

- And I've got every color friend I could possibly get in New York City 'cause I was sure that in Gainesville, Florida they only had two colors. (Rose laughs) I mean, I had no idea where I was going. And I went in nursing school there, and I already had a undergraduate degree and a masters degree, but I went in nursing school because I was interested in going into nurse midwifery. And while I was in nursing school I met the women who started the Gainesville Women's Health Center. And I had worked in New York City at the Eastern Women's Health Center, which is one of the first abortion clinics in the United States, right after Roe v. Wade passed. And so I knew about working in a abortion clinic and knew what kinds of counseling we get at Eastern Women's Center. And so I started as the head of counseling at the Gainesville Women's Health Center when it opened in 1974. So eventually the person who had been hired to be the director of the clinic left and I became the director of the clinic. But my first job was as the head of counseling, and not as the director.

- Do you remember how many years, or what years you were director?

- I was the director from '75 to '78.

- Okay.

- And then I left in '78 to go back to graduate school to get my PhD in medical anthropology at the University of Florida. So it was a wild, crazy time. I loved every minute of it, and it wasn't easy by any means. So, I don't know, do you have specific questions about my work at the clinic that you wanted to ask? Or do you just want me to sort of talk?

- No, I don't have a list of questions. I'm interested, now you've already said that you were already interested in nurse midwifery when you went to nursing school. So you had an interest in these things before you met, I guess in would have been Judy and Margaret and Byllye Avery.

- Right, exactly. Yeah, and, quite frankly, one of the things that happened was that I went out to Kentucky, to the Frontier Nursing Service, and they told me, "Well, you know you need to be a nurse first. "You can't just be a midwife." And so that's why I went back to nursing school. And while I was in nursing school I met those three again, but I also discovered that the nurse midwifery program, the closest one was gonna be in South Carolina. And I just was really having a hard time imagining how I would be leaving my two two year olds with my husband at the time and go off to something as intense as a nurse midwifery program. So I sort of transferred my interest to a women's health clinic as opposed to doing midwifery.

- Well it was very much not just an abortion clinic, that's one thing I've been gathering.

- Oh, absolutely. No, we provided well women care three nights a week, and then we did abortions two days a week. And then we ended up eventually doing a vasectomy clinic once every couple of months. So we expanded our services after we got our feet on the ground. But it was a challenging thing because our medical director lived in Jacksonville, Florida, which is an hour and a half away. And we had a local guy, I didn't see his name mentioned in any of the transcripts you sent me, but his name was, interestingly enough, doctor Menzies. M-E-N-Z-I-E-S.

(Rose laughs) He was our backup doctor, but we were very, very, very aware that if we overused him that he probably wouldn't stay with us for very long. By overusing him I mean that when women call after they've had an abortion with a concern about whether they were bleeding too heavily, or the pain was too intense, or whatever. That if we called him about every single woman who called us, that he'd get tired of it. And, literally, at the time we were paying him \$25 a month to be our backup.

- Wow.

- So we took an incredible amount of responsibility on our own shoulders and really tried to evaluate as best we could over the phone before we called him, so that we really did not get him involved in most of the follow up care. Because we were concerned it would be too much for him. So that was challenging. And it was a lot of responsibility. And I swore after that time that I would never wear a beeper again in my life. (Rose laughs)

- Yeah.

- You know, it really it colors how you're gonna spend your evenings. I mean, when you're on call you have to be of very sound mind, and be able to really evaluate carefully. So pretty much meant not drinking any alcohol. It just did color how we could spend our time. I don't think any of us regretted it, but I think those of us who carried the beeper, which were the nurses, did find that a challenging part of the clinic. And that's something that Byllye and Judy and Margaret just hate like hell wearing this, you know? I mean it was interesting to read the transcripts because everybody's experience is different. And, of course, it's 40 years ago, and so many of us may have sort of a halo effect after 40 years. But there were some tensions, and it wasn't as rosy (laughs) as I felt like some of the people were describing it. There was one quote about how there were no differences. We all got along. We all felt the same about everything. And that was just really not my experience. So, some of the tensions that I feel existed was one between the clinical and the non-clinical people. Because the clinical people were assuming a very different level of responsibility. And, you know, we all were getting paid shit. I mean, you know, literally, as the executive director of the clinic I was making \$12,000 a year. (Rose laughs) That kinda gives you some idea. And of course it was 40 years ago so I'm not saying that, I mean, I don't know what that would be in today's money. But it sure wasn't a lot of money.

- My first teaching job I made \$10,000. And that was 1974, I think. And that was not a particularly responsible job. (laughs) Nothing like running a clinic.

- Yeah, so that was one of the tensions. Another tension was really between the lesbians and the straight

women. And it was kind of amusing. I did notice that somebody talked about this South Eastern Women's Health conference that we planned and executed, which was really wonderful, but one of the workshops that we had there was straight and gay women conversation, or something, I can't remember what the actual title was. And it was so popular that we actually did two sessions of it. And it was so successful at the conference that a number of us continued meeting after the conference. Just as a sort of an ongoing group to talk about some of the issues. And ironically, or maybe not so ironically, every single one of the straight women, myself included, became a lesbian. So that's what those kind of groups get ya. (laughs)

- Yeah.

- But there were tensions about that. And there were tensions about people who had male children. I had two male children and there were some events that some of the more radical lesbians really didn't want male children to be there. And I mean these children were like seven years old. I get not bringing 17 year old young men to some of these events. But, really, seven year old boys? C'mon. So there were definitely tensions. And then there, of course, were some racial tensions. And I did see that Deborah David's name was mentioned. She was an African American woman who was pretty militant. I think we were in a pretty early evolutionary phase of really understanding a lot of the racial tensions and understanding how we needed to be working more on our stuff related to racism. So one of the solutions to that was to, basically, change the locks from the front door and get her out, which isn't, to me, the most social updatave way to handle that. I was not there. I had already moved on the graduate school. So there are people, literally, in Gainesville now (coughs) that will not come to anything that Byllye or Margaret might be at because of what happened during that period where the staff got locked out of the clinic. So it wasn't like we were all totally homogeneous and everybody was loving each other. On the other hand, those of us who worked at the clinic tend to socialize together. Even when we were married to men we kind of drove that. And we'd work all day at the clinic of Saturday and then, Saturday evening, we'd get together with our husbands and children and be all one big social group. As things moved along, I think there probably were more people were not, well, copacetic. Which is understandable. I'm not trying to paint a black picture of anything. But I did find it amusing when somebody said, "Oh, we all got along and everything." But then it's like, oh yeah? Well that wasn't my experience. So, it was a very interesting and wonderful time. And we all worked really hard. And one of the transitions that happened is that the first group of us really all were very committed to the politics of the clinic. Yeah, we literally cared about how many women were on the schedule because we knew that the ability of the clinic to continue functioning required a certain amount of money. As we moved along, (coughs) excuse me, in the history of the clinic, more people got hired who were not what many of us would consider staunch feminist. They saw it more as a job, and the tone shifted a bit. I mean, they were all very nice women, but they were not radical feminists and they saw it more as a job than as a calling. I think the first group of us absolutely saw it as a calling, and a mission, and something that we cared deeply about. Having those services available for women. After a few years I think that got diluted, which doesn't mean that weren't other people who had that philosophy. But those people were maybe more in the minority. It sort of shifted to people who went to nursing school, wanted a job, it seemed like a groovy place to work, good job, let me work there. Which is different than the first group.

- When do you think that shift occurred? I mean, it was after you left, I think, or was it?

- Yeah, it was after I left. Well, I think, yeah it's hard to know exactly what led to it. And there were some kind of unfortunate things that happened. We had two different cases of embezzlement. Where people working at the clinic embezzled money from the clinic. (coughs) I apologize, I am at the tail end, or maybe not tail end, but I'm at the end of a cold. I'm coughing a lot. So I'm not sure. Part of it, and of course Byllye and Judy and Margaret sort of broke off and started the birth center, so their presence wasn't there anymore.

- Was that after you left, or what?

- Yes, un-huh, yeah. It was right after they locked the doors and kept all the staff out. I had already gone. And, by the way, Byllye and I are extremely close friends.

- Oh, good.

- You know, Judy had died. And I don't keep up with Margaret. But, as I said, there are people who are so bitter about what happened during that time that they wouldn't dream coming. And, of course, Byllye goes back to Gainesville a fair amount to do public speaking. And, so, that caused a lot. So I don't know if that was part of it or whether we weren't good about keeping, front and central, the personal is the political. The sort of reasons of why we had the clinic. I mean it got to be that it was a good thing to have, but not that it was all part of the women's health movement, and about women reclaiming their bodies. But all of the philosophy, I think, got littered somewhat along the way. Now, having said that, there certainly were plenty of feminists who continued to work there over the next 20 years, but there were also a lot more people who weren't what I would call a feminist who worked there too. So it was a wild and wooly time. And then, you know, part of the issue, my partner, who I'm with, and who I was with back then, really one of my first experienced with a (coughs) relating to a woman, is my current partner. So we've been together like 34 years or 35 years. And we often laugh about all the consensus decision making that, literally, we would make every decision by consensus. Which is such a pain in the ass. I mean, you know, what color toilet paper should we buy? Oh, we gotta reach consensus on that. (Rose laughs)

Like, no. (laughs) No, we don't. I mean, about things that are really important political decisions and strategy, yeah. But we kinda overdid some of that consensus decision making and I think that drove some people a little crazy. (laughs)

- Sure. Do you want to mention, I was thinking in the biographical introduction about you, that we could mention your partner by name? Or that you've been with your partner now for that long? I mention that in several other people's introductions. I think I mention it in Byllye's. Do you want me to mention her name?

- Her name is Sara. Oh, well actually her name was Vicky at the time, but now it's Sara. Her name was Sara Victoria, and when we moved to North Carolina she decided to claim the Sara part of her. But when we were in Gainesville her name was Vicky. Vicky Jarvis.

- Jarvis, okay. Okay, and you've been together since Gainesville then?

- Yeah, yeah since the clinic. I hired her, actually. She was a counselor at the clinic.

- So you met your partner at the clinic. That's one of the things I wanted to get you to talk about a little bit. About how that clinic served not just for women's physical health, but you had CR groups, and it was a social and it was a place where political change happened just because you worked there.

- Yeah, absolutely. And we really, as I said, we all socialized together. We all supported each other through what was going on in the rest of our lives. It was a whole lot more than a job, let's just say that. I mean, I've never had another experience like it. Where the borders were permeable between the personal and the professional. It was all one.

- And what do you think, is it because of the times and the movement?

- Yeah, I think so. Because a lot of people who weren't even working at the clinic also, other women who were straight at the time, became lesbians too. My best friend, Bonnie Coats, she became the director. I dunno she became the director right after me. She might have come right after me. (coughs) She wasn't working at the clinic. She owned the women's book store for a while.

- Women's book stores work that way too sometimes.

- I'm sorry? Yeah, yeah right, exactly. Then there were women who were doing counseling outside the clinic, who were mainly seeing feminists and lesbians. And so, there was really quite a movement in Gainesville. It was kind of impressive just how many people. And it was also extremely incestuous. I mean, we all were with everybody else's partner.

- Right.

- We talked over (laughs). When we moved to North Carolina and there's a pretty good women's community here in Durham, but we absolutely are not involved with the women community.

- Really?

- Yeah, we have friends who are lesbians, we have friends who are straight, and we have friends who are men, and then gay men, and straight men. But, yeah, the Gainesville experience was so intense that I think we felt like we needed a break from it. And so we didn't really seek out a recreation of Gainesville when we moved to Durham. Just became friends with lots of different types of people. And some of them are lesbians, and some of them aren't.

- Now, Corky Cover talks a little bit about the split in the movement between lesbian and straight. And how closeted Judith Brown was. And, apparently, Carol Geraldina is still closeted.

- Oh, really?

- Well, I say that. We're not sure whether we should say in the chapter that she was Judith's partner or not. (laughs) She has a new book, Geraldina does.

- Does she?

- Yeah, but she doesn't come in it at all. And there's like three pages that have anything to do with lesbians. It's about the women's movement. (laughs)

- Really?

- Yes!

- Oh my god, that's interesting.

- It's a good book though. It's about African American women in the movement. She's answering the argument that said that they weren't in the movement.

- Right.

- And she's saying well, yeah they were.

- Well, Byllye is a good spokesperson on that one 'cause she certainly had her ups and downs in terms of the other African American women involved.

- Yeah, she said she couldn't--

- I mean, in the clinic, really we didn't have nearly as many women of color as our clients as Caucasian women. And I think most of us really paid attention to that. And, of course, abortion was still relatively new as this opportunity.

- Byllye thought that about half the abortion clients were African American, but that they didn't use the other services.

- Well, I guess I don't really remember the demographic for all of them. I felt like there weren't very many African American women there, period. But I know, of course, we didn't have (coughs) a very diverse staff either, I'd say. 95% of the staff, at least, were white women. Very few African American. When I was there. Maybe it got more diverse after I left, but the first four years of the clinic, oh, Deborah was in first. Deborah David was the first African American woman we hired.

- Oh wow.

- And we saw where that went. So then, I'm not sure after that how many other African American women were hired. But I actually was at Deborah's birth. I mean, not at her birth, but at the birth of her son. I helped her deliver her baby. And so I was actually pretty close to Deborah for a while.

- I asked Byllye about that, because Pam had written about that. And she talked about understanding the perspective of where she was coming from as a black nationalist, and as someone who didn't really know much about white people. She had a good answer to why Deborah woulda thought that white women didn't need the women's movement. That's what Pam says, she said it was because from her perspective white women had, pretty much, what black women wanted. Which was freedom and responsibility. She didn't see the other side.

- Uh-huh. Well, she was pretty wrapped up in her own stuff. Yeah.

- I should send you Byllye's interview. I've gotten the notes to it, and I emailed them to her. Her mother died.

- Oh, she did?

- Yeah, I found this out because when I emailed them she had gone to the funeral. Had gone down to Gainesville.

- When was that?

- It must have been about maybe Saturday? Friday?

- Oh my goodness. We'll have to call. Her mother was really up there in years.

- 104.

- Yeah, yeah uh-huh. Oh wow, oh gosh, that's tough for Byllye.

- Yes. I interviewed her on a day when she'd been dealing with Hospice care for her mother. So I guess they knew it was--

- Uh-huh, eminent. Whew.

- But, anyway, I don't wanna send you her interview notes until she's had a chance to look at them to make sure they're right.

- Uh-huh

- I'm assuming that your sample here is sort of a snowball sample. Who was the first person and how did you

get to the first person?

- Well, Women Writes is an organization of lesbian writers and we've been talking about this since 2009 and making lists of people that we had to... We started out wanting to solicit memoirs. But people really don't wanna have to write their memoirs. They just don't. But they'll let you interview them. (laughs) And then, in many cases it turns into something that's more of a memoir. Like Margaret Parish. Her interview notes, you know, the notes I sent her after her interview were not very compelling. But after she got those notes she edited a whole bunch of stuff. So that was a lot, maybe half, of Margaret's was something she edited after the interview.

- Uh-huh.

- But there's a bunch of gains for women that go to Women Writes. That's why we got such a Gainesville connection.

- I'm sorry, say that again.

- A bunch of Gainesville women. Corky comes to Women Writes. Barbara Avery.

- Oh, I see. I see, uh-huh.

- So there's a strong Gainesville connection there. In fact, we're kinda Gainesville heavy right now. Florida heavy. The fact that you're living in Durham is good, because now we have someone-- maybe you could say a few things about-- (laughs) We have nothing from North Carolina right now. I know that we've got Mandy Carter lined up for an interview, but it's gonna be March or April before we get it.

- So one of the things I did at the Gainesville Women's Health Center is we started the Pelvic Teaching Program. I don't know if anybody talked about that.

- Somebody eluded to it. Tell me more about it.

- Well, basically we taught medical students. Medical students came over to the clinic in groups of three. And one of us would do an exam on another one of us. And they would observe, and then they would practice. They would do a pelvic exam and get feedback from us. It was a really wonderful program. And the students just, you know. And they actually paid their own money to come. Which, interestingly enough, things have really changed since then, but they paid money for us to teach them. Teach them how to do a humanistic pelvic exam, and really involve the woman in her own experience and not just see her as some body that they were gonna do their thing on. And so then, eventually, that program in Gainesville got what I call co-opted by the medical school and they started, well, it was a series of different things that happened. First of all they asked us to come over to the medical school and be the teachers, but with a medical faculty person in the room with us. And I think some of us did that once or twice, and just really balked at that experience because we weren't really the teachers. We were really more the bodies. And that's totally not what we were

all about. But when I moved here to Durham it turns out that there is a women's health teaching group here. And so I was really excited. So I joined that group. And that group's still going. And it teaches almost all the medical students in the state of North Carolina, and physicians' assistants, and some nursing students. So I think there's probably about 8 to 10 women now in the group. I haven't been in the group in probably 10 years or so. Maybe, probably not 15 years. But I was in it for 10 or so years here. It's a wonderful experience. It's a really great service, I think, for all women. Because these jerks (laughs) learn how to do a really good exam. And we give 'em lots of really targeted feedback. Like, no way, you're not doing that. And then you need to ask the woman's permission before you touch her. And you need to pull down on the pelvic muscle, I mean the vaginal muscle, before you insert the speculum, and you need to do it slowly, and you need to do this. I mean, just step by step. And the students here, the medical school staff pay the group. The students themselves don't have to pay for it. But in Gainesville the students paid for it. I think that there's not that many programs left. Because Byllye and I actually went back to Gainesville about four years ago and spoke at a program at the medical school about the Pelvic Teaching Program. And now it's been, as I said, co-opted (coughs), the medical school actually is the one that does it. And it's more of a standardized patient approach. Which, I don't know if you know anything about medical education, but more and more they've started this teaching technique of using people who are just regular people as surrogate patients. And then they teach medical students and residents all sorts of skills, and not just GYN skills, but how to do a well person workup, and how to do a patient history to determined risk for diabetes, or heart disease, or whatever. I mean, it's pretty general now. When I was going back with Byllye four years ago to do that talk, I started doing some research to see what groups like ours existed today, and there's really not very many. So this group here in Durham is actually one of a very few groups that are still doing that. And they're going strong. They've been, gosh, well I've been here for 25 years, and they'd been going for about eight years before I got here. It might be 10 years. So it's probably 35 years old as a group. Not the same women, but that's pretty impressive.

- That would have been 1978. That's 35 years ago.

- '78 was 35 years ago? Oh, okay. Really?

- Yeah. (laughs)

- No, 'cause wait. Oh, yeah yeah, '78, right, is 35 years ago, right. We've been here 25 years, but (coughs) it was going for quite a while before I joined the group. So, that was a group of, I'd call, radical feminists who started that group here in Durham. So when you say that you don't have anything going, you know, not really anybody has done much about North Carolina, interviewing some of those people. Especially the earlier people. Like Margie Stead.

- Now, we're only doing lesbians in this activism. You don't have to have been a lesbian at the time. Like the fact that you weren't a lesbian when you first went to the clinic, that doesn't matter. But we're not interviewing people who were just activists and are straight. And have always been.

- Uh-huh.

- Kinda limits us. But then they're covered well elsewhere.

- Yeah, well Margie, whose name I just mentioned, she's actually a psychiatrist, and she's a lesbian feminist, and is very active in the American Psychiatric Association as a lesbian feminist.

- Okay, give me her name and if you have her contact information I'll call her.

- Okay, you know what, I'll send you by email her email contact. I'm not sure if I have her, I know Sara, my partner, has a number.

- Okay.

- But she's not home right now.

- Okay.

- I will. Because, actually, Margie's one of the reasons that we're in Durham. When we wanted to leave Gainesville, I was actually giving a paper in an anthropology conference at the beach. Waynesville Beach in North Carolina. So we took that opportunity to drive totally from one side of North Carolina to another to see if North Carolina was a place we might wanna move. And Byllye was already in Atlanta and really urging us to come to Atlanta. It's like, ugh, big city, I've already done that. (coughs)

- Yeah.

- So we actually came to Durham. Of course, I'd been in your college. And a friend of Sara's knew Margie and said, "You might wanna get up with this friend of mine "and she can tell you all about living in Durham." And, yeah, she became one of our friends. And she was a big reason that we're here.

- Whoa.

- Yeah, and then she kinda told me about the women's health group. She wasn't in it anymore, but she was one of the founders. I think of the early group, most of those women were lesbians. But certainly that's not, I mean there were lots of women who, I'd say it was more likely that are not lesbian who are in the group this point. I mean, they don't differentiate, let's just say that. Some of the women are lesbians, but I think most of them are straight women.

- So you grew up in Baltimore, Maryland, and then you went to Chapman here? Or Duke, or...?

- I went to Duke, yeah. And then when I graduated from Duke, then I moved to New York City. That's where I met my ex husband. And I had my kids there. And then we moved to Gainesville.

- In what year did you move to Gainesville?

- We moved to Gainesville in '72. In the fall of '72. And I started nursing school in '73. And the clinic opened in '74.

- Okay.

- I was the valedictorian in my class and the people in the nursing school were so ready to get me outta there because I was such a damn trouble maker. (Rose laughs) Well, part of it was that I was a lot older than the rest of the students. I was like (laughs) right now saying how old I was, it seems so young. At the time I was 33, and most of the other students were like 22. So they all came to me for support and counseling. When they didn't like what was going on in the nursing program I got to be the spokesperson for everything that was wrong with the nursing program. So the dean was like, "Ugh, let me get you outta this place!" But, unfortunately for her, I had been chosen to be the valedictorian, so I gave this speech at our nursing graduation that was all about how nurses are not the handmaiden of physicians. And, you know, I cited Barbara Ehrenreich and all these people that, probably, the people in the nursing school hadn't even heard of before. (Rose laughs) They were really ready to get me outta that place, I'll tell to what.

- Is that University of Florida, or another school?

- It's Florida.

- Yeah, right.

- University of Florida. Just regular bachelors of nursing program.

- All right. That was your orient, and then did you get the PhD there too?

- I'm sorry?

- Did you get--

- I got my PhD in anthropology from the University of Florida, yeah.

- Oh, okay.

- So when I left the clinic I went into the PhD program and then, yeah. So, Byllye and Margaret and Judy used to tease me about all my different degrees and that I was going backwards, 'cause of course I, you know. (Rose guffaws) Getting two bachelor's degrees, and two masters degrees, only one PhD. (Rose laughs) Yeah.

- At the end of this.

- So now one of the things I do, I'm an independent consultant so I do lots of different things, so one of the things I do is teach a course in empowerment education at the University of North Carolina at the School of Public Health. Which, you know (coughs) makes for an interesting watching of basketball games. 'Cause I have a split allegiance between Duke, where I graduated, and UNC, where I'm teaching. Anyhow, so any other questions or things that you wanna know about the clinic, or the times, or the people?

- Yeah, there's just one thing I wanna go back to. You were with New York Radical Women, and that didn't last very long. So you must have been there at the very early times.

- Yeah, I was there in 1970. We moved to Gainesville in '72 and, so, yeah, I was a New York Radical Feminist from '70 to '72. And then, at that same time I was working at-- Well, actually, it was probably more like '70 to '71. 'Cause in '72 we lived outside the city. We lived up in a place called Golden's Bridge (laughs), which you probably haven't heard of. Yeah, and then I would ride the train then on Saturdays and work at the Eastern Women's Health Center. And ride back at night.

- So you must have had your consciousness--

- Quite a long day, I'm willing to say. I think I got up at something like 6:00 and fed the babies. 'Cause of course I nursed with the twins til they were three years old. So I would nurse them and take the train into the city, and work all day and take the train back, and nurse 'em and put 'em to bed, and do that. Usually Saturdays and Sundays. Sometimes just Saturdays. For about a year.

- What year were they born?

- They were born in 1970.

- Oh, the very year that you, that they joined you at a women right.

- Yeah, I actually had to keep my Saturday, that and the public radio station were my salvation. 'Cause I went from being a professional person and doing work in the world to kind of being at home a lot, with two little babies. And there's a lot of drudgery that's associated with changing diapers and watching two little kids. So, yeah, the New York Radical Feminist groups were really my salvation anyways. And WBAI, the radio station, was on the whole time too. It would put it on so I kept my contact with the world beyond babydom. And, don't get me wrong, I loved having babies and being a mother, but it was a big adjustment for me to just be home all the time. So I was happy to have these other connections to the world.

- Sure. What did you major doing in college?

- I have a double major in psychology and zoology. When I first went to Duke I wanted to be a physician. And I was one of only a couple of women in all my science classes. It was really pretty segregated. It was really segregated in terms of there were no people of color when I started at Duke, none. When I was a junior they

admitted five African American students. And that was a huge deal. In fact, they just had a celebration a couple weeks ago of the first five students of color that were admitted to Duke. It was really segregated by gender too, in terms of science classes. A lot of the guys would say to me, "Well you're the kind we'd like to marry, "not somebody who should be a doctor." (Rose groans) And I really got discouraged. And I also wasn't particularly strong in the sciences. So it was tough for me academically. And while I was at Duke I got a job on the psych ward at Duke Hospital, Duke Medical Center. And, again, a job I loved. And so while I got involved in psychiatry, I thought, well, psychology is... You don't have to be a psychiatrist. You can be a psychologist. So I switched from being pre-med to getting a degree in psychology. But I already had so many science credits, and that's how I got a dual major. Really, the thing I was most interested in was psychology. And then when I went to New York I went to the new school for social research and got a masters in psychology. So I was heading in that direction and then, really, the New York Radical Feminists. That experience, really got me going on wanting to be a nurse midwife. Wanting to be a midwife, and then I got the message that had to be a nurse before I could be a nurse midwife. So that's why I went to nursing school. I was not dying to go to nursing school, but it seemed like the only way I was gonna get to be a nurse midwife. And then the clinic came along and I changed directions again. So I've done a lot of changing directions in my life. I mean it all sort of hangs together in some sense of the word, but I've been various degrees of commitment to different disciplines, I guess. But, really, the medical anthropology has really served me well. And my nursing degree has opened a lot of doors, even though now if someone's life depended on me starting an IV, they would be dead in three seconds. 'Cause I'm really not a clinical nurse at this point. Since the clinic I have not worked in clinical nursing.

- What did you do as a medical anthropologist? Was it teaching?

- Well, I've done some teaching. Really I've seen myself through as a cultural broker. Helping the health care system understand the cultural belief and practices of clients that they're there to serve so that they weave their message into the cultural context of the patient, rather than asking patients to do things that don't work in their own lives. So one of the things I did in Gainesville is I was employed by the Family Medicine Program to take medical students out on home visits so that they would see how their patients lived. Because they would make recommendations like, "Well, you need to take a sitz bath." And it's like, these people don't have running water. How are we gonna do a sitz bath? You know, and just like, oh they don't have a bathtub, or they don't have heat. And so it was really eye opening for them to go out and visit the patients on their own terms, and not just what they felt of the patient when the patient came to clinic. So that was kind of a fun job. And so, yeah I've done different things. I do a lot right now of developing curricula and training. I'm doing a lot of workshops for physicians, or PAs, or nurses around different health issues or different ways of communicating. If you're a medical anthropologist and you're not in academia, you pretty much have to do a lot of educating of potential employers about how you might be able to help them. Because most people don't put a sign up saying looking for a medical anthropologist. (laughing) Yeah, so you have to kind of help them see how you can offer something to them or be an asset to their team. Now I'm trying, trying, trying, my partner, more than me, is trying for me to (laughs) lie down and do less work 'cause I'm 69 now and a lot of people my age are retired. But I'm not ready to just not work. So I'm trying to slow down. I'm not real successful at it, but I'm helped in that process by the fact that I have four grandchildren who I take a lot of responsibility for taking care of. So that helps me slow down in terms of

not working outside the home, because I'm working inside the home taking care of them. And, unlike raising twins, these children are different ages. And so they're at different developmental stages. I was just saying to one of their mothers yesterday that, you know, twins, I mean, people think twins are so hard, but twins are in the same developmental stage so they kinda track each other. But when you've got an eight year old, and a six year old, and a four year old, and a three year old, they're all sort of in different places and what one will be happy doing for four hours the other one will last 10 minutes doing. (laughs) So they're keeping me young, let's just say that.

- Yeah, no that sounds good.

- Yeah, I love it but it's a lot. In fact, my sister was visiting recently and they happened to be here and when they left she said, "Wow, that's a lotta energy in that house, isn't it?" And I said, sure is!
(Rose laughs)

- Right!

- It's a lot of energy!

- Yeah, a lot of that flows, I get it. I wanted to check the spelling of your partner's name. Sara with an h?

- No.

- No h? No h, okay.

- I was known as Betsy David when I was at the clinic. I noticed in a few different transcripts that that's how people refer to me. I only sorta reclaimed my birth name when I got divorced.

- So that's the boys' last name? Your son's last name is David?

- Uh-huh, yeah.

- So Randall's your birth name.

- Yep.

- Okay.

- Yeah, my name was Betsy Randall, and then we got married, and then I just dropped, I dunno why, but anyhow I dropped my maiden name and just went to Betsy David. And then when I got divorces I hyphenated Randall.

- When did you get divorced?

- Official name.

- Was that while you were at the clinic?

- No, I was still married the whole time I was at the clinic. Just was Betsy David then. But then I changed from. Well, I got divorced (coughs) officially when the boys were 13. And I left the clinic when they were eight. So for five more years I was still Betsy David, I guess. Then when I finally did get divorced it was just, really, a formality. I was living with Sara. But I still was married. And then my ex husband decided to get married, and so we needed to get divorced. That was the impetus for changing my name. I wanted to have some name, a point of identity with my kids. So both of my guys are here in North Carolina, and they're both district attorneys. So elected officials.

(Rose laughs)

- Wow.

- Yeah, and their districts are conjoining districts. So one of 'em has two counties and then the three counties on the side of those two counties are the other guy's district.

- That worked out.

- They're a lot of fun. I love being a Randall now. We're very close. So then one of 'em had three kids, and one of 'em has one and a third kids. So we're gonna have one more baby in our family.

- Wow.

- And I think that'll be it. Well, we'll see.

- Well, that's nice.

- So I've got a lot of little children around. (laughs)

- Yeah.

- Yeah.

- Well, okay, I think I have plenty here. I'm gonna--

- Okay.

- I'm going to--

- Did take a while-- So you're gonna type up the transcript and then send it to me, is that how it works?

- Yes. And it won't be an official transcript word for word everything we said. Although, you know what I forgot to say at the front of this tape? I'm gonna have to add it to the front. This is Rose Norman, I'm interviewing Elizabeth Randall-David on February 25, 2013, by phone. I hate it when I forget to say that. Because we are gonna work on these audio tapes at Duke. They have the Sallie Bingham Center.

- Uh-huh, great!

- So we've got that release form was for that. But we need a grant to get somebody to do the official transcripts. It takes a very long time. Like, it would probably take eight hours.

- Believe me, I know. (laughing)

- But what I will do is I'm gonna transcribe my notes. I've been taking notes while talking to you. And then I will rearrange things in such a way that I think it will read well. And then I'll send that to you. And I can send you a CD with the audio if you wanna listen to it. But I will listen to audio with places where I knew you said things I wanted to write down but I couldn't write fast enough.

- Right, uh-huh.

- So it's sort of a hybrid. It's not a transcript, but it's a fast way of getting to what we can use published.

- Uh-huh. And when are you thinking that you'll have something to give 'em to publish?

- Well, we have a November 1st deadline for the spring issue of Sinister Wisdom. One issue is 35,000 words, and we've already got about 50,000 words. So I've talked to them about that. (laughs) And they said, "Well, send us what you have in May. "And we'll tell you whether it can be "a double issue or not." Social Wisdom is our immediate publication for this time next year, but we've also got a lesbian publisher who we figure anything we don't publish in Sinister Wisdom, that where it's gonna go. So that's been our driver.

- Looks like you have a lot of work cut out for you.

- Yeah, but it's fun. I enjoy it. There's love. It's working out.

- I'm sure! Yeah, sounds great!

- Yeah, yeah it is.

- Alrighty, well I'll look forward to getting something from you. And I know that you have a lot going on in your personal life. So I'll just get it when I get it.

- And you'll look up Margie's information?

- Yeah, now I've made myself a note and I'm pretty good about follow up. So I will send you Margie's email and phone number. And then she has people she could hook you up with too in terms of that original group.

- Yeah, that would be nice.

- Several of them stay in touch. Yeah, good. Okay, well Rose it was really fun to talk with you, and I look forward to seeing--