Tacoma Community History Project
FINAL TRANSCRIPT

Narrator: Shirley Aikin
Date: May 10th, 2011
Interviewed by: Cheryl Coney
Place: Tacoma, WA

Cheryl Coney: This is Cheryl Coney, it's May 10th at 5:18 and I am interviewing Shirley Aikin. Could you tell me your name?

Shirley Aikin: Shirley Aikin.

CC: How long have you lived in Tacoma?

SA: I've lived in Tacoma since 1963.

CC: What brought you to Tacoma?

SA: My father was in the military so our family moved here when I was in high school and I stayed here, even though I was in the military, I came back.

CC: What did your mother do?

SA: My mother is a nurse also.

CC: Oh. And what other places have you lived outside of Tacoma?

SA: I lived in St. Louis, which is where most of my family lives still and in the military I also stayed intermittently in different locations for military service. San Antonio, Denver, Idaho, South Carolina, California, Saudi Arabia.

I: Can you tell me a little bit about your family background and your childhood?

SA: Well my parents, I was born in St. Louis, Missouri and my father lived in East Saint Louis, Illinois, which is across the Mississippi River from St. Louis. I grew up there and stayed there until I was in high school. Then my mother remarried and our family then moved here with my stepfather and my mother and my siblings.

CC: Can you remember, what would you think is something your parents or your grandparents taught you that may have carried over in your life that you've kind of taken with you?

SA: Be respectful of everyone and accept everyone for who they are and show caring and love to everyone.

CC: So is that what brought you into nursing? Caring?

SA: That was one of the things that brought me into nursing, then of course, seeing my mother and as I was growing up as a small child, I would see my mother in her white uniform and she had white shoes and she'd polish her shoes all the time and wash her shoestrings and a lady who lived across the street from us was also a nurse and she would wear her cape and her cap and I thought that looked so neat when I was growing up and I thought, I want to do that. And so that was one of the things.

And then my great grandfather was very old. He lived to be 116 and I helped take care of him. He was still pretty mobile and very alert and lucid. And so I'd just take food to him and my great grandmother was also in her 90's, so I lived around elderly people a lot of my life because they were in our home, in my grandmother's home. We would go visit them, I was around them, I liked being around older people I learned a lot from them. So in a caring mode, that just helped me to feel comfortable. When I was in high school I was what was then called a Candy Striper. I volunteered at a facility that had both elderly in one wing and children who had developmental disabilities on another

wing. I was able to rotate to both of those areas and that did it for three months in the summer, and so for half of the summer, I worked with the elderly population and for the other half of the summer I worked with the children. I was able to show caring to both sides of the age population, if you will, the age spectrum.

CC: So your mom was a nurse as well?

SA: My mom is a nurse and my sister is also a nurse.

CC: What do you think got your mom into the nursing profession?

SA: Well she's also a caring person, so it was a place that seeing people needing help and finding there was available training, she took advantage of that opportunity and worked at Barnes Hospital in St. Louis.

CC: So you said you've lived in Tacoma since 1963?

SA: 1963 I was here. My family moved here.

CC: Have you noticed any changes in Tacoma of now and then? Any positive or negative changes?

SA: Well the area certainly geographically certainly has developed in a lot of areas commercially. I've seen a lot of development as far as buildings and home and the freeway, I-5, was not constructed at that time, Highway 99 was the main thorofare that people traveled on. And so I-5 has developed. And of course around it, a lot of businesses and homes have also developed, so I've seen that develop.

As far as the positive things I've seen, it's been a lot of positive growth, a lot of development. I'm not sure if it's good or bad, but there's been a lot of people who migrated here, and that's caused the traffic. That's not the good thing. But people have

decided to come here to live. And of course it's beautiful, the grass is green, the mountains here, the air is fresh and so it's very attractive to come here to live.

And so that's created, I think some of the negative things as far as the traffic and large number of people. The population has increased quite significantly and so I've seen that as one of the negatives, although you can't tell people where to live.

CC: How long have you been a nurse?

SA: I've been a nurse almost thirty-seven years. In September it will be thirty-seven years.

CC: Can you tell me a little bit about….

SA: Well no, forty years, it'll be forty years in September.

CC: Oh wow. Can you tell me a little bit about your nursing career? Where did you first start it off?

SA: Well after I was a Candy Striper, I went to nursing school and I graduated from Pacific Lutheran University and I went into the military. I received a scholarship my senior year to pay for my tuition and my obligation was to then serve in the Army. I was commissioned as a Lieutenant in the Army Nurse Corps. I went and trained at San Antonio, Houston, TX and I was assigned to Madigan Army Hospital, which is right here in Tacoma.

I married my husband in my senior year, and so we got married after I graduated and he had already gone into the military and completed his military service. He then was working for the state of Washington. He lived here and he wasn't really mobile, he had a job for the state, so I requested to be assigned at Madigan and I was granted that request to be assigned at Madigan. I was three and a half years in the Army, and I worked at Madigan in a variety of different areas. When I completed my Army

obligation, I then was hired here to teach at Pacific Lutheran in 1974, so I've been here since then.

CC: What was your experience being a woman and a black nurse in the Army?

SA: I really did not, for the majority of my experience segregation or racism or discrimination. I'm a pretty upfront person, when I see something or if I feel something isn't appropriate, I will just confront the person and say, um excuse me, that's, why did you do that, or I didn't feel comfortable with that, or whatever the situation is I'll usually say something about the situation based on the person and appropriate environment. So I didn't really experience racism.

CC: So you've been at PLU since 1974?

SA: Correct.

CC: And what do you do here at PLU?

SA: I teach nursing in the junior semester. And at this point I am phasing into retirement since, I've been here now, it'll be thirty-seven years in September. I'm at the last part of my contract for retirement. I'll retire totally. I've been teaching part time since I started my phase return and I'll finish it this semester. In fact, at the end of this month, my contract will complete in August. I'll teach a course in June and that'll be the last course I'll teach. If I want to come back and teach I'm of course invited to do that.

CC: Wow. So when you started here were there a lot of faculty that were African American?

SA: In nursing I was the only African American and had been the only African American for a number of years. There have been other African American nursing

faculty who have come and there have also been other African American faculty in the general university population. So I have not been the only African American on campus the entire time, as well as there have been African American administrators. So I have not been the only person of color here. In addition to African American, there are other ethnic persons here on campus.

CC: What was your experience being the only person of color teaching in the nursing program?

SA: Well, as I have been in my regular life pretty assertive, so typically, having been in the military, you have to really be able to speak for yourself and know where you're going and being pretty self directed. So those same characteristics came through in my experience with students. I was just pretty upfront and say what my expectations were and I set pretty high expectations and I would say well this is how it is and this is the expectations for the class or these are the expectations for the class, and if you want to pass the class then you have to meet the expectations. And if they needed assistance I was available to assist them. They would just have to communicate what they needed, and I would just communicate what I was doing and how I was teaching.

I didn't really experience discrimination or racism because as a faculty person, I knew what I needed to do, and I did my job. The students who took my class knew that that's what I expected and that's how it went. I had people say, a couple of students, most of the students, the majority of students that I have taught have always appreciated my teaching. I've had a couple students, and you probably experienced that you are able to complete a survey or response at the end of the term and how your learning experience has gone. And so a couple of times, students would remark that they felt as though they were in the military because I was pretty strict and very direct and I was very specific in my expectations. Well, my response to that is if I'm not clear and I'm not specific and I'm not detailed, then there could be miscommunication. And I want to avoid miscommunication because I believe that if you know exactly what I want, then you're more likely to provide what I want and you're able to meet the expectations. If my

expectations are nebulous, I'm clear, and I don't specifically say what you have to do to meet the grade criteria. Then you will be upset.

I just feel it's my responsibility that I need to be very clear in what's coming up and what the expectations are. When they said they felt like they were in the military, I'm sure that they were saying well no, I would say you know, class starts at eight, I start talking at eight. You're paying me to talk and if you're not here, I'm going to be talking whether you're here or not. If people were late, I would say you have to get the notes from someone else because I've already talked about that topic. That's how my classes were run and people knew that that's how I am. And I'm not going to change for them. And I say, you know I use the analogy that United Airlines says the flight takes off at seven. If you're not there at 6:30, they relinquish your seat to someone else because you're not there in time to occupy your seat. Same concept here. Class starts at a certain time or whatever you're supposed to be at at a certain time, that's how it is. I don't apologize for that.

CC: Well what brought you to get involved with the Ebony Nurse's Association?

SA: The Ebony Nurse's Association was established in 1971 by Christine Miller and in fact she was a faculty member here. She taught here for two years and when she was teaching, she came here because her husband was in the military and in her dealings with people in the community as well as her experience in teaching, she recognized that there were not a lot of African American nurses in leadership positions in Tacoma, in the Pierce County area. She met a few people, including myself, and she decided to establish an organization and just invite people to come together to discuss the situation of not seeing very many other African American nurses in positions of leadership in the surrounding area and community. She wanted to set up a mechanism to network and to establish a process where people could meet and we could do some things to improve the status of African American people in the community. Volunteer, offer health information and just be available if people were interested in having a person of color talk with them. She formed, she invited people to come to her home for this meeting. We all met and

talked about what we could do to provide resources for the community and for healthcare.

CC: Why do you feel it is important for people of color or nurses or people in the healthcare profession to have these networks?

SA: Well, there are a number of reasons it's important to have that type of organization. One is it provides a mechanism for people in the community to see that there is a health provider that looks like them. It makes them feel more comfortable because they can relate to the person that is speaking with them. Secondly, it provides a mechanism for the participants, the nurses, to meet with each other and network and try to build coalition and say here is someone who can support me and understand what I'm experiencing, if I am experiencing a situation of racism in the employment arena and say, what would you say as far as to handle that situation? Do you have recommendations? Have you experienced something like that? And what would you recommend as far as the way that I might consider handling that?

Another reason that would be good is you could provide mentoring and support for nursing students, African American nursing students in the community. To let them see first of all that there are African American nurses who have made it, if you will, and to provide financial resources if they need support in that particular area. That's really one of the things that the Ebony Nurse's Association does, it has a scholarship for nursing students with African American heritage. That's provided each year and so students apply and are granted funding to assist them in their nursing education.

CC: Since you've been on faculty here, has there been changes in I guess the make up and diversity of students in the nursing program?

SA: Definitely.

CC: When you first began, how many students would you say were of color?

SA: Well I'll take my own experience first of all. When I was a student in the nursing program at Pacific Lutheran, I was the only African American in the program. There were two males in my class, and so we were able to communicate and there was very little problem. I really did not experience anything. I was an activist student, so I spoke up. I was active in the Student Nurse's Organization. Since I've come to work here, I have not seen any problem as far as admitting students of color. When the students are qualified, then they're admitted. The issue sometimes students don't feel that they would be able to afford going to school here, and I say to them if you are academically qualified, the University will find money for you.

CC: What do you think is one of the main reasons, I guess a couple of the main reasons that really keep people of color out of the nursing profession?

SA: Sometimes it's because they, it may be because they feel that they've already been defeated. That they can't do it. They have in their mind that they can't do it. They already make up in their mind it's too hard. I'm going to have to take Math. Some people are afraid of Math. I'm going to have to take Chemistry. Some people are afraid of Chemistry. And what I say to students and African American students especially, is that you can do it and there are support services and resources and mentors who could help you, but the first initiative has to be within yourself. You have to want to do it and you have to be the person to take the risk, complete the application, and if you need help there are people who can help you. So I say Math is not hard. It may take a little extra time for you to learn that particular concept, but if you go ahead and do it, then you can conquer it.

Sometimes it's because somebody else has told them that it's not easy. Oh it's going to be so hard. And in fact, I have the experience when I was getting ready to consider graduate school. When I knew that I had to take statistics, and I tell you, everybody had said to me, or I heard people talk about statistics, oh statistics is so hard,

oh my gosh, it's so hard, I heard that for years before I was taking statistics. When I was an undergraduate, it was not required to graduate, so I hadn't taken statistics. I like math, but when I heard everyone else talking about it, I mean they seemed petrified about taking statistics. So I delayed applying to graduate school for two years because I had heard everyone else talk about how hard it was. I thought to myself I just came to myself one day and said, if I want to go to graduate school, I'm going to have to take statistics. I thought okay, I'm not smart enough to take it. I was a nurse practitioner, I already had been in the military, I had been teaching already, but in my mind, I had thought to myself that I couldn't do it because I heard everyone else talking about how hard it was. I thought I'm going to take it one class at a time and if I do well enough, then I can go ahead and go to graduate school. That was the criteria that was going to be the benchmark to determine if I could go forward. Isn't that crazy? I had already set a limit on myself. I determined my own barrier, just because I heard what other people said.

The first day I signed up for statistics, I went to class, it was summer time, and I thought okay, I'll take this one class by itself. I always sit in the first row. I love sitting in the first row. I went on the first row and the instructor was very easy explaining everything and he said if you have trouble with anything just let me know and I'll explain the concept again. He said so raise your hand and let me know and we'll review the concept. I said oh good, why did he say that? I was raising my hand and I know the people in back of the class were thinking, my goodness, does this lady know anything? It didn't matter to me, I paid my money so if it took extra time, it was fine. I understood and I went up to him and told him that at the beginning. I said I'm really nervous about this because I've heard how difficult statistics is going to be and I just want you to know I'm very nervous about it because I don't think I'm going to pass already. He said this is just the first day of class, if you have trouble, just let me know and I'll help you, I'll explain the concept, if you need help we can get a tutor for you and then they'll be able to explain the concepts at a different pace, more in depth, if that's what you need. I said great.

So about midway in the class I did. I requested a tutor and I had a tutor and I met every day in the library. At the end of the day, I made an A- in statistics. When you look

at my transcript, no one says I had to have, you know the transcript does not reflect that I had to have a tutor. The transcript does not reflect that I raise my hand, not every class, but in a lot of classes to get clarification. I understood the concepts by the end of the class, that was what the bottom line is and I used that example and I share that with students to say if I had to listen to that voice in my own head that had been created because I heard what other people said, I would have built my life, had my life guided by the barrier that had been set up because I set that up myself. I say to them, so I say to you, what do you think about math? You can do it if you put your mind to it and if you need help you just have to ask for help.

There are people who are willing to help you but no one knows you're sinking in the boat if you don't raise your hand. The boat will sink. We cannot give you a life preserver if you don't let someone know. I said if you were sinking in the lake and you could not swim, would you just say okay, I'll just go ahead and drown? No, you're going to yell and say, help me. Same concept. You have to let someone know that you need help and you're sinking. I said you can do nursing the same way. If you want to be a nurse, we will try to help you do it. You have to put the effort forth to do it. And so that's what I say to African American students especially, because many times they do not have the support. Growing up, they sometimes have not had the discipline, academic discipline learning that type of behavior that's necessary to complete nursing classes. So that's the mentoring that I try to provide and let them know you can do it, I can help you. Again, if you're in the boat, if you need to raise your hand, because you're an adult when you come here. I'm not going to track you down and don't come to tell me that you need help if you failed three exams and there's one test left. It's too late for me to help you in the boat. The boat has already got too much water in it. Long answer, sorry.

CC: What would you say have been some of the good and not so good changes in the nursing professions since you've been in?

SA: Well some of the good changes are technology has been included in nursing and in health care in general. And that has really made a significant difference in the way we

can take care of people. It has improved the longevity, it has improved healthcare, nursing care delivery, and it's helped people become more educated because people now have the computer and a lot of people look things up on the computer. So they don't have to wait. And even African Americans. They don't have to wait to go to the doctor and listen to the doctor or the health provider tell them everything. They can research information on a computer. Studies have shown that more people now are looking up information on the computer before they even go to the doctor. I mean they are almost diagnosing themselves. They're saying oh well this is what I have because I looked it up on the computer. And that's great. I think that's something that's impacted nursing as well because we now are dealing with, for a large part of the population, a more educated population. It makes it better because when we give health teaching to someone and give instruction about something, they already are pretty knowledgeable about a lot of things and they tend to ask more questions.

Now some of the population, some people are still reluctant to ask questions because they feel that the doctor or the health provider is all knowing. I say to them no, they're human being just like you and me and they can make mistakes. You have to ask the question. So one thing is technology.

Another thing is that there are more people who are now providing care. It's not just one person that everything is resting on one person's shoulder. There are collaborative concerns. It's more than just the doctor or the nurse practitioner or the PA, they consult with other people. I think more readily than in the past. I think too, people are more self-conscious or health conscious about what's going on in their life. They take better care of themselves, well some people. I mean we still see that there is a problem with some areas. But people are more health conscious I think. I think that has impacted the amount of smoking, and for African Americans we smoked a lot because there is a lot of stress in our population. So those are some good things.

Some things that I think have negatively impacted is that because we have now been in areas where we have more access to employment and other areas, we have a little bit more money. So some of the things we do, we don't exercise as we used to. Years ago, we would do more work in the yard, gardening, because that is what our jobs were

typically. More blue collar, more agricultural, we didn't have the cars that we have and so we rode the bus and we walked to and from the store from the bus stop to the home. Now we have a car in the garage or in our yard or in the driveway and so we get in the car to the driveway and drive right to the store, we drive right up to the front of the door of the store, bring our groceries out, pack it in the car and drive it right back home, so we didn't exercise. And so that is impacting our health. That's a negative thing.

It's positive and negative in that we now have more resources. The impact is more negatively on our health. The total outcome of our health. I think something else that has negatively impacted is the transitory population. Years ago most of us lived near our families, extended families and those extended family members provided a great deal of social support for us. So when your children were growing up, I was growing up around my grandparents, cousins, aunts, uncles, and all of those people were very positive. So our family was laughing and we had a lot of fun and we had dinners and you saw people that you knew loved you. That was certainly a positive self-esteem mechanism for me. It made me know that, and they knew I wanted to be a nurse so everyone is saying oh you can be a nurse and some would say come and see this and look at my hand and what do you think? That was very positive.

Now, because the families typically are not located around that extended network, it is significant. It is a negative factor as far as the support of the family. When the family is alone in essence without that social support networking, you have more negative outcomes. So children don't see that development throughout their life. They don't get the oral histories from their grandparents as far as what their family did. I mean my great grandfather was a slave and he told us about different experiences he had as a slave. So I have all that memory in my mind. And so we had all those times that you would hear stories and we would be able to sit in the house and hear those stories. People talking and you know them exchanging, the older people exchanging information. We don't have that now.

Some African American children don't know about their family history. They don't know their grandparents. They may know them, they may talk with them on the phone, but they don't get the experience to have those lessons from the grandparents and

to have them nurturing. I think that has significant impact on their attitude and their behavior. It was respect when I was growing up and understanding of authority, of who the parents are and that if you wanted something, there was a certain way you asked your parents. There was a certain way that you asked an adult if you could do something. You would use the courtesies. May I, please, thank you, all of those kinds of things that were taught to you when you were growing up. I think all of those courtesies are missing. They're being lost because we don't have that support. Parents are doing the best they can do. It really takes two employment incomes for most families nowadays. When you don't have that, it makes it difficult and if you do have it, that means both parents are working, so the time that's spent in supporting the family and dealing with the children is more limited than it was in the past. I think that's a negative thing that has impacted the family.

You see that in nursing because you see those family issues coming to the hospital. You see health issues coming to the hospital because we don't exercise, people get sick more often, children don't have anyone to talk with so they have depression, they have behavioral issues, they have all that extra time and it's not channeled correctly and then they're finding themselves getting into things that they might not have gotten into. All of those behaviors are impacting nursing and healthcare in the African American community and healthcare at large, the population at large, but we see it in the African American community as well.

CC: Could you tell me a story about your great grandfather?

SA: My great grandfather is my mother's father's father and he was born in Arkansas on a plantation and he would just tell us stories of him living on the plantation and he worked in the fields and he would just tell us that if you didn't, he was pretty compliant so if he was told to do something, he would do what he was requested, but a couple times he was kind of reactive and he showed us marks on his back that he had been beaten and so I know about slave behavior and sometimes the treatment isn't always very cordial and positive. So he had to take it.

CC: Who was it that left Arkansas?

SA: His family. They moved to Illinois.

CC: And they stayed there?

SA: They stayed there.

CC: Until Tacoma?

SA: Correct.

CC: And you said you worked at Madigan?

SA: Madigan Army Hospital.

CC: And is that still in Tacoma?

SA: It's still in Tacoma.

CC: Have there been any changes to the hospital? Can you tell me a little bit about it?

SA: When I first arrived there, well I received my care there from high school because my father was in the military and we lived on the military installation at Fort Louis, it's the Army base. The hospital was an old World War II hospital and that means that the hospital was in long hallways. It was constructed that way so that if a bomb hit, it wouldn't destroy the entire complex. It was in long hallways that were hooked together with little hallways. They called it, it had seven miles of corridor throughout the whole hospital and so it was a containment type structure. It was in 1990 a new hospital was

built that now is a tall building with eight stories on it. It has other clinics that are outlined that are connected to the tower they call it.

It's different in that the structure itself created comradery and people would see more people because they had to pass each of those floors as they moved from one area in the hospital to the other. Now the new hospital, you can just get on the elevator and you're going up the stairs and you get off and you're right at your location. You don't have the opportunity to see as many people as you did in the past. So it's different.

CC: Have you worked at any other hospitals in Tacoma?

SA: I worked at St. Joseph's Hospital, it's a Franciscan hospital. I worked there when I first graduated from nursing school until I went out to my Army commitment. I worked at Group Health for a short period of time. I've had students at almost every hospital in the city. Either supervising them for one class or another. So I'm familiar with most of the hospitals in the area.

CC: Have you ever been a union member while you were at any of these hospitals?

SA: No, I have not been a union member. Pacific Lutheran is non-unionized. We don't have a union, we have a faculty governance system that negotiates salaries, but we don't have a union per say, so I'm not part of a union.

CC: And at the hospitals?

SA: At the hospitals, because I was only there a short period of time and so I was not participating in a union at the time.

CC: What do you think needs to be done that are things that could be done to the nursing profession? What are some things you feel that need to be done like in the

profession of nursing?

SA: I think our profession needs to come to an agreement about the minimum educational level. Right now there's still discussion about what is the entry level for nursing, which means nurses can graduate from a two-year college, an associate degree college and be an RN. There are nurses who can graduate from a four-year college, such as this or the University of Washington or a bachelor's degree. And so I think there needs to be a common decision that the bachelor's degree is the entry level. The starting point.

The reason I say that is that makes nursing then on the same level of professionalism and education as other professions. Social worker, you have to have a bachelor's degree. Physical therapist, you have to start out with a bachelor's degree. Occupational therapist, you have to start with a bachelor's degree. All the other professions typically start out with a bachelor's degree. To have nursing have a varying level of education preparation, it's confusing to the public. It allows the profession then to have almost less credibility because people are saying well why are you at a bachelor's degree level? Why do you have the same credential as the person who has an associate degree? This is an RN and this is an RN and you graduated from a four-year school and you graduated from a two-year school? How can that be? There's still a lot of discussion about that.

I think our profession needs to come to a conclusion to set that standard and move forward on changing their programs to all be bachelors programs. I think the recognition economically will be stronger as far as the argument to pay the nurse at that level. I think it makes a difference in the respect that's provided.

CC: Anything else you'd like to add?

SA: I appreciate the opportunity to participate in your project and thank you for asking me.