of the roads, I got the first street address and the last street address, and I did it on all of the roads, and I had the GPS coordinates for every damn one of ‘em, and gave it to the—it’s not cancer research. It’s—what do you call the—see, I’m losing words. [Allen laughs.] I dropped that word. Anyway, I gave ‘em the information, sent it, emailed it to them, and the director in Raleigh said that they would get right on it.

Well, six weeks later, I called and I said, “Did you get right on it? And what did you find out?”

“Well,” he said, “I’ve got something for you.”

And I said, “Well, send it to me.”

So what he sent me was the census of Orange County, and he also sent me the cancer rates in Orange County, and then he sent me the cancer rates in the township of Mebane. Not a damn thing to do with us, not one.

And I called him back and I said, “What happened to doing cluster studies? Because this is damn sure a cluster.”

And he said, “Well, we don’t like to use that terminology.”

And I said, “Well, what else would you call it when 83.7 percent of the community has had cancer deaths and that includes children and people in their thirties, forties, fifties, sixties, and seventies?” And I said, “It wasn’t just old people.”

And he said, “Well, we don’t do—.”

I said, “Why can’t you get death certificates on all of these people by putting in the cotton-picking zip code and address?” I said, “Have you ever heard of Boolean?”

“What is that?”

I said, “Let me speak to somebody in your IT department.” I said, “A Boolean statement is what you type in to search for something.” And I said, “You can get any data you want if you type in a Boolean statement.” And I said, “There’s no reason you couldn’t have found out what we needed to know.”

And he said, “Well, we don’t do that.”

[1:43:16.6]

NA: Hmm.

[1:43:19.5]

NH: So, [that] pissed off Dr. Wing a lot, and he called somebody in Washington and filed a complaint about it. Didn’t do any good, but the complaint’s there. And it’s

really sad that the one thing that pulled the community together here—now, none of the people in the housing developments, they were not there then, because that's new, but it took something like this for the community to come together.

[phone rings]

NH: This is Miss Kitty.

[recorder turned off]

[1:44:38.0]

NH: One of our adopted extended family members just underwent eight hours of surgery. [laughs] He couldn't pee, so he [laughs] goes to the doctor and they had him to pee in a cup, tried to pee in a cup and he couldn't, so they catheterized him and did some urine tests, and they found out that he had a cyst on his kidney that was preventing the flow of urine. So they go in and do some microscopic surgery and all that. Well, they decided that they'd do a CT scan, and they did it. They found out that he had a cancerous [lesion] in his esophagus, and he [laughs] said—Martin is funny. [laughs] He said, "I'll never piss in a cup again as long as I live." [Allen laughs.] And he said, "Where in the hell did all this stuff come from? I'm not sick." Well, he wasn't sick. But it took eight hours to remove that lesion, and he will be in the hospital from ten to thirty days.

[1:46:27.9]

NA: Oh!

[1:46:30.1]

NH: Depending on how the esophagus heals.

[1:46:47.0]

NA: That's awful.

[1:46:48.4]

NH: Yeah.

[1:46:50.5]

NA: That's too long. That is too long.

[1:46:53.0]

NH: And he said, "June, I want you to go get some of that booze that's in that purple jacket." And he said, "They gonna have tubes that goes into my stomach, and I want you to pour some in there."

[laughs] June said, "Okay." [laughter]

And Kitty asked me, she said, "Do you know how to take those things apart and reassemble 'em?"

"Sure I do." I said, "I've done it a thousand times."

And she said, "Well, you gonna have to do it instead of June." [Allen laughs.] So I'm gonna pour booze in his feeding tube. [laughter] I love it.

[1:47:50.1]

NA: It's the best way to contribute. [laughs]

[1:47:51.4]

NH: Yeah, yeah, yeah.

[1:47:54.4]

NA: Why were you disassembling feeding tubes so much?

[1:47:54.4]

NH: Um, I was a nurse.

[1:48:00.2]

NA: Okay. That's what I thought, but I hadn't heard you say it.

[1:48:03.9]

NH: Yeah. I was a nurse and then a liaison between UNC School of Medicine, the hospital. And then all of the faculty, clinical faculty, had to form a nonprofit corporation. This was when Medicare first came in. Nobody knew what the hell to do, nobody anywhere, and you couldn't call anybody and find out anything because they didn't know what to do either. So I was nominated to [chuckles] be the liaison between the clinical faculty and this new nonprofit organization and the hospital.

And one day I was getting ready to go to a meeting, and the administrator of the clinic handed me a bucket. I said, "What's this for?"

He said, "I expect there's gonna be some blood today." [laughs]

So I carried that bucket into that meeting and I set it up on the table, and everybody said, "What's that for?"

I said, "For any blood. I don't want to mess up the floor. I'll let y'all bleed in here."

"What do ya mean?"

And I said, "You gonna have to start doing your own billing. The hospital can no longer do it, because if they do, you'll never get paid. So that's the bad news. The good news is we know how to get you paid, but you've got to learn to turn in tickets that tell us what procedures or what you did every day that you saw the patient."

Well, that didn't work, so we trained several people to go up on the floors and read the charts and write down what the doctor did, and this was before diagnosis codes came out. This was before CPT codes came out. And [laughs] it was funny that these

women would go up there, read the charts, and fill out this piece of paper that it had all the patient demographics here and what room they were in, what surgery they did, and they copied that from the anesthesia report. That was always right. And then we also bill for the anesthetist, and so we could bill it and code it based on the amount of time, and we got a lot of information from the anesthesia records because the doctors would scribble crap in the chart and you couldn't read it. [Allen laughs.] I mean, it was awful, awful, awful. And then Medicare required clinic notes to be typed, so they had to record what they did and then they had to type it and have it typed, and that became part of the medical record, in addition to their chicken-scratching.

Well, during this time, Medicare was changing about every other day. Their rules or regulations would change. And the med school did not have an attorney that knew anything about anything with Medicare, so they decided to send me to law school. [Allen laughs.] And the administrator [chuckles] picked out the classes I would take, and I was auditing these classes, and I took all the exams, even though I audited. I took the exams and got the grades. I had to turn those in to the administrator. So I spent three years in law school and then another year in healthcare administration.

So I thought I was hot stuff. [Allen laughs.] And the administrator kept saying, "Go take that bar exam." He said, "You do not have to graduate from a law school. Anybody can take it, and if you pass that bar exam, you're a lawyer. You don't have to spend one day in the college. If you can pass that bar exam, you're an attorney." And he said, "You can pass it."

And I said, "I don't know anything about real estate."

So he brought me three books and he said, "Study on this."

Well, the more I thought about it, I thought, “I don’t have \$300 for that bar exam.” I had two kids, and the pay was so abysmal. I was making six dollars an hour at UNC—

[1:55:48.5]

NA: Hmm.

[1:55:50.5]

NH: —being a liaison between clinical faculty and the med school and going to law school and then doing my job, which was keeping track of the Crippled Children Association and the Blind Association of any of the grants that came in. I was supposed to keep track of all that.

And [laughs] it was—I had, working under me, around twenty-some people, and the administrator brought me in one day and he said, “You gonna have to do something about your people.”

And I said, “What?”

He said, “They gonna have to slow down.”

I said, “What do you mean, slow down?”

He said [laughs], “They’re making the rest of the department look bad.”

So I said, “Y’all can start taking two-hour lunch breaks now.” [laughs] Nobody said a word.

[1:57:31.9]

NA: [laughs] That’s amazing.

[1:57:34.3]

NH: Nobody said a word. I loved it. I loved it.

[1:57:41.1]

NA: How long did you work for UNC?

[1:57:41.6]

NH: From [19]68 through '74, and in [19]74 I started a business because I figured if I put up with 175 prima donnas at the med school, I could damn sure put up with doctors one-on-one, and so I opened a business to do consulting work and to help the doctors set up their offices. Oh, I had accounting too. I took some graduate courses in accounting. [laughs] I had the most jumbled education anybody has ever seen, with no fucking degree. [Allen laughs.]

Anyway, the thing that I find amazing, in retrospect, is thinking about the med school sending me to law school for three years, and they said that they had to have somebody that could answer the questions and knew how to read the *Federal Register* and respond to whatever they needed, and paying me six dollars an hour was a hell of a lot cheaper than an attorney.

[1:59:44.7]

NA: Mm-hmm. You should have gotten a JD at some point.

[1:59:46.0]

NH: Yeah. Anyway, they should [have] paid for me taking the damn bar exam.

[1:59:57.3]

NA: That is the truth.

[1:59:59.0]

NH: However, it was an interesting time. It was unbelievable. I remember I was thirty-three years old when it was my birthday and somebody told me I was a third of a

century. Well, that blew my mind, and I thought, “I can’t be a third-of-a-century old.”

Well, damned if I wasn’t. [Allen laughs.] So I decided I’d go hippie from that point.

[laughs]

[2:00:45.1]

NA: What does that mean?

[2:00:45.3]

NH: Well, I joined the feminist organizations and bra-burning and all sorts of stuff, and had a great time doing it. [Allen laughs.] And then I had been involved in the civil rights, and working in my civil rights obligation with the stuff I was doing at UNC wasn’t working out, because the civil rights—I didn’t get to march, I didn’t get to protest, I didn’t get to do *anything* for four years, and that bothered me.

And after I left UNC and started the business, it was so exciting to learn how to run a business. None of us had any experience in running a business, but you learn real fast. We knew the healthcare business, we knew what was necessary in a doctor’s office, we knew about internal control, and I could tell them what kind of sanitation products they needed and what type of gloves they needed to buy and things like that. And some of the other people could come in and train the employees on how to file insurance claims so you could get paid, because if it wasn’t followed perfect, you didn’t get paid.

[phone rings]

[2:03:31.7]

NH: Another sister. [Allen laughs.] God a’mighty.

Anyway, so we started with doctors’ offices, and then the PCs came in, and first we had a PC—I mean a mini computer in our office and we had to pay \$10,000 for that

sucker. [Allen whistles.] And it was from the wall to here. It was about twelve feet long and it had to be stabilized, so it was a concrete floor, and my husband cut these four-by-four blocks and put 'em under the computer to stabilize it, and it was something about sitting on concrete, especially it was fourth floor, and that sucker was heavy, and you had cassettes and you would type in stuff and you would have paper ticket-like things and you'd stick 'em in there, and it would punch holes in it and then shoot it back out. That was one side. Then the other side, when you got finished, you would put the tickets in one at a time, and it would calculate how many dollars and how many claims went to Blue Cross, how many claims went to Medicare, how many claims went to these commercial insurance companies, and that was our reports that we gave the doctors.

[2:06:05.3]

NA: Hmm.

[2:06:07.8]

NH: And then the PCs came in, and they were so fast. It was like a miracle when the XT came out. I thought, "My goodness, I've never seen anything like this!" And it had the floppy disk, and to start the computer, you had to put the floppy disk in and boot it up. But I thought it was a miracle. And then about six months later, the AT came out, and we saved up our pennies and bought an AT. Well, that immediately kicked the XT down the hall. [Allen laughs.] Because that was truly a miracle.

And then we realized that we needed to develop software, because there was no software out there for PCs to do medical billing, none that could do claims, none that could keep track of all the things that the doctors needed. They needed to know how many appendectomies they did and how many of this and how many of that, or they

needed to be able to get it. Anyway, so I bought this company called Pen and Ink. They were software. There were three of 'em. It was Pete, Jeff, and Craig. And they talked computers all the time. I didn't know what the hell they were talking about. [Allen laughs.] They were brilliant, and they knew nothing about medicine, and I said, "I hired you to develop software for medical clinics, and that means you have to listen to me when I tell you how to do it. I'll tell you how to do it, and if you do it like that, it'll be right. If you screw it up, it'll mess up everything."

So it took about nine months, and we named the program Clinical Accounting and Update System, CACTUS, and we had a big barrel cactus as our logo. So IBM liked what we were doing, and so they would supply all of the equipment. We'd call, if we had a doctor's office, they would supply all of the equipment and printers and everything else, and they would bill us in thirty days. We wouldn't have to pay upfront.

[2:10:04.6]

NA: Hmm.

[2:10:06.5]

NH: And we, on the other hand, had to share what we knew about medical billing, so we gave 'em a copy of our program, not the code, but the program. Well, of course, they tore it all apart and they figured out what to do with it. But they wanted to do it on mini computers, and at that time the minis had gone up, and you no longer had the cards. You had cassettes.

We did—let's see. For several years, we would get a client, a doctor's office that wanted to automate, and then Medicare decided they wanted claims transmitted to them. Well, nobody knew how to transmit the claims except our bright and beautiful three

programmers. [Allen laughs.] And they figured it out, and so we were the first small company to get approval from Medicare that our program met all of their protocols, and then they asked us if they could use our program as a prototype for the PCs, and we discussed it and decided yeah, and we didn't—no fees, no charges. We donated it to Medicare and they used our program as a prototype for electronic claims.

[2:12:42.5]

NA: That's amazing.

[2:12:44.4]

NH: I thought it was. I thought it was. But I had three really, really, really bright, inventive cowboys if I could keep 'em under control. [Allen laughs.] They would wanna put in all of these slick pathways to do things, and I said, "Look, boys, this is a medical office. All they have time to do is to put in the patient demographics and get it set up, get an account set up, and then start posting charges and then payments." And I said, "They don't need sliding glass doors. They don't need all of these things that you guys can come up with, and they don't care if you change the color on the screen. [Allen laughs.] It doesn't matter to them." And I said, "Most of 'em really want it in monochromatic." And I said, "They just as soon look at a black-and-white screen as color." So a lot of our systems went out without a color monitor, which I found amazing.

[2:14:37.4]

NA: Yeah, that is amazing.

[2:14:39.1]

NH: Yeah. Well, first of all, it was about \$300 cheaper.

[2:14:45.6]

NA: If the color's unnecessary, the color's unnecessary.

[2:14:47.6]

NH: Yeah. And then we got Duke as our client and we did the billing for Duke and we filed all the claims for Duke. I shouldn't say all the claims. We started with the Women's Clinic, and at that time, the Women's Clinic was almost bankrupt. They only had \$150,000 in their kitty. They couldn't afford to bring another doctor on, and they could hardly afford to pay the people, so it was coming out of the general operating fund of Duke Private Diagnostic Clinic, and they were getting pissed off because that money, all of the money, the extra money that came in and was allocated to the Private Diagnostic Clinic was divvied up between the doctors. That was their bonus money, and here it was going to the Women's Clinic. And we took over billing, and in six months, they had over \$2 million extra, they had funded a chair for a GYN oncologist, and they were happy as clams.

Next thing I know, the Department of Surgery wants us to do their billing, so we started doing their billing. And, now, Duke had 300 claims clerks sitting there supposedly typing into their system that was gonna go wherever it went, and they couldn't get paid. First of all, they didn't know how to file a fucking claim. They didn't know how to use the diagnosis. They didn't know how to properly allocate it. They didn't know the proper CPT codes to use. And Duke had a way of putting their—the doctor wouldn't see a patient, and the code was "Black Horse." B is 1, L is 2, A is 3, 4, so on. So a BK would be \$25. And that's all they would write: BK. No wonder these people were nuts.

[laughter] I mean, Black Horse.

[2:18:33.2]

NA: Oh, my goodness.

[2:18:34.4]

NH: It really was.

[2:18:36.3]

NA: Talk about a wild way to complicate things.

[2:18:37.9]

NH: Yeah, yeah. They couldn't write "twenty-five dollars." A BK.

[2:18:48.1]

NA: That is perplexing.

[2:18:48.6]

NH: BK would be 15, 15, yeah.

[2:18:54.2]

NA: Okay. LK for 25, huh?

[2:18:56.0]

NH: Yeah. [laughter]

[2:19:00.1]

NA: So you got in there with the Department of Surgery as well?

[2:19:02.8]

NH: Yeah. And then Oncology wanted us to do their billing, so we did their billing. And then Radiology decided they wanted us to do their billing, and Dr. Analin [phonetic], the administrator, said, "Hold on here. Let's back up. We can't have this." He said, "We gonna have to take this back in-house because somebody from the outside doing all the billing or doing almost all the billing is messing up the partnership." And I

thought, “Messing up the partnership.” He said, “Some of the doctors are uncomfortable with having their patient information transmitted—.” At that time, they were transmitting information to us, and we were in downtown Durham.

And Dr. Analin—this is after five years of doing their billing, and we were making about \$5 million a year from Duke. We were doing it for UNC, we were doing it for Wake and for Burlington ER, and we had another one, five. But anyway, my little company was bringing in 5 million bucks, and we thought we were hot shit. I mean, we really did.

And then Duke says, “We[’re] gonna take this back in-house.” So we lost about 3 million bucks in one fell swoop.

[2:21:26.0]

NA: Hmm.

[2:21:28.1]

NH: And everybody was worried about losing their job. I said, “You’re not gonna lose your job.” I said, “We’re gonna find other customers.” And so I started looking, and Roche Medical found us, and they wanted us to write a program so they could transmit their lab results overnight to a doctor’s office, and all the doctors would have to do is hook a phone line to a printer and turn it on and have paper in it, and overnight all the lab tests that were sent the previous day would print out the lab results. The doctor would have it first thing in the morning. So we wrote that for them.

And then they got to looking at our billing program for small doctors’ offices, and they decided they wanted to sponsor it and they wanted to rename it and call it the Roche something and other, the Roche Billing System or something like that. Our software was

now Roche Billing System to Roche customers. However, they wanted me to go train all of their reps in the U.S., by district, and by training they meant, “You go out to the doctors’ offices *with* these reps and do a demonstration of the software, and we will pay you all your travel expenses and we will pay you for the software, and we will provide the hardware for these doctors’ offices.” I mean, what a deal for these doctors’ offices. They’re getting a new computer system with software and training, and Roche had to pay for a week’s training for every office.

[2:24:42.9]

NA: Hmm.

[2:24:43.4]

NH: And so while Bruce was here with all the boys, I was traveling around the country, forty-eight states, forty-eight states. I installed computer systems.

[2:25:02.4]

NA: Wow. How long were you on the road?

[2:25:07.4]

NH: Ten years.

[2:25:14.0]

NA: Wow. That’s something else, Nancy. That really is. Huh.

[2:25:21.4]

NH: I loved it.

[2:25:23.2]

NA: It sounds fun.

[2:25:24.8]

NH: I loved it. I mean, I got to meet the most interesting people. And I saw today on the news that California has a—they're gonna have something on the ballot. They want to split California into three states, make three states, and I have been saying that for twenty-five years. There are three states. There's Northern California, there's Southern California, and then there's the Midlands. They're all different. It's like the Mid Valley. It's like North Carolina. And then L.A. is a zoo, San Diego is zoo-ish, and then San Francisco I absolutely adored, and then Northern California was beautiful and laid-back. And and I'll tell ya what. I knew more of the names of small towns than the people that damn lived there.

[2:25:24.8]

NA: Hmm.

[2:26:58.8]

NH: I would ask 'em, "Have you ever been to Waco?"

"No."

"Have you ever been to Bakersfield?"

"Where's that?"

"Well, it's in Mid Valley, lower part of Mid Valley. Ever been to Fresno?"

"No." [Allen laughs.]

And I found out that the people that live in California very seldom ever get out of their part of the state.

[2:27:42.1]

NA: Hmm.

[2:27:42.5]

NH: Because it's so culturally different. Northern California from San Francisco up to Oregon is like nothing Southern California—I mean, L.A. and San Diego, it's like they're foreigners.

[2:28:16.8]

NA: Hmm.

[2:28:20.0]

NH: And I've thought they ought to be split in three states a long, long time ago. [laughs] And it won't pass.

[2:28:33.6]

NA: Think of all the flags they'd have to change, Nancy. [laughs]

[2:28:35.5]

NH: I know. And they could have six senators could come from California instead of two.

[2:28:52.1]

NA: Yeah, that'd be a big change.

[2:28:53.6]

NH: Yeah, it would.

[2:28:55.0]

NA: It certainly would.

[2:28:56.2]

NH: And then they could have—based on the population, the number of House of Representatives could change. Wow.

[2:29:13.2]

NA: Hmm. That'd be big.

[2:29:16.7]

NH: I was blown away when I heard that today, and I thought, "Have they been picking my dying brain?" [laughter]

[2:29:31.3]

NA: Somebody's reading your thoughts after all these years.

[2:29:33.9]

NH: Mm-hmm, Mm-hmm. Yep. After all these years.

[2:29:41.9]

NA: So what does keep you busy these days?

[2:29:45.4]

NH: Grant-writing, calling and talking to some of the elderly clients. And grant-writing takes up a lot, a lot, a lot of my time. And then I write legal documents. I been accused of practicing law without a license so many damn times, it aintg funny. [Allen laughs.] However, I never get paid, so that's my out. I do wills, I do Healthcare Powers of Attorney, Durable Powers of Attorney.

[2:30:49.3]

NA: You write out those docs for people?

[2:30:50.4]

NH: Yeah. Mostly women, because they hadn't thought about it.

[2:31:00.1]

NA: Do you have conversations with people about what kind of end-of-life care they want or do you—

[2:31:03.3]

NH: Yes, yes.

[2:31:04.8]

NA: You do?

[2:31:04.8]

NH: Yes. And I go through and explain every one of the choices, and 99.9 percent of 'em say "do not resuscitate."

[2:31:23.8]

NA: Besides this project, I'm also collecting stories about people's deaths, whether they're good or bad in the hospital and out of the hospital. Have there been any particularly memorable for one reason or another to you? I'm really interested in end-of-life choices and the way people choose to write their deaths.

[2:31:57.8]

NH: Let's see. A guy—I wrote his end-of-life wishes. He wanted to make sure there was no autopsy, he wanted to be cremated right away, and he wanted [laughs]—he said, "And tell 'em if they put my damn ashes in a fancy jar, I'll come back and kick their ass." [laughter] And he was serious about that. And he said, "Tell 'em to put 'em in a plastic bag and then go home and shake the ashes out around the flowerbed." That's what they did.

[2:32:53.2]

NA: Hmm.

[2:32:56.6]

NH: A lot of the people didn't realize the importance of having a Healthcare Power of Attorney, and choosing who to select was a really—sometimes the stories were heartbreaking, that they didn't have a niece or a nephew or a daughter or son that they trusted to follow what they wanted. And I said, "Then you go to a best friend." And I said, "A lot of times when dear old mom or dear old dad is dying, guilt kicks in and the kids are gonna want to go to the wall for dear old dad or dear old mom that they hadn't seen in two years or they hadn't paid any attention to. All of a sudden, this guilt drives 'em and they want to push it." And I said, "You need to have somebody that's strong and somebody that you trust, and it does not have to be a child or a member of your family, and you file this. You can send a copy to the Secretary of State and it'll be available for any doctor anywhere in North Carolina, and you can have the doctor's office have one. Anytime you're admitted to the hospital, be sure to carry that with you." I said, "They say they may have one, but unless you hand it to 'em and say, if you're a 'do not resuscitate,' they have to put 'DNR' on your door and they have to put 'DNR' above your bed to be reminded that this is what you wish." And I said, "Do you understand what that means?"

"Yeah."

And I said, "Well, if you're in the hospital and there's no chance that you're gonna recover or that there's any hope for any kind of life for you, do you want intubation where they stick that tube down your esophagus and the machine starts breathing for you?" And I said, "They can hydrate you by sticking needles in you and having the bags drip." And I said, "And they can feed you by poking a hole and using a stomach tube." And I tell most of 'em—and I said, "You can even pour some booze in

there if you want to.” [laughs] And I tell ‘em about Martin. [laughter] Anyway, he was the one that had surgery. Anyway—

[2:37:10.3]

NA: That’s very cool. What a neat way to spend your time. We’ll have to talk about that another time, because that’s right up my alley with what I’m trying to do with the Capstone Project for my master’s degree, so I’d love to pick your brain on having those conversations with people.

[2:37:30.0]

NH: Most people also don’t understand that they need a Durable Power of Attorney. I said, “If you are in an automobile accident and you’re unable to walk or talk or anything, who’s gonna pay your mortgage? Who’s gonna pay your light bill? Who’s gonna pay your car payment? Who’s going to take care of your financial obligations? Your house can be in foreclosure before you get out of the hospital.” And I said, “And if you don’t have a Durable Power of Attorney,” and I said, “they will have to show that this is recorded, the Power of Attorney is recorded at the Clerk of Court’s office in the county where you live.” And I said, “You will have to either fax copies of this or they will have to fax copies of this or take copies with ‘em wherever they go if they’re going to do business for you.” And I said, “That is a powerful, powerful document, and you have to think very carefully about who you’re going to choose, because you have to give that person signatory rights to your checking account—

[2:39:15.9]

NA: Hmm.

[2:39:16.9]

NH: —and savings account.” And I said, “This is what being a Power of Attorney means. It means that they will do—you write out that Power of Attorney so that the business would know that you’re acting or the person is acting on your behalf and they are doing whatever you would’ve done if you were able to do it.” And that’s always important to stress that.

[2:40:10.1]

NA: Mm-hmm.

[2:40:11.3]

NH: I did Nina’s, I did Vicky’s, I did Kitty’s. [laughs] I did Joan’s, I did Patty’s, I did Caroline’s, I did Benny’s.

[2:40:41.4]

NA: Hmm.

[2:40:45.4]

NH: I think I do about twenty a year.

[2:40:49.3]

NA: Wow. That’s amazing. People need ‘em.

[2:40:52.6]

NH: They absolutely positively do, and when I ask them, “Do you have this?” “Well, no.” And I said, “Well, dumbass, you need it.”

My great-nephew does dangerous jobs. He drills holes. They can be six feet across, and they fill ‘em with concrete and then put—in that concrete they stick steel beams, especially if—like out in California, or he’s got a job in Puerto Rico, beautiful, beautiful resort that the—it was on a cliff, and the hurricane washed all of the sand and

soil out from under it, and it's sagging. And for that job, I said, "There's nowhere for you to drill unless you drill a half mile away, and that's in the water." I mean, there's nowhere.

And he said, "Nancy, I'm gonna have a crane and a platform that will hold my driller, and that crane will lift me out and I can drill."

And I said, "Do you have your Durable Power of Attorney yet?"

And he said, "No."

I said, "Well, you're not going to Puerto Rico without it." I said, "Hell, I'll make *me* your Power of Attorney." [Allen laughs.]

And he said, "You're gonna die!"

And I said, "Kiss my ass." [laughter]

But anyway, I set him a LLC and he's gonna make about a million bucks.

[2:43:51.9]

NA: Wow. Good for him.

[2:43:57.2]

NH: And he's gonna stay in that resort hotel. That's part of the deal.

[2:44:02.6]

NA: Oh, he's working there?

[2:44:03.1]

NH: Mm-hmm.

[2:44:04.4]

NA: That's very cool. Huh.

[2:44:11.1]

NH: Just hope to hell that there's not another hurricane, because that's—

[2:44:16.0]

NA: Is it hurricane season right now?

[2:44:16.5]

NH: Yeah, yeah.

[2:44:18.5]

NA: Never know when it is. Hmm.

[2:44:21.3]

NH: It's from the first of June until December—I mean November 15th or something.

[2:44:30.9]

NA: Oh, yeah, we're right in the beginning, huh?

[2:44:32.7]

NH: Mm-hmm.

[2:44:35.1]

NA: Wow. And he's heading over there. Is he already over there?

[2:44:37.0]

NH: No. He's gonna finish the job in Manhattan.

[2:44:42.0]

NA: Gotcha. Hmm. Wow.

[2:44:45.7]

NH: He's inside this old apartment building and he's drilling down sixty feet and they will insert steel beams sixty feet underground and then pour concrete to stabilize that building.

[2:45:14.4]

NA: Wow.

[2:45:17.5]

NH: And I said, "Billy Joe, aren't you worried about these things falling on you?"

He said, "It does occur to me every now and then."

[laughs] I said, "God." [Allen laughs.] But he's wonderful and funny, one of the funniest people. He ought [to] be a comedian if he wasn't drilling holes. [Allen laughs.] And he's got stories to tell about all the places he's been.

[2:45:55.9]

NA: Sounds like very many people in your family might have stories to tell.

[laughter]

[2:45:58.8]

NH: Yeah.

[2:46:02.5]

NA: Well, we're closing in on three hours here.

[2:46:07.2]

NH: Wow.

[2:46:07.2]

NA: We're at two hours and forty-five minutes right now. [laughs]

[2:46:09.9]

NH: Wow

[2:46:09.9]

NA: I feel like I could listen to you talk all night. We're gonna run out of daylight soon.

[2:46:16.3]

NH: Well—

[2:46:17.7]

NA: Is there anything else you'd like to add or that needs to be said that hasn't been yet, Nancy?

[2:46:22.5]

NH: [sighs]

[2:46:28.1]

NA: Or if you want me to come on back, we can do that too.

[2:46:30.8]

NH: Well, come on back.

[2:46:32.7]

NA: I'm planning on it. You gotta tell me whether I should bring the recorder or not.

[2:46:36.1]

NH: [laughs] Bring the recorder.

[2:46:37.1]

NA: All right.

[2:46:37.1]

NH: See, that doesn't bother me. I forget that that strange-looking thing is a damn recorder. [Allen laughs.] Because I'm used to the Olympus that big. And I bought so many Olympus recorders for doctors and they were getting ready to pay \$700 for a damn recorder.

[2:47:09.5]

NA: Hmm.

[2:47:10.8]

NH: And I said, "No, we're gonna go to Radio Shack and pay \$39 for it."

He said, "Really?"

I said, "Really, really, that happens." [Allen laughs.] Amazing.

[2:47:33.9]

NA: Save 'em a pretty penny there.

[2:47:35.3]

NH: Yeah.

[2:47:36.7]

NA: Huh.

[2:47:36.7]

NH: Doctors know nothing about business, know nothing about how to run a medical practice when they come out of med school. Now, I lectured at Duke, Bowman Gray, and UNC to the family practice groups about the importance of setting up—how to set up an office and the things to watch out for, and I said [laughs], "The most hazardous thing you're gonna have to watch out for is insurance agents, because they gonna come in here and they gonna rip you off. You can count on that." And I said, "If you're my client,

you don't buy any insurance until you've talked to me." And I said, "The only exception is malpractice. You can choose your own malpractice carrier, and there's only two of 'em, so you choose one of the two."

And it was interesting. I was getting a cup of coffee after I'd given my presentation, and one of the doctors was talking about he was going into private practice, he'd already found a site for his office, and he was getting ready to hire a office manager. He was a neurosurgeon. Neurosurgeons generally make three-quarters of a million dollars to a million dollars a year, especially if they're in a area that's underserved. And he was going to have hired that nurse—I mean a office manager, and I said, "How much you gonna pay that office manager?"

He said, "Oh, about ten an hour."

And I said, "Well, that's a little above the 7.25."

And he said, "Well, I'm only gonna have the office open four days a week, and on Fridays I'm gonna take off."

And I thought [laughs], "Yeah, I hear that. The hospital will have you as the physician on call. You can't take Friday off." [Allen laughs.]

Anyway, and he was talking about the things that he was gonna do, and I thought, "You poor baby. I'll tell you what's gonna happen, the first thing. After you get set up and the practice gets to going, the staff is gonna see all of this money coming in, and you're paying 'em a pittance. And somebody is going to start stealing from you." And I said, "There's easy-peasy ways, easy ways, unless you have internal controls."

And he said, "What's an internal control?"

And I said, "You know that book I gave you that you've got under your arm? Read that."

And that neurosurgeon called me, and I set up his practice. And he paid his office manager \$20 an hour [Allen laughs] because there was less chance of her skimming Medicaid money, swap Medicaid for cash, take out the cash, swap it through, a Medicaid check.

And it was in almost forty years of doing audits of medical practices, and before I would accept them as a client, they would have to allow me to audit their practice, and they said, "Do you charge for this?"

I said, "No." And I found evidence of theft, current or in the past, in 100 percent of all the medical practices.

[2:53:46.7]

NA: Wow.

[2:53:47.6]

NH: It's like a open fucking door.

[2:53:53.7]

NA: That's unbelievable.

[2:53:54.9]

NH: It is.

[2:53:58.4]

NA: Wow.

[2:53:58.7]

NH: You see, like I said, physicians are not—they have one hour of business training, one hour to be able to graduate, one hour, and that business training is nothing but how to make out a deposit ticket, what you need to do if you're hiring somebody, that stuff.

[2:54:41.8]

NA: Wow.

[2:54:42.2]

NH: Nothing. No internal controls. Now, when I would—after I'd do the audit, I would talk to the staff and I'd say, "Tell me about your internal controls." And they'd look at me like I came from Mars, because there was no internal controls. And I said, "Let me tell you the importance of internal controls." I said, "It protects you against the allegation of theft." And I said, "I would never work at a place that did not have adequate internal controls." And I said, "If I start to work here and work with you, we're going to implement internal controls. There will be checks and balances." And I said, "It's not because I think you're dishonest or that you're thieving. It's to protect you from any allegation of theft."

[2:55:58.1]

NA: Mm-hmm.

[2:55:58.4]

NH: And I said, "It is there to protect you." And once you explain the importance of internal controls to folks, you're okay.

[2:56:20.9]

NA: Pretty easy sell after that, huh?

[2:56:21.9]

NH: Mm-hmm, yeah, because it is.

[2:56:26.5]

NA: Yeah. I mean—

[2:56:27.8]

NH: It protects them.

[2:56:29.1]

NA: I'm involved in the medical side of campus a decent amount, but people don't talk about that.

[2:56:35.0]

NH: No, they don't.

[2:56:36.2]

NA: I haven't heard that mentioned at the university.

[2:56:38.0]

NH: Of course not.

[2:56:41.2]

NA: How interesting.

[2:56:41.8]

NH: There's no checks and balances. There's no internal control. And I told this one doctor, it was four doctors in the practice, and one doctor that was the grouser was left, and he said, "I don't know whether we need you or not."

And I said, "Well, I've done a audit and I've told you what I found and I told you what you need." And I said, "I'll tell you what. I'll come to work for you and you won't have to pay me a dime."

[2:57:22.5]

NA: Why's that?

[2:57:22.5]

NH: And I said, "And I'm gonna make out like a honeybun." And I said, "And you'll never know it, because it is so easy to steal from you now."

[2:57:37.4]

NA: Wow.

[2:57:37.7]

NH: "You will never know it. You won't have to pay me a dime."

And he said, "You can't do that!"

I said, "It's easy." And I said, "I don't know, I haven't done an audit, so I have no idea whether your staff is stealing from you now or stealing from you in the past. I don't know whether your deposits match your daily intake of cash and checks." And I said, "Cash is always easy." And I said, "When you are posting a payment and somebody hands you \$50, you have to press the cash button, and if you don't have \$50 to put on that deposit ticket, what happened to that \$50?"

"Well, I don't know."

And I said, "Like I said, I'll work here for *nothing*." [laughter] So I got the job.

[2:59:13.6]

NA: They took you on after that, huh? [laughs]

[2:59:15.0]

NH: Yeah. He said, “I can’t believe that.” [Allen laughs.]

And I said, “Doctors don’t like to admit that they have been robbed, so they won’t call the cops. They will not turn in anybody that’s stolen from them because they don’t want anybody else to know.”

[2:59:42.6]

NA: Hmm.

[2:59:42.6]

NH: “They’ll just fire the person. And if they go to another medical practice and try to get a job and they call you and you will give them a good recommendation.” I said, “You will not be honest with ‘em, because you’re afraid you’ll be sued because you didn’t call the cops.”

[3:00:11.7]

NA: Hmm. Wow. Who knew, Nancy? [laughter] All this, all my goodness. Huh.

[3:00:24.0]

NH: There’s a lot of shit. [laughs]

[3:00:26.6]

NA: There sure enough is. Boy. Huh.

[3:00:30.7]

NH: But I wanted—I wish I had one of those books. It was white and it had a big cactus on the front of it. It was about the size of your notebook. And I talked about internal controls, I talked about the importance of security, the importance of insurance, and to turn all insurance agents away because they’re gonna sell you a bunch of shit and

it's gonna cost you 600 to \$1,000 a month because it's gonna be some super duper kind of insurance, and you could go online or you could call an insurance company and get it for \$25 a month." [Allen laughs.] Anyway, insurance was my hot button [Allen laughs] because I'd seen so many—I had run so many insurance agents off and I had cancelled so many damn insurance policies that truly were exorbitant, and the doctors were totally uneducated. They were truly totally uneducated.

[3:02:09.3]

NA: Hmm.

[3:02:09.8]

NH: They didn't know anything of the difference between universal life, whole life, and term, didn't know any difference.

[3:02:23.0]

NA: I can see that getting overlooked in medical education.

[3:02:25.7]

NH: Yeah. And that was part of the book. And let's see—internal controls, security, insurance. Bonuses, the importance of bonuses. Every medical practice ought to give bonuses to their employees. If you're dragging in 300,000 to half a million bucks, you can fucking afford to give a \$500 bonus to your employees, and that generates loyalty. And the doctors that gave the bonuses said, "You know, everybody seems happier now."

And I said, "They *are* happier because you have recognized their hard work, because they work for *you*." And I said, "This will only increase their loyalty to you, and

there's less chance of embezzlement. If they're loyal, if somebody will—if anybody is inclined to embezzle funds from you, somebody will catch it.”

[3:04:15.5]

NA: Hmm. You wouldn't think it takes a genius to understand the human mind like that, but all those geniuses in the medical business couldn't figure it out. [laughter]

[3:04:25.1]

NH: That's right. Well, you see, they've spent eight years thinking about the human body and the pieces parts, and very little time thinking about the human mind and how it works and what makes things work and what makes a good work environment. Those things are never taught.

And that afternoon I got the residents that were graduating, and it was supposed to be a three-hour deal. Well, I may have started with fifty, and there was three hundred that were gonna graduate, and fifty came because they didn't need to know that. And it's an arrogance that goes along with it. Now, I adored all of my clients. However, one of 'em said [laughs], “If you don't wanna know the truth, don't ask Nancy.” [Allen laughs.] And that was the truth, because I never lied to them. If things were great, they were great. If things were bad, they were bad. And I could tell 'em.

[3:06:26.3]

NA: Mm-hmm.

[3:06:27.4]

NH: And it was an interesting thirty years.

[3:06:38.7]

NA: I have no doubt. I feel like I've only heard the beginning. [laughter]

[3:06:44.5]

NH: And I taught my sister Kitty and her daughter Lita [phonetic] and Nina and another niece that started her own business in Tennessee, I helped her set it up doing the same things we were doing here. I gave six neighborhood kids jobs, and there was a sixteen-year-old boy that quit school and his parents said that he needed a job or something, because the drugs, he was starting in on drugs.

[3:07:54.0]

NA: Hmm.

[3:07:54.6]

NH: So he lived right up the hill here. So I said, "Sure, I'll put him to work." So I took him to Durham with me. Every day I would go up there. I warned him if he didn't come out, I'd go in. And I would use my sergeant voice if he wasn't dressed and ready, and if he was in bed, I would really use my sergeant voice. [laughter] And I made him go to Durham Tech and I paid him while he was there. I had somebody to drive him, and he couldn't get his driver's license until he had his GED or he graduated from high school or he was still in school. Anyway, I paid for him to have a driving instructor, and that got to be a big part of the people I hired. I would hire people without a high school education, but they had to go get their GED.

[3:09:42.1]

NA: Hmm.

[3:09:42.5]

NH: And if they didn't drive, I'd pay for them to have driving instruction. I'd arrange for the one or the other employees take 'em to school, pick 'em up. If they needed any help with anything, there were forty to fifty women there that could help 'em.

[3:10:08.9]

NA: Hmm.

[3:10:09.3]

NH: It was a fascinating type of business, and one of the strangest days was when I got a call from the president of NCNB Bank, which was the forerunner of the Bank of America, and he was in Durham and he said, "I wanna see your operation. I've heard so much about the girls." That's what the men in town called us, "the girls."

And I thought, "Asshole." I said, "Come on down."

He said, "You can come on down."

And I said, "No, I can't." I said, "If you wanna see us, you come down here. We're in the Snow Building. We got the whole fourth floor."

And so he comes down and he walks in and he looks at all these women, and I come out of my office and I said, "Are you something McCall?"

He said, "Yes, I am."

And I said, "Well, meet the girls."

And the girls turned around and said, "We haven't been called girls in a long time." And every one of 'em told him their name. It was like all of a sudden, "I'm Jo Ellen Tier [phonetic]. I'm Kitty Bradshaw. I'm Lita Bradshaw." I mean, it was all around the room. And we didn't have desks. We had tables, because we were dealing with documents that came from clients and it depended on which system they were using.

They may be using ours or they may be using another one. And so everybody had their stuff spread out.

And he started walking around, talking to the people, and I had people that didn't graduate from high school and Ph.D.'s working there, and the Ph.D.'s—I had two of 'em. One had a Ph.D. in anthropology, and she decided that she didn't want to go around and dig holes in the dirt. And I said, "Well, let's dig holes in medical stuff." She was bright.

And the other one had a Ph.D. in—wasn't psychology. It was something, and she was OCD. Anyway, I had to watch her that she didn't go into one of her spells. [Allen laughs.] But, I mean, great worker, and she was honest about it when she applied for a job.

[3:14:21.4]

NA: Mm-hmm.

[3:14:23.4]

NH: She was OCD. And if I wasn't a nurse, I wouldn't [have] known what the hell OCD was.

[3:14:33.0]

NA: Mm-hmm.

[3:14:34.5]

NH: And the variety of employees, we had black, white, polka-dotted, green. And my secretary was a black gay guy, and he was a delight. He could type so fast that he could jam up a Selectric typewriter. [Allen laughs.] And you weren't supposed to be able to do that. He did it. [Allen laughs.] He could type 170 words per minute. Nobody's ever heard of that before.

[3:15:25.0]

NA: Wow.

[3:15:26.4]

NH: Well, I hired him away from UNC, and he was a perfect secretary for me. I would belabor writing letters and things, and I'd dictate a little bit and then forget it, and then I'd go back and wonder what the hell I was dictating and why. And then he would—if I'd send it to Larry, he would type it up and he'd say, "What the hell is this?"

And I'd read it. [laughs] "I don't know."

He said, "Why don't you tell me what you wanna say and let me write the letter?"

I said, "Suits me." So from then on, I would tell Larry what kind of letter it was, who it was to, and what I wanted to say. Perfect, absolutely a perfect letter. If it was concerning sales, it was perfect. If it was concerning a problem, it was perfect. You couldn't have asked for a better secretary, and he also sewed. He made his own clothes.

[3:17:14.2]

NA: Hmm.

[3:17:14.4]

NH: And his favorite was those logger, whatever they are, britches that comes here and they have straps.

[3:17:25.3]

NA: Lederhosen.

[3:17:26.7]

NH: Yeah, yeah, yeah. [Allen laughs.] And he had the argyle socks that went with it, matched it, and he made himself a pink shirt with a ruffle down the front.

[3:17:26.7]

NA: Mm-hmm.

[3:17:41.8]

NH: Everybody wanted one of those shirts, so he made a couple of the girls shirts, and when prom time came, the women were talking about how much it was gonna cost and how costly the gowns were for the girls, and he said, "I'll make 'em. You go find the material, bring it to me, and I'll design *and* make it."

So the first year, two of 'em did. The next year, six of 'em did. They were absolutely drop-dead gorgeous. They looked like they came outta New York.

[3:18:41.7]

NA: Hmm.

[3:18:42.4]

NH: And he was something. And he came in one day and he said, "I've got three friends that are in trouble and they're in San Francisco."

And I said, "AIDS?"

And he said, "Yes." He said, "I need to go help."

Well, a year later, his mom called and said Larry was dead of AIDS, and she said, "I wanted you to know because he loved y'all so much." And she said, "I've never seen him so happy to go to work every day as he was with y'all."

And I said, "Well, who wouldn't be happy if you go in and you got fifty-eight women to play with?" [laughs]

And everybody adored him. But he was an extraordinary person. But me telling him what kind of letter I wanted and who it was to, and then he produces exactly the type of letter I wanted, amazing.

[3:20:22.5]

NA: He seemed exceptional.

[3:20:23.7]

NH: He *was* exceptional. And I really, really grieved with his mom when he died.

Pete and I were the only people that would put a computer system in this AIDS office in San Francisco. It was the first AIDS office, AIDS clinic in San Francisco, and *nobody* would bid on the computer system except us. Of course, we got it. The doctor was grateful that we weren't gonna shy away from any of the AIDS patients, and I found 'em to be very helpful. They'd hold the ladder while I was stringing cable up through the ceiling, and they'd hand me the cable, they'd do all sorts of stuff while they were waiting to be seen, and it was a very, very rewarding job and I'll never forget it, ever. That was almost as good as COMDEX in Las Vegas, where my booth was next to Steve Jobs.

[Allen laughs.] For twelve years. They arranged 'em alphabetically.

[3:22:34.4]

NA: Wow.

[3:22:35.2]

NH: Yeah.

[3:22:35.2]

NA: That's pretty cool. [laughter] Huh.

[3:22:40.4]

NH: He was absolutely one of the nicest kids I have ever known, and he had a full head of shiny dark brown hair, smiled all the time. Steve Jobs, now, smiled all the time. And had a great sense of humor.

[3:23:13.3]

NA: Hmm.

[3:23:13.7]

NH: Nobody didn't see that the last ten years of his life.

[3:23:23.6]

NA: Yeah.

[3:23:24.7]

NH: But he was brilliant. He kept trying to get me to change our system from IBM to Apple, and I said, "Reduce your damn prices and we will." [Allen laughs.] I said, "You're double what anybody else charges." And I said, "For 5,000 bucks, I can get an AT computer, printer, monitor, the whole shebang, and including a modem." And I said, "That'd be \$12,000 from you."

And it really was a wonderful, exciting time, all of the travel, all of the people I met. Very exciting. Sometimes I'd take Bruce. [laughs] I took him to Altoona, and on the way back, he said, "Don't take me any further than the Mason-Dixon Line."

I said, 'You're kidding me.'

He said, "No."

I said, "But you had such a good time."

He said, "That was only at breakfast and lunch." And he said, "There was nothing to do."

And I said, "Did you check out the museum?"

"No."

I said, "Bruce, you had the car."

Anyway, he wasn't adventuresome like that. [Allen laughs.]

And then after Michael married and had Aaron, Aaron was seven years old first time I took him, I think I took him to southwest Virginia, and we went down in the coal mine because my doctor client was the doctor for the miners, and he was going down in the coal mine to take an air sample, and so Bruce wouldn't go down in the mine, but me and Aaron went. [laughs] And Aaron got two pieces of coal about this big, and he was so proud of that because he had gone into a mine and he had got some coal. [Allen laughs.]

And I took him to Florida with me, and I turned Bruce and Aaron loose at Disney World, and Bruce said, "You gonna have to go with us tomorrow or the next time we go."

And I said, "Well, y'all can hang around the pool, because I have to install the computer tomorrow."

Let's see. They went to Sea World and one other place. I can't remember what it was.

And then Aaron and I went to the Magic Kingdom. We rode everything, and this was in March, and the only people there were Japanese, and we didn't have to wait in line anywhere because there was nobody there except the Japanese. And I remember riding "It's a Small World" again and again and again and again. As soon as we would get off, Aaron would run back around and get in line again, and so I'd go running after him. And

there was one thing that he wanted to do where it was a three-story box that you got into and it was going to drop to the earth. And I said, "Aaron, that doesn't sound like fun."

He said, "It'll be fun because it goes so fast." He said, "It travels at 2 G's."

I said, "No, it doesn't!"

He said, "Yeah, it does."

So I asked the guy, I said, "Does this travel at 2 G's?"

He said, "Yes, ma'am."

I said, "Aaron, how'd you know that?"

He said, "I read about it in the paper." Who knew? 2 G's.

Anyway, the thing dropped [demonstrates], and then right at the last minute, it curved like that, and so that you didn't get the full impact of that 2 G fall, and the whole thing went [demonstrates], and that was the platform where you got off. Well, he wanted to ride that again. [Allen laughs.] I said, "No. I want to go eat." [laughter] I wanted to do something, anything, anything but that.

[3:31:02.8]

NA: Oh, Magic Kingdom. I still have never been.

[3:31:04.4]

NH: Really?

[3:31:05.3]

NA: No, I sure haven't. Yeah. I reckon I'll get to it when I get to it.

[3:31:10.6]

NH: Where's your home?

[3:31:12.5]

NA: Richmond, Virginia.

[3:31:14.8]

NH: Yeah, I love Richmond.

[3:31:16.2]

NA: I like Richmond right much, and I have spent the last six years in Blacksburg, in southwest Virginia.

[3:31:21.3]

NH: Oh, yes.

[3:31:22.3]

NA: I love Blacksburg and I love the mountains.

[3:31:26.3]

NH: Yep.

[3:31:28.5]

NA: What do you think? Can we hit “pause” here and—

[3:31:34.1]

NH: Yes.

[3:31:35.8]

NA: —take a breather to—

[End of interview]

Edited by Nick Allen