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## Lois Whaley Highsmith

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Kelsey Duinkerken

*Thomas Jefferson University*

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**February 12, 2016 – Lois Highsmith (BSN 1986) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

LH: Lois Highsmith

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

LH: My name is Lois Highsmith. That is my married name. Biographical background, let's see. African American female, born and raised in Philadelphia. I went to school, high school, at Martin Luther King High School. Graduated, midway top of my class, not top. I'm a mother of two daughters. Um, who are very smart too {LG}. What else do you want to know? Tell me. Like what?

KD: Yeah, I mean, maybe a little overview of your career path, where you went after Jefferson.

LH: I started. I started at Penn State. I went to Penn State for two years, like I said I started, I got accepted to college, eh, I didn't want to go to college. Really, I didn't. But I got, I had nothing to do when I graduated high school {LG}. I really, I really didn't want to go. My professor convinced me to study chemistry because I was good in chemistry, so that's what I studied. Chemical engineering. Bored out of my mind. I just was bored {LG}. So I changed my major. I really, I liked nursing, in my mind, because I used to watch General Hospital {LG}.

KD: {LG}

LH: That's why I wanted to be a nurse, really. I liked helping people and I thought nursing was what I wanted to do. I was good in math, I was good in science, but I didn't want to go to Hershey, like I said. Hershey was too far from home, I missed home. I was at University Park and I was bored. So, like I said I started looking at open houses. I went to, came to Jefferson's open house, and I guess they just talked about all the things nurses was doing, and it was just fascinating. Jefferson just, I remember I went to Jefferson's open house, and I think it was another one. It was Community College and somebody else, but Jefferson just, it just sparked my interest. And the way it was at that time you had to have two years of the sciences, and I had the sciences. So, it worked out for me, and I just took the other sciences I needed at Abington campus. And um, I got accepted here, and it worked out. I came here, and I wanted to be a pediatric nurse because I used to babysit a lot as a young person. I loved children, I really loved

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<sup>1</sup> Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: [http://www.ling.upenn.edu/~wlabov/L560/Transcription\\_guidelines\\_FAAV.pdf](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

kids. I thought kids are, but when I did my pediatric rotation I did it at Saint Christopher's, and it was like, I don't want to do this. I don't want to work with sick kids. I mean the first time I saw a child with a burn, I couldn't do it. It was very painful to see sick children. A child had a seizure, I didn't want to do it. And um, and here at Jefferson, I had a lot of great experiences. I used to work in the learning lab. We had a learning lab where the students came to practice at. I did my work study practice there so I had a lot of chance to work with a lot of students here. And that was cool {LG}. That was like one of my fun experiences here, being able to intermingle with all my classmates, you know. So um, I just, I loved this experience. It was just like, I didn't participate in sororities and things, I just stayed in school a lot. You know, I spent a lot of time in Scott Library {LG}. It's amazing, it's like, this is my home. So I mean I came here. I lived in Philadelphia, I grew up in Philadelphia, and this, this, it just fit for me. And I remember I did my community, my community rotation amazingly enough was in New Jersey though. It was in New Jersey, Camden County, and my O B rotation was {LG} in Our Lady of Lourdes in New Jersey with, like I said, with Dr. Kinsey, who I work with now, which is ironic, but that's when I really got a love for O B. I started really getting into O B G Y N and maternal child health, and I wanted to do community health. And I'll never forget my first resume was to work in a community health setting, that's what I wanted to do, community health nursing, that's when I fell in love with it at Jefferson. So, but back then you had to work in med-surg for like a year or two before you did anything else. So, my first job was actually in, at um, Hahnemann, in the maternity unit. No, it was not, I'm incorrect. My first job was at Osteopathic, on City Line, Osteopathic, and I did a week on med-surg, and I didn't like it. I did not like it. I did a week or two of med-surg, I didn't like it, and then I applied for a job at Hahnemann, and they hired me.

KD: OK.

LH: They hired me {LG}, they hired me on the spot. They hired me, and it worked out. They, you know, I don't know, the law must have changed around that time, but they hired me, and I managed to work on maternity unit, and it worked out. And it, it, I've been doing maternity child health ever since then. I worked in maternal-child health, I worked in maternity unit, then I stayed in the mother-baby unit, at the infant unit, for about a year. And I started having medical problems. I got pregnant and started having medical problems. I have epilepsy, I got diagnosed with epilepsy. So I couldn't work for a while during my pregnancy. Bummer {LG}. But that's when I had my first daughter. And I, I ended up working in psych for a while, child psychology, child psych department at Philadelphia Child Guidance Center, which is no longer, so that was cool. A lot of experiences. And then I got a job doing community health, which was my ultimate job. I was a child um, I was doing, I helped educate. That's when I really. I got the chance to teach in the community and teach women's health and teach people how to use the health insurance program. It was just, it was the job I wanted to do. I was using my nursing career and I was teaching at the same time, it was my first public health nursing job. And I was using, I was actually using my nursing degree because community health nursing is using your nursing degree and using your nursing skills. But you're using your clinical skills. And it's just, it's, people don't see nurses like -- it's almost like what I'm doing now at Nurse Family Partnership, people don't visualize nurses, other nurses on the floor. Nurses get out in the community and we can teach people how to be healthy. And that's what, that's what community health nursing is. Public health nursing, how do we keep people healthy?

KD: Yeah.

LH: And that's just, it was like my first non-clinical, in the hospital job, and it was, it was a wonderful job. It was just, and I did that for Penn Health Corporation for quite some time until that corporation changed. So I did that for a while at Penn Health Corporation. I don't know how long I did that. Then I went back into psych. My career kind of followed my children's lives, as most moms probably do. I did Penn Health Corporation, and then I did psych, went back into psych. Then I worked at Pennsylvania Hospital, O B G Y N clinic, as a um, a nurse working in the outpatient O B G Y N clinic. I did that, working for the teen pregnancy clinic for, hoo, ten years, running the teen pregnancy clinic. Again, helping moms just balance their prenatal care education. So I did that for quite some time at Pennsylvania Hospital, then I also did it at Jefferson's O B G Y N clinic, and then I also did some work um, for postpartum for Mercy Home Health, doing home visiting after I had, took some time off from work, after my second daughter. And I worked for Mercy Home Health doing home visits for O B moms for postpartum care. I did that. And I was out of work for a little bit, and then I was doing part-time work for psych in Jefferson, and then I started doing Nurse Family Partnership and I've been at Nurse Family Partnership, which is, again, a home visiting program for first-time pregnant women. We teach women about child development, pregnancy, women's health, community resources, case management program, and it is the ultimate job. I mean, we are nurses who, again, develop primary prevention, health education, that's what we do. Connecting them to resources, um, teaching women how to reach their hearts' desires and their goals. Keeping them on track. And I've been doing that since two thousand and two. It's my ultimate job. And that's where I am. It's a very, it's a very satisfying job. It's a draining job because it's public health so we do case management anywhere from twenty to twenty-five clients at a time. So. And that's what I've been doing for the past thirteen years {LG}. So, that's where I am now. I, you know, haven't gone back to school to, you know, further my education because I've been parenting, and I've been really focused on my daughters' education. That's been my ultimate goal because of my health issues. I've been um, a mom. Like I said, I have two daughters, twenty-four and twenty-eight. And now I'm a grandmom too. So um, that's kept me very, very busy. But um, you know, I, like I said, when I decided to become a nurse, it was like the ultimate. I had never, prior to going to college I didn't think I was going to be a nurse. I saw nurses, even myself, I had visions of nurses as drawing blood, changing Band-Aids and all that and I never had, never had no vision of a public health nurse.

KD: Sure.

LH: Or legal nursing, until I came to Jefferson. Jefferson opened my eyes to what nurses is all about. And, I mean, when I came here I met all kinds of nurses. And now, as a nurse, I see that and I give that back to my clients. I talk to nurses, I mean, I talk to clients and teach them what this field offers, you know. When my clients tell me, "I want to be C N A." I say, "No, you want to really further your life and you want to do more than that. You want to get your Bachelor's degree, you want to go further. You want to get your M S N, you want to be a nurse practitioner." I really, even though I haven't gone further, I push my clients to go further.

KD: Of course.

LH: You know, because I see nursing as a field that does so much more than what people see on T V, you know. I mean, this school has taught me that. And I didn't, if I hadn't come to that open house I would

have never seen that. So now, you know, I mean, I've done volunteer work as a big sister, I've been a mentor, and I've pushed a lot of young women in that field to go to open houses to see what is out there to offer. Even if not at Jefferson, even at other schools, just because it's, like I said, just coming to this open house just opened up my eyes {LG}. You know, it really opened up my eyes, and then in my mentoring I have done that. I just try to get people to come to open houses, you know, and do that. So I just, it was fascinating to me. Because like I said, if I hadn't come out, I'd never, I never would have known, and I would like to see, you know, I don't know how often they get to the high schools, but I, you know, I think that's where it has to happen. In the high school and middle school level. If they get out into the community and come to those kinds of affairs, and speak, you know. You know, because I know we as nurses speak to the communities and talk about our program, but we see more younger girls, you know, getting pregnant younger because they have no hope. Because I know, you know, at school they was like pushing on me, "Oh, you're good in math, you should do this." So, you know, I really would like to see people see this field expand. So, this is just my take on it.

KD: So when you were that age, when you decided you didn't want to do chemistry anymore, what specifically drew you to nursing versus the other fields that were open to you?

LH: {CG} The helping, the helping, the helping skills. I had only seen nurses -- my mother was a C N A, a nurse's aide, so that kind of drew me to, you know, people. I think, a matter of fact I might even have did a, had done a, they do a skills assessment in college where, you know, what are you good at, you know. And mechanics wasn't it. It was the helping hands, you know. And I always told myself, it's helping people, you know, so. And I might have even talked to my counselor, so, you know. But I know I always turned away from nursing because I don't like blood {LG} and I remember even in, in, while I was here at school one of my, one of my professors, we had at lab, we had to draw, practice drawing blood on oranges. I was like, "If I've got to draw blood again I'm going to pass out." Although I became a very skilled phlebotomist, you know, over time, you know. Even now, you know, I remember when I used to draw blood in the hospital or in the clinic and your client's like, "Is it going to hurt?" "Yes, it's going to hurt, but I'll do my best." You know, I got real skilled at it. I got past my fears but it was, I got drew to it because I knew I was able to help people, I wanted to help people. And I had to get past that fear, my fears of blood and those kinds of things. You know, but like I said, I was so bored, and I felt like I wasn't using my skills at all. My, you know, in school I really was bored. I mean, the A's just wasn't getting it. I was like, "OK, my homework is done, I got an A in chemistry, but I'm bored. I don't want to do this." I just did not want to do that. I was not, that T square and me was not getting along. It just really wasn't {LG}. So it just, I just, I just felt like I was, I was not living. And I didn't have a passion for it. I wanted to find a passion. That's why I know when I came to this job, I never forget reading the brochure for N F P was helping women find their heart's desire. That spoke to me so much because that's all I wanted to do when I was in college, was I wanted to find my heart's desire. I wanted to find something that speaks to me. My career path has changed several times because I changed jobs because I wasn't happy, I wasn't thriving in my job like, you know, I tell my daughters, it's not about the money, it's about are you doing something that's satisfying to you. I could make a lot more money in nursing, but I'm not, if I'm not happy, I'm not doing it. I just got to be doing something that thrives, that makes me thrive, you know. It's not about, you know, that's just for me, so. I like helping people, and nurses do that and they do that

in lots of ways. Like NIC U nurses are wonderful, but I'm not a NIC U nurse. I love NIC U nurses, Lois is not a NIC U nurse. I like teaching people how to stay healthy, and NIC U nurses make people healthy, but Lois is like, "Are you eating the right thing? Are you going to your doctor's appointment? So, what can we do to stay healthy today?" You know. And this is my side of the fence. So, I mean, and nurses, we do it in all different ways. That's what makes this world tick, you know, so I just, we all fill our little niche in the nursing field. And this is my little niche, you know. So I just, I just, and I think it's all, there's a spot for every nurse in that field. And I just think it's so cool. You know, it's just, and it's such a wide field, you can go, all go to the same school and just be different {LG}. So.

KD: Yeah, so when you came to Jefferson, it sounds like you did not have a strong interest in being a hospital nurse.

LH: No.

KD: So what was your experience like in the program? Considering what you were interested in nursing and, you know, what aspects you were not interested in.

LH: Well, they did, really, when we started school they didn't actually press us about experience or what we wanted to do.

KD: Yeah.

LH: It was really just geared toward you all being nurses, you know, and that was the thing. I don't recall us having to, you know, pick a specialty in the first, you know, that first year, you know. I just remember microbiology being very, very hard {LG}. I do remember microbiology being a torture for all the nursing students because we took it with the medical students. I remember it, you know, I remember it stressing it to certain instructors and they were just all very supportive. I just remember the instructors being very supportive. I remember like certain students having issues like with certain things, but I'm that, I've always been that cheerleader student, you know. "We're going to get through this," you know. But I don't recall having to pick a field, you know, and people would always ask you what kind of nurse you want to be, and I think I chose pediatrics because I like kids. That was just, you know, the back of my mind, "You got to pick a field." You know, I think that was Lois's idea that I had to pick a field. But I don't, you know, recall, you know, that we had to pick a field going in, and I think that, I think the instructors was like, "You're going to find, more or less, you're going to find, you're going to weed it out and find your heart's desire." And that's what happened while I was in school. It found me, you know. When I started doing community health rotations, it found me, you know. The O B part found me, 'cause that's what happened. I think I also started doing some volunteer work at Temple with um, their teen pregnancy clinic. And the O B portion found me because I started working at the teen pregnancy clinic and I was doing some volunteer work there with the professor there because someone had, I don't remember who had contacted me, it was probably one of the professors connected me with somebody down there, and I was teaching their teen pregnancy clinic probably through a partnership, work study program. And um, that helped out to get me interested in the O B piece. And I, I just got connected with that, and I just got fascinated with working with teens and then I was doing my O B rotation in Osdoby [?] Clinic at Osborn Family Health Center with Dr. Kinsey, and all that connected and I was like, "This is

what I want to do.” You know my own personal history, I have my own personal story. I’m, I’m a share a little personal story, I’m a victim of teen pregnancy myself, but I had a loss. After that, and it just, it clicked with me, you know, it was like, “This is my calling.” It became my calling. And that’s what, I threw myself into it. I threw myself into it, you know, and, because I didn’t get any, I didn’t have any knowledge of what had happened to me, and once I got to school and I understood how pregnancy worked and what had happened to me that hadn’t been addressed, I said, “Oh, it’s time for me to go take this and help somebody else with it. Now I have knowledge, I have an audience, go use it Lois.” And I did. I got my degree, I got jobs and I went to the community, “Look young lady, we’re not going to get pregnant, we’re going to use birth control.” And I started using it and I, I put it to work and I still use it today. I mean I worked at Pennsylvania Hospital and I ran a teen clinic. I actually started the teen clinic there and I just got running with that ball from it. It found me. Like I said, Jefferson didn’t require us to pick anything coming in.

KD: Yeah, exactly.

LH: And I think that was on my head. I had that. “You got to, you go to,” you know. And again, that’s from commercial watching T V. The nurses wear the hats. And it was so funny, I remember I applied for a job shortly after graduating. It was at Strawbridge’s, it used to be at like Eighth and Spruce, and they wanted me to wear the little white uniform and the hat. No!

KD: Wow.

LH: Yeah.

KD: ‘Cause this was like the early eighties?

LH: Yeah.

KD: And most places had already gotten rid of the caps.

LH: Right.

KD: And the white uniforms.

LH: Right, right {LG}. And they was like, “Well, you know you’re going to be like screening the emp-, for people who get sick, and the employees, and you have a little hat. I’m looking at them, “No.” Yeah, yeah.

KD: Wow.

LH: So. And I was like. And that was occupational nursing. I was like, “Hmm.” I don’t think so, you know, that’s not what I. At that point I had learned Jefferson gave us the skill to follow our heart, you know, you know, to be passionate about what you wanted to, they gave us that. It wasn’t just book knowledge. That was the thing. It wasn’t just, OK, I know how to take a blood pressure, I know how to read oxygen levels. It was also that knowledge that, OK, what do you want to do? I had a lot more skills when I left here. And that was the important thing. I knew, I knew that. That degree meant so much to me {LG}, you

know, and that was the difference, you know, it wasn't just an R N licensure, it was that Bachelor's degree, you know, that makes a big difference. And that's why I really tried to stress to people, you really want to go get that degree. You know, that critical thinking skills you get here, those courses that they taught, that they sit there and they made us do that critical thinking and speaking, made a big difference. It really did, if you think about it, you know. Those courses that we took in psychology made a big difference, you know, and I didn't, you know, I didn't have that knowledge before coming here and it was decision making skills. That's what comes with that Bachelor's degree in nursing that you don't get, you know, when you just get your Associate's or you just get your R N licensure you know, you know, the L P N. That's what makes the difference, I think, it really made a difference, because I just, and that's what, you know, a lot of jobs require that Bachelor's degree because it's, it's a different skill. It's not just handing out pills. It's decision-making that you got to have. No, no no. No. I, I value that, and I didn't have that coming here and it just, it made a difference. So, no.

KD: Yeah. So if you don't mind, actually, if we go back, slightly more to the clinical side. So you mentioned some of the rotations that you had in New Jersey in terms of community health and public health that really were inspiring to you. Do you have any other memories or thoughts about those rotations? Things you remember that really made you decide that that was what you wanted to do?

LH: It's just that I just enjoyed them more than like, I did rotations here in Philadelphia. Like I did, I remember my CHOP rotation in pediatrics at Children's Hospital. I just didn't like it. I just didn't want to go. See, I looked forward to going, the fact that I had to go all the way to New Jersey, catch a train all the way to New Jersey, or meet with coworkers and ride all the way with my classmates all the way to New Jersey, which was much further, but I enjoyed it, I looked forward to it. It was like, it was something different, you know. And I remember Osborn Family Health was an old clinic. It was dilapidated. And you know, even community health, community health was actually older people, which I thought I wasn't going to enjoy, you know. It was a different rotation because it was older people, but it was something different. It was an area I wasn't familiar with but it was something different, but I still looked forward to it because it was just, it wasn't in a hospital setting, which for some odd reason intrigued me. And here I am today still doing it.

KD: Yeah.

LH: You know, all my rotations in Philadelphia were in the hospital setting, um, either in a psych setting, it was um, one on, the psych hospital on Henry Avenue. I remember that one. Children's Hospital. And I did not like them. I was just, it was just rushed, it was paced, it was lots of people, no, no caring about, and I don't like working in the hospitals to this day. You know, shift work, and you know just unorganized. The O B clinic, like I said, may have been old, but it was still this caring pace about it, you know. I, I was very intrigued by it for some odd reason. I wanted to go back to it. I wanted to keep going, I wanted to go back to it. I enjoyed it, and it, and I must have enjoyed it that much. I seeked out that type of job later in life. I left school and that's the kind of job I went looking for. I went, I ended up with two O B clinic jobs, you know, it was something more intriguing to me, like this is what I want to do. You know, I didn't, I didn't, I really didn't want a hospital job. I just didn't want to do it. I did initially in the O B clinic, I mean the O B hospital because I had to find, you know, they required that you get your



experience. I got it. "OK, I got my year hospital experience. Can I go now?" {LG} You know. But I didn't want to do it, you know so. It just, I was just drawn to it. It's very intriguing. It was just a different setting. It was a very different setting. You know, so, it was just unique. I thought it was very odd because as I said, I had to go through a lot to get all the way to New Jersey. I had to catch a train, PATCO line, I wasn't familiar with none of that at all, you know. You know, and Kaye made it very interesting. Dr. Kinsey, she's, she's a very fascinating professor. I mean all my professors was fascinating. I had professors that would, you know, give us massages on our shoulders to calm us down, do deep breathing. I was like, I was very connected to the professors here. Penn State was such a large school. I don't even remember touching, or coming into contact with the professors. But the professors here were, they were available, they were open. What can I say, they were open. They were available to us, you know. Like I said, I had some classmates felt like, "Oh, you know, they don't want us to make it." You know, school can be hard, that's what it is. That's what we're here for to help each other. I don't know, I just, I was here a lot, you know. I'm actually one of the first to graduate from my family.

KD: OK.

LH: So I was really determined to get this done, you know, so, yeah I'm the first one out. So {LG} it was a big deal for me to come out. So um, it was hard, you know. It was really, really hard. I was the first to get out of high school, first to get out of college. So, it was a big deal.

KD: Mm hm.

LH: So um, but I, I felt like I had a lot of support, you know. It wasn't like they was holding my hand and making the grades easy, but you know, I could go talk to them, you know. I didn't have, and I felt like, you know, like I said, my classmates they could come to me for support. We studied together, you know, in the learning lab. I'd be available. They'd come in, "Lois, I need help with vital signs." I'm like, "I'm learning this just like you are, but we'll practice together." So it was, it was an experience. It was a great place to study. I liked it's not a small school, but it was not a really big school, you know, so. The only thing I think I sometimes felt weird was like, it was the dental school, the cytotechnology school. We were all separate schools. Sometimes I think the mixes didn't happen too much. But I didn't live on campus, you know, but that was about it, you know. I liked it, it was cool.

KD: Yeah. Do you have any other memories or reflections about your time here at Jefferson as a student?

LH: {LG} Our cruise. We went on a boat trip, that's about it. I remember our boat trip. Mostly it was study time. I was only here for two years, but it was a quick two years. It was a quick, I mean it was a long two years, but it was a quick two years, you know. I mean, because I worked a lot, I worked a lot, you know. It was a quick two years, you know, it really was. I mean, I worked, I was in the lab a lot. Where is the learning lab, what building was that? Off of? This is Ninth, Seventh.

KD: I don't know. Things have changed a lot.

LH: I know. That, that, that tall building over there.

KD: Edison Building?

LH: Edison Building. Yup. {LG} The learning lab was over there.

KD: Uh huh.

LH: Yeah, I spent a lot of time in that building and this building. These are my two. Is Edison Building on this street or Seventh.

KD: It's um, Ninth or Eighth. Because we're between Tenth and Eleventh right now.

LH: Yeah OK, so it's Eighth Street.

KD: Yeah, I think that sounds right.

LH: Yeah. Yeah, so yeah, yeah. Over where the, hand, hand for the blind over, yeah, SEPTA building is, yeah. I just spent a lot of time in there. And it's funny, I didn't do a lot of rotations at Jefferson. Lot of clinicals, I didn't do a lot of clinical at Jefferson either. That's the, they sent us everywhere. They, Jesus, they sent us everywhere, all over the city, you know. Which I guess was a great experience when you look back on it. At the time you were like, "Really? We gotta go where? {LG} We gotta go to M C P?" {LG} You know, it was like M C P, you know, they sent us everywhere, you know, you know. The ugly uniform, we had that ugly blue polyester uniform {LG}. Did my face? {LG}

KD: {LG}

LH: Do they still wear uniforms here?

KD: They, they have scrubs.

LH: No, we wore blue.

KD: And they're royal navy blue.

LH: No, no, no.

KD: But yeah.

LH: Polyester blue dresses. With the little blue and white.

KD: Oh, heavens no.

LH: With the little blue. I remember that.

KD: {LG}

LH: Blue uniform. It was hot in the summertime.

KD: Probably better than the pink uniforms they had about five years before you were here though.

LH: Geez. That thing was blue polyester. It was cruel and unusual punishment. We looked like little hostess, maids. It was just not c-, it was just not nice. But that's, I was trying to find my bow.

KD: Oh really? You still have it?

LH: Yes, i's, it's, it's in storage, it's in my scrapbook.

KD: Wow.

LH: I couldn't get to my scrapbook {CG}. One of my daughters come up and get it. I've got to find it and bring it to you.

KD: I would love that. That would be great to see.

LH: It's blue. It's blue and white. Hideous.

KD: I haven't even heard about these uniforms from anybody.

LH: No one told you about their uniform?

KD: It must have been a short period when they had these because most of the women I talk to were in the diploma program, which ended in eighty-two, and they had their, like, pink and white uniforms, which I think were polyester after, from like the sixties to the early eighties.

LH: Yeah, that pink and white, right.

KD: Yeah.

LH: We had this blue.

KD: But this must be a short period between like having those uniforms and then getting rid of the uniforms that I haven't heard about.

LH: Yeah, because I think it was the year after us they started making everybody take computer courses. I missed the computer requirement course. I'm the year like right after that required course.

KD: Yeah.

LH: Mm hm. 'Cause I had to figure out computers all on my own. Yeah mm hm. Yes. Yeah, 'cause I had the ugly blue, I have just the bow.

KD: OK.

LH: Yeah, mm hm, mm hm, yeah.

KD: At least it didn't last long, right {LG}?

LH: It was hideous. It didn't last long, yeah.

KD: But no cap. So that's good.

LH: {LG}

KD: That's a thumbs up.

LH: {LG} No cap, no. I was like, "What?" Mm hm, yeah.

KD: Yeah.

LH: Yeah, but it was, it was tolerable. Yeah, I think that's not the reason I think I didn't want to go become a nurse. It was like, I had these images, again, of what nurses were, you know. And I didn't want to be, like I said, again, I didn't want to go to college. I just wanted to get out of school. I was an A student all through high school. All through school. I just didn't want to go to school because I was sick of school, I was sick of being the perfect little student. I just wanted to be done. And I remember in eleventh grade my co-, my high school professor was like, "What do you want to do?" And I was like, "Huh? I don't know." "Well what you going to do?" "I don't know." "Lois." {LG} "You know, you got to do something. Why don't you apply to college?" "OK." {LG} Because I didn't get much counseling. You know, I'm from the inner city, truly, we didn't get much counseling. No one in my family was talking about college or anything and truly, this is. And I was like, I think Penn State had at that point, truly shortly after sent my scholar letter to me, you know. It was a black scholars program. So I went up there, checked out Penn State, "OK fine. I'll go here." You know, if I don't find a job. I applied to a few jobs. No one would hire me. I don't know why no one would hire me. I couldn't even get a job at McDonald's, truly. I think because I kept putting "academic studies" on my application. They probably, "She gonna quit." So, school year ended, I went to Penn State. This is just how I ended up in college. I had no, truly no plans, unlike my daughter who's probably planned her college career probably from sixth grade on, you know. So I just, I had no plans. Truly, people are like looking at me, "You." No, I didn't have plans. I'm not gonna act like I sit here, "I knew I wanted to be a nurse since I was six." That's not me. I'm not going to even tell that story, you know. I mean, I've always been, like I said, a bright kid, you know, I babysit a lot, and been well-behaved and good student. I've always been that. But, I was tired of studying {LG}. I mean I've read, I'm a good reader, I read a lot and been a good student and all that good stuff, but I was like, "Go back to school? Read more books? Oh my god." I think at one point I wanted to be a lawyer, you know, but I was like, "I got to read all those books? Oh man." It just, but I do love, I mean I hung out at the library a lot. This library and the public library I love. I've always loved the library. I'm as library addict. I'll spend time in the library. So I never got in trouble. I've been a good kid all my life, that's the blessing my mother bestowed upon me, books. So you know, that was a good thing. So, you know, when I decided to go to college she was just ecstatic.

KD: Yeah, of course.

LH: Although she never told me she wanted me to go to college.

KD: OK.

LH: You know. But, "My baby's going to college. Oh wonderful." Oh, you want to tell me this?

KD: And you were a first generation student, right? So how, how was that experience for you? And, you know, for your family and parents to get to kind of experience through you?

LH: My mom's a single parent. So a single parent of five. She was, she was ecstatic, you know, but it was, it was traumatic for me because, you know, my mom's a single parent of five children, and you know it just, when I first went to college it was time for me to go, like I didn't even know how I was getting there.

KD: Yeah.

LH: It was just, I really didn't know. I caught a bus and went to college. And it was traumatic for me. It really was. I got to college and everybody was moving up there with their boxes and their trucks, and I came up on a bus. Like, "Oh, this is how y'all do it." {LG} I really was, it was very traumatic for me. It was a horrible experience, it really was. I mean, I really, I mean, I didn't know how I was getting to college, and when I got there I was really, like I said, that's probably why I wanted to come home too was because I was really miserable. Because I'd never been away from home and my mother, she really couldn't afford that life. So you know, it just, it was traumatic, you know, everyone had people, things coming and all that good stuff. That wasn't my experience. Like even coming home like at the end of school break, they didn't even know how they was going to get me home half the time.

KD: Mm hm.

LH: So.

KD: Did that change by the time you finished your nursing degree? You felt like you were perhaps more comfortable or kind of knew the system more? Or not so much?

LH: Well by the time I finished my nursing degree I was living back in Philadelphia.

KD: Sure.

LH: So um, and I was working, so I wasn't, I was more in charge of my life. So {LG} yeah. I was more in charge of my life by then. But you know, yeah, it was definitely different for me because, you know, {LG} I took charge by then. Like I said, I worked all through college. I had to work to take care of myself. I've been independent for quite some time, so, I had to. My mother has children under me. I'm the second oldest.

KD: Sure.

LH: So, you know, bless her soul, she did her best, but, yeah, but she was very proud of me. She was very, you know, she was right at, she was right there at my graduation, all smiles and teeth, you know so. It was a cool thing, you know. But, you know, like I said, being in Philadelphia, I'm well versed in Philadelphia so being in Philadelphia, and by the time I graduated Jefferson I was dating, so I had a little more support too. So, you know, it was cool. But uh, being all the way away at Penn State was very far and hard on her for her, because I'm also very close with, well, she's gone now, but we were very close,

so being that far from her was really hard too. But, not that she wanted me to be there, lord she wanted me to be there. But um, you know, she just couldn't take care of me that far away. So it was just a little difficult for her. So, you know, me being home was a little bit better. Um, I could help her more and help my siblings more. And it worked out. You know, it, Penn State was, it's cold up there. Lord Jesus it's cold. God. The mountains is not good. Because I used to live upstate, further, in greater New York, Utica, New York. Lived up there for a while so I'm familiar with the cold. Um, you know, but um, I'm here. I did it. So I graduated. And since then my brother has graduated. We have more graduates. And like I said, now both my kids are graduates.

KD: Yeah. That's great.

LH: It, it, it got the ball rolling.

KD: Exactly. Yeah. So I know we've touched on this briefly already, but could we go back through kind of where your career has gone since you left Jefferson? So those first few jobs. I know you mentioned I think you started at the Osteopathic Hospital.

LH: Yeah, I worked there just briefly.

KD: Briefly, yeah. And then kind of where you went from there.

LH: I went to Osteopathic. Then I worked at Hahnemann on their maternity unit. Um, I worked there about a year or two. Maybe two, because I was pregnant with my daughter when I worked at Hahnemann, Um, then I worked at Philadelphia, no, Penn Health Corporation, that was um, a public health educator there. Again, that was community health, teaching women how to use the -- that's when medical systems went to H M O. So my job was to teach women how to use the H M O system, how to stay out of the E R room, and connect, get women connected to resources like WICs. Very similar to what I'm doing now, you know. Hold health fairs, that kind of job. Um, from there I did um, I probably was doing that and community psych. Not community psych, working at Philadelphia Child Guidance Center doing psych. So, and actually, I had worked at Philadelphia Child Guidance Center as a work-study student when I was in college. And so when I applied there my, who became, ended up being my husband, he was working there so I had connections there. Um, I worked there part-time, then I went there full-time. That was like my extra. So I worked at Child Guidance Center. Um, mostly nights and stuff until I started at Pennsylvania Hospital in there um, O B G Y N clinic. And that's when I actually formed, it's called, it was called STEPS, Strategies To Encourage, Strategies To Encourage Parental Self-Sufficiency. It's our teen clinic. So, and that was again, again it was the um, teen clinic was basically they would come there for prenatal care and we would just do all the education in addition to their prenatal care. Case management coordination, that was my job there and I stayed there for ten years. That was a bulk of my career.

KD: Yeah.

LH: I stayed there for ten years. Um, and when I left there I worked part-time at Jefferson. O B G Y N clinic at eight thirty-three and I worked part-time at Mercy Home Health doing home visits. And then um, part-time at Horsham doing psych nursing in their sanctuary.

KD: So were most of these positions in public health then? Or was it kind of a mix?

LH: Mix. Yeah, those were mixed. Those were night shift jobs. Because when I left Pennsylvania Hospital, um, I was doing just part-time jobs because my job, my job then was being a mom. Part-time work to make sure I could be available to get my children to school on time and pick my children up {CG}. So, the public health job would have been Mercy Home Health, they had home visits with, postpartum visits. You just, I would just go to the homes and do education with the moms when they had their babies. Um, so I've always had my hands doing some kind of community health. And I did that, uh, until I found this job. Yeah, so. That's, that's, like I said I've been here for thirteen years. I've only been a nurse twenty-eight years {LG}. Yeah I've been a nurse for twenty-eight, oh god, twenty-eight years.

KD: That's wonderful.

LH: Yeah, so yup. So, and I've always, and I've continued, and I always try to do some mentoring and volunteer work. I mentor for Big Brothers Big Sisters. I mentor for Mommy and Me, which is a Temple had a teen program for, it's not a teen program, it was actually a program for mothers in college with children. Um, and now I'm doing um, what's it called? That's not good Lois. See it's your brain. See it's old age affecting me. Um, we have a mentoring group for young ladies for Christ. So, I just try to work with women, you know, young girls, try to do. I always try to keep myself involved with young ladies on the side, you know, in addition. Just to try to motivate young women to stay positive. So I keep my hands in some kind of volunteer work at all times. So those are the kinds of things I try to do on the side. Anyhow, in addition to my own two {LG}. God blessed me with two daughters to keep me busy too. So.

KD: So how did you find out about Nurse Family Partnership? Because it had only been around for about a year at that point.

LH: Actually I was at, um, Jefferson's O B G Y N clinic and the flyer came across -- I was working there part-time and a flyer came across my desk when they were, they had just started actually, they had been around less than a year when it came across my desk. And I called to get, to apply. I was like, "I want this job!" Because I was, I was, you know, doing part-time work, and it was just the perfect job for Nurse Lois. And I called and they tried to enroll me as a client. "No, no, no. I want the job." But they were fully staffed at the time, you know, they were fully staffed. "Jesus Christ," you know {LG}. They were fully staffed. They hadn't, they had just started, they were fully staffed. And then lo and behold I still was looking for work and it was in Nursing Spectrum, it was in one of them nursing magazines. Nursing jobs, one of them. But it didn't say Nurse Family Partnership at the time.

KD: OK.

LH: It just, again, it was a blurb. They were looking for a nurse for home visiting, education. All the things Lois wanted to do. Education, teaching pregnant women about. And I called. I called and I got an interview for the job. I'll never forget. I called, I swear I got interviewed like the next week.

KD: Wow.

LH: It was like, and the interview was at LaSalle. It was for LaSalle Nursing, Neighborhood Nursing. I was like, "I could do this! I'm available!" You know, "No problem!" {LG} Travel involved. "I can travel!" You know {LG}. And I called and I got an interview, I interviewed and I got hired that day.

KD: Oh, that's incredible.

LH: Yes. They said, "Oh, you need to go away, you need to go travel for training." "No problem, my mom can watch my children." You know {LG}. You know, because, you know, and I had a mother that could watch my children, because I was in the middle, actually I was, actually I'm divorced now, I was going through a divorce. And got hired. Left that Monday for training, because you have to go away for our training. And um, because this job, they, I mean, even though we had to have a Bachelor's, you have to still travel and train for this position. It's an awesome job. I mean this job, you have to, they train you how to become a Nurse Family Partnership nurse, you know. On top of your education you still have to have all the knowledge to be an N F P nurse, and it's, it's cool. It's core. And I went away for a week to Hershey to learn how to become a Nurse Family Partnership nurse and got a whole new family.

KD: Yeah.

LH: And um, yeah. I have nurses who I'm still connected with from twenty-some years ago from North Carolina {LG} and everything. So yeah, and that's how it happened. When I got there and they was the same, I couldn't believe it. I was like, "This is not." When I, I had no clue. And I didn't find Kay was with the position until I came back. When I came back and I met her.

KD: Oh.

LH: Yeah, because I didn't interview with Kay, I interviewed with another, another nurse I had met, I knew from somewhere else too. The nursing community is real small and so large at the same time. I interviewed, and I came back, and I met Dr. Kinsey. I was like, "I know you." I just kept staring. I'm like, "I know her. I know you" {LG}. So funny. Yeah, because she wasn't there when I interviewed. So it was just a coincidence that she happened to write the grant for the Philadelphia NFP partnership and she was my professor. She -- actually I have my yearbook with me. I brought it with me.

KD: Oh really?

LH: Let's see.

KD: Yeah.

LH: Yup.



KD: That would be fun to see.

LH: Yup. So. So, I pulled it. I was trying to find other stuff because Kay said, "If you've got your yearbook she wants to see it."

KD: {LG}

LH: Yup. See. See, our things had that blue in it too. Little bibs.

KD: The Jefferson colors, black and blue, in that yearbook {LG}.

LH: Yup, that's the yearbook.

KD: Very cool. And so this was all of the health professions, right?

LH: Yeah, yes. Mm hm.

KD: That's what they called it. So we have cytotechnology here. Occupational therapy. Nursing. Let's see. Whaley was your last name?

LH: Yes, mm hm.

KD: Oh, is your picture not in here?

LH: Mm, no my picture is in there. You got to go, you're in nursing.

KD: Must have skipped it.

LH: Yeah.

KD: Oh, very cute.

LH: {LG}

KD: Oh, you're so young!

LH: {LG}

KD: {LG}

LH: Don't remind me.

KD: It's adorable.

LH: {LG} Don't remind me.

KD: Very nice. Well thank you for bringing this and sharing.

LH: Yeah, actually Kay's in here too. Where is Kay at? Where's Kay? Here's Scott Library.

KD: Uh huh.

LH: Where is Kay? Kay is in here. I've seen a picture of Kay in here. I wish I had, oh my god. I haven't seen these shots in so long. There's Kay Kinsey.

KD: Oh wow, look at her! That's so cute. That's great.

LH: Yeah, Kay's in here. Yup. Yup. {CG}

KD: So, um, back to Nurse Family Partnership, you said you had gotten a lot of different training in addition to all of your, you know, previous work as a nurse. How, how did that training differ from what you already had? What are some skills that you learned and that you maybe incorporate now into your work that you didn't before?

LH: The skills they give us are more skills about child development, communicating differently with families and how they're -- Dr. Olds' thinking on, um, family management, more or less. Dr. Olds has a certain way on how we should communicate with families. Um, his, with Nurse Family Partnership his, with Nurse Family Partnershi-, Nurse Family Partnership is about. So there's a certain way we present our program. And we first have to learn how we should present the program. Um, just like, I remember the first time we had to learn how to play peek-a-boo.

KD: OK.

LH: There's a certain way peek-a-book is played. And I'll never forget, the nurses all sitting there who were parents, like, "Oh, OK. I never thought about it that way." I mean, and it's correct. I mean, it's just teaching on infant cues. Things that we're probably not even taught as nurses that, you know, it's child development stuff. I mean, basic child development. Just making sure everything is covered, you know, that might have been missed in nursing school that's not. Not that we're not properly taught, but unless you are a specialist in this field you may have missed it. So um, we, I mean, I really told the clients, "You're just blessed that you are getting a nurse specially trained to come into your home and get this free knowledge." You know, because as a mother and a nurse, I would have loved to have a nurse come cover that stuff with me, you know. I mean, we have learned infant cues so much to the point where I can do it in my sleep now. And I wish I had some of this knowledge as a mom. I mean, really. I mean, yes, I'm a nurse, but, just communication skills, motivational interviewing, those basic things that even if you had them as a nurse you need to be refreshed on. Um, and I use them with the clients one-on-one. You know, communication skills, eye contact, how you're properly sitting. Like I said, you may have gotten them in school, but you may have not really focused on them in detail in quite some time. Um, so we cover a lot of this, you know, stuff one-on-one. Um, it's, it's, it's a deep training. It's just, like I said, when I first, first did N F P, like, what are we going to cover? What are we going to cover. Just how he wants the program laid out, you know, so he has a model. He wants us to be true to the model, it's called fidelity to the model. And he wants to make sure we're all doing it the same way so everybody's getting the same dose of the program and how he wants to dose and why he wants to dose the way and how we can have positive outcomes. So it's his theory on it and why we're using nurses. So all that's given to us in the training, and it's important and it. Like I said, I just, I find the program, it works, and why it

works, I see why it works. So I guess that's why I've been doing it for so long, you know. People ask me, "Do you love your job?" I do love my job. The paperwork gets on my nerves, but I do love my job, you know, I mean, I, I've done home visiting for other programs, but this program is a little bit unique. It's so unique, you know {LG}. So you go into the home, you talk about child development, you talk about women's health, you talk about life skills, you talk about life goals. So life skills are different from looking at life goals. You know, you talk about family issues, you know, and we talk about year plans, and plans for the next visit, so, how do you present all of that in an hour? You know?

KD: Sure.

LH: Right. So, and so that's part of your training. And to help nurses figure all of that out and not take it home with you. You leave it there with the client. So all that's part of our training, you know. I mean, you can be skilled in nursing and not have all that. That's part of the training. He teaches us, teaches us how to do that, you know. And that's part of the motivational interviewing. It's part of his guidelines, you know, dosing information. So we get some of that in the training, so that's. And the core guidelines of the program are taught in the training. So that's what we get in our training. So it's, and that's, like I said, you know, I wasn't prepared when I first started. I just, I so wanted to go teach about, teach about, you know, health and wellness! When I became, became this program. Then I got, "Oh, I gotta go get," to "Oh, that's how you play peek-a-boo? Oh, because I didn't do that with my kid. I scared the heck out of her. Oh. That makes sense, that makes sense. Oh, that's why that baby's doing that. That makes. That's infant cues, yeah. They didn't teach me that in nursing school. Nah, mm mn. We didn't go over that in nursing school." And I worked in the nursery quite some time. I wish I had known that when I was rocking those babies the wrong way, you know. Just basic things, you know. It might have been in the book, but we didn't cover that, you know? So they really get into the core of it.

KD: Yeah.

LH: You know, so it's really fascinating. N F P is just fascinating. I'm sure if you've already talked to several N F P nurses they've probably told you that too.

KD: I have, yes. And they did.

LH: We're fascinating, so I know. I know. We're like a whole 'nother party. People who come to our meetings are like, "Y'all are special." We sit there with dolls and things and just walk around with baby dolls. And we're unique. I know. I know. We get it all the time. People come to our meetings and stare at us like we're crazy. You know, you've been to our office, right?

KD: I have not yet.

LH: You haven't come to the office yet?

KD: No, Kay has invited me. I feel like I should definitely take her up on that offer.

LH: You should come to the office.

KD: That would be lovely.

LH: The Nurse Family Partnership office is something special. Everyone who comes -- you should come to the office. It's.

KD: OK.

LH: Yeah, Kay asked me if I was going to meet you at the office. I said, "No, I'm going to go to Jefferson." It's like.

KD: Yeah. Everybody has offered to come out to Jefferson so I haven't had to.

LH: 'Cause we haven't been here in a while, right. I know, it's like, "We'll pay for parking!" And we have free parking, but we'll pay for parking. And it's so funny because we have to pay to come here and we've got free parking over there.

KD: That's so funny.

LH: Yeah, that is. 'Cause, 'cause she told me, what's her name, Colleen was coming down here. She was like, "Colleen went the other day." Really? Yeah, everybody came down here, and we got to pay to come down here. That, that's too funny.

KD: Yeah.

LH: That's funny, yeah. But, {LG} yeah, but it, I mean, the office is something special, it is. It is.

KD: Yeah.

LH: Yeah.

KD: How have you seen your role, and the office kind of where you work, change since you've been there?

LH: Oh my god. That, that's a whole 'nother party. When I first started, like I said we were at LaSalle, um, and I, at that point I didn't realize it was even several different N F P offices. Um, you know, I was just happy to be coming to N F P, and then I found out we were a collaboration of what, four offices at the time? Yeah, it was V N A, LaSalle, Temple, and Drexel.

KD: OK.

LH: It was four offices. Um, so it was four collaborations to be one. Um, then it came down to three. Um, and we merged, we moved from LaSalle to Lutheran. Lutheran. And LaSalle and V N A joined to be one and we moved to Lutheran. So we had to up and move, and my manager, my nurse manager changed. I got a new nurse manager. Fortunately I still love her. You know, and I liked the first one but the next one I got, that was a good thing. She's still my nurse manager. So we had to move. So it was a whole new atmosphere. Because at LaSalle, Nurse Family Partnership wasn't embraced. It was too many -- we went against LaSalle's rules. Birth control, you know. That's a no-no. We had to hide what we was doing there,

so. Can't talk about birth control at LaSalle. That's not allowed {LG}. So, um, that was an issue, because we talk about family planning.

KD: Yeah.

LH: So um we had to go {CG}. And we moved to Lutheran, which really embraced us, it was awesome. That was cool. It was an organization that really embraced NF P. But the office space was horrible. It was in the basement of a church {LG}. It was hideous. You know, so we moved, but we still was three different organizations. So Lutheran was here, Temple was there, and then Drexel was somewhere else and we still were not one unit. So everybody was doing something different. And, but we're still N F P. So we still had to go to our meetings state-wide, which is, and you see everybody. We still have, we don't have joint meetings, it's really weird. But we have joint meetings at one location, sometimes. Very strange. But we're Philadelphia N F P, but we're three sites. Um, then we moved. Lutheran office moved again. So I relocated to another church building. So traveling is crazy. No parking, again. But I still love my job. We, I actually worked out of my car for several months, you know, but I love my job. My family's going crazy. This job is cool, but it has some, it has some, what's the word? When it comes to my family, my family doesn't like my job because I'm at risk. I work in Philadelphia. I work in public health. I witness gunshots I've witnessed some things that they don't want me to witness. But I'm doing my life work, you know. I, I see babies, babies cry when I leave their home, they don't want Nurse Lois to go. I have moms when I graduate them from their program, the clients stay with us until the baby is two. So I'm with them from pregnancy until the child is two. I cry, my clients be crying. They be stalking me, trying to find me. You know like, "Nurse Lois, you know, you can't leave." You know, "My girlfriend pregnant, you want her?" You know, I get that kind of stuff. So yes I've seen some dangerous things, but again, this, I don't get. I mean, when I worked in O B clinics, I didn't get a chance to see the babies grow up and, you know. I didn't get a chance to, I might talk to them about nutrition, but I didn't know if they had heat when they went home. I couldn't help them. You know, I didn't know if they could follow through with what I was teaching them. You know, so it was just. It's different. It's, it's a different kind of nursing.

KD: Yeah. I mean you're seeing these women every week for about two and a half years, right?

LH: Mm hm. Yeah, sometimes every other week, sometimes once a month, but you know, I'm going into their homes, so if I'm, if I say I'm going to talk to you about nutrition tomorrow or next week and I come in and you got a black eye, "So, what's going on? You want to talk about this?" You know, it might take you twenty minutes, but eventually we going to get to it. You know, so, you know, we can, we can address some issues, you know, or, "Um, is that weed over there?" {LG} You know, or they'll feel comfortable because they know Nurse Lois is going to stay here, or I'm going to get you some help and I'm not going to judge you.

KD: Exactly.

LH: You know, so, you know, or she, like I texted a client when I was waiting for you, "And I'm just concerned about you. Give me a call. You have my." And they know that it's genuine. Or I'll send a letter out, you know. So it's a little bit different, you know, so you know my, my, my kids get upset, but I tell them, I'm going to witness gunshots. And I live in Philadelphia {LG}. Unless I move out of the state.

KD: Yeah.

LH: This is what happened. It could have happened with me not going to see a client. You know, so, but I have been going on the way to visit and somebody was shooting and I had to duck {LG}. So they get a little concerned about that kind of stuff, but. And unless I, like I said, stop living in Philadelphia, you know, I find a perfect job or, I just really love my life work. I, I've had a hard time leaving this job, I really have, 'cause it's, it's passion. Most nurses that do this work, it's a passion. So, um, I lost my train of thought, but I, I was saying, we moved to Lutheran, the parking, we moved to this other location now. Parking is crazy. And then finally Kay decided, you know, she wanted us all in one location, and we moved to Delaware Avenue and we're all together.

KD: All the former three sites?

LH: Yeah. So now everybody's together. And it's a little bit different now, 'cause we used to be three sites, you know, we didn't know what Drexel was doing, we didn't know what Temple was doing.

KD: Sure.

LH: So now we all are in one location so we're truly Philadelphia N F P. And that was Kay's ultimate goal, to get us all together. So that's how it kind of changed for us, because for years we've been Philadelphia N F P, the only time we see each other is at the occasional meeting every now and then when we have our big meeting up in Harrisburg. So they have us all in one office in one location is like really cool. So this office is like all color. Because Kay kind of designed, her and one of the former team members who left. It's small, it's a small office. We have all one big pod. We used to have a big view of the Delaware River, but Sugarhouse built a parking lot in front of us. Um, but um, but it's still a great office. You know, we have a play area for the kids. We have a nice lunchroom. You know, we've been in different locations, you know, but we're all together as a unit now. So if you have a question, you know, we can always email people, but you can pop up, "Yo Ericka! You got such-and-such?" So we have equipment, all of our equipment is together. You know, and you know, everybody, we really feel, you know, even though we're three separate, teams, but we're still one unit now. So, it's, it's, it's a lovely space that Kay has built for us. You know, all our equipment's in one location. With the process of moving though, our main office was on Broad Street, two-sixty, and that was a disaster. Because, you know, people didn't want to come down there because there was no parking and, you know, we were anti-social. We had people threatening to leave. But amazingly though, no one left.

KD: OK.

LH: Including Lois. Like coming downtown. "I'm not coming if we go downtown. I'm not coming." Because I kept saying "I'm not coming." And here I am {LG}. You know, and I kept saying it, if we moved downtown, I'm not coming, but I have not left this position. It's so funny. I probably won't leave unless I leave Philadelphia. And it's, you know, I just. I like it. I do. I don't know how long I can continue to do N F P because of physical ability. I'm like Kay, you know. Kay and I, we, we're dinosaurs {LG} so to speak. We, no, we're creatures, you know, like I say, N F P nurses love what they love. It's a passionate job. That's how the job has changed. I mean, like the paperwork crap has changed. And, some of the older

nurses will tell you they keep changing how they want us to do the forms, but the work itself is still the same. The clientele. Pregnant women are pregnant women. Clients have needs. The clients are more I think, um, I can't say severe, what's the word? They have a higher need as far as, you know, more clients are working the, you know, with the welfare, the work system on an acute level. They're more acute. Like we have more acute medical needs in the hospital. Same thing in the community. Clients need some more acute, you know, with poverty levels being higher, clients have more acute needs, you know. Psychiatric needs, and more acute in the home too. More depression. You see that, so that's more a drain on nurses. We try, we try and find housing needs. That's some acute needs for us as public health nurses to meet these needs for the client. So it makes it harder for us to do our jobs, but um, it's still, the need is still there. So it makes, our acuity level makes it harder for us to manage this case load. You know, so I find that harder, you know, I go into the homes and, you know, they're not paying attention because, you know, they're depressed or they're sad. We've seen a lot more psych clients who are pregnant or, actually.

KD: Sure.

LH: You see a lot more um, physically disabled clients who are pregnant, you know, or mentally challenged clients who are pregnant. The acuity level of clients has gotten higher, but um, it's still public health nursing. That part, the needs are not going anywhere, you know. And my, you know, we're traveling a lot more. Because when I first started we were assigned one area. We have spread all over Philadelphia. On a given day I can be in West Philadelphia, going to the greater Northeast, and all the way to Southwest Philadelphia. I can put sixty-five miles on my car in no time. You know, I used to just be in one area. But now, because we're all over the city, clients also move a lot. They'll call you, "Oh no, I'm at my cousin's house." "Uh, OK." And if you want to see them, you're going.

KD: Yeah.

LH: You know. So, you know, but it's the job.

KD: Mm hm.

LH: Or I could be in the hospital working seven to three, and they tell me it's a snowstorm and I'm stuck {LG}. You know, see, I'm not mandated to work, you know. You know, so. You know, like when I told you to make an appointment, I was like, "Well, as long as I can see you before one."

KD: Yeah. Exactly. It's nice to be flexible.

LH: Right. That's the flexibility of it, you know. Give me my schedule, you know. You know, on a snowstorm day, does anybody say, "Well Lois, you got to be at work at seven." No! {LG} So that's the joy. It has its plusses and its minuses.

KD: Definitely.

LH: So I, I like that about the job. Yeah. I can call my clients, "Lois has a headache. I will see you Monday morning." You know, I'm respectful of their time and I just ask they be respectful of mine. Sometimes they're not, but we understand that, clients aren't going to be like us.

KD: Yeah, that is true.

LH: So. You know, like I said, I really love, I love the work I do. I really do. I have no, you know, I'm realistic about it. I have no regrets about the field I've chosen at all. I don't sit and say, "Oh, I should have studied." Nope, I've never said that. I have no regrets about the field of nursing, studying the field of nursing or the field of nursing as far as community health. I, I picked the right choice.

KD: Yeah.

LH: Well, I feel like it chose me. Like I said, you asked that question. It chose me. I started studying and it just opened this door. You know, because I was like, "Oh, maybe occupational health." And it just, it's a calling. I really feel that people are called to their fields. Do you answer it? We all have a talent.

KD: Sure.

LH: Do you answer it? So hopefully I answered your question.

KD: Yes! You definitely did. Um, so a follow-up to that, something you were just touching on briefly, recently, about how much more patients need acute care and help and whatnot, how have you seen nursing change since you've been in the field? So this can be related just to public health or nursing more generally.

LH: Well, it's more tech-, tech-, as far as commuter, computer, you know, that's for me, it's been more technical, for me. And that's what I've seen, you know. Also about something I've done on the side, I did some teaching, which I need to go back to school, lord Jesus help me {CG}. And I haven't kept up, um, as much as I would like. Um, nursing has gotten more, um, technical as far as I've seen that. I was doing some teaching with Eleven Ninety-Nine C, L P N students and C N A students, and it's just, even when I visit in the hospital, everything's computerized, you know. You know, and I, you know, and I know I need to go back. And I haven't kept up as far as computer, even when I first started in nursing, just N F P, we were just doing everything by paper. Now we carry computers with us. And we, you know, everything, our charts are computerized, we're trying to become, you know, do our data all on the computer. For a while I was carrying my computer in the homes, but I can't because it's just too heavy for me. I mean nursing is, like I said, I was one who, I think eighty-six wasn't when computers was a required course, then it became a required course. Um, but like I said, when I visit the hospital everything is becoming, everything is so technical, you know. Just finding medicines for clients, you know, you just got to be there, you know. Everything is just technical. If you're not there to {LG}. And sometimes it makes it hard 'cause clients are getting online to get everything. My clients call me, "Yeah, I got this medicine. I got this herbal treatment offline." They go online and get the herbal treatments and they call us for information about it, you know. Clients, she, she's breastfeeding, for example, and she wanted to do a toxicology cleanse, you know, a tea, tea detox she got offline and she's calling me, "Is it OK?" "I've never



heard of it, you know, where?" And she's breastfeeding, you know. "Is it OK for the baby?" Everything. But if she hadn't been online getting it, now Nurse Lois needs to find out what it is, you know. But it's all because of technology, and the web. That, that wasn't there ten years ago {LG}, it wasn't. And it's affecting us. It's really affecting us. I mean we can't go in the home. We have it on our phone, we have a web base on our phone, just to find resources for them. We've got to be on point, just like that. It's just, they want an answer yesterday. That's why, and also for us we have to set limits on them. Like I need to immediately set limits on them. Because I actually have to turn my phone off. Like OK, at 6:30 you can't reach Nurse Lois. They don't hear me, but I just tell them, you know. Because they have access to so much stuff and they think they can call us and access us like that because they have, they want their nurses like that too. So they, clients used to, you know, medical people are available from nine to five. But online it's available twenty-four hours, so they think we're available twenty-four hours {LG}. They do. So that, this technology is really affecting public health nurses too because they come at us like, "Well don't you have the answer? Because I can go to Web M D and get it." Web M D is dangerous sometimes, if you don't have no clue what you're looking at. So technology is, is having a big effect on the unintelligent. I don't know what's the proper word {LG}. If you don't have a lot of knowledge it can be dangerous. Too much knowledge can be dangerous for some people, you know. It can be, in the wrong hands. And so, you know, but I guess that some things just don't change. I mean, like giving birth is still a natural process. {LG} It really is.

KD: Yeah.

LH: You know, you leave it alone, you know, so. We, we really try to teach that, you know. Y'all can go and do this naturally, for real. Without any assistance. But they go online and watch it a different way and again, technology. "Well I seen." "Oh god" {LG}. Technology is affecting what they, the questions they ask. It can be good, it can be bad.

KD: Sure.

LH: You know, just, and I encourage them. I want them to ask questions, but I want them to ask the right questions, you know, so, you know. It, that's my biggest issue sometimes, that they, you know, it sometimes it works against us in the home, you know. Sometimes, I'm not going to say always. I don't, I never say all or anything. I don't believe in all or nothing theory. Yeah, so.

KD: Alright. Good. Um, so we're nearly done. Just a couple more questions. What advice would you give to people who are interested in becoming nurses today? You have mentioned that you do talk to a lot of people about going into nursing.

LH: I tell them to go attend a couple open houses. I really think talking to people who are at the schools and students and the professors, I really, I really for me I'm not about the web thing. I don't, I can't stand the T V commercials. I want people to go to the schools. I really think open houses are the way to go, you know. When I talk to students, when I talk to my clients, I just tell them, "Have you attended some open houses?" Because that's just, that's just I think, I really think it's a great field still and I just encourage people to attend as many open houses as they can, you know. Find out what's out there.

That's -- because I just think commercials, "Oh, the nurses' field is just so wide open." That's such a vague statement. I don't know what that means {LG}.

KD: {LG}

LH: I really think you should go and ask questions. Find out when they're having open houses and go and ask questions. That's the best way to find out information. Because you get to intermingle with students and teachers. That's the way you ask questions. That's just my take on it. So I, you know, whenever I'm with students, or clients, that's what I always tell them, you know. I think people are the best way to find out stuff. Yeah, definitely.

KD: Alright. So is there anything else that hasn't been brought up that you'd like to talk about?

LH: I'm not a talker.

KD: {LG}

LH: Can't you tell I'm shy? I'm very quiet {LG}.

KD: I've noticed {LG}.

LH: I'm very quiet. I'm not a talker. I'm very shy. When Kay said oral, oral, I said, "Nah Kay, you know I don't want to talk to nobody." So once you get me talking I just can't shut up. No!

KD: OK.

LH: Hope I answered your questions. I hope I was helpful.

KD: You totally did. Very, very helpful.

LH: OK.

KD: Any other just general reflections, memories, anything else you'd like to say.

LH: No.

KD: OK.

LH: No. Hopefully I didn't reveal too much {LG}.

KD: No, I think this was great.

[End of recording]