

Interview

with

Lula B. Hodges

June 1, 2006

by David Cline

Transcribed by Emily Baran

The Southern Oral History Program
University of North Carolina at Chapel Hill

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Interviewee: Lula Hodges

Interviewer: David Cline

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Length: 1 disc, approximately 80 minutes

DC: Good evening, this is David Cline for the Southern Oral History Program's Long Civil Rights Movement project and for the economic justice section of this project. I'm in Louisville on the first of June, 2006 with Ms. Lula Hodges here in Louisville and if you could just introduce yourself, tell me where you were born and your age.

LH: Okay, I'm Lula Hodges. I'm at the age of sixty-seven years old. I was born in Jefferson County.

DC: Can you tell me a little bit about your family?

LH: I'm the mother of seven children. In my second marriage, my last husband deceased April the seventh of last year; he passed away. So now I'm a widow.

DC: Was that Mr. Macintyre?

LH: No, that was Mr. Hodges. I had two marriages, Mr. Macintyre. When I first began at Park Duvalle, I was a Macintyre.

DC: Okay, because that was the name that Sterling Neil gave me.

LH: Yeah, so I married on to Hodges within like the five years of being there at the health center, I think it was five years. I can't remember exactly, but it was about five years.

DC: So you were born and raised in this area?

LH: Born and raised in this area. In fact, I was born and raised on the street they call Ninth Street in Louisville, Kentucky. It was in the western part of Louisville. I moved down in the Cotter Homes Project at the age of fifteen years old, which was called Cotter Homes at that time.

DC: And that was in this neighborhood?

LH: It was in this area.

DC: Can you tell me about your parents and your family, living in the Cotter Homes, how many brothers and sisters?

LH: I was raised by my mother. I had two brothers and three sisters.

DC: And you lived in Cotter Homes from the age of fifteen?

LH: From the age of fifteen.

DC: What was that like growing up in Louisville and specifically Cotter Homes?

LH: Well, when we first moved down here, we thought we was moving into a hotel, because we had lived in like a one single bedroom. Well, at that time, it was only four of us. In fact, before we moved to Cotter Homes, we stayed with my grandmother. Half of us stayed with our grandmother, another half stayed with my mother.

DC: On Ninth Street.

LH: On Ninth Street, we lived with my grandmother, who practically raised all of us. My mother lived just right around the corner, but she kept half of us at her house and the other half lived at my grandmother's house. So at my grandmother's house was me and my sister and one brother. We lived there until we moved into Cotter Homes with my mother and we lived right on Thirty-second Street, which was called Thirty-second Street at that time. In fact, we lived on Duvalle Drive. In fact, it was 3254 Duvalle Drive where we lived then. I lived there

until I married Mr. Macintyre, which I was age sixteen then when I married him; I was sixteen. Me and Mr. Macintyre stayed together about four years, then we separated. I had four kids then. Then I met Mr. Hodges and I married him and had three kids by him.

DC: So seven.

LH: So seven all together.

DC: And what about your schooling? Which schools did you go to?

LH: I went to Duvalle. Well, I went to public school. I went to Paul Lawrence Dunbar, from Paul Lawrence Dunbar to Duvalle High School. No, I'm sorry, Madison Junior High School. When we moved in the project, we went to what we called Duvalle Junior High School. Then I did not finish school. I got my GED through Shawnee Adult Education Center.

DC: Oh okay, and started working.

LH: Then started working.

DC: What was your first job?

LH: My first job was we trained -- Park Duvalle opened in the year of 1968, February of 1968.

DC: That's the Duvalle, the health center?

LH: Health Center. I started in June of 1968. We were trained as nurses' aides at that time. We were considered a nurse's aide. Before that, I also sat on the board. I sat on the Park Duvalle Neighborhood—

DC: Oh okay, even before you got the job.

LH: Even before I got the job, I sat on. I had done lots of community work with getting the health center started.

DC: Can you tell me about that, about how they came around to find out what the needs were, just all the way back to the beginning?

LH: Well, we had so many meetings at different places to try to get this community started and especially the health center started. At the time, who was the president then? John F. Kennedy, I believe, was the president then. So we was meeting and we contacted Harvey Sloane, who was in part of the health service then, so we met with him and things went on until he came in and then he started getting the health center together, he really did. From then on, we had meetings and then the health center, like I said, that year and he became the first director of the health center.

DC: So they would have community meetings to find out what concerns were?

LH: Yeah, and what concerned our neighborhood here at Park Duvalle, in the area of Park Duvalle.

DC: So I imagine that health was a big concern?

LH: Health was a big--. Jobs and health and housing was the main thing.

DC: But before the health center was built, where could people get their health needs met?

LH: See, I can remember in the Southwick, we used to have a public health center that gave our children their immunizations. The rest of it, we had to go to Louisville General Hospital.

DC: Where you'd wait all day.

LH: We really didn't have any place really to go but Louisville General that I can remember. It was Louisville General Hospital. We didn't have neighborhood clinics. We only had the immunization clinic or the Baby Well Clinic, what they used to call it. Then we felt that

we needed a clinic for our community so they wouldn't have to go so far to a doctor and wait so long to be seen at the hospital.

DC: Were there other concerns besides a neighborhood health center that you on the board were talking about?

LH: No, we talked about jobs and housing. Of course, there was Cotter Homes and Southwick, which Cotter Homes was built first and then of course, Southwick was built after Cotter Homes was. We talked about that and housing and jobs and different things, but the main thing was housing, jobs, and the health center. And in my mind, I got to thinking, we all met on so many things at the time, because I was at one meeting when Robert Kennedy was killed and we was at one meeting and we got the news about him being killed. Because like I said, we had started the board and the board met and they were supposed to talk about, at that time, housing and health, that's the only thing I can kind of remember.

DC: This was War on Poverty money that was coming into play?

LH: Yeah, it was War on Poverty money that was coming and HUD, yeah, H-U-D, was the people that we was really trying to get to fund us for the health center, but it really was HUD. Of course, after that, I didn't get really too much involved, but Dr. Harvey Sloane was the head of that.

[break in conversation]

DC: So Dr. Sloane was the head?

LH: What's happened, I skipped, I used to get together along with—who else was there? Oh, we went to Washington, DC. We traveled quite a bit, tried to get this program started and we went on different trips to Washington, Nashville. At the time, we was interested in seeing how other health centers worked and we would go to the ones that was first started

by, I think, HUD. I mean, well they was funded by HUD. Oh, I can't even think of the clinic in Nashville, Tennessee. I don't know whether you're familiar with that one or not.

DC: No, I'm not.

LH: I can't even really think of the name now. Well, we went to see how that was modeling and how they had done that one and got theirs started.

DC: So you looked at other models?

LH: Models, to get this one started down here at Park Duvalle.

DC: So even before you had the health center, they were funding you and the board to do this traveling?

LH: Oh no, not really. That was after we got in. What we had was a service center. Now this was Park Duvalle Neighborhood Service Center. It was the umbrella and the health center at that time, to think about the health center, it was under the umbrella of the Park Duvalle Community Neighborhood Center, that's what it was called.

DC: Right, so which one actually opened first?

LH: The Park Duvalle Neighborhood Service Center.

DC: Opened first.

LH: Opened first. See we was the one working to get the health center opened up. Of course, there was other--. Like I say, we started a nutrition program, but to get our money, we had to go through that program to get money from HUD. We was like the umbrella and under this umbrella, I can't even remember, I'm getting so old. It was so different, housing, you say, nutrition, food balance, health. All of this was under this umbrella; child care was under there. We started our parent-child care where we kept children from newborn, I think, to two or three before they enter into school. It was a free program that HUD funded for the kids to be kept

while their parents worked. We had the child care center here and the neighborhood service center. Then we had a nutrition program. Then we started talking about the health building in the Park Duvalle community health center, which was called then, it was called Park Duvalle Neighborhood Health Center. It wasn't Park Duvalle Community Health Center.

DC: Okay.

LH: It was—

DC: The Neighborhood Health Center.

LH: The Neighborhood Health Center.

DC: And you started working there in June of '68?

LH: Uh huh.

DC: As a nurse's aide?

LH: A nurse's aide.

DC: And what specifically were you working on?

LH: What was I doing?

DC: Yeah, what was your assignment?

LH: Okay, we was assisting to the doctor. We helped the doctor that came in. We was to assist them in whatever they were doing, the health care they was doing. We went on a training program for about, what, maybe twelve weeks. I can't remember an exact week, but we went into a training program to learn what to do to be trained and then we went up on the— well, at first we was in a trailer where we had a dentist. Oh Lord, it's so many years ago. We had the dental and when we first started, we only had one doctor, who was Dr. Walls. He took care of the children and the adults. We was in one big trailer. Then they decided to tear down

the first three buildings of the project—that was number one, two, and three—to build the health center. Did it come off again?

DC: No, I just wanted to hear it. Okay.

LH: To build the health center, they took three buildings.

DC: From Cotter?

LH: From the project at Cotter Homes. They tore it down and made it into a clinic area, those three rooms, plus we had a trailer. Then we done public health work where people went out in the neighborhood to see about patients. We also had residents. We had people who volunteered at first to go out to see if we needed the neighborhood health center and they went out and then they enrolled people to come into the clinic.

DC: So really going door to door?

LH: Door to door, they went door to door too to really enlist people to come to the health center. Then we had added another doctor who was able to take care of the children. That was Dr. White and Dr. Walls, who was the first doctor we had. From then on, we started getting doctors and things to come in. I'm trying to think of the clinic that we used, that we got most of our doctors—Mahara Clinic. From my understanding and you'll probably get some more research from somebody else, they was a modeling center that HUD had funded. That was the first clinic into this setting, what you called neighborhood centers. They was the first center that HUD—

DC: Which one was the first?

LH: It was in Nashville, Tennessee.

DC: In Nashville, right.

LH: And it was what I said, Mahara, and Mahara was a medical center, doctors where they went to train to be doctors, Mahara College, and then they went on and made an addition, a health center, to the college. So when we first started, we got most of our doctors from Mahara College. In fact, Dr. Walls, that's where he was from. Dr. Halbert was from Harvard University. I don't know how he got there, but that wasn't my job. (laughs)

DC: So there was a sense then, or was there that this was part of a national movement or change—

LH: Change, yeah.

DC: In terms of community health?

LH: Yeah. We felt that, I guess being black, we needed a service where our people could be given good health care. And of course, you know the pollution around here has been a problem ever since we've been in the west end with the plants around. So they was causing a lot of health problems for our children and adults. We needed a place where they could come and get good service and we started out with when we had funding -- we were trained, like me, as nurse's aides. And residents of this community, we would train them to follow their education, give them a chance to go into being RNs, give them the opportunity to better their education.

DC: So were most of the staff like you, from the area?

LH: From the community, yeah. Most of us was from the community. Most of us that worked there was from the community. We, even the nurses, just I would say, everybody from the first was community people they used. The problem of it was that we had been funded more money, was to let us follow our education, give us a chance to get a job, move on, let somebody else come in, get a job, and move on too. It so happened we stayed there because

one thing, the funding ran out. You know, money ran out after four or five years. Fortunately, some of them did get to go and follow their education from the program at Park Duvalle, so they was able to go and get a better education. But that was the purpose of having us just to stay there. It really was to get us an education to move on to a better thing. Unfortunately, I can't blame anybody but myself for not taking that opportunity to maybe be the head nurse at Park Duvalle right today, because they did give me an opportunity at one time to follow my education, but with a family, you know, I just couldn't.

DC: But you've had a long, consistent career though. You've been able to have a long career there for thirty-something years, right?

LH: Of course, I worked, I think I have been off--. The first time I left the health center, I left because I had gotten sick and after I had my surgery, I left, but I returned. Then the second time I left, which over the period of time, I was gone like three years out of the whole forty years that I've been there. My second husband is a baker, so we opened up our own business.

DC: In the neighborhood?

LH: No, we opened it up, well, it was not in this neighborhood, but we opened it up in the Market Street, which was like in the Portland area, I would say, then. And of course, that didn't work out, so I returned back to the health center.

DC: So the health center was funded by War on Poverty money at first, as was the neighborhood center, and then not too long, that money dried up, right?

LH: Mmm hmm.

DC: And the neighborhood center, parts of the neighborhood center anyway started to fold, I believe

LH: No, we never did actually fold, but I think what we started doing and that's why I didn't want to really get it from my understanding and we can take this out if it's not what I think what it was, it was really that we started charging fees. See when we first started out, we was funded and getting lots of money from the government and of course, then the government cut us off and then we had to start really charging for the service by a fee scale and we're still going by the fee scale. But to keep the place open, we did have to move on to charging. But of course, again the person can come there and get their service for nothing.

DC: So do you have private funding as well or corporate or foundation funding that keeps it open?

LH: I'm not in that position to know really where—

DC: I'm going to be talking to other people too, so I can ask—

LH: The money comes from. I really don't know, but I'm sure that we do some private. I don't even know whether we even get anything from the state; I'm not sure we get anything. I'm not really knowing anything about that part. Me, I don't get involved in that situation where money comes from and where it goes. I never get myself involved in that. But I do know that we had to get a fee scale to keep-- Now of course, the government quit funding so much money and I still don't know what the government funds and what they do not fund right now. I don't even know what they fund anymore.

DC: Can you tell me a little bit about what changes you've seen specifically at the health center over these many years?

LH: We have been able to see more people. We've been able to give excellent service. The staff as a whole, we are taught to please the patient first. We are out there with a smile every day and that has made a great big difference with people coming to our center. It's

because they come to our center and also I think it helped, because people that do come to our center, some of them are familiar from this part, and they come back to Park Duvalle. Even if they leave, sooner or later, they come back, because there are faces still there that they can see and know and we haven't changed.

DC: So even if they're living somewhere else, they might come back to the health center?

LH: They often come back. They really come back to Park Duvalle. Even those that have advanced and gotten jobs with private insurance companies and have left us, they return back when they don't have any more insurance, because they feel we're going to be there to serve them and we do our best to serve them. I find that a remarkable thing, knowing people that was fifteen or twenty years that have left there, but they know if they need any help, they always can come back to Park Duvalle Community Health Center to get some help. I think it's one reason, because some of the staff are still there, they're familiar with the people there, they feel welcome when they come in, because they're seeing the same faces. So we have done a whole lot of improving there and with the building. We moved from the old building to this new building about four years ago. So we was in the old building where we originally started and so when we moved over to this new building, so that brightened up our day and it brought more people in. We still get the people coming in from the neighborhood that are moving into the new development down here. We're still getting them involved and coming to the health center. I think we're really doing a wonderful job.

DC: Can you tell me a little bit about that new development? You've seen a lot of changes in this neighborhood then over the years in terms of the housing.

LH: Oh yes, and to be honest, at first I thought it was going to be a very -- I thought, "Why do they want to tear the project down? What are we going to do? We're going to have this and we're going to have that. We're going to have up-to-date people and we ain't going to feel like we at home," because of the new development. But then after they tore down everything and built these beautiful homes, it's just amazing how nice it looks down here. We're getting people that have lived maybe in the east end of town that have come down here to live, because these houses are nice, the neighborhood has changed. Being down here, we used to have a very dangerous situation, I would say. People didn't want to come down here because of the dope and all the shooting and things like that. So with them tearing down the project, it did really improve this area one hundred percent. It made people feel like they need to come down, live in a decent—when would I ever think I'd live in a building like this?

DC: Can you just describe what the housing was that you had before compared to this? Or describe this for us, because we're on tape.

LH: Well, I was blessed. I was blessed to live in a house where it wasn't too bad, but it was, how do I want to say? It was still, every time anybody talked about Thirty—I lived on Thirty-second Street. It's a funny thing, I have never moved far from Thirty-Second Street. I always have lived on Thirty-second Street. So it was kind of amazing, because anybody, even at the health center, they would say, "Well, we don't want to come down here, because every time something happens, a shooting down here, people are getting killed."

But you know, the whole time that we've been at Park Duvalle, I must say that in the health center building, we've never been robbed, we've never had anybody coming in there to be violent. And I think one reason for that was because we lived in it. Some of us that worked in there lived in this community. So the guys that was bad guys, you want to say, they still

respected us, because they got their health as kids from us. That made them respect us a little bit better. If there had been lots of new people here, you might have had problems, but most of the kids that grew up, became, what you want to say, bad kids or troubled kids, I'll use, they come to the health center and they respect us; we're very highly-respected. Well, I had kids that grew up with them and they'll call me "Ms. Macintyre," they would call me by the first kids, or "Ms. Hodges." We just never did have any violence in the health center surrounding at all. I believe that was one reason, because we had people there, their kids had grown up with our kids and when they got violent thoughts, they just didn't bother us. I tell them now, "I think the respect that you show even to the younger generation coming up now, if you respect them, they are going to respect you." So people wonder why I can walk out here and I don't say I won't never get hurt by anybody, but most guys, most of the time I walk down this street, it's just different. You don't have the fear you used to have.

DC: Now, right.

LH: Getting back to these apartments, it was, I think me and my husband lived on Thirty-Second Street, because all our kids had gotten grown and we kind of looked for a place where we could be comfortable with our kids wanting to come to stay with you all the time, blah blah blah. It just happened where the house we lived in, the man wanted to get rid of it anyway and built something else, he said. So I applied for this building over here and that's been the most—it's so nice, quiet. All of my life, I wouldn't have ever thought I'd live in a comfortable place like this or even in a community like this, because no matter what they say, it is much quieter down here, it's more peaceful down here, you don't have the violence that you had after they tore the project down. And we still have some of the people, don't misunderstand me, that was raised down here, that have had children to grow up and have had children, but

still they could respect this community. They don't want to see it destroyed anymore. They want to keep it—

DC: Looking like this.

LH: Looking like this, because we've been the talk of the town of Louisville for so many years. When they built this, this was just like you're giving us a new chance. We're going to keep it. We are going to keep our yards clean. We are going to keep our building clean. We are going to keep the people that live over there, they'll keep their yards nice. We won't have old, broken-down cars in the driveway. It really has gave us an uplift in life, to say, "Well, we did live long enough to live decent." That's one good thing about the whole thing.

DC: How long have you been in this building?

LH: Three years.

DC: Three years, and this was new construction along with the whole—

LH: Yeah, this was new construction along with the whole thing.

DC: And are these apartments privately-owned or subsidized or how does this building work?

LH: Well you know, HUD funds some of this too, they fund some of it. In this particular building I'm in, they have subsidized pay. Some people pay lower rent. The kind of divide, from my understanding, is that the Housing Authority has some part in this and then HUD has part of it, then a private-owned part of it. They're building another one up in a east end like this one, where they took Parkdale and tore it down and they're going to build there. But I think now that they need to destroy, at first I didn't think so, but I think they do need to get rid of the public housing.

DC: And do more like this?

LH: And do more.

DC: Why do you think that?

LH: Because I think people will respect it more, because some people haven't had the life to live decent. Really, my thing is with the young folks of the day. It's not so much—we just, as I always say, I'm an old-fashioned person, we have just not learned to raise our kids like we was raised, to learn to do without when you ain't got and still do the best you can do with what you got and then one day if you work for it, you can have better things in life. That's what I tried to teach my kids was to have a better chance. Lots of people said that you can't raise a child without a father; you need a father, a man in the house. Well, I was raised, as I said, by my grandmother mostly and I was raised up on standards to respect other people and to have to live with things that I didn't have until I got a job. And I tell people now and I have the girls on the job laughing now, I got to learn how not to spend so much money, because I never had the opportunity to have anything bringing up seven kids, because I always wanted them to have what they needed and I'd done without. So now that I'm working and get my social security, I get to have fun with it. I don't feel like I'm going to spend too much money; I got to save for a rainy day. But it just gives me a good enough feeling. I'm going to have a good time now.

DC: Well, you've earned it now.

LH: It's just something I didn't never had before. I have really enjoyed that part of life and I can go away saying now I don't regret anything. I'm having a pretty good time.

DC: I'm going to move that microphone up a little bit, because I don't want it to get lost down there.

LH: I hope I can help you. I'm getting kind of old and forgetful.

DC: No, this has been wonderful.

LH: But I have loved being a part of Park Duvalle Health Center and to me, that's been a great help to this community and reaching out to people, because we're still reaching, we're still trying to reach out, teaching people that they need to take care of their blood pressure, their diabetes, because as black people, we do not take our illnesses—now this is just my belief—as seriously as we should. We have said that we have lived on fat joe bacon, putting on lots of salt, we just got to have seasoned food. Since I've been in the health field, I realized that this is what damaged myself and my body, is not eating the proper food. So now at the health center, we try to, as always, we've had a nutrition department, but we try to educate people on how to eat proper food. We go to different health fairs now, we do, and carry material out, and try to open up people's eyes on getting better health care, taking better care of they self. So we do quite a bit of those now, trying to get out and make sure people can get good health care. We have done great things there.

DC: Can you tell me a little more about, you mentioned the dirty air and we're very close to Rubbertown here?

LH: Of course, I'm a smoker and I tell everybody – I haven't gained too much friends about it, but I do know at night time, even now, since they've built these houses, I don't smell it just as much as I did from the parkway, but you can still go by the parkway, you can leave here now, and the smell is just terrible. We used to not could leave our windows open at night because of the smell, it would be so bad. I can reason, of course I can't say and I wouldn't dare say that the air gave me cancer, because I'm smoking, I got so many things that gives me that I can't say, but I could see where it would do plenty of damage to people, because the air is just

stale. You can wake up in the morning and there'll be white stuff all over people's cars from somewhere. Then you got trains that just travel through our area with all kind of toxins.

DC: So would you see lots of asthma problems or lung, breathing problems at the health center?

LH: Yeah, we see quite a few of those people. It so happens now that we have, well we can try to get them inhalers, because we have quite a few people with asthma and bronchial problems in this surrounding, I mean a bunch of folks. I can understand and my daughter do not smoke, but she lives right over in this vicinity, she cannot hardly breathe at times. She has to take an inhaler. I have a granddaughter with the same. She doesn't smoke, so you can't say it's from smoking. These are people that don't smoke that have very bad breathing problems and always got to have an inhaler. You know another reason, if you're poor and I found out this too working at the health center, sometimes there's no point in people coming to the doctor, get a prescription, walk out the door, and don't have the money to pay for the prescription. I don't know what's happening. I haven't been able to see any improvement yet on the new program for the sixty-five and over people. Yes, I can't speak too much and I hope that that really has helped them, because some people do not have enough money to get their medicines, so why come to the doctor?

DC: Right, and it's so expensive.

LH: It's so expensive. So now we do over at the health center have a program where I can and I am sometimes in charge of doing that, it's getting people to get their medicines through these partnership programs where we can mail their application out and they'll send them their free medicine for a year according to their income. So lots of people are getting the benefit that's not under sixty-five or under, my age. People that's twenty or twenty-one, that

does not have an income, they still can qualify for this partnership. That's another thing. I don't think people, and that's a bad thing, because too I find out that people go to the private doctors, they don't want to take time to fill these papers out to get this medicine for these people, but they have so many opportunities to order medicine for people that is not able to pay for their medicine. That's one thing, we got that program over there that we do try to get free medicine through the partnership program. But I found out that the private doctors don't want to even fool with the paperwork.

DC: Can you put pressure on them?

LH: No, you can't really. Of course, I can get involved in that.

DC: But that's where the health center can do some more good.

LH: Because I've even had to take money out of my pocket to help a person get their medicine, because I know what's the point of you coming of you coming to the doctor and you have no money. We done treated you, gave you prescriptions, and you can't even buy your medicine. Of course, over there our medicine is cheaper. We don't have everything, but we do have medicine that they can get cheaper than they could go to the drugstore and get. That's another benefit that they get at the health center. There's a lot of advantages of coming to a neighborhood center, any of them, because you're going to get a little better help than going to a private doctor, because most of the private doctors you go to, you got to have insurance to go to them anyway. And of course, your insurance, mine I have to pay twenty dollars to get into the doctor's office, forty-five dollars just to go to the doctor's office. Often people ask me, "Well, why don't you retire? You're at the age of retirement. You could get your social security." But I can't really afford to quit. If I sit, at least I got insurance and social security to

fall back on, but if I quit, I only got social security. I'm not going to have much benefit. You almost got to keep working to live.

DC: So you think you'll just keep going as long as you can?

LH: Just keep going until you go. I tell everybody it's because it's expensive to live now, it really is when you haven't got anything. That's why I tell my kids now, I say, "Y'all is spending money on furniture and foxy stuff." I got a great-granddaughter that, boy, she changes her furniture like every six months. I said, "You better start saving." She got nothing in saving. I said, "You better put some money up, because when you get to my age, you might be able to get social security."

DC: Right, yeah, I know.

LH: You need to start thinking about the future, saving. But you can tell them, but they--. It's been really an improvement in this neighborhood, remarkable. I can't even explain how different it is, it's just so much. Sometimes I walk way down there where Southwick used to be, you would say, Southwick. If you didn't know it, you wouldn't even know you're on the same street the project was at. It's just such an improvement, like I say, and they're taking well care of their houses. They respect that they got new places to live. So when I look at that, I say, "Great God, we have come a long way from where we was," because the project was getting where, like I say, all different type of people, kids were growing up and I guess they had grown up into, I don't know how they got so far away. I can't even explain it, because I just don't understand it myself, how you can raise a different way and just go a different way. I'm no psychiatrist. I don't even know why their mind goes the other way. There's quite a bit of decent people that lived here when the project was living, but wasn't given the chance to really improve their self. And it was jobs, different things that kept them from--. It would seem like if

they was able to move back. See when they built this, you was able to move if you didn't have a criminal background and all that stuff; you was able to move back into the decent part up here. You were given the chance to move back into one of these houses.

DC: So where did you go in the meantime? Oh, you were in a private house before?

LH: I was in a private house.

DC: Okay, so you didn't have to worry about that.

LH: But now I had a sister who lived in the project. Where did they put up here up at? I think she had to go to a house, but she was able to move, she moved back.

DC: She did move back?

LH: She's back in here, she's back in here. I don't really know where, I can't speak, because I really don't remember where they went, those that wasn't able—well, some of them, yes, I do. Some of them was able to go into other projects like Beecher Terrace and Clarkdale and Shepard Square, where they did move them from one project to another project. Eventually, I think they need to get rid of all of them and make the people feel better. I don't think you'd have so much crime if they can just live a different place.

DC: What happened do you think to that element that had been here, the drug dealers and the crime, when people were put out of here for the reconstruction, where did those people go?

LH: They just move into another project.

DC: Just another neighborhood?

LH: Just another neighborhood to destroy. That's why I say, I think the whole city, especially the east end or where the project is, that they need to get rid of all of them, because I think even the people that live here that might have been, what do you want to call, might have

been on the wrong side of the track, if they got an opportunity to get back in here, they gave them a new look on life: I'm going to keep this nice. I'm not going to get involved in crime. Or even their children, if the adult was able to move back in here and I don't have perfect kids, but I can take the example of my kids. I'll just use them, because I know them. Even if they was in anything, they would not bring it in this building. Wouldn't nobody ever know what have they done, it would not be done in this surrounding, because, "My mom lived there and I don't want my mama disgraced, so I'm going to respect this neighborhood. If I'm going to do something, I'm going somewhere else and do it." I think this is where the majority of the kids that have gone and have returned, they're going to respect this and I think if they get rid of all of the projects and build some decent places, they would come back with a better attitude.

DC: You said that you were on that initial board back in the mid-60s. Have you remained involved in the community outside of your work? Have you remained involved—

LH: Oh yes, I'm in everything you can think of. (laughs)

DC: What kinds of things have you been involved in?

LH: Let's see, what am I in now? (laughs) Of course, I'll tell you one thing: they do still have the Park Duvalle Board, they do have that. But I can't sit on the board, of course, because I'm an employee. That changed in the years that came. Of course, I would be raising too much hell if anything didn't go right, so they didn't want you on the board and working for the health center. Most of the things I really do now is just anytime I'm needed to get involved in anything, I'm there for them. They can call me for any meetings. But we just do not have, and I think that's one thing too that I miss more than anything, is really finding out how our community is really doing. We need another outside meeting. Of course, now here in this building, I'm involved in this building and seeing that things go right, seeing the things that we

need. I sit on the board here. But overall, just doing what's really, and I really miss that, really knowing what's happening in my neighborhood.

DC: And you don't have those kinds of community meetings anymore?

LH: Now like I say, in this surrounding, maybe once a month, they have their—well, we have our senior building. Of course, now I must go back, I could attend the meeting that they have for the overall of this, what we call Park Duvalle Village, I'll use that. They do have an overall board. But I'm talking about beyond here, like over across that away.

DC: The whole neighborhood, right.

LH: When we first started, we was involved from not only Cotter Homes and Southwick; we went to Twenty-eighth and Greenwood over to the Park Duvalle whole area. See, most people think when you say Park Duvalle, you're just talking about this and at first it was just Cotter Homes and Southwick; that's the only thing that was Park Duvalle. But it's not that. It's the whole community all the way until Twenty-eighth and Broadway. I really think it's that far over. I don't know where the border line, I forgot where it is. But we did consist at one time, we was concerned all the way to Virginia, Dumesnil, what was happening to them people over there and that I miss, because I really don't know what's happening no more than right into this and maybe because I'm getting too old to get around and find out what's going on. I never hear of no call meetings, but every one that we do have--.

Now it's been what, maybe almost a year, I'm not sure, that we had the mayor to come down and you met, people came from the border area to a great big meeting place. Of course, you had the mayor and everything was run by the city. They had booths set up where you could go and talk to them about your problem, because we're still fighting for a light that we had right out here. By the way, that one lady who was on crutches, Ms. Veronica Hunter, I don't

know what her name has come up in there, but she stood out there until we got a light out here at Duvalle School.

DC: She just stood out there everyday?

LH: She stood out there everyday in the street, so they finally gave us a light. Do you know now, since they built this structure, people have been fighting to get that same light?

DC: Oh, because they took it down?

LH: They took it down and we're still fighting to try to get it back and they don't want to give it back, but it's the same amount of people, the same effects, probably more traffic, because from this light down at this corner, which would be Wilson, would be Hill, the next light is at Algonquin. So you got traffic just flowing. You got people just trying to get across the street that is really creating a problem. You need a light, because they stuck the little thing out there, but that's not really working, so we're still fighting. They had a meeting today. I wasn't able to get off from work to go to the meeting. Today I got to find out what happened in that meeting, trying to get, well, we were trying to fight for security in this building, because they said when we was to get this building that we would have live-on security, like security guards or something, but we haven't been able to get that back. So we're fighting for that. There's still a whole lot of work that we have to do in this community, but I can say that this community has really grown from what it was to a better place to live.

DC: You said that going back to the original planning of the neighborhood center and the health center, going out and talking to people or being on the board, that the issues in the mid-60s were health, housing, jobs. What do you think the main issues are now?

LH: The main issue now?

DC: Yeah.

LH: I still think that the jobs is the issue that they're mostly talking about now, jobs. I think housing's beginning to be a quiet situation, because they're building houses everywhere. The thing with that is affordable housing is what you got to fight for, something that you can afford to rent, afford to live in. That's the main thing that I think we will work on more harder again is affordable housing, not because we got houses if people can't afford to live in the houses after they're built. Then the first thing would still be the health problem, because like I say, we got the pollution problem down here that's not going away. They fixed it, but they put new cream or whatever they say they put in there to keep the air from floating. But if you wake up in the morning and you try to walk out there, you can just feel the air; it's not fresh all. It's just that horrible stale air that you have to wake up with every morning. Like I say, I cannot judge other individuals like myself, but I can see my family members being affected by the pollution in this area.

DC: Do you see the black community in Louisville as especially hurt by that pollution or does it affect whites and blacks equally do you think?

LH: Well you know, being honest, it's nothing but us blacks down here, a majority of us. We have whites, but the majority of us are black, so it has to affect the black area. Of course now, I understand over in the Rubbertown, there's quite a few white folks over there that has been sick with it. But if you take the overall picture, you got to say—

DC: It's majority.

LH: It's more black and they have to be affected by it. One thing, I think that's one reason, because okay, you can classify us as all black, but then those that live there in Rubbertown, they considered the poor whites, so they don't count either. You see what I'm saying? So you got to look. They're in just bad a shape as we are, not taking the color out.

DC: So it's more about power or lack of power?

LH: Power, yeah right. You still are not taking care of the community whoever lives here. They're getting sick over your pollution problem. It doesn't matter. You can wipe the color off and you'll wipe all of it, you're still getting sick, whoever moves down here.

DC: Right, so it's the poor that bear the brunt.

LH: It's the poor. I wouldn't say it's so much black, like I say, it's just the poor.

DC: But the way it breaks down here in Louisville is that that's mostly black folks?

LH: Black, yeah, we are all. Well, like I say, I can and I often—and I'm trying to quit smoking, by the way. You see that pack laying there, but I haven't smoked one.

DC: You haven't touched it. You haven't looked at it.

LH: I'm really getting out of it, because I can feel it affecting me. We can feel a thing affecting you. I would really be a poor person to speak against the tobacco people. They wouldn't want me talking, because I don't feel that that's their problem. Nobody forces us to smoke at all. It's a habit, sure, but I think it's more of what we want. Lots of times, people do not understand, they want to blame certain people for certain things. But like the pollution problem, that's a different thing, because it's affecting, we have no choice about that, but we have a choice about smoking, we have a choice about drinking. This is something that we have the choice of, so that's why I would against suing the tobacco companies, because they didn't tell me I had to smoke. I'm going and buying them cigarettes. I'm wasting my money and I know it's affecting my health, but I'm still puffing this cigarette. I can't fault the--. They want to say and I've been in America long enough to know this and believe they're not, it's not because of what they put in the cigarette. It's what your mind wants you. It's as simple as that. But it comes down to the solution they want to blame this and blame that. That's something I

do not, maybe because I'm a smoker and I know that my problem can be solved if I say I don't want to smoke this cigarette and make up my mind not to want to do it.

DC: But the pollution thing is totally different.

LH: The pollution's totally different.

DC: Now how has the city been as far as the pollution goes? Have they been responsive or sided with business?

LH: You know, politics is just not my thing. I don't even like to talk about those folks, because I think they're going to tell you whatever they're going to tell you to get in and once they get in there, they don't give a damn, to be honest. If you can name a one that's really sincere about doing something, I haven't found one, to be honest. Because I feel if they got that much power, they can change the thing, but see they got somebody over them that's probably keeping them in office. That's just my thing. I haven't any confidence from the president all the way down. I vote because that's my right, but the belief that they're going to everything they say they're going to do on television, no. Some things, yes, but all the things they're not going to do. That's life to me, that's just life.

The only thing I can say about this community, we went from worse to better and they didn't make a better choice than to tear down the project and build these homes. I hope not only here, I hope they can finally, sooner or later, go all the way down that street, all the way over, and build a community of nice-looking houses. See, once you build those, like I say, the kids is going to come back. They talk about trouble. You don't have no trouble if you build nice places. The average black, believe it or not, is taught, whether they got a father in the house or a mother's raising them by they self or a father raising them by they self, they've been raised and they won't forget where they've been raised. But if you let them go on and you set

everything up for them to live any kind of way, they're going to live that kind of way. But I have seen it change in this community.

Even the street over there, what they call Hemlock, they still got their dope thing going, but they're not going to come over here and sell, not one person comes from this community; they're not going to do this. You might have one case. I won't say you ain't going to have nothing happen, the majority of trouble that you used to have from people that lived over there that still live in that community, they're not coming back over here to tear this up, because they respect. Look, there are people that got decent places. They talk about it all the time. You can hear their conversations as you walk the street: "Oh, it sure look better over there. It sure is nice over there." They don't want to tear up nothing nice. All they want you to do is move it on over here and make this nice so I can live like these people live over here. Once you do that, you're going to wipe lots of crime out. They talk about other things, but it's what you do and I might not be saying, but what I'm trying to say, what you do to improve a thing and make a person feel better will make them want to do better.

DC: So that really needs to come though from the city and HUD to improve these neighborhoods, in your opinion?

LH: Yeah. We pay taxes and we should be able, HUD or whoever, I don't know who these people are that control all that, but they make all these rules without having—that's one thing I liked about the first beginning of the health center that I can mention. Twenty percent of that board was poor. We was able to express how we felt, what we needed, what we wanted, because we lived. So we wanted better stuff, so we could express what we wanted. There were twenty percent. When we went to Washington or went to wherever we went to these high official people, we were able to say, "Look, we ain't dumb. We're smart. We might not have

nothing. I might not even have a job, but I do have the common sense to know I want to live better than this." And they listened. But see, the majority of boards you have now do not even have the poor people on it. The people are talking up there that never lived like we lived. When we ask for something, they can't even really feel it. But you take a bus like we did, I think at time, a high administrator was on that board, because we had a high administrator that felt that we needed to get to the right people and that you also need a person that's going to stand up for the right thing. They're going to help you get where you need to get to talk to the proper people and Harvey Sloane was that person.

DC: Right, so it takes the right leader.

LH: Yeah, it takes the right leader, but then it took our force to explain to these people that we need this health center. We got poor babies down here that can't see a doctor, because they can't catch the bus to go uptown to a doctor. Older people cannot get on the bus and go to General Hospital for treatments they had to go every month to the doctor. Why not build us someplace where they can go? You got other centers in the state. Why can't you give us this? Look, I care, I got seven babies. My kids was young then. I don't drive. We don't even own a car. So I got to get on the bus with all my seven kids and carry them to the doctor. How would you feel, sir, if you had to do this? As soon as you start talking to them people, they can feel where you're coming from. That's how we got so much done. It took the poor to deal with the rich, I'll argue anyway, to tell them our concerns and lots of them was really sincere in trying to help us, because they understood after we told them, they understood these people can't live like this. Alright, let's try to help them. Of course now, you ain't got no money for this. You ain't got no social security money. But then you look, y'all helping people overseas. Why not

help your people?

DC: So the funding for those programs, just you're not seeing it anymore?

LH: Right, that's it. They done took everything. I'd say in the last ten or five years, we have lost so much funding for different places, they don't have enough money, but you got enough money to do this. But it's because we don't have the same people who will walk, stay up all night long, give proposals, write proposals, to get to these proper places. You just don't have people that even feel this anymore and it's because they've been so shut down: "We don't have money." Yeah, you do have money and the only way you're going to get this money, you got to walk, you got to talk, you got to pray, and you got to get together as a bunch of people and go. And once you go, you can get, believe it or not, most anything you want, but you got to. That's the trouble and that's one point that the pollution thing hasn't worked, we haven't got enough people to stand up and say, "Yeah, I can't cough in the morning. I can't get up and breathe normal like other people that don't live in this part of town." I bet you would get more help if you could get just the majority of this surrounding to go to a meeting, go and walk.

DC: But that hasn't happened?

LH: That hasn't happened.

DC: Have there been attempts to try and organize? Yeah. Why do you think that hasn't worked in the same way that it used to?

LH: Because you got younger parents now, younger people, they really don't understand, I don't want to put it that way, the importance of sticking together as a community. We as older leaders didn't keep it going like we should have kept it going. We should have had, I believe in this, we should have had our kids taking our place.

DC: I see what you're saying. So it's more individualistic now.

LH: It's more individualistic now than it is community-wise. Because you call an average meeting here in this building, you take the residents, people are just tired, I think, of fighting for things. But as blacks, we're always going to have to fight as long as we are black to get what we want. It's as simple as that. That's why I go to any meeting. You ring my phone now and say, "Can you come to a meeting tonight?" I'm going to be there. I know how important, but not many people do know how important, because I have to fuss with my kids about going out to different meetings and getting involved in different things: "Oh, mama, what's the use? They ain't going to do this. They ain't going to do that." Yeah, they will, but you got to go and show them that you are interested, show them that you want things better. You can talk your tongue out now, but people are just not interested anymore.

I think maybe some of the reason too, they seen us work so hard, but look, we got something out of it if you just step back and look at it. We wouldn't have had that health center if a few of us didn't stay up all night. I used to have to get my husband, oh, he used to fuss like mad: "Girl, you come here at one or two o'clock. You ain't been at no meeting that long." Yeah man, we had to set up writing a proposal until three or four o'clock in the morning. I'd get up and go to work the next morning, but it was something we had to do. Saturday night, Friday night, if they call, we'd all get together. Sterling Neil, I remember, Ms. Hunter, the woman walking there, Rosemary Cooke, it was just a bunch of people that just said, "We got to do it." And one of my husbands didn't believe me, you know, but then once he understood what I was doing and I wasn't going to stop, he could have left, I wouldn't have stopped, because I knew how important it was.

DC: Do you look at your work at the health center then as a kind of an activism or neighborhood commitment on our part then?

LH: Don't ever ask my kids about Park Duvalle and me. (laughs) I love my job. I love people as a whole. I think the reason why I really stay at the health center is it gives me a good feeling to serve people. I'm getting something out of life just to help somebody, make sure that the health center keeps their image that I have always dreamed that they keep. A patient will come in there, let them be seen, let's bill them next week, but let's see them, because by that time, they need whatever. I hear people say, "Well, you know, if you smoke a pack of cigarettes you can buy, you can get your pill." You hear that. My response is, "Sure," but that's something that people don't understand that they need their medicines. Still a cigarette, they're hooked on these things. You know what I'm saying? You just can't take it away when you need some medicine.

DC: Right, it doesn't work that way.

LH: They need their medicine, so we got to help them get their medicine. We don't worry about those things. I fight with them about that in a minute over there. But they, just like the board, the original board that's on there now still has a couple, two or three members that might have originally been on the first board, because Sterling just got off. I think they're going to remind the director that no, we help start this place, so we're going to keep it where the purpose of it is to serve the people, not us; we're here to serve them. I think that's why the health center stands for its purpose now, is because of those original board members is not going to ever let it go away.

DC: So it retains that original War on Poverty commitment.

LH: Yeah, War on Poverty. We're still dealing with poor people. Now we can open it up to the rich. That's why we got the fee scale. The rich can pay for their part, the middle class can pay for their part, but the poor can still have something that they can cling on it. That's why

you got your fee scale. We just can't cut the poor people out and we won't as long and as far we got breath in our bodies that are still around. And a few of us are getting into that age now, but there's still a few that are still, well, and Sterling's getting up there. Of course, some have passed and went away, but you still got some that are still there on that board, that knew where the board began from.

DC: This has been so helpful for me. I just want to thank you.

LH: I hope so.

DC: It really has.

LH: I'm not afraid of always telling people. I always say, "You should say this," but you know, I never did get into the real high education talk and I just like to say what's in my heart and what I feel and not--. This is just me, this has always been me. Sometimes they'll say, "Now why didn't you go to school and finish and go to college a couple years?" I just wasn't for that. I just was to raise the kids, get them grown. Actually sometimes, I tell people, "You can be married to a man, but that don't mean because you're married to him, that he's all the help you need." (laughs) Because it's not true all the time. You still got to care that most of the time, they'll be right there. That's the life I had to live. But my husband passed away a year ago, we made it this far. I kept him so the kids would have their father. Like I say, now I'm enjoying life.

DC: Anything I didn't ask that you thought I might ask?

LH: No, not so much. No, I thought this was easier than what I thought it was going to be, because really, like I was telling Dick over there, you know he's the director, I said, "You know, we have no real secrets. If I said something, there would be no damage to it." I have no secrets. If y'all got some, y'all need to let me know. But anytime you work at a place and I

thought it was my obligation to let him know that I was going to talk, I didn't know what I was going to talk about, but I knew Park Duvalle was going to be involved, so I'm letting you know I'm going to talk. I hope that I don't say anything to damage you, but I don't see anything I can say where it would be harmful. What happened at the beginning happened. We are doing well. We are really going well.

DC: Good.

LH: Now we ain't perfect, but we're doing well. Some things I just don't like, but I'm going to still be there to open my big mouth.

DC: Wonderful, thank you very much.

LH: It was a pleasure. You were very nice.

DC: Well, thank you.

END OF INTERVIEW

Transcribed by Emily Baran. August 2006