

INTERVIEWER: This interview is between LaMae Smith Williams and myself, Laura Madden. Today is Wednesday, June 29th, 2016, and we are meeting in LaMae's home in Eastman, Georgia, and we're discussing her memories surrounding her time as a student at Georgia Baptist Hospital School of Nursing in Atlanta Georgia. You graduated in 1971, is that correct?

WILLIAMS: Yes.

INTERVIEWER: So describe the thought process that went into your decision to become a nurse.

WILLIAMS: I had a couple of friends – no-one in the family – that were nurses, but um, women who were three or four years older and who had gone to Georgia Baptist and were friends of the family and liked it. I had a cousin who was a physician who I worked for, and he was encouraging that. And I just decided – I liked science and did well, so I chose nursing.

INTERVIEWER: Okay. Why did you choose to go to Georgia Baptist?

WILLIAMS: My parents told us they would pay for our college education. My dad said – being three of us, and we were a year apart – it needed to be in the state of Georgia. I had enough knowledge to have been told – I think it was my student counselor in high school, to choose a place that had a good, um, rate of passing the Boards when you finished. So that was important. And I applied – of course using the word Baptist and my parents being Baptist, they liked that, had heard good things. It was way away – almost 300 miles away – but Atlanta was the place I chose. I don't remember why Atlanta, but I did choose Atlanta, and I interviewed, was accepted and asked to interview at Grady and at Baptist, and liked both. Really liked Baptist, but my parents, after seeing Baptist, and when we were at Grady, they didn't know where we were and that upset my father, and my father said, "Well you're not going there." They were doing an interview. They had left and came back and they said they didn't have a clue where we were. My father nicely told me, "I don't think you're going there" [laughing] – which was not their problem. And I chose – the process, even then you had to interview. They chose you on grades but then you went and interviewed with them, and I think we did something that day, maybe. I can't remember all the process. I remember it was an oral interview, and then I heard I was accepted and it was fine.

INTERVIEWER: So your parents liked the situation there at Georgia Baptist?

WILLIAMS: They did. They – my parents made no problem about where we went off, going afar. We had been allowed to travel. I flew – twelve years old, my cousin and I

flew from Columbus, Ohio, to Jacksonville by ourselves, to the Atlanta airport, in going to camps and all. So I had that – wasn't a problem, about going off. My parents valued education, and that was important.

INTERVIEWER: You told me before I turned the tape on that your husband graduated from Georgia Tech. Did you know him before you –?

WILLIAMS: Oh no. We probably saw each other at a basketball game in childhood. Because we would play, out teams would play.

INTERVIEWER: Was he from here too?

WILLIAMS: He was from here. I'm from further south, in Waycross. No . . . We met through the Baptist Student Union. I was at Baptist. He was at Tech. We were on committees together and good friends but we never dated in college.

INTERVIEWER: I was just curious about that, to see if that was incentive to go (to Georgia Baptist) . . .

WILLIAMS: No he was from . . . and we . . . It was not in our marriage contract to move back here but it turned out to be God's will and it was a good thing.

INTERVIEWER: You said you considered Grady. Did you consider any other programs?

WILLIAMS: You know that we looked at the Medical College. I can't remember . . . My cousin being a doctor and he had been there, but for some reason . . . Atlanta was where I know and I really – because of the young ladies I knew who had been to Baptist and their parents' recommendation who are good friends of my parents, I just sort of chose Atlanta. Seems like there was another, older lady at home, but that context, that was just where I applied and did.

INTERVIEWER: Did you have any understanding of the difference between a baccalaureate program and a diploma school?

WILLIAMS: Yes, I did.

INTERVIEWER: It didn't make any difference?

WILLIAMS: It didn't. Really and truly getting through in three years, with three kids – my parents had kids in college ten years. Really getting one on through a little early may

have been an incentive. I just liked the idea, and I knew the ones who had gone were good nurses.

INTERVIEWER: Explain how the classes and clinical experiences were structured when you were at Georgia Baptist.

WILLIAMS: Our first year, we had classes, um, Monday through Friday. You had clinicals, maybe Monday through Wednesday, and then clinicals Thursday and Friday. Now you're first – your freshman quarter you didn't do – you did labs. Then you – we went over and did a history, because we put our uniforms on and went over and did a history, and we did . . . I don't remember much more, because we did a lot of the labs with our learning and all. I know we did a history because I chose the lady that was a nurse, and she wanted to give me the best history she could, so I think I came back with the most history detailed – and she had had a lot of medical illnesses, but she told me all of them and spelled them for me. So we did that, but we were – it was all day because we had – I remember when the things very early on sitting in our dorm room and looking at the stack of books I had. And thinking, I had these books for three months, and I had this many books in high school for nine months. Life's different. We did Anatomy, Physiology. I can't remember when Chemistry came, but we had the Chemistry, the drug solutions. We did go to the floors starting in our second, starting our second, quarter. Then we were still doing some basics. They started adding each time to it. I do remember something. We did the, um, nutrition every single quarter we were at Baptist because they had – and downstairs in the building, um, it was the bottom floor of the clinic, they had a kitchen area or one of the rooms, and we did the diets and ate, and whatever setting and you were learning the diets. I think that was important all the way through my teaching, because you taste it. Of course back then there were sippy diets, one two and three; the horrible ulcer diets that probably didn't help your ulcer, we know now. Just the taste of the bland or no salt, it gave you empathy for the people and then how to do it better.

INTERVIEWER: So you actually tasted the diets?

WILLIAMS: Yes. We had to prepare . . . They prepared and tasted – that gives you – coming out of the culture in the south – although I did not eat a lot of salt. My mother had kidney issues before I was born, so we never had a salt shaker on the table, which was the minority, I'm sure. But the fact that how do you make something taste good when so much is taken away, that people are used to.

INTERVIEWER: That's very interesting.

WILLIAMS: And then we – I remember we had the Bible, Psychology, Sociology. Psychology was probably one of my – was one of the hardest things to learn, at first

because I just wasn't raised – my parents were older. They were Depression era. My dad had been orphaned. He'd been through World War II – to all the major battles. You kind of accept their authority. You thought out stuff. I always thought to think about the Bible and different things and form my own ways, but I wasn't taught to necessarily question adults or their actions in the way that you do in Psychology. And that was . . . I had to learn to think the way the book said think, not how I kind of thought well that's just not right.

So that was our structure our first year. We did have the restrictions Monday through Thursday nights, eight to ten, um, study in our room. I know very little about TV during that time except – I'm almost positive this is right – Thursday night ten o'clock was Tom Jones, because we could all come from our rooms and watch the TV in the little living room area, and that was nice. But we had to be in at eight. I remember that studying became – which probably was good to be that structured, because I had friends at UGA (the University of Georgia), all around, and they didn't have that. And it was difficult. We did make you go in the room and be quiet, still. I'm grateful for that. But you could have activities until eight. We did the choir. A group did a choir. We did stuff. So you had activities which were nice, being in an all girls dorm, which I had grown up with all brothers. It was to learn the camaraderie. You learned to be friends, but yet you learned about people. I'd never . . . Women are different than men. Being that close, you learn to make good friends. You learn who not to necessarily – not that it's bad but to learn who can be your friend long-term and how to learn about people other than – and past that high school age that were all so awkward. You kind of come in to yourself.

The classes – we had the library in the building. We borrowed a lot of typewriters. I did not have a typewriter but I got papers typed. I'm not sure how that came about. We passed them around. You had the little correction paper. Um, I do remember – some of the classes were – the labs were pretty intense. We had Miss Tribble for Anatomy and Physiology. Once I understood her language skills and how she pronounced different things, it became very easy. We all kind of took notes and sat down at night and go, "What word do you think that was?" Once you got her, you learned a lot. That changed. The Chemistry wasn't hard, but I had a good background in Chemistry, very strong, and had done labs and all, so that part was easier. Drug Solution was easy.

Seriously, in learning the Psychology, how to think that way was my...

INTERVIEWER: So interesting. So your freshman year, you had those core classes, and the nursing classes.

WILLIAMS: Yes.

INTERVIEWER: Next year was the junior year.

WILLIAMS: Junior year you started your specific clinical, and they alternated – because of the different classes you had, um, your Med -Surg – you had Med, then you had Surgical, had OB (obstetrics) was in that year, because I remember being in a clinic room teaching women who were - I was younger then – how to nurse their babies because we were taught how to go in and do the teaching and it was a ward, and I remember thinking – I think I was 19, maybe, um –

INTERVIEWER: So this was at the Sheffield Clinic there at the school?

WILLIAMS: The Sheffield Clinic had a lot of students from like (Georgia) Tech and their wives that all came in but this was on a floor, the OB floor. Yes, we did go over to the Sheffield Clinic and screen. Um, we did medical, surgical, and we did the OR term and really mine was earlier, I think maybe the second quarter. When you see the bodies open up in surgery and everything – although you thought it had come together – it really came together when you saw the parts of the human body.

INTERVIEWER: How much time did you spend in the OR (operating room)?

WILLIAMS: We did half of that semester because you did the surgery. You did OR. You rotated in, um, if you had a holiday. Seems like you usually got a holiday because you'd have a fourth room (inaudible) . . . I ended up rotating in the Thanksgiving and Christmas. I do remember that, because I learned the lesson that people drink a lot during holidays, and those who are prone to be alcoholics or addictive are hard to sleep. You take out a lot of gallbladders on Thanksgiving Day, because people have eaten things they don't normally eat. We rotated – I think we did three gallbladders one night.

INTERVIEWER: So you didn't have the holidays off? You didn't get to go home for the holidays?

WILLIAMS: No. We were allowed home maybe earlier but we had to come back. Your holiday between – you might have the day off before but you worked – the holiday – the end of each quarter there were two weeks but you had one week off and one week you did a clinical. So you came back. I remember that because one of my roommates, her family traveled a lot and so frequently she'd just stay an extra week and she had to stay over once she finished an extra about three weeks, to make up for those days. It was considered part of your tuition and all. I only remember was - her husband was in dental school in another state and they were married and she was wanting to get there, but –

So we did – I know we did the medical, you did OB, surgery your second year. You rotated the different halls in the hospital because it was a 500 bed hospital, the different wings

and studied. You'd study that week then you'd go to class two days and in the class you pretty much were seeing what you saw, and you'd write up your cases – you'd be assigned a patient and write up a case and research the disease and the treatment. We all carried our little drug cards because back then you didn't have PDRs (Physician's Desk References) or – in your palm or - you didn't have them in your room. You shared in the library so you kept up with your cards and wrote up your care plan for that patient.

INTERVIEWER: So was this before you went to clinical or after, or both?

WILLIAMS: A mixture. Mostly you were usually assigned your patients the night before. You could go over and be prepared because your instructor could ask you questions while you were doing it. I remember early on one subacute endocarditis and really having to research because so much of the body is affected, or can be affected. So you knew what your patient had, and you would go over the night before. And we didn't have to wear our uniforms. My second year they found these yellow lab coats they had downstairs and we could put those over our decent clothes and go to the hospital and not have to put a uniform on.

INTERVIEWER: So you were the first class to wear the yellow lab coats.

WILLIAMS: We could wear the – I don't – it may have been part of our freshman year we had that. We did have the yellow coats, which were wonderful.

INTERVIEWER: I know by the time I was there we had to purchase those. Everybody had their own, had their name on there.

WILLIAMS: Ours were – must have been downstairs before you went through the tunnel.

INTERVIEWER: So you just picked one up?

WILLIAMS: You picked one up and went on which, looking back, probably wasn't the best, as far as infection control but . . . You know, we washed our hands and all, but we did do all that. We really didn't touch the patients. We read the charts. We were always allowed to go up and get the chart and look, and be prepared fully, and then go back and study that night to be prepared for those patients. And you hoped they were there the next morning. Sometimes in some areas, you know, your patients were terminal, or very low, or very critical. I do remember – no that would have been my senior year - I was thinking about the units. They were just starting a cardiac unit.

INTERVIEWER: Pretty new then.

WILLIAMS: They started them for post-op MIs (myocardial infarctions). It was a quiet environment – dark, quiet. But we also started – now, the cardiac rehab by Dr. Fletcher was started during our Freshman year, I think because part of what we could do was go over and observe and walk with the cardiac patient. That was the whole three years. If it wasn't the three years, it was at least two of the three, and his nurse had taught maybe in the school, and went. They set up a cardiac rehab which was post-op, post their myocardial infarction. There was an exercise they did. They watched them walk – how was their heart rate? Back then there weren't portable monitors, who we would check blood pressures, check their heart rates – kind of be with them as a – their walking monitor, and did that. So that was early on. A lot of the studies they did, from what I remember, were put together and set up, what people still do as far as post-op. Now, the initial has very much changed, but we didn't have the . . . I mean you were just trying to make sure they were quiet and calm, and watch the monitors. We did learn EKGs (electrocardiograms). My entire time we knew how to read and look at them.

INTERVIEWER: They didn't have all the stents and angioplasty –

WILLIAMS: No. There was nothing -

INTERVIEWER: - Maybe open heart surgery?

WILLIAMS: - we did have – propanolog [propranolol] came in either towards – I worked in cardiac and in the open heart unit at Baptist when they opened it, and I know we were using propanolog [propranolol], and we didn't call it? We said propanolog [propranolol]. England had been using it, and I think we may have done some things with that, watching for arrhythmias and stabilizing them.

INTERVIEWER: What about your senior year?

WILLIAMS: Our senior year was Senior Nursing, the critical care areas . . . We did – we went off to Central State for Psych –

INTERVIEWER: In Milledgeville.

WILLIAMS: We did.

INTERVIEWER: How was that?

WILLIAMS: On the campus . . . It was a big change from being in Atlanta. Down there our dorm was in the center. It was the big building. There were a few patients there that were residents that weren't leaving, that lived down below. We had a big hall. Piedmont Hospital had their graduates with us. We went to class. The strangest thing was we were pretty

much through fairly early in the afternoon. We did clinical certain days. We went to certain buildings for different –

INTERVIEWER: What did you do for clinical when you were there?

WILLIAMS: We did with the - two days a week we went to the men's criminally insane building and listened. The thing I did learn from them – and I think it was probably to teach us – because we were a class of women – about sociopaths because they would have us – we were never in a room. It was like through a glass, where they were sitting away from us. But we would hear their side and they would tell us why they were there. They would leave, and then they would give us the history – like, they stole from their parents; they took the car – all these enormous things that they had done. You learned to realize there are truly sociopathic, narcissistic, evil people. The women didn't have a building. They were mixed in with our population depending what building you were in, and what floor. I was on the floor that the patients had been in and if they needed shock, electric shock, treatment they had it. That was the second floor.

INTERVIEWER: Did you guys help with that?

WILLIAMS: We went and observed one time. Our floor didn't do it but they wanted us to see it and we went down and observed one time. The floor I was on was more stable and they informed us that when we arrived that there were six or so murderers on this floor, because there wasn't a building for them. It turned out one was very famous for what she had done, and they tried –

INTERVIEWER: So it was a female?

WILLIAMS: Yeah these were female. Men had a whole building. Women who were declared criminally insane do not have a separate – they were in the population with probably long-term, or before we had they could have come in acutely ill – maybe manic depressive – had their shock treatment – were brought up to acclimate, get their medicines, would get straight and then go back home. But would some – we had about six. We also had on that floor several that probably were just mentally handicapped and just because of situations years ago people got put there. They told us who they were, and this one was a very well-known – and she served us coffee every morning. She was known for having poisoned her family, which was [laughs] –

INTERVIEWER: So did you drink this?!

WILLIAMS: Yeah she never said a word. Would you say something to the person? I don't think so. No, um – some of them they would interview and tell us . . . There was

one lady had – in an act of just being delusional, obviously mentally ill - had killed her child – and yet we interviewed and talked, and you realized she had – no I mean she was totally – she never changed her story. It was that way. The thing I learned is that most of the people looked very much like the rest of us. They had one little – maybe little character or something that came out, so that they looked perfectly normal. One lady talked to the water fountain. We just let her talk to it and go on. She – if you met her and were around her she was perfectly capable but that type. We did music therapy. I learned a lot about music therapy and that sounds . . . you don't forget because Gladys Knight's *Rolling Down the River* was very popular. That's a good song to dance to in a group and *Bingo*. There are things you remember being in a room. There are high ceilings, and all these women, and dancing to *Bingo*, *Rolling Down the River*. We observed people – because it was still so heavily populated. They had not changed the rules for these people to be able to go home to their communities. Some went home. We also went to some of the profound areas. We went and met the children who had –shunts weren't available before – I know they were doing the shunts for hydrocephalus when I went to school, but you're talking older than that. There were some children that were profound and would not be able to be managed unless with just a whole slew of family, and we didn't know what the situation was.

They were doing a lot of behavioral studies in one area for men, because they realized you could teach them with reward system, and they were profound. Even to teach them personal hygiene . . . But they had got those to where there were certain mechanisms I can't remember what they did. They would get up, and they may have been setting in a corner – would come and sit down and eat, and feed themselves. They were starting – that was through Georgia College – was working on that site, and probably – maybe the Medical College. I don't know. They were doing that. We saw extremes that had never had treatment because back then we had lithium for manic depressive, we had valium – we just didn't have the drugs that we do now, that help people be maintained. We were seeing, later when we went to the VA (Veteran's Administration) hospital, they were starting to address and doing some of the injections the oil-base for the schizophrenics and all, doing some things that way.

INTERVIEWER: Thorazine? Did they have Thorazine?

WILLIAMS: We had Thorazine. They worked with those, but they were trying to – so many things weren't as good orally is what – looking back – probably was true. People needed to be able in the community and manage. You realize too, during that time, we finally landed on the moon. A lot of the things that came from that helped, through multiple generations since. We did Milledgeville. We did the units, and we did have – I don't think the Neuro unit was started but they had the cardiac.

Um, we had a lot of babies born at Baptist back then. They ran two nurseries. There was one large nursery and one smaller. It was like 25 in one, maybe 40 deliveries all the time. Your OB (obstetrics) was the nursery, before delivery, post care, and in the back with them. Back then so many were – had sedation. You learned a lot. [Laughs] I did see one of our instructor . . . well friend of mine – instructor – have a natural birth with a little, minimal, and it was so nice to see. That was -

INTERVIEWER: You didn't see a lot of natural deliveries?

WILLIAMS: There were not. They were starting, though. See if they give them the drugs – scopolamine – different ones - you had to set with them. So we had these rooms for setting because families weren't back. Fathers didn't even come back for naturals, so you were talking. It was an area to go back to, and it was intense. Put this way - I think the birth rate would've lowered real quick, because it was like, oh my goodness . . . Then you went post-partum with them, and to the nursery. During that time, because of how many births, even in that period of time, we saw some different – babies, defects and stuff that you . . . we didn't know of. See we didn't do ultrasounds to know ahead of time, so things occurred that you had to deal with, with families, and all. That's why I think the chaplain program played a big help because they were training people. They were working, and – we met with them, wherever you were on the floor, you usually met with them weekly, short-term, for the whole staff. So you understood – it helped you sometimes to understand family dynamics.

INTERVIEWER: So that chaplaincy program was just getting started, then?

WILLIAMS: It was started when I went. I know Dr. Verdery had done it, and then it became, I don't know, Dr. Cabaniss came in. It became huge, and now it's everywhere. That was really a big need being met.

INTERVIEWER: That was kind of groundbreaking wasn't it?

INTERVIEWER: It was, because they could see the side. They were reflective. It was team approach, which was really – the whole time I was at Baptist, was team. We also learned . . . um, Emory, I know – I know the residents, and the fellows doing it. We did the SOAP method, where you chart Subjective, Objective, Action Plan, which I realized even 5 years later, well, when I moved here in the late 70's, nurses had not been being taught. But being in the medical community in Atlanta, you learned that. They expected that of you, to use all your process that way. So we did that. We did – one section was like, I think it was called senior – you learned how to schedule, as a head nurse. You got the schedule and scheduling – planning time off, the whole dynamics of that leadership role. Leadership, I think that's what it was.

INTERVIEWER: It was called Leadership when I was there, but I don't –

WILLIAMS: I can't remember, it had the – maybe an aspect was leadership, which always played well, especially after you – when people would learn to realize the whole aspect of running hospitals. I've done home health for years. Wherever you are that aspect.

INTERVIEWER: Kind of the big picture, you saw the big picture?

WILLIAMS: Yes. Let me see . . . we did that. We did –

INTERVIEWER: Pediatrics?

WILLIAMS: Peds was – and that was very good because we really had a very large pediatric unit. They had excellent staff. I remember we just saw a lot. We were doing the leukemia . . . we were working on things – all different aspects. The one thing I remember during that time, and it goes back to OB too, the CDC (Centers for Disease Control) – we were one of the hospitals where they collected data. We had books of anything – we would write down if we saw a defect. We wrote. They came by regularly and looked through these books we had, or logs, to keep up with tracking what they were doing.

INTERVIEWER: Very interesting.

WILLIAMS: You're talking about now this oral . . . They were tracking and we were part – we didn't think about it. We were just told to write in stuff. I do remember, a child came in . . . I'm sure I was a student because I don't think I – I did work on that floor – with meningococcal meningitis. We lost it, quickly. We really had to do a quick assessment of our exposure. Everything . . . to get that . . . they came . . .

I remember – and I can't remember where it was – it was an orthopedic case, but I think it was more related, in my senior year. They had developed the glue in England or Europe for putting replacements in hips. It was different than what they had been doing here. And they wanted a case to be watched. So we – they did it and we sat and assessed, the patient had to have vitals every 15 minutes, so they could see what reaction they would have.

So really, there were things that you think about in a large facility, that we saw. We went over – we went to Grady because they were the only ones who had kidney machines, kidney dialysis. They had – maybe twenty – I don't know, whatever. It was very strict there.

INTERVIEWER: That was a pretty new therapy then?

WILLIAMS: It was. Now respirators were becoming more. . . . Children's respirators really got – as I was ending – um, because I know we – when I worked in Pediatric

Intensive Care, right after I graduated. They were adding – Emory, Grady – instrumentals, and if you think back probably from the moon, all the stuff we learned – you’re get a man to the moon, you take that technology back, put it on earth – helped us, that way.

Your senior year was using the skills you’d already learned – putting in place – you did rotate. Now you had – even if you were at night, you had an instructor in the building. Usually she had a couple of floors, except now Peds we had one instructor who did that and was a delight. I mean, she was one of those women that were quiet, but now she could observe and see, but we I always had somewhat oversight, plus had good staff nurses around.

INTERVIEWER: So you did clinical on any shift, day shift, evening shift, night shift?

WILLIAMS: Yes. We did. We rotated . . . You didn’t in psych, that was Monday through Friday –

INTERVIEWER: Daytime.

WILLIAMS: We left usually on Fridays. We never stayed because I – the dorm was huge. None of us ever stayed on Friday.

INTERVIEWER: Where did you go from Milledgeville?

WILLIAMS: I went home because it was fairly close. But we caught rides back to Atlanta. I remember my parents let me have the car one time. That was a hardship for them, I’m sure. . .

We did. We rotated the shifts. So you saw the aspect of how a hospital ran, and what was needed. It doesn’t shut down, in how it runs . . . all the way through.

INTERVIEWER: Now did you – being from Waycross, which is a long way – you didn’t go home every weekend?

WILLIAMS: No, I didn’t. Amazingly, there was a huge number. Our floor, they kind of put us together. There was a huge group from Florida. We had several missionary kids there. Um, in my group, the closest one lived probably 50 or 60 miles, and they went home a little more regularly. But no, there was always a group of us there, so it was fine. We could go – in the fall you might go to a Tech game, or you might work. But you are rotated weekends, too. Your rotation rotated the weekends. You were going to be there some weekends, but my parents – I was kind of like you. My parents in the fall came up, had tickets to the Georgia game. So sometimes I’d go meet them, or they’d come back by, or something, so we saw them,

but . . . you're 18, you're in Atlanta, there's something to do. It wasn't the worst place to – Tech was over there with all these men, at that point.

INTERVIEWER: It was mostly men.

WILLIAMS: Then you had Agnes Scott, which was there. There was Spellman, it was all women . . . Piedmont still had a nursing school.

INTERVIEWER: And it was all women.

WILLIAMS: Women. Agnes Scott was all women. Spellman was women.

INTERVIEWER: Grady? Did they have men?

WILLIAMS: I don't remember. I don't think so. They may have had one. I just don't remember. We didn't overlap with them except when we went over for the dialysis. They may have had their own in-house to do their mental health because – probably could do it there.

INTERVIEWER: So they weren't at Milledgeville?

WILLIAMS: I don't – Piedmont came with us to Milledgeville. And their uniforms . . . we thought ours were a little . . . but they had the little cap that looked like a little waitress cap . . . pleated, sheer. They had an apron over theirs. Our uniforms – the only good thing was they did wash and clean them for us. They were stiff as a board. We were the first class to get to choose our own uniform to graduate in. And we were the era of very short...

INTERVIEWER: Yes. Early 70s.

WILLIAMS: Yes, so they made us show our uniforms to them and walk across the stage before graduation, to make sure they were okay. That doesn't mean that some didn't go upstairs and hem them. I didn't do that, but I remember that was a big thrill, to do that. It was the era where we still wore the white hose. You distinguished yourself. A person walking into a hospital knew who people were by – an RN (registered nurse) had white hose and a cap, and a distinguished cap for where she went. An LPN (licensed practical nurse) may have a cap and you could tell where she went, but she had nude hose. You just knew who – you didn't have to look at a nametag necessarily. There was pride in that. I do remember knowing that wearing good shoes was important, pride in your uniform. You're a professional. You take pride in that. You saved your money for your license and these things, et cetera. So they instilled in you that you are a professional. You felt that way after all those months.

INTERVIEWER: I'm sure you did. So talk about the hierarchy and the differences between the three classes. You've talked a little bit about the uniform, but talk about –

WILLIAMS: Now the class, you could tell the difference. You got your cap during the – maybe the – almost to the end of your freshman year. I can't remember exactly. We had a capping ceremony, because my parents came up.

INTERVIEWER: Where was that?

WILLIAMS: Ours was – First Baptist Decatur, maybe? Or either Druid Hills – I think it was First Baptist Decatur. Then when you were a junior, you had the cap you graduated with but you put blue bands on it, on the corners. Your senior year you wore a black band across the top, and then when you graduated you had your cap. You knew exactly who the freshmen were – you knew the difference between the freshmen because she had a school uniform on with a cap, whereas a graduate had her own uniform. And we were the first class who, when we graduated, nurses were starting to be allowed to wear pants suits. We all bought, I mean, could buy them. That was a huge thing, too.

INTERVIEWER: But not as students, you couldn't have pants?

WILLIAMS: Oh, no. No, we – as students you wore the exact same uniform, starched, that would stand up. It went down below mid knee. You put it on. You put the buttons in, pulled it on, put a belt around . . . You could make it a little shorter by sticking a – pulling the waist up under that belt –

INTERVIEWER: Not that you ever did that, right?

WILLIAMS: We won't talk about that. They really watched you, your undergarments – you needed to be professional or you would be sent back to the dorm.

INTERVIEWER: Somebody – one of the other students from earlier in the decade told me – talked about having to bleach and starch her shoelaces. Did you have to do that?

WILLIAMS: Yes. Your shoes were watched. They suggested – and I went to Rich's and bought – I don't know if it's nurse mates, whatever, a shoe and they were not – they were expensive.

INTERVIEWER: Those clinics?

WILLIAMS: The clinics shoe, and you did wash and clean those, yeah. I'd kind of forgotten that part, but you kept them very clean, yeah. They looked at you and how you were groomed. No jewelry, your hair up. I was letting my hair grow, and – but I wore my hair up, and twisted up – course there were ways – since you wanted that little flip that was real popular – that you could pull it up and flip it underneath, so when you took it down, it looked nice. But

that was very important. Your hair didn't – was not on your collar, no – which really was infection control, to be honest. I mean, that's kind of just good sense.

INTERVIEWER: It is, right, exactly. So was there something special when you got the blue stripes? For your junior year?

WILLIAMS: We had a party at a friend's. We had a classmate who lived over on Clifton Road, near Emory, and her parents had a large yard, and they had a party – the school may have done it – we went to her house and played games and had a big party. Now the black band, we went downtown. We had a – I think it was Dr. Wise was our class doctor, and we went down to one of the – the Midnight Sun was underground. We went to the building and it was down near – and I'm not sure what building it was because I think it came down to put up the tall building. It had a dining room with some glasses on the top floor. We had a very nice, lovely dinner.

INTERVIEWER: A banquet?

WILLIAMS: It was nice, yes.

INTERVIEWER: Was that – did you take a date to that?

WILLIAMS: No, no, this was just the class. That would have been expensive, to take a date.

INTERVIEWER: I think later in the decade they did dates, and then my class, we all had our parents there.

WILLIAMS: Now my parents came up for capping, and for graduation, yeah.

INTERVIEWER: And that was it?

WILLIAMS: Oh they came to see me, but as far as the events. I do remember – and my mother's dead now, so I can talk about it – I didn't realize and didn't know that apparently when you got your cap, people got flowers and all, delivery and . . . My roommate at that point, her sister was there, was older. Somebody knew about it - only people that had flowers. Well my mother arrived. My parents realized – my mother didn't know about that and didn't have flowers, but that worked out because she was near – we were near a Rich's the next – we spent the night near a Rich's - and she went over and bought me clothes. I got a whole lot more clothes than I did flowers. I was happy.

INTERVIEWER: And they lasted the longest time.

WILLIAMS: They did, but I do remember her feeling like I didn't know, and I'm going - I didn't know either so it didn't bother – it worked out. It was really a good deal [laughs].

INTERVIEWER: Talk about the instructors. How did they facilitate your learning, your knowledge, your skill acquisition?

WILLIAMS: They were all different. I mean, which is good, because you learn different, because people in life you work with different bosses, different ways. Mrs. Gunby was my class sponsor, she and Miss Tribble, had her for fundamentals, early on. Um, I remember the ones for fundamentals were fairly patient and consistent with us. Um, I remember the girl that I picked – we had to inject each other back then.

INTERVIEWER: Oh you did?

WILLIAMS: Oh yes. We had to inject each other, to start. I had learned to do injections because I had worked for my cousin, and he had taught me. So that part I wasn't scared of. I think – it was payback for my years of being bad, I'm sure, as a child, I thought if she didn't get it done, I was going to die. But she really struggled, before that first shot, I mean, and struggled on me. I remember there were those who you realized could act so stern, but really taught you a lot, and sometimes with a little humor. I mean, you learned that they taught you a lesson. There were some that you questioned as always, as any school you're in. I don't know that this is your gift . . . I remember . . . sometimes you remember the ones you maybe thought were maybe a little gruff to start with but turned out to have the most insight and could almost see things and teach you so well.

INTERVIEWER: Who was that? Do you remember any of those?

WILLIAMS: There was one. She died young and I can't remember her name. But she was kind of big. She taught in class. She was one of those that would have you so enthralled. I remember she would say you know, "in case of an emergency and you're on the floor, you take the sheets, and you put all the babies in the sheets and you take them up and you put them down the chute." Well we're all writing our notes and all of a sudden we go . . . and then she burst out laughing. She was saying it so seriously. We were like whoa. She laughed and then she went back to the procedure.

But I also remember her – a patient coded as I was walking by with linens from – back then when you changed a bed you put all your linens in the pillowcase; took it away from your body. You never put anything on the floor, ever. As I was walking by a classmate and a nurse hollered help, code. So it was near the desk. So I went in and there was nowhere to put my

pillowcase. I put it down to assist and she corrected me. I never put a pillowcase down again. But she also was okay – she said I understand you are. But she went through things and said, and I remember feeling so scared of her but learned so much from her.

I remember the instructor that was so hard to stay awake in class, but I don't remember the name, but we all. We made a vow that we would all write all we could because we'd just have our pencil go down the – and then we'd compare our notes and put them together. But she had good insight on the floor. Hers was a voice issue. She told us – I mean, the knowledge was excellent.

I remember – I know now they have simulation labs, which I think is wonderful – but I do remember them being patient and telling you how to go through and what to do. I don't remember ever feeling like anybody – I needed to go and say something about. I never felt that way, in clinicals. Psychology . . . there's a lot but we won't go there.

I do remember even in OR, why you learned the things you learned, the techniques and kept replenishing what you didn't – which now technicians do. But it taught you the background to think through your infection control from the minute on. It never leaves you. Triaging – wherever you are, it taught you what to do. The airway assessments, that went through, but then how to – when you cleaned up and organized back. How you stayed alphabetical, how everything went back, so the next time you could do it. I remembered that came up last year. I didn't hear them speak but a group of us were talking. I think – I think it was one of the alumni meetings – about the people who worked with the Ebola nurses, what it went back- their training, what you were told. That has always stayed. You were taught it so that it - for a reason, always to do, no matter what improves in technology, you have to defend and work for infection control, from your handwashing on, why you do it.

INTERVIEWER: So it's all basic.

WILLIAMS: It's basic. Why do you make a bed right? Why do you teach . . . in home health, that came out in working with people – let's get the best sheet that you've got so that it's good, or families – I remember a gentleman who would do anything for his wife, and she had MS (multiple sclerosis), bed confined. He, being a man, had just bought some sheets somewhere and put – they were the roughest sheets. I said well let's, we need to work, and he said, “Are there differences in sheets?” I explained ply and what. He went and got and did. It's not so much cost, its check your ply.

INTERVIEWER: It's little details like that, because I remember them talking about keeping the sheets clean, dry, and wrinkle-free, and always constantly smoothing out those wrinkles. So one of the other participants that I've interviewed, she talked about how they taught

us to keep the sheets pulled up at the foot, so they didn't get foot drop. Just little things that you don't think about, but that are so important.

WILLIAMS: The pillows, a pillow at the foot so they put pressure – you don't get foot drop. You turn; you have a pillow between the legs. When you're bathing a patient, which nurses don't have to do now, but in situations you have to bathe the patient because they get sick and you're the one there. How you do the, or don't do . . .

INTERVIEWER: They don't use basins as much anymore. Because of the infection they use those bath cloths.

WILLIAMS: There are the cloths, which are wonderful. Used them on my mother when she was 90 and we decided to fly her, with a broken shoulder, to a funeral. They are wonderful.

INTERVIEWER: Go back to the injections. Did you have disposable needles and syringes?

WILLIAMS: Yes. We had all that, except now in OR you did have the needles. They would use certain ones, because one thing you did in OR – if you rotated on a weekend, on Sundays everything's closed except emergencies. The students were brought up and they put out those instruments and you scrubbed certain reusable things.

INTERVIEWER: So you were like central processing on the weekend.

WILLIAMS: It was only for those surgical tools to make sure they were specially cleaned, and they put us up where we could look straight over to downtown Atlanta. We'd just sit there and clean. I do remember – we didn't do anything else with the processing, because so many other things had become disposable. I'm trying to think . . .

INTERVIEWER: What about bedpans and urinals?

WILLIAMS: No we had the bedpans and urinals, and we had the bedpan washer at the nurse's station –

INTERVIEWER: The hopper?

WILLIAMS: The hopper, yes. And you always carried them inside a paper bag, down the hall, very politely. A few rooms had – the few private rooms – had one of those washer things that came down.

INTERVIEWER: From the toilet?

WILLIAMS: Yes, very, very few of those. We had the – on the orthopedic you had the hot packs that were in a steamer thing, that you - and the warming blankets you did. We had all disposable needles. I don't remember any – those – that – I missed all of that other. Now we did have a little – and I had sort of forgotten. We had glass IV bottles. Then, what is it? Is it – there's one that you still put in glass.

INTERVIEWER: Nitroglycerine. I mean there are several things –

WILLIAMS: That you still put in a glass bottle, but we –

INTERVIEWER: Nitroglycerine's one that you still put, it comes in a bottle.

WILLIAMS: And there's one of the –

INTERVIEWER: There are some of the chemo things –

WILLIAMS: Yeah, and one other that you did that way...

INTERVIEWER: The plastic absorbs it too much so...

WILLIAMS: Yes. It permeates.

INTERVIEWER: There's a few.

WILLIAMS: I do remember that we all were certified as bomb shelter nurses. Because it was still the era . . . It was, you had to watch –

INTERVIEWER: That Cold War – Vietnam was still going on -

WILLIAMS: Cold War. Vietnam. We had come along through the Cuban Crisis, and we all had worn the bracelets and practiced the drills, but we were bomb shelter and nuclear war certified. I do remember, honestly, praying to God and saying I think I'll just go out and die with the rest, because what to do to maintain in case of nuclear war would've been – your injuries, your mental . . . it would just be horrific. I just – but we wore those – we had been triage – Vietnam started triage. It had been going on, so we did learn triage. We were very much – and ERs (emergency rooms) were doing that, so we were – the triage was used.

INTERVIEWER: The tunnel was a bomb shelter wasn't it, and that ground floor?

WILLIAMS: Some area down there was. There were some in Atlanta. There were all – there were marked in buildings and halls, all around. We have – when we moved here, a house we looked at had a bomb shelter. That was not a selling point and we didn't buy it, I promise you.

INTERVIEWER: But that was a thing back then. It was important.

WILLIAMS: Yes. They just found one in Tifton – I was reading about that – and it's for sale because you can turn it into a – people like safe places and stuff, and I think some buy huge – but then you realize they had, at the Greenbrier for decades, the – for the Congress and them, and places to go, so . . . We did have that certification, which every now and then you think about. I didn't save the card, I'm sure. Oh we had a card.

INTERVIEWER: You were a card-carrying bomb shelter nurse.

WILLIAMS: That's not what you want to do. Times were . . . um, we arrived – Martin Luther King was killed in April of '68 and we arrived in September. Then Robert Kennedy . . . So we were in Atlanta. But I do remember during that time Martin Luther King's father would come over and eat lunch in the cafeteria with Dr. Louie D. Newton and a group. He was a very pleasant man, very delightful, kind. And Baptist was always – was in the neighborhood, so it was around...

INTERVIEWER: When I was a student I worked in the ER extra, and Coretta Scott King would come and have her blood pressure checked. And she'd just come in and they'd check her blood pressure and she would go on about her business. They lived just right down Boulevard.

WILLIAMS: Right down the street, yeah. And I remember that we used the buses. We knew where we could go. But in any large city you need to know that, that was very – where you could go and were not to go. In our class we had a classmate from Chattahoochee, Florida, and she had never seen an escalator. We took her to Davison's and were all three watching her, and she went up and you know, things back then, I mean, I'm not . . . I guess she'd seen an elevator. She saw that when she got to school. She had to go up in the elevator, but she had never seen an escalator. But we went out. We went to see *MASH*. It came out when we were students, and we went to Phipps Plaza. It was in the afternoon. It was hysterical. We laughed. There weren't any people in there, which was good; because we thought – we caught the humor –

INTERVIEWER: The medical humor?

WILLIAMS: We caught the medical humor. Hysterically. Yes.

INTERVIEWER: What'd you think about the nurses?

WILLIAMS: They were portrayed not quite like we would've expected to be portrayed. They were somewhat military, but not – but you had to realize that was about the first

time things were being shown. That – the sexual revolution and stuff and people were showing stuff. The humor is what we just, because it was...

INTERVIEWER: I think a lot of the – because there were a lot of medical shows in the 70's. *MASH* became a TV show, and then *Julia*. Do you remember *Julia*? There was a man –

WILLIAMS: Dr. Kilgore – Kildare – was 60s, I think. **Trapper John** may have been – because that was later, I think, in the 70s.

INTERVIEWER: But I think a lot of that helped influence me to be a nurse, even though I didn't know what nursing was about. Saw it on TV . . .

WILLIAMS: That you were part of a team. You were part of a team - and I remember in OR the nurse – the RN in charge of an operating room – if you say it's contaminated, everybody believes you. You're in control, and watch. And I remember coming here in the late 70s, an excellent surgeon who was really a good surgeon, but he was a one room ER. I was – had - you had multiple people, and the surgeon came in and just wanted something. He barreled through a door and knocked over a tray. He said, "I need so-and-so," and I looked at him and said, "I'm sorry you've just contaminated. I'll take care of that, and I'll find it." I remember saying very nicely, "But sir since you've been here for several years you might can find it quicker than me, but I will take care of you in just a minute," and I - because I had to set back up a surgery thing. Being a surgeon he was – and people had said he was really. He realized what had happened he backed . . . We always got along after that. He – we had respect and it wasn't - because I remember saying – well he did that. You were taught to – for the patient's sake – you were the patient's advocate too.

INTERVIEWER: Were there medical students at Georgia Baptist when you –

WILLIAMS: Oh yes, and fellows, always. Every rotation you had your interns, your residents, and fellows, especially the cardiology, the fellows from Emory. The reason I remembered some of them, they ended up being physicians that took care of our family.

INTERVIEWER: How was that, learning with all those other students?

WILLIAMS: We had the opportunity to learn. You were in the room. You were – hear them ask questions or you could ask. The doctors had been taught that way. They wanted to teach them. You always have, in any system that way, you have those who you jokingly – you know – how do I say this – have their arrogance, in a way, but you also learn to know you're a team and that's most important. A doctor needs a team that can support him with their intelligence, for the benefit of the patient, and you did learn . . . we learned that. That was respect . . . just part of it. I don't . . . (Pause).

INTERVIEWER: So what events do you remember occurring while you were there that helped make you a better nurse?

WILLIAMS: I think it was just the whole process of alone each time learning from what you saw, I mean like I said the subacute endocarditis. That made an impression. You saw children–

INTERVIEWER: You don't see that every day.

WILLIAMS: No. You saw abnormalities at birth that, some were treatable and some weren't. You saw hope for people . . . if you were in orthopedics, to see the joints being replaced, and start or mended, or trauma – you need trauma. The neuro section has come so far because now they can repair and do so much more where many times it was a case of – you didn't have a way to relieve the pressure or do, you saw, unfortunately you saw complications from natural things such as childbirth, and learned from that. You saw chemotherapies being done, and results. Heart and all made huge leaps because my generation – and us being young then – were the first to be – receive long-term health, heart, cardiac care to lower our blood pressures early on or find problems that lasted later. The diabetes was huge, what we've seen. The implement - to control a diabetic and what they had, their insulin . . . now the pumps didn't come along until the 80s, but the fact that we started controlling teaching multiple insulins and how to use, um, started.

INTERVIEWER: We didn't have Accuchecks then, or glucometers, not until the 80s I don't think.

WILLIAMS: No. Yes. When the pods came along you had some. Well, we had strips that we did. We did the urines. Home health taught me a lot about that. We had to learn to do the arterial sticks, even on children. That was –

INTERVIEWER: I don't think we did those when I was in school.

WILLIAMS: Now of course you have the pulse oximeter but we had to learn to do adults, post cardiac and all. You didn't have? You had to know oxygen levels. Every step along the way you saw some things, or the staff or the teachers encouraged you to look. They didn't put limits on what you could learn. I think that was a good thing. I know now with the internet and different things, you have ways that you can see without being right there. In nursing, what we saw being at a facility like that was, um, like maybe having your own internet right there, although we didn't have but three phones on the floor.

INTERVIEWER: For forty girls, right?

WILLIAMS: That came up recently – well a few years ago we were talking in a break and we were talking about calling home. I called home once a week. In between if I need to I could've but I always called once a week. One of the three phones... We timed people who had dates because some were always calling.

INTERVIEWER: And you had to call collect, long distance.

WILLIAMS: Yes. This young girl looked at me and said, "Why didn't you use your cell phone?" And I said, "Honey, there were no cell phones. There were not even land lines." We didn't have TVs in our – we had one TV on the floor. We did have transistor radios, and radios, and that was nice. Probably that was the way to have things there and see that I definitely benefited from -

INTERVIEWER: Absolutely, it made you more focused, not on all that other stuff.

WILLIAMS: Well we – I did enjoy being in Atlanta. I am not going to say I didn't enjoy being near a boy, you know, meeting people, and doing. I can't say that wasn't a good time because it was. Good concerts. We did have excellent concerts in Atlanta – that was one - yeah.

INTERVIEWER: Who'd you go see?

WILLIAMS: The one I didn't realize I was going to see, that I realize now that people now go oh yeah – I saw Janis Joplin. She really did swig the liquor, and I was like oh... um, Fifth Dimension. Percy Sledge came regular.

INTERVIEWER: At the Fox?

WILLIAMS: No that was over at Tech. Now the Civic Center on Tuesday nights in the summer, their summer series, they would want extra people so they would call the dorm and say – if you want, come dressed – we'd ride the bus down, and we would see the traveling Broadway plays. We saw Yul Brenner, and Robert Goulet – and it was free. We just went down and, we saw – I mean, just the – being there that way it's kind of like the kids are now. They go see, to Phipps, and see people, but for us it was a big deal...

INTERVIEWER: This kind of segues into the next. So talk about the extracurricular activities you were involved in, um, that helped with your knowledge development as a nurse.

WILLIAMS: The BSU (Baptist Student Union) at Baptist, but also Tech, we had a coed – I did that. We had a – it was at First Baptist but it was a different group of people, called New Generation Chorale. I did that for three years, and we traveled on spring break. We went to Washington and New Orleans. I can't remember where else, but that was nice. Those

were people from all different colleges. Didn't say I was a singer but I got to be around a lot of people. And I made friends that way.

I did volunteer and do some work down at Grant Park at the Baptist Center, with children. I went to church and enjoyed my church there. Um, things that way put me in the community and I enjoyed.

And being, even though I didn't have a car we had bus systems; friends picked up and we learned . . . Somebody usually had a car.

INTERVIEWER: How about on campus? Were you involved in student government? Or yearbook?

WILLIAMS: No, I didn't. I needed to study. No, but I had friends that did and really enjoyed it. My roommate did the choir there and enjoyed that, yeah.

INTERVIEWER: Describe some of the struggles you encountered while you were at Georgia Baptist.

WILLIAMS: I think that a lot of it was, as I said, here you have six books – or all these books – and in high school you had that many but you had nine months. You have a quarter or maybe Anatomy and Physiology may have been two quarters. Structure your time. As I say and I know that seems, because people talk about Psychology now. We didn't study anything about Psychology in high school. That was a dynamic that I had to learn to think.

INTERVIEWER: It was a different way of thinking.

WILLIAMS: It was. And just stay on top and realizing, um - I was happy to be the student I was. I probably could have done better in some areas. But I – and learn to become yourself and learn what you're doing in each subject and how you do. I wasn't going to be the top one, but that didn't worry me.

I think, um, learning to live with women in a group is - but we were past high school so it wasn't as much the pettiness. I do appreciate that. Um, I think sometimes watching those – some people make poor choices – that we all make a poor choice, but to see people, the ones – the alcohol, or whatever they get into becomes their problem and they can't get over – those type of things you grow through and learn, but that's part of being an adult, and growing up.

I missed my family at home, but my parents were very supportive and could do - and I knew my dad, and they said you could call anytime you want to, and I knew that.

INTERVIEWER: Talk about the dorm. What was life like in the dorm?

WILLIAMS: The dorm was, um . . . [Pause] . . .

INTERVIEWER: It was pretty new wasn't it?

WILLIAMS: It was fairly new and I thought that was nice. After reviewing and seeing some dorms that friends were at, in different schools, I thought it was nice. In that it was a suite. You had the two beds in each room, the desks, and the closets, and the bathroom you shared. It was very nice, because most colleges back then you had one bathroom on the floor and all that, all shared, sometimes two to four people in a room.

INTERVIEWER: The rooms were pretty big, too.

WILLIAMS: Especially if you got a corner room. I had a corner room one time. That was really nice. I was paired up fairly well. One roommate, not as well, and she was the one – it was very hard to see her. She made poor choices, and struggles, and she left and – which was sad to see for her but probably for the best. It didn't take but one difficult roommate to make you appreciate, and personalities, and meeting people. And like I said, because we were in our room that freshman year for two hours and then came back out, you kind of learned to be tolerant of each other and enjoy and do and appreciate that you may not necessarily like everything about a person but there's a good point to it.

INTERVIEWER: Would you say that whole environment created like a sense of community there?

WILLIAMS: Oh yeah, and each floor was their own community, yeah, you learned people . . . Like I said when you've been in a room for two hours and you come out and see Tom Jones you learn to see who can dance and holler and scream.

INTERVIEWER: Did you have dance time too?

WILLIAMS: Oh goodness, who couldn't wait to – back then you know. I think learning from each other even . . . I was blessed in that my mother had been a cosmetologist, and being older and liking clothes made stuff for me. We looked at trends and what was going on. Being a cosmetologist how to put on makeup, and my hair and all. I had been – I guess the word groomed or – and taught these things. I had never known that people weren't. To have roommates who just – for religious reasons their mother may not want to – sometimes it was they just didn't know how to teach or something, you started helping each other do stuff. My mother had cut hair, so I trimmed hair up there. I didn't charge anybody, but I could trim a hair and make it look good, decent.

INTERVIEWER: Make it flip?

WILLIAMS: Oh – show you how to flip it or I could cut it so it would flip. I remember – it made the community . . . You learned – maybe your study partner or someone who could encourage you and meet that way – learned to live with all different people.

INTERVIEWER: You think it would have been a different experience if there had been men there?

WILLIAMS: Probably so, because what we were learning about the body was so intimate. I mean you know – we were the generation that, you know – on TV, Desi and Lucy slept in different beds . . .

INTERVIEWER: In twin beds [laughs].

WILLIAMS: I think – I'm trying to think, seems like sometime, maybe in the 60s, somebody slept in a bed. We weren't – although I did go see James Bond movies, a couple, with a parent . . . There were things that way that, in learning, would have been a little embarrassing maybe, as a freshman just turning 18, to see some things. But looking back at how people did it – I mean coed schools, I don't know. That dorm was nice and contained and allowed us to do . . . up and down and safe, that was a good thing. The safety of it, yeah, even if we did have dating booths and people, mothers that walked through and watched, made sure you, we . . . [Pause] . . .

INTERVIEWER: So talk about those housemothers.

WILLIAMS: We had a good one. In fact, ours, I never had a bad one. Now some of the ones had some . . . heard of some quirky ones. I never had one that was intrusive. It's just, they were there . . . they listened. There were a few that had some . . . I do remember the intercom, calling up. Oh Lord, one time I got called down for the wrong date because I wasn't dating him anymore. He looked – and luckily my date showed up.

INTERVIEWER: He was there for somebody else?

WILLIAMS: Yes, but it was about the same time my date was due. It didn't bother me.

INTERVIEWER: So they just assumed he was there for you.

WILLIAMS: Yeah. Miss Smith your date's here, you know. But it was a comfortable environment which, at that point, being far away and learning – was a safety net for me.

INTERVIEWER: They took good care of the girls. They really cared about the girls.

WILLIAMS: They did. They wanted you safe. That was utmost to them.

INTERVIEWER: Did you ever think about what their life was like? I never really thought about it until doing this study, like, because they lived right there.

WILLIAMS: No they had homes. They could still go home, but so many of them, this was their life. Some people from here did that later, in the dorms. It gave them a community though, if you think about it. You had retired and you wanted to do something and it was a little extra pay, of an environment that was safe and sound. You could get on the bus, go meet your friends, so in a lot of ways. It probably was extra income, but a lot of them, to me, just seemed to enjoy it.

INTERVIEWER: They were all really close, with each other.

WILLIAMS: Yes. They had meals and stuff.

INTERVIEWER: Most of them were either widowed or I guess never married.

WILLIAMS: I think all of ours were widows. I don't remember, not thinking they didn't have . . . Some of them had children they'd go visit and stuff. I wouldn't want to do it this day and age, but that is a different story [laughs].

INTERVIEWER: Did you guys do Senior Raids when you were there?

WILLIAMS: Oh yes. We did. We danced – the night. One night, before graduating we gathered up some uniforms, towels, and we went up, tied all the stuff together and threw it over – remember the sunbathing place?

INTERVIEWER: Uh huh, the rooftop deck.

WILLIAMS: Deck . . . to sunbathe . . . helicopters fly would over. We tied a bunch of stuff together and threw it over the side so it wouldn't – Mrs. Ransbotham came that morning they'd see it. We thought that was thrilling.

We danced through every hall singing *Celebrate* – I just want to celebrate – I think that was it, and we danced through every hall, singing and dancing, and it was a celebration, I have to say, um, we did that. We thought that was thrilling. We were close enough we weren't going to be thrown out. That was a big thing.

INTERVIEWER: We've kind of already talked a little bit about the seventies and the era. Vietnam was still going on. I guess it wasn't until later in the seventies when the economy was so bad, and all the political scandals with Nixon –

WILLIAMS: Well no, that started in the early seventies, because my husband finished in '72, at Tech, top grad, and there were not jobs, limited. He did get one, but you know, they just weren't recruiting or asking. Having been a nurse, you had a job. I remember that was not a problem. When we married, we were both making close to the same. Now his increased some when he got his MBA and all. But no, we had a salary, and . . . I knew wherever he went or wherever he was, I could get a job.

Now sometimes, moving to small towns, it might not be the job you want. I learned that because I moved here and took less pay. Took a job with the hospital, and then after I started the guy said – the administrator who happened to be our neighbor from where we were living here, said, "I can't pay you. I've got to cut your pay more." I said, "Well I'll do a month, but I'll look and see if I can't find something else, too, because I was like, you already lowered it." Sometimes in certain jobs it was still related to who you knew.

INTERVIEWER: So the economy really did have an effect on your career?

WILLIAMS: A little bit that way, except I looked back and it really worked out. It didn't – I worked at a nursing home, but it worked into then – I did a private duty, at a time I didn't have a job for the couple. I ended up being their business partner, I worked for his family, and we ended up going into business and doing the home health. That turned out to be an opportunity.

INTERVIEWER: So what did you do when you first graduated?

WILLIAMS: I stayed at Baptist and I worked in Pediatrics, and they opened the Pediatric Intensive Care and I went in that, and then they added the open heart surgery, and they put it with the pediatric upstairs. It was the only place they had right then. It wasn't long term.

INTERVIEWER: Because the tower wasn't built yet.

WILLIAMS: No. The Pediatric Intensive Care was a big thing we set up. Grady had it, and Egleston, so that gave it that third, setting it up and getting it to the level. Everything in learning worked through the neonatal intensive care.

INTERVIEWER: How long did you stay?

WILLIAMS: I stayed at Baptist until '74. Then I worked in Atlanta I went and worked for a surgeon, in his office, doing the histories, and worked for him and assisted in the office, but also did all the histories. He had been at Emory and I could take all the histories and do. You were really taught to do – you were taught total assessment and it just was – you just did it, never thought anything about it. So I did enjoy . . . I did that, and then I came here and did

a month in an ER (emergency room). Then I did at a nursing home, and went into home health, and have been in it since and grew that business.

INTERVIEWER: So did you ever go back to school?

WILLIAMS: No. Now I added some management through the University of Georgia in Tifton one time, added some management things that way. Always CEU's (continuing education units) whatever I wanted to. Really enjoyed – had a good intention – colostomies – so I like skincare, colostomies and really studied a lot in that so I could work with people.

INTERVIEWER: That's important in home health.

WILLIAMS: It is, yes. Anybody – I learned early on and it was at Baptist that people know they have a life, you know, they don't need – that was important. But then it was even hands on. Now we do gloves, but . . .

INTERVIEWER: It's funny the things we used to do without gloves and we didn't think anything about it.

WILLIAMS: We didn't until 80 . . . the law, the regulations came down, '84, '85 for the . . . was a mixture of Hepatitis C, HIV. We look back – I question and couple of cases we saw. One was a retired military person. I look back and think he probably was an HIV. We were seeing it in our area by the mid-80s, but protocols weren't set up. That was a good regulation change, to protect the medical community, and for us. You know, sometimes that's important.

INTERVIEWER: I think HIV changed the way we do medicine.

WILLIAMS: It was another unknown. Looking back . . . and the thing you always remember is, I'd rather know your status than not. People were, oh I don't want to know, years ago, and I'd go if I know I can handle it. You've got to realize, everybody else probably could be. That's what people didn't realize. And unfortunately we made such strides in our education, and we're slipping again. Our cases are going back up. We worked with, um, Morehouse, a group of us in the community related through everybody how to address this. Because in the early 90s our TB (tuberculosis) went up so then we had our – your TB went up with your HIV lower immune. We were fighting that and lowering our numbers, so we all came together, all different aspects of the community. And I remember we really targeted, and we hit our goal . . . you keep wanting to educate, and kind of – people slip.

INTERVIEWER: Yeah, it's a cycle.

WILLIAMS: I think people, young people especially, become - think they're invincible. I can do this.

INTERVIEWER: Yeah, they do.

WILLIAMS: - and you want to go, no you're not -

INTERVIEWER: So not having a degree has really never kept you from doing what you wanted to do in nursing?

WILLIAMS: No. I was blessed that way, I mean I guess. I thought about it at times. Um, but no, I've always been able to work and do, and I love my job, and it worked out, and being an owner, it helped. But I have employed . . . I have nurses with just their RN that are excellent. I would encourage any of them to get their BSN (Bachelor of Science in Nursing), now, but the skills that we received and our balance of the science, the management side was in somewhat beyond what a person would have had that only had – that didn't do a diploma graduate. And they gave you critical thinking tools, so I never . . .

INTERVIEWER: How do you think they did that? What ways?

WILLIAMS: I think it was – I was thinking about this before you came. It was intense in that you got your knowledge, your scientific knowledge, in the body, your anatomy, the basics, but they added every point. You added to it. You saw how it affected and that mixture – maybe it's the holistic – every part, it's a team effort to do, and you have to meet all these needs, not just what's going on, this is a laceration, but let's look at the whole person, and see is this one going downhill because his circulatory (system) is compromised or are we obviously, since I am – the whole approach to looking at that, and then – we even had the chaplaincy program, which really became somewhat of a mental health, how to balance the family side dynamics, to get someone to do. I think in home health, early on, reminding people, one of the earliest cases, this man's leg wound can't, wouldn't heal and they were taking him back to Augusta. When we were sent in to evaluate we had no running water. We had holes in the floor. We had to find - they weren't going to move - tins to put our supplies in so they weren't contaminated, and then call the doctor, the young – well he wasn't young, he was probably my age – resident well he, we can do – I said, “Sir, I'm carrying water in and I'm heating water over a fireplace, and I'm keeping the rats out.” We got to come together we can heal – we did convince them, finally, to move. She didn't want to move to town because he might see somebody. He liked to look at women. I thought I'd move to town to get out of this, but . . . But I think it was the approach to look at it from all sides, and we were given that. And if you put those things together, you can meet a person's needs.

INTERVIEWER: Well that's all the questions I have, but is there anything else you want to say?

WILLIAMS: No, I mean, I value my education. It wasn't easy. I do – thinking back – I remember getting halfway, and thinking well if I made it halfway I can, but I think that's college anyway. I think whatever your choice of career, the changes, how you go through it, and do, and I did learn that Psychology is valuable. I wasn't sure. But I do think Baptist gave you an environment as its based, it was based on concern, the Christian effect, which is caring for others . . . instilling in the students how to do that, that was done - yes there were some – as in all life – some quirky individuals or unique. You have that anywhere you go. You have to learn to look. You can use people . . . In a business you can find the people but you – everybody has a weakness, or strength, and make it work for the best, to meet the goals of the patients you're treating. Sometimes it's funny now – you need to be maybe in ER and not home health, and you need to be here or what . . . but if you came out of Baptist you kind of knew some things you wanted to do. I did not want to be put to sleep to have a child. No, I'm just . . . [Laughing] . . .

INTERVIEWER: I think that's part of healthcare too, is like you see the good and the bad.

WILLIAMS: You become an advocate for the patient. You learn to see the whole process, or learn why sometimes people say well this didn't occur, the doctor didn't do so and so – well in talking to them you realize the doctor told you something. You didn't want to hear what the doctor said, so you blocked, you created your problem, and then you lost time to do this or not, and getting through that . . . sometimes we can be our own worst enemies.

INTERVIEWER: Absolutely. Well thank you so much.