

Oral History Transcript

Virginia Allen Interviewed by James Kaser in 2019 and 2020.

Interview with Virginia Allen by James Kaser, Archives and Special Collections of the College of Staten Island, Park Lane at Sea View, Staten Island, New York, April 17, 2019.

JAMES KASER: This is James Kaser, I'm the archivist at the College of Staten Island. We're here on Wednesday, April 17th, I think, 2019. Virginia, if you could introduce yourself?

VIRGINIA ALLEN: I'm Virginia Allen, a resident of Seaview Hospital, and I say Seaview Hospital because that is the grounds that the building I live in is located on. I lived in 460 Brielle Avenue, Park Lane at Sea View. The nurses' residence was renovated for seniors, so that's where I live.

JK: Great, very good.

VA: I thought I'd better stop talking. [Laughs]

JK: That's very good. That's what I like people to do, is tell where we are. So, as I said, I have a life history approach to interviews. We'll start with talking about where you were born and grew up. Oh...and also your birth name.

VA: My birth name is Virginia Allen.

JK: It is your birth name, okay.

VA: I still use it because I love it.

JK: Great. Where were you born?

VA: Pittsburgh, Pennsylvania. I'm the oldest of three children. My mom and dad travelled from Pittsburgh, Pennsylvania to Detroit, Michigan, looking for work. Because, I am a Depression child.

JK: Oh, okay. When were you born.

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VA: August 15th, 1931.

JK: 1931, okay. So, the Depression was in full swing.

VA: Yes.

JK: When would your parents have gotten to Pittsburgh? Roughly.

VA: I would say, my mother was born in Pittsburgh, Pennsylvania.

JK: Oh, okay.

VA: Yes. And, she was 17 when I was born.

JK: What was your mother's name?

VA: Ruth Sutton Allen (1915-1965) [Daughter of Richmond V. Sutton (1871-), a carpenter and Baptist minister and Amy Royal Sutton (1885-)].

JK: Ruth, okay. And, your father's name?

VA: Lawrence Allen.

JK: Since he was living in Pittsburgh, do you know if your father worked in the steel industry?

VA: He worked in the steel industry and other types of construction-like work.

JK: Okay. Was he born in Pittsburgh, too?

VA: You know, I should know, but I don't know the background that well, because my father died when I was two years old.

JK: Hmm...so, you were born in 1931..so your father died in?

VA: Actually, I was five years old, my youngest brother was two.

JK: Okay. So, your father would have died in 1936?

VA: About that.

JK: Approximately. Okay, so that was, in the midst of the Depression you're in Pittsburgh. Did your mother have a job outside of the home, or not?

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VA: Yes, my mother was a dietician and a beautician, and she had her own business.

JK: Oh, really? Well, that's very interesting. Is that something that—had she gotten training to do that, or just—

VA: Yes. And, my family in general gear toward their own private businesses—undertakers, teachers, doctors, lawyers.

JK: So, there were other family members, obviously, in the Pittsburgh area.

VA: Yes, mm-hm.

JK: Do you know the name of the neighborhood in Pittsburgh?

VA: It was the Hill District.

JK: The Hill District, okay.

VA: That has been pretty much gentrified now.

JK: Well, so you only spent—well, probably you don't have any memories of Pittsburgh, except maybe of visiting relatives there?

VA: That's true, that's true.

JK: So, do you have memories of Detroit as a child? That's where you grew up.

VA: That's where I was brought up, but even those memories are kind of vague now. As you grow older and farther away it seems that you become a bit detached.

JK: Sure, yeah. But, you would have gone to school in Detroit?

VA: Mm-hm.

JK: And so, just for a while if we could just try to explore any memories you might have of Detroit and what it was like to be in Detroit? I imagine your mother was in a challenging situation, because within a few years of

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moving to Detroit her husband dies and then she has three children, three young children who still need childcare. Did she have relatives in Detroit?

VA: No relatives that I knew of. Nice neighbors, very nice neighbors. We lived in a row of houses where you had backyards and talked to your neighbors over your porch. And, my memory of those neighbors was very pleasant and vivid. I remember my grandmother living with us for a while. In fact, she was up in age and frail, and—

JK: So, she was probably mostly living with you because she was older and she needed a place, she needed to have some people around?

VA: I think my mother needed her to help her out—

JK: That's what I would have thought, but you said she was older, so was she able to help?

VA: Oh, yes, yes. I remember her making me dresses.

JK: Oh, that's nice.

VA: Yes, and she was a good cook and so was my mother, and very good at housekeeping, because I learned how to keep house not from my grandmother but from my mother, very good housekeeper.

JK: Was there—you mentioned the neighbor network, but was there also a church network that was important, or not?

VA: No. We did not attend church much. Occasionally my parents—my mother remarried, and my stepfather and mother would take us to different churches. We weren't connected to any definite church, which I'm glad of because I'm Unitarian now. I think that's why I'm a Unitarian.

JK: Yeah, that's interesting. So, how long after moving to Detroit do you think your mother remarried?

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VA: It must have been maybe a year after my father died [they married in 1938], something like that. Because, we were all very young, and he didn't have children, he had never been married.

JK: Do you have any memories of him that you'd like to share, or anything about him?

VA: Oh, of course. He was a wonderful father. As I grew older, I realized what a good stepfather he was. And, he wasn't really like a stepfather, like some people have a vision of stepparents. He was very caring; he was educated as much as he could have been. He was born in the South [Georgia], but he had good values and he transferred those values to us children in our upbringing.

JK: What was his name?

VA: Wilson Lee Hill (1909-).

JK: Wilson Hill. Do you have any idea of when he was born, or?

VA: I guess I could do some research. [Laughs]

JK: No, that's okay. We can do that later. What sort of occupation did he have?

VA: He worked at the factory, like a car manufactory [when he registered for the U.S. Draft in World War II he was working for the Ford Motor Company]. A factory that made certain parts.

JK: Of course, being in Detroit, that's not surprising.

VA: Yes, I can't remember the name of it right now, but I know that he transferred to Milwaukee.

JK: In the same company?

VA: In the same company, later in his lifetime.

JK: So, it was a company that manufactured parts rather than being one of the automakers?

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VA: Right.

JK: Yeah. And so, in Detroit—it won't necessarily be clear to people listening to this right away that you're African American. So, some questions I would like to ask have to do with what it was like being an African American in the 1930s in Detroit. I mean, was it something you had an awareness of, as an identity?

VA: Not really. I didn't have an awareness of race, until I heard my parents talking about the race riot that happened in Detroit, and they were discussing it. But, it's so vague as to what was discussed about the riot, it just seemed like a big turmoil. And, I can't even remember the year. I guess I've been so busy in my life I haven't gone back to that point.

JK: I'm taking you all the way back into childhood.

VA: Isn't it wonderful?

JK: [Laughs]

VA: You're making me very anxious to find out some of this information that we're talking about

JK: We can add some of this later, actually. I might be able to do some research and find out a time period for when this riot occurred. There may have been a series of them, because obviously in the Depression people were very anxious about their jobs, so there would have been animosity towards outsiders in general coming to the area to get jobs. Did you have a sense that your stepfather was already in Detroit, had been in Detroit for a while, or do you know?

VA: I would think he lived there for a while when my mother met him.

JK: But he would have come from the Deep South?

VA: He came from Waycross, Georgia.

JK: Waycross, Georgia, okay.

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VA: That I have visited since then. With my sorority having chapters located all over the United States, we travel from one area to the other to have conventions and regional conferences. So, we have a southern regional conference, a northeast regional conference, and a western regional. So, that's how I happened to be going to that little town.

JK: Oh, interesting. You didn't seek it out just because of your stepfather?

VA: No. But, we weren't in that town, we were near it. And, since it was so close, I just went to see what it was like.

JK: Yeah, interesting.

VA: It's like any other little town.

JK: So, I began talking about your awareness of being an African American, which was something you said didn't come until later. When you went to school, you were going to a public school?

VA: A mixed school, a public school like a block and a half from my house. I could see my elementary school from my porch, back porch. And, the school was integrated, because I had black teachers and white. And, the neighborhood was mixed with Jewish and Italian, and blacks, or African Americans, but you were a negro then. I'm thinking as I'm talking.

[Laughs] We've had so many different titles and names, descriptions.

JK: Right, yeah.

VA: People don't know where to put us.

JK: Right, yeah. What what do you feel comfortable with?

VA: I feel comfortable with black.

JK: Okay, so going forward that's what I'll use.

VA: And, that's okay. You can say whatever makes you feel comfortable.

JK: Okay. So, it's interesting that you went to a school that had black teachers.

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VA: Mm-hm.

JK: And, I don't know if we mentioned, but do you remember the name of the neighborhood that you were in [their house was at 8544 Oakland Avenue, Detroit]?

VA: I can't, that particular neighborhood, no. I don't remember it. Believe it or not, I've only been there once to the neighborhood since I left it, and that was only a year ago.

JK: Oh, really? That's very recent.

VA: Yes.

JK: In general, your earliest memories are of being in that neighborhood? Did you stay in that neighborhood throughout your time in Detroit?

VA: No, we moved to Eight Mile Road later on, and that's where we were living when I left to come to New York.

JK: So, that sounds like more of a suburban area.

VA: Suburban area.

JK: You remember your elementary school, and did you move before you went to high school, or when you were still in middle school, grade school?

VA: I was still in school—I have to find out where Pershing High School is [18875 Ryan Road, Detroit in the Conant Gardens neighborhood].

JK: So, that's the high school you were in, Pershing High School.

VA: Yeah, it's the high school I went to.

JK: Do you think you relocated because of anything to do with your father's job, or was this—did you have a sense that you moved for more space, or was it—

VA: I think we moved because they could afford it.

JK: So, it was moving to the suburbs.

VA: Yes.

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JK: It was what everyone longed to do.

VA: Yes.

JK: Did you have to travel very far to high school?

VA: Travel was relative then. It's like when I came here to Staten Island, I walked from Bradley Avenue, mid-Bradley Avenue and Harold Street into this complex for work. And, we walked everywhere. So, I don't know. We didn't ride, so it couldn't have been too far, but a little walk.

JK: Do you have any memories of what your high school was like? Was it big?

VA: It was mid-size, not huge.

JK: Was it as mixed as the elementary school had been?

VA: I would think so, yes.

JK: You don't remember it as really being different from your earlier school life.

VA: No, I don't remember going to a segregated school.

JK: So, you had black teachers in high school as well?

VA: Yes.

JK: What were some of your favorite subjects in high school? Of course, I'm just assuming you enjoyed school. You may not have liked school.

[Laughs]

VA: Oh, I did. I loved school. The only thing I didn't like about school was math. And, I never told my daughter, and she excelled in math.

JK: Interesting.

VA: So, I would think that literature, history were my best subjects.

JK: Were you involved in a lot of extracurricular activities?

VA: No, because my family was very strict, and they wanted us home from school. I'm not sure if they had a lot of extracurricular activities then. I just

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remember going to school and coming home. And, I took voice lessons at the Detroit Conservatory of Music.

JK: Oh, interesting.

VA: For a few years. [Unclear]

JK: While you were in high school?

VA: I'd say middle school, high school. But, we didn't do a lot of outside activity.

JK: When you had a chance to sing it was programs at conservatory, rather than?

VA: And at home.

JK: Oh, you gathered around the piano or something?

VA: Piano. My mother, one of my brothers, and my father played the piano. So, we friends would come and we'd have, like, recitals and food, and—

JK: It was a nice way to socialize?

VA: Socialize, yes. We socialized at home.

JK: That's great.

VA: Yes, it was. It was wonderful.

JK: And again, the family and neighborhood was the focus for socializing and not a church, or social club of some kind?

VA: That's true.

JK: So, you're in the high school, and now I guess it's what, the mid-1940s, between 1945 and '49, or something like that? Is that about right?

VA: I came here in 1947, maybe in '46.

JK: Oh, I'm a little off on my dates.

VA: 1946 or '47, between those dates.

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JK: The question I was leading up to was, as a young woman of that time period you may have been thinking, “Well I’m looking around to get married. Let’s see who’s around.” No? That’s not what you were thinking.

VA: Oh, I was thinking about the boys, but not like that.

JK: You were thinking about a career? Were you thinking about something you’d like to do?

VA: I think more a career than getting married, because I didn’t think about marriage right away.

JK: A young lady wouldn’t necessarily have thought of having a career at that time?

VA: It’s true.

JK: Can you talk a little about why you were?

VA: My parents talk about being educated and how education is important, all the time. So, that’s probably the reason I didn’t think of marriage, because I felt I needed to go to college, or to go to continue my education before thinking about getting married.

JK: So, your parents had always talked about the importance of education, but when it came time to be thinking about what will happen after high school, were they encouraging you to think about college, or not?

VA: Yes, and I chose to come and live with my aunt and go to nursing school, because of my aunt.

JK: Can you start telling us a little bit about your aunt, then?

VA: Well, I came to visit—my mother’s family was very close. There were about five sisters and four brothers, and they visited each other frequently. And when I say frequently, like once a year, or once every so often. And, Aunt Edna, when she had time off she would come and visit my mother, her little sister.

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JK: So Edna lived on Staten Island?

VA: Yes, and Aunt Mary and Aunt Annie lived in Pittsburgh, and we went to visit them often. I had a relationship with my cousins like brothers and sisters, we were very close.

JK: Oh, interesting.

VA: So—

JK: So, your aunt who lived in New York; what was her full name was?

VA: Edna Sutton Ballard [, 1900-1988; in 1934 she married Forest W. Ballard, b.1900].

JK: Where did she live on Staten Island?

VA: Pretty much in this area, right down Bradley Avenue, between Harold Street and Queen. She had a house there [358 Bradley Avenue, Staten Island].

JK: Could just tell us more about her, and if you know why she ended up living on Staten Island, or anything like that?

VA: After she finished nursing school—

JK: Which was where?

VA: She started nursing school in a little town in Florida, and probably on the edge of Georgia. I have the name of it and I'll tell you what it is later. In order to get her full credits, she affiliated with Harlem Hospital, and she came up to finish her credits and do her boards. She worked at Harlem Hospital a short period of time because they were recruiting nurses for Seaview Hospital. And, that's how she came to work at Seaview, and that was in 1928, I think it was, or 1931, one of those years. I think it was 1928, but I'll get the dates for you.

JK: In thinking about your aunt, what are some of the things you admired about her?

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VA: Oh, I admired her uniform especially.

JK: [Laughs]

VA: Because, she always looked so prim and proper, the cap, and it just looked very official and nice. And, it was something I thought I wanted to do. She was helping people, and I felt that that's what I wanted to do.

JK: So, I'm guessing you enjoyed talking with her about her work life?

VA: Mm-hm.

JK: How far along do you think you were in high school when this was happening?

VA: I was probably toward the end of my high school years, maybe third year, going into the fourth year and thinking: I am going to be finished soon.

JK: Right. Well, your aunt was a clear role model, who had already gone through all her training and gotten a position.

VA: Yes.

JK: Some people would have thought her work was scary since she was working in a tuberculosis hospital, right?

VA: Well, you see, I didn't connect fright or fear with tuberculosis because I really didn't know what she was working with at that particular time.

JK: Oh, okay.

VA: I just knew she was helping people, in the broad sense, you know?

JK: It's really that aspect that appealed to you so much. You mentioned coming and visiting her on Staten Island. Did she bring you to Seaview?

VA: No, I never saw the facility. We just visited in her home, and I met her neighbors who were nurses and friends, because many nurses bought houses in the area where she lived. So, her best friend lived across the street and down around the corner, so I knew those friends of hers.

JK: Right.

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VA: And, they all seemed like lovely people, and they were all helping people.

JK: Mm-hm. Did they have a fairly comfortable life in terms of their financial circumstances?

VA: I would think so, yes, because they owned their own homes. Yes, compared to people who had less. Of course, I was sheltered in a certain sense. I never knew people who were truly poor, until I was an adult and working, and out in public.

JK: Right. Well, you're very fortunate. The time period in which you're growing up, of course the Great Depression, so many people were suffering physically, and—

VA: We were poor, but we didn't—

JK: You didn't have a sense of being poor?

VA: I had no sense that we were poor.

JK: And, you always felt like you had enough.

VA: Yes, my parents were very good at that. Providing for us, we had a nice home, a clean home, and living in a respectable area. It's strange how you don't think about some of those things until you talk about them.

JK: I guess, for me, because I grew up in very humble circumstances, and one of the things I remember people saying with enthusiasm is, "Oh, you know, she's going to be a nurse." If you were a woman, you could either be a teacher or a nurse, and if you were a nurse you were going to be more comfortable, I think, than if you were a schoolteacher, at least where I was from.

VA: Really?

JK: Mm-hm.

VA: I thought schoolteachers were comfortable also.

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JK: Here in New York City, though. And, in New York City maybe the pay scale is different, or something.

VA: Oh, different from little towns.

JK: Yes, I grew up in a little town in Ohio. The schoolteachers made very little money. I think people associated being a nurse with having a more important kind of training than a schoolteacher and so they were better compensated.

VA: I wasn't attracted to the profession because of the pay; I didn't have much conception of money then.

JK: I'm guessing your parents supported your idea of becoming a nurse?

VA: Yes. They agreed to let me come and live in New York with my aunt and pursue nursing.

JK: Just walk me through your training.

VA: Well, I came here, and my aunt said, "You might as well get a job to ready yourself for nursing school and you can apply at Seaview." And, that's what I did.

JK: I think you mentioned it earlier, but could you mention again around what time period this is?

VA: Oh, this is 1946 or '47.

JK: Okay.

VA: And, I came up and applied, and they put me to work right away. During that time, you spent at least a month in orientation, so I learned how to make beds and take care of patients during my orientation. And, that is when I realized that I was working in a tuberculosis sanitarium, because we had to learn isolation techniques.

JK: Oh, I see. It's just so surprising to me, I'm sorry to come back to this, but it's just so surprising to me that the fact that it was a tuberculosis hospital

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wasn't something that came up before. The reason I say that is, I would have thought, for instance, that your parents might have been concerned about it, or your aunt may have said, "Oh, there are many different kinds of hospital settings in which you can work." But, that doesn't really seem to have been the case?

VA: No.

JK: Okay.

VA: And, it was close to home, it was convenient, and the people here knew her, so I had no difficulty acquiring the position. And, it was strange, my first paycheck, it seemed like a lot of money, but it really wasn't. I don't remember, but it was a small amount, and when I grew up and realized it, it really wasn't a lot. But, for that time I'm sure it was comfortable.

JK: Right. Well, and of course you wouldn't necessarily have handled money before, right?

VA: No, so it was a lot of money to me.

JK: Yeah. Was there some arrangement with your aunt whereby you helped with household expenses or that kind of thing?

VA: She didn't expect me to, because like my family, there was always a cousin or a relative of some kind living with us, because that was the norm. They were either living with you so they could attend school, or work, or whatever the case may be. Because, I was living with my aunt, and one of my cousins wanted to come and stay with her, and it was easy for me to make room for her to come by my moving to the nurses' residence, because I worked here. So, I lived in the nurses' residence for a while also when I worked here.

JK: How early on was that do you think?

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VA: Maybe eight months to a year, a year and a half, or something like that, after I came to live with Aunt Edna.

JK: So, because of the setting of the hospital, which is obviously off by itself, and on its own grounds, and so forth, the dormitory must have been a very close-knit community, right?

VA: It was, it was. It was very comfortable, because I knew the people that I would be living with, and of course they were keeping an eye on me for my aunt because I was young. Not that they spied or anything, for want of another word, [laughter] but they were like family, like aunts, and cousins, or moms, extra moms. And, here I am again living in the same space.

JK: [Laughs] It's surprising, right?

VA: Yes.

JK: Well, one of the things that I think people would be curious about would be any race issues. Did you experience any race-related issues, or race consciousness when you were at the hospital?

VA: No, I didn't, and that was one of the reasons that the nurses came here to work: that there would be no racial discrimination. I didn't know the details at the time. However, I have been interviewed by Maria Smilios, who is writing a book about Seaview and she has discovered that Seaview recruited on the basis that there would be no racial discrimination. At the time, you could have your nurse's license, pass your boards, and be ready to be a nurse, but you couldn't because hospitals had race-based hiring quotas, or simply wouldn't hire black nurses at all. So, Seaview was very different in recruiting without making race-based distinctions.

JK: So, you said your aunt had already worked, or done her internship at Harlem Hospital.

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VA: At Harlem Hospital, which at that time, was pretty well-mixed, because they had actually built Harlem Hospital not for the African Americans who would be coming there to Harlem, but a Jewish population that lived in that area. They didn't say it was a Jewish hospital, but it was built practically for them.

JK: Because the neighborhood was so Jewish.

VA: Yes.

JK: Initially.

VA: Initially.

JK: Race—consciousness of race wasn't really part of your experience here at Seaview? You were in a dormitory that was integrated?

VA: There weren't that many Caucasians here.

JK: Living in the dormitory, or working in general as nurses?

VA: Living and working, because the majority of nurses were African American, and all the women who worked here and wished to live here could. And, there were a few Caucasian nurses and/or, physiotherapists, dieticians, and maybe a couple of laundry workers. But, any of the female workers who wanted to live in the residence, if there was space, they could.

JK: People here socialized?

VA: Oh, yes. It was a great big family. It was very, very comfortable living here.

JK: Did you have your own room?

VA: Everyone had their own room, and in that room you had a small wash basin, a closet, a chair, and the bed. Very sparse.

JK: That's very spartan.

VA: But, I sort of jazzed my room up. Each person could put whatever they wanted in their room.

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JK: Sure, yeah.

VA: And, there was a common room on every floor where you could congregate. There were showers and toilets on either side of these big hallways. I've taken you through, haven't I?

JK: No, we could do that, though.

VA: Yes, I will. It's quite long.

JK: It's quite long, it's a very long hallway.

VA: Yes. So, on either side, the east and the west, there were showers.

JK: When people felt like they wanted company, they would congregate, or spend time in the common rooms?

VA: Except when you had male company. This room that we're sitting in is the one room where you would receive male company, or people from the outside who would come to pick you up to take you where you were going.

JK: Or family members, or something like that?

VA: Yes.

JK: This was for visiting.

VA: Yes, that's why it is called the rumpus room.

JK: It's a very attractive room. The room has a lot of wood paneling, a fireplace, and double doors that open onto the grounds.

VA: Yes, the French doors, and the way this room is now is the way it was when it was built, no change.

JK: Interesting. You weren't working 24 hours, seven days a week; so, what were your leisure activities?

VA: No. Where we're sitting now was a grand piano.

JK: Oh.

VA: And, there were other chairs just as the chairs are sitting around here now, very comfortable, a comfortable sitting room. We had teas in here,

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parties, birthday parties, and other types of gatherings. At another time this room was dedicated to a repository for the history of Seaview. And, the museum, it was the museum, they moved it out of this room and into the surgical pavilion. It was named for Stiversa Bethel [1913-1983], one of the directors of nurses, and African American.

JK: That's one of the things I was going to ask about. Was it the case that blacks were in leadership positions within the nursing staff? You are nodding "yes." Was that also the case with the medical staff? Was the medical staff different from the nursing staff in terms of—

VA: The medical staff, no. I knew black doctors, but not in the administrative part of the hospital. Before Stiversa Bethel was promoted, there were just Caucasian administrators, doctors, and directors of nursing. I think that after one of the nurses retired Stiversa moved up the ladder.

JK: I see.

VA: However, there were very few Caucasian nurses here. There was a big education department run by African American nurses. The students who came from Lincoln Hospital and Harlem Hospital to do their contagious rotation, their rotation in tuberculosis stayed on the grounds, I think, for three months, and they had to rotate through that education department to get their certification to pass their boards.

JK: Well, this will seem like I'm backtracking, and I am.

VA: And, that's okay.

JK: Okay.

VA: Because we're going back and forth.

JK: So, you said it wasn't until you started working here and were shown isolation techniques that you became aware of this as a tuberculosis hospital. And so, did you have any particular reaction to that? Did it raise concerns?

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VA: No. As a 16- or 17-year-old, I didn't have that kind of thought or fear. And, I don't think anybody—well, I'm only speaking for myself, but I had no fear.

JK: It seems like there would have been a good bit of fear in the general population at the time. Didn't people have a lot of awareness of contagious diseases in the time period we're talking about, from the '30s through the '50s, because there's polio, there's tuberculosis, there's contagious disease for which there's really no vaccination, there are no cures, or even effective treatments.

VA: There was no cure for tuberculosis. The treatment was diet, rest, and fresh air.

JK: I guess that's why I keep coming back to this question about fear. It doesn't seem as though you had that kind of reaction, but—

VA: But, people in general did.

JK: Yes, okay.

VA: People in general did. They were fearful. People with tuberculosis quickly lost their health and suffered. Most people were very fearful of getting tuberculosis, but we were talking about me.

JK: If you told people you worked here, did they seem concerned or anything.

VA: If they were, I didn't notice. But, I did know our isolation techniques that were to prevent transmission. Our instructors told us we could not wear, or should not wear, the same clothes outside the facility that we wore in the facility, and I was always aware of that and changed clothes before I went out, or before I went to my home. A lot of nurses traveled in their uniform, but they didn't let their children touch them or come in contact with them before they took their uniform off, changed it, washed.

ALLEN

JK: Did family members of the patients come here to visit?

VA: Mm-hm.

JK: When they came to visit were there any precautions that they had to go through?

VA: Only if the patient was positive, the sputum was positive. The patient had to wear a mask, and the visitor wore a mask and gown. Or, the visitor wore a mask and gown, and the patient was able to talk to them without a mask, but it was according to the level of contagion that the patient had.

JK: I see. How are you feeling?

VA: I feel fine.

JK: Okay, anytime you want a break just let me know. Rather than my asking so many questions about your early days living and working at Seaview, are there any things, in particular, that you want to share?

VA: I always appreciated the grounds.

JK: I was curious about that.

VA: It was always so beautiful here, this setting. And, when we worked in the children's building, at lunch time I always made it a point, especially in spring, summer, and fall, to come out and take a walk. And, in those days we walked in the woods, it's pleasant to walk in the woods, not thinking of Lyme disease.

JK: Oh, Lyme disease, right.

VA: And ticks. But, it was relaxing. Because, the work, when I look back, we did a lot of work, but I always feel work is good. And, we had a routine, which was good too. I worked with the children. It was very delightful working with them. I learned a lot. Being the oldest with my brothers was a different story, because kids are different when they're interacting with their siblings. But, being in a hospital setting here where the well-being of the

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child depended upon you and how you interacted with them was quite different. I appreciated it.

JK: Were there recreational activities for the children that you engaged in?

VA: Yes. After we gave them their activities of daily living, we read to them or took them to their classes, which were held in the basement of the children's building. They had regular classrooms. Or, if they couldn't leave the floor there was a solarium where teachers would come up and teach. It was a regular routine. Breakfast, dinner, and supper. Reading activities, schoolwork, just as you would at home.

JK: As part of recreation, did they listen to radio programs.

VA: I don't remember that. That doesn't come to mind, but I worked with smaller children. So, on the older children's wards I know they had other activities, because I would hear the nurses discussing how bad the boys were; that was a different milieu.

JK: I'm guessing the patient population here was very diverse, right, because it's in the New York City area?

VA: It was, and the children came from everywhere.

JK: Were they all able to speak English?

VA: No. Some of the children didn't speak English. They spoke Spanish, Italian, the language of whatever country they came from. But, they learned English fast. Because, I guess most people do. They hear it, they see what you're doing, and they associate that with the words.

JK: If you're a child it's easier.

VA: It's fast. Yes, much easier.

JK: Well, so you got the job here, and then eventually you started your classes and your training.

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VA: Yes. Well, they had a work study program that was set up here. They had a big shortage of nurses, and they had something called the waiver program that a lot of the employees who had been working here for a number of years took a test, and if they passed the waiver test given by the Department of Hospitals, those persons were given a license of LPN.

JK: Oh, I see.

VA: But, it was provisional. They could only use the license here at Seaview. And, they had a work study program where you could work a certain amount of hours and go to Central School, which was located in Welfare Island. What's the new name of it now?

JK: It was essentially an island that had state institutions on it.

VA: That's true, state and city.

JK: How did you get there?

VA: There was a bridge that went there.

JK: It's not Roosevelt Island, is it?

VA: It is.

JK: Roosevelt Island, okay.

VA: And, toward the end of my training there, they had refurbished and added onto a building, and people were living there. I have to think. I went there to work, and I went there to take care of a private patient. But, by that time they had a line to take you from 61st Street. It's like a trolley, but it's on a line. It's—

JK: It's not, the Tramway?

VA: Tramway, the Tram, yes. But, when I was there, they didn't have the Tram, nothing like that.

JK: So, how did you get there?

VA: I think I remember driving.

ALLEN

JK: It must have taken forever from Staten Island.

VA: It did, because I was using the ferry line—

JK: You drove onto the ferry.

VA: Yes, drove onto the ferry, from 61st Street, and into Staten Island. You went to school a certain number of hours, and then you had to go to work. You had to figure in the travel time, going and coming, and then the time you were attending school and then work hours. I don't know if I worked four and a half hours, or if I worked—I can't remember. But, it was a long day, and it was hard work, because it wasn't an easy school. The school was top of the line, and it was comparable to the two-year program that the students have now. It was a hard program.

JK: So, the sensible thing would have been to do a day on/day off schedule. That is, one day you go to the school and study, and then the other day you go to work—but, they didn't do it that way?

VA: They didn't do it that way.

JK: It's interesting they had to somehow make it work because there was such a shortage of nurses working at Seaview.

VA: That's true.

JK: And so, they worked out this system. Did you experience some of the other people in the program getting discouraged and quitting?

VA: No. I don't know. The nursing students came from all the city hospitals. All the city hospitals had the same program.

JK: Then they went to the—

VA: They went to the Central School, and that was a very prestigious school for many years. The Department of Hospitals upgraded it. And, I made a lot of friends there, and when I first went there the first day, somebody in the faculty thought I was one of the instructors.

ALLEN

JK: [Laughs] That must have been very flattering.

VA: It was.

JK: So, it was very difficult, and it was very tiring, in part because of the commute. But, you seem to have enjoyed it.

VA: I did. I enjoyed it immensely. I think I have enjoyed every job I have ever worked in.

JK: That's great. When a person is able to say that, that's a really good thing.

VA: Yes. I've had some very, very interesting jobs, and most of them I didn't look for. I was invited to come to, or a door opened, and someone invited me in, and I walked in.

JK: That's very fortunate.

VA: It is.

JK: Do you have more to say about your training experience; the period when you were attending Central School and getting additional training at Seaview?

VA: Not so much, because the work here was routine. When I got out of training, I received my license in 1956. And, I stayed for another year, and then I left to do private duty nursing. I wanted to see what nursing was like in other places and continue my education. I continued to go to school, but once I had a daughter and more responsibilities, I found it difficult to work and also go to school.

JK: So, you got your LPN, and you worked at Seaview another year. And then, in the interest of getting experience and additional education, you decide to go into different settings?

VA: And, when I was here, the cure was found. That was quite exciting.

JK: That must have been exciting.

ALLEN

VA: It was. I remember, the patients were getting better. It seemed like it was a miracle, how they started taking the drugs and they just started blooming. Patients who had been very lethargic and almost dying were coming back to life.

JK: We didn't really talk about this. When you first started working here, tuberculosis was often a terminal diagnosis.

VA: It was.

JK: Did you have direct experience with patients you had become friendly with dying?

VA: Yes, but mostly patients in surgery. Many children had tuberculosis of the bone, not the lungs as much as all around. And, they had to be put in casts, or their limbs had to be reinforced—their bones broke easily, so they had to be mended and put in casts. So, we had children in casts, too, some in body casts.

JK: It seems as though that would have been very challenging, a very challenging environment to work in, because you would have this emotional connection with the patients. You know their situation is getting worse, all you can do is try to make them comfortable.

VA: Sure. And then, you had other patients who had tuberculosis of the brain, they were in comas, but not many.

JK: Initially when you are working here, it just sounds very, very challenging.

VA: It was, but the challenge was met because there were so many well-prepared nurses working here. I was trained by some wonderful people who were able to impart their knowledge to me, and I am forever grateful to them.

ALLEN

JK: During the whole time you were working here, you were working with that one population, you were working with the children, is that right?

VA: Yes. I only worked with adults when I was doing the work study program.

JK: For the rotation, rotating—

VA: Rotating into those wards. And, I'd sometimes say to myself, what were they thinking about? A young woman travelling all those hours, and being, you know, up all those hours. You'd think they'd have put me in with the children where there wasn't a greater danger of catching tuberculosis, and not with the highly contagious patients on the wards. That's when I saw the grave difference in the condition of the patients, and assisted patients who were hemorrhaging. That was devastating.

JK: The psychology of the patients must have been different, too. When you were working with an adult population since they had an awareness of their situation. On a certain level, the children might be oblivious. But, the adults—

VA: The children could be oblivious for a time; I was so young; I was oblivious too. But, working with the adults was different. A different mindset, and you had to use a different psychology with them. And, thank goodness I was working with older staff who understood the patients.

JK: You never had to work with the adolescent patients?

VA: No, I didn't, only once in a while. Those were the floors that I did not work on.

JK: Because, I'm guessing that that population would have been the most challenging.

VA: Yes.

ALLEN

JK: It could be the case that they had an awareness of the hopelessness of their situation, and so they would just have no boundaries, they would just act out.

VA: They did act out a lot, but they had nurses assigned to those floors who knew how to deal with those outbursts. I think they must have been nurses who had a lot of psychology training. Especially being confined, because this was their home. Those children did not go home, this was their home.

JK: This was a total institution.

VA: It was.

JK: Clearly, the patient population was segregated by age, and I'm guessing it was also segregated by sex?

VA: Oh, yes.

JK: So, how did they maintain that segregation? That is—

VA: Because they were on different floors.

JK: So, we're on different floors, and there's a very attractive girl downstairs, so I'm going to—

VA: [Laughs] I don't think that happened often.

JK: So, there was no need to have enforced boundaries of some kind that segregated one patient population from another?

VA: The adolescents were kept apart, but the adult wards were different. They intermingled a lot.

JK: Oh, they did? That surprises me.

VA: Oh, yes. Well, it was easy. They would go outside and meet up with this one or that one. There were even marriages between patients and workers.

JK: Oh, patients and workers?

ALLEN

VA: Yes, not that many, but it happened. So, the segregation didn't really make that much difference with the adults.

JK: That's all very interesting to me. I don't really have any questions that I can formulate, but—

VA: Because, remember, this was like a home to everyone.

JK: Right.

VA: You made the reference, if you see someone you're attracted to, you're going to reach out to them, and I guess that's what happened. There were benches, as you see when you're riding through. There were benches between the pavilions that the patients used to go and sit outside and congregate. So, it was quite lively here. It's very quiet now, but when the pavilions were opened, it was a livelier campus.

JK: Do you have some idea of the size of the patient population?

VA: Anywhere from say 1,500 to 2,000.

JK: It's a significant population.

VA: It is.

JK: How should I put this? People died.

VA: Just like flies.

JK: So, people who were living here had the frequent experience of having someone they knew die.

VA: Or cared for.

JK: What was the culture of the place like when it came to handling death and bereavement? Was a funeral or memorial service held each time, or was there some other way that the institution helped people deal with grief?

VA: There were chapels on campus: Methodist, a temple, and a Catholic chapel. But, I never paid much attention, to that part of it. I think when the patients died the relatives came and claimed their remains.

ALLEN

JK: So, really that part of it was something that didn't necessarily happen in this community, it happened in the patients' home community, in the family setting?

VA: Yes.

JK: Okay, well that's interesting.

VA: But, I'm sure when the patient died there was a big loss in that ward that the patient lived in.

JK: Sure. But, it was not institution-wide but localized within the ward, within that person's network of friends and caregivers?

VA: Yes, right.

JK: I'm not certain I have any other questions that I can articulate about the nature of the institution.

VA: As I think about it, it strikes me as funny that I live here. When they first reached out to me about these apartments, I wasn't interested.

JK: About living here. Had you ever come back here?

VA: No. I only came back when the museum was named for Stiversa Bethel, but not for any other reasons.

JK: Well, since you brought this up, this idea of coming back here to live, when was this building turned into a senior residence.

VA: Into Park Lane. Independent living.

JK: So, what was that like? I mean, I don't know if you remember this, but I visited you when you lived near Snug Harbor.

VA: That was down in Port Richmond.

JK: Yes.

VA: Yes, I loved it down there. Did you come to upstairs in the apartment?

JK: I think so, because you had packed up some papers for me to pick up.

VA: Yes, and it was like an attic apartment. I loved it.

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JK: That had been, what, a schoolhouse?

VA: A school. I loved living there.

JK: And what was the name of that?

VA: PS 20.

JK: So, obviously, there were reasons you decided not to live there anymore?

VA: Because I came here.

JK: Okay. So, when did this facility open?

VA: In 2008.

JK: Did you know somebody who lived here?

VA: No, they sent me a notice asking if I would like to live here. I didn't pay it any attention. However, I was invited to the ribbon cutting. So, when I came to the ribbon cutting and I saw how beautiful the apartments were after we'd taken the tours, I said, "Gee, maybe I will look into it." So, that's when I applied and came here.

JK: Yeah. Well, a number of questions come to mind. One question is whether you were attracted by some of the things about the place that you had liked years ago...like the grounds.

VA: I love the serenity of it.

JK: It's very quiet here.

VA: It's quiet and serene. I detest the sirens that the fire department makes as they're leaving the grounds.

JK: Because there's a post or something on this campus.

VA: Yes. They built their headquarters here and they come here for training. They use the building that I used to work in as a training facility for the fire department.

JK: Oh, interesting.

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VA: That was such a gorgeous building. To me, it's a shame.

JK: Yeah. Are they here only during the day when they have training? Or is it an active station that services the neighborhood?

VA: Yes, I think a medical unit of the fire department has ambulances posted here.

JK: Oh, I see.

VA: And, they go out on calls.

JK: So, one thing you liked about the place originally was the tranquility and quiet, and that's one of the things that appealed to you coming back here? Were there any other people who lived here or currently live here who had worked here when this was Seaview?

VA: I think I may be the only one.

JK: Oh, you're the only one. That's disappointing. [Laughs]

VA: I think I may be the only one.

JK: I guess it's not surprising—

VA: Because of age.

JK: Well—

VA: I'm younger than most of the population who worked here at that time. I did meet a woman who had been a patient here. When Maria Smilio was invited to talk about the book she was writing, at St. Andrew's Church. She was doing some research and she found this patient. And, when I met her, we became very friendly, and she said she never talked about being a patient at Seaview to anyone because she was ashamed—and, she felt that they would not accept her if she told them that she had been in a tuberculosis sanitarium. Even her husband she didn't tell until many years later.

JK: Interesting.

VA: She's in my age group.

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JK: I think that—that's interesting, and I guess you would have been able to share memories of this place with her.

VA: Mm-hm.

JK: And, of course, since she hadn't talked with anyone about her experiences, she might have welcomed talking with you?

VA: Yes, we had a very instant connection. Lovely lady. She lives in Jersey, and she—her health is pretty good. She recovered.

JK: Great. Well, you began to talk about the fact that once the cure is found, then you, during the sort of later part of your time here, patients were recovering.

VA: And going home.

JK: And, you got to see that. It must have been so wonderful.

VA: A miracle.

JK: Yes, but that also meant that Seaview would eventually close since there was no need for the facility, right?

VA: Eventually, it did close down, in the '60s. The few patients who were left here were transferred to other places, like Welfare Island, Roosevelt Island.

JK: So, obviously you would have known a lot of people who were working here. How did the closure affect their careers? Did they—

VA: They were transferred to other city hospitals, those who wanted to go.

JK: And some people may have retired?

VA: And some people obviously retired, yes.

JK: Did your aunt continue to work as a nurse afterward?

VA: No. My aunt retired about, sometime in the '60s, sometime in the '60s, and she died at age 88.

ALLEN

JK: I think this may be a good time to stop the recording. Some of the other things that we might want to talk about at our next session are the kinds of nursing that you did throughout the rest of your career, other Staten Island institutions you worked with, and the Staten Island organizations with which you volunteered your time.

VA: Yes; we can talk about those things next time.

JK: Great!

[END OF RECORDING]

Interview with Virginia Allen by James Kaser, Archives and Special Collections of the College of Staten Island, Park Lane at Sea View, Staten Island, New York, May 15, 2019.

JAMES KASER: Virginia, as we did the last time, can you just tell us where we are?

VIRGINIA ALLEN: We are in Seaview Hospital old nurses' residence that was renovated in 2008 for senior citizens. And now, the nurses' residence has been renamed Park Lane at Sea View. And, we are sitting in the rumpus room.

JK: [Laughs] Yes, the rumpus room, which we heard referred to last time as the rumpus room, too. It even says rumpus room on the door.

VA: Yes. This is a landmark room, and it had to be maintained the way it was. And, I am very grateful and pleased that it is a landmark, because it's

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such a beautiful space, and it has not been altered from the day I came to Seaview and first saw it in the same state.

JK: It's a lovely room. Okay, so the first part of this is going to be sort of random, because I'm following up on some things that we touched on the last.

VA: Mm-hm.

JK: And, as before, I may ask you some things and you may really have nothing to say, and it's just fine to move on if that's the case. One thing I was curious about is your life in Detroit during your childhood, and you have already talked about that. I did a little background checking on Detroit during the War. Four-hundred-thousand moved to Detroit and the vicinity, mainly from the South, both whites and blacks. Sadly, but not surprisingly, that led to a lot of tension, because so many people came in such a short time. Your family would have been part of that migration. There was a very big riot in 1943, and I was wondering if you had any memories at all related to that?

VA: Very vague. I remember my parents not letting us go out of the house, and being very protective, and a little bit—it seemed to me—a little secretive, because there were things going on outside that they didn't want us to be involved in. And, I think I heard them talking about a disruption. I didn't know if I equated it with a riot at that time, but....

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JK: It was a big thing. The government eventually sent 6,000 troops. Sadly, as in other cases like this, the locale of the riot was in one of the poorest neighborhoods. It must have been very frightening. It must have been very frightening for your parents. It sounds though, that they protected you from information about that?

VA: And, the fallout from it.

JK: And, the fallout from it. I know you had mentioned your parents wanted you and your siblings to come home directly after school.

VA: Mm-hm.

JK: I just wonder if that may have been part of that same thing?

VA: I don't know, but I think they were very protective of us, and sort of strict, and wanting to know that we were safe, and that's one of the reasons why.

JK: Okay, well, when I read about this, I just wanted to make certain I asked about it.

VA: Yes.

JK; The other thing that I checked on, although I didn't really get very much information on it, was Pershing High School. And, it said it was in Conant Gardens.

ALLEN

VA: Do you know, it's strange. I have very little recollection of that period in my life, and you'd think I would. But, as we grow older, things get foggier.

JK: Oh, sure, yeah. Well, that's a long time ago. The only reason I mention Conant Gardens is that you were trying to remember which neighborhood you lived in.

VA: I'm going to do some research too; see if it brings back some memories.

JK: Okay. Then, focusing on New York, one of the things I was curious about was Harlem Hospital. This really relates more to your Aunt than to you directly, but you might have heard that it took a long time for Harlem Hospital to hire black doctors.

VA: It certainly did, and that was a big thing. I remember friends as late as the 1940s or early 1950s talking about how ridiculous it was, since most of the patients were African American.

JK: By that point, yeah.

VA: Yes.

JK: Of course, so the reason I asked about that is because your aunt worked there or went trained there?

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VA: Some of her last courses were taken there, and that's where she got her nurse's license, after matriculating in those courses.

JK: I see. So, she would have had direct experience at that hospital, and familiarity with that hospital. It's unlikely she would have mentioned it but there were two really big riots in Harlem as well. One was in 1935, and then in 1943 there was one. They were really major; a lot of destruction of property. In the 1943 riot 30 people were killed. However, by 1943 she was probably working and living on Staten Island.

VA: Yes, because she graduated in 1931.

JK: Oh, okay.

VA: And, I have some papers from her attending Harlem Hospital. She was right in the midst of this.

JK: I guess even if she was living on Staten Island by that time, it still seems like these riots would have been such emotional things to hear about. The riots were caused by economic factors, in part. In 1935, economic conditions during the Depression were at issue and, in 1943, World War II had caused prices to skyrocket and housing shortages. I am curious whether your aunt or family ever discussed these matters.

VA: I don't remember.

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JK: It could well have been the case that Staten Island felt so separated from the rest of the city that there was no feeling of immediacy.

VA: Staten Island was very separate.

JK: Was the neighborhood she lived in a very mixed neighborhood?

VA: Yes. It's right up the street from here on Bradley Avenue, between Harold Street and Holden Boulevard, but she lived near to Queen Street. Her house was, very near Queen.

JK: That would have been relatively—was it relatively recent construction? Do you have a sense of the—no, it wasn't?

VA: No, it was older construction. The house was ample, and it was a two-family house. We lived downstairs and she rented out the upstairs to another nurse, Flossie, I'm trying to think of her last name. I think it was Walker. I have to dig back in my memory. But, she was the godmother of my aunt's only child, Forest [W.] Ballard (b.1942). And, they worked at Seaview together.

JK: Were there still farms in this general area?

VA: Yes, there were farms. I remember horse stables, also, up on Holden Boulevard especially.

JK: Coming from Detroit—well, you lived in a suburb of Detroit mostly, but it must have seemed rural?

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VA: It didn't seem unusual because I was used to walking, and walking distances, and I used to walk from my aunt's house here to work.

JK: Of course, now those neighborhoods we're talking about—a lot of the construction is very recent.

VA: Yes.

JK: There were a lot of houses built within the '70s, the '80s, the '90s, so I was just trying to get a sense of what the neighborhood was like then, and it sounds like the houses were maybe built in the 19th century? Do you have a sense?

VA: I would say the 19th century, easily...early.

JK: Let's see. So, then coming back to Seaview, there's almost no chance that you'd have anything to say about this, but one of the collections at the college is the papers of John Sampson, who was a journalist on Staten Island. His family came here from England and his father got tuberculosis and eventually died of it. Sampson was a boy at the time, and they thought he might be exposed, and so they hospitalized him—I don't actually know that he and his father were at Seaview, but I thought that if he had been, you might remember because he was English. That name doesn't ring a bell or anything?

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VA: I don't remember the children's names except one in particular, who happened to be a colorful child. He was in a full cast, and I took care of him frequently. This week—no, last week, I received a beautiful letter from a former patient in Children's Hospital. She contacted, because she saw me interviewed on Channel One and I mentioned that I worked in Children's Hospital. We talked on the phone since then. I think she is in her late 60s now, and we're having lunch tomorrow.

JK: Oh, fun. [Laughs]

VA: Isn't that lovely? She only remembers the child who was in the bed next to her, who was named Linda, and a procedure called a lavage, a gastric lavage, where we took fluid from their stomach to send to the lab, to test it.

JK: That must have been very uncomfortable.

VA: Very uncomfortable. And, she remembers running and hiding not to have to go to the treatment room to have that procedure.

JK: How interesting. As of the last time we spoke, you had only met one person who had lived here as a patient, and now there are two. [Laughs]

VA: Yes. I mentioned another lady that I met.

JK: Who lives in New Jersey

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VA: Who lives in New Jersey. And who knows, from these interviews and broadcasts, there may be more.

JK: It's possible, right?

VA: Mm-hm.

JK: So, one of the things you mentioned about that woman who lives in New Jersey is that she never really talked about being at Seaview, because she felt uncomfortable about being identified as someone who had been in a tuberculosis sanitarium.

VA: Yes.

JK: And, I really didn't explore very much with you whether you had something to say about the prejudices that the tuberculosis patients would have experienced?

VA: I wasn't aware of it at that time, but as I grew older I realized how fearful people were to disclose that they worked here, to other people.

JK: Oh, that they worked here, interesting.

VA: Yes.

JK: It could be, maybe, fear of contagion?

ALLEN

VA: Of contagion. Fear of contagion, of being even associated with someone who has had the disease.

JK: I did a little research about tuberculosis and the history of tuberculosis treatment in the United States, and the whole sanitarium movement, which didn't really get started until the late 19th century. One of the things that I learned was that starting in the 1920s and the 1930s there was a big public awareness campaign. The government did a lot of posters to make people aware that tuberculosis was a contagious, and to get people to take care of themselves so that they wouldn't be as susceptible if they were exposed. they talked about things like getting plenty of rest, and a healthy diet, and fresh air. I think many people talked about fresh air at the time, even sleeping outside on a porch, and keeping windows open, even in the winter.

VA: And, not spitting.

JK: Not spitting, which I wish people today would follow.

VA: Yes. I remember seeing many signs everywhere about being fined for spitting in public. And, I finally traced it back to the tuberculosis germ being active after spitting.

JK: Did your family do some of these things, like having the windows open in winter, or having a sleeping porch, or anything like that? No?

VA: Nobody ever seemed to recognize the dangers or talk about it.

ALLEN

JK: Of course, many people couldn't take the recommended precautions. There were people who lived in very crowded circumstances, and they were—to be frank, they were poor. They were the poor people, they were the immigrants who couldn't read the signs, and that kind of thing. So, I'm guessing that the population here may have reflected that? I don't know.

VA: It did. There were people here from many countries, some who didn't speak English well, or didn't speak English at all. And, children as well.

JK: I guess if the person had tuberculosis since it was a contagious disease, they could be forced into the sanitarium, right?

VA: Yes, yes, yes. I think that was a rule, that was the law, that if you had tuberculosis and it was active, you had to go to the hospital or sanitarium.

JK: I had asked before about the culture of Seaview in the sense of how death was dealt with, and how relations between sexes was dealt with, and that kind of thing. One thing I didn't ask about was security, and whether there was a security presence here. I ask that because security could have several meanings. In part, it could be security to keep people from escaping. That is, they're quarantined here because they have tuberculosis. Some of them may have resisted being here. Was that a problem; people trying to get away?

VA: I don't remember hearing many of those kinds of stories, but I'm sure they did exist, because they were adults. But, most patients' belongings, like their personal clothes and that sort of thing, were secured in a locker, a

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locked place. And, I don't think they received street clothing unless they were going out on a pass.

JK: I see.

VA: That vaguely sticks in my memory. That the patients were separated from their personal items.

JK: As we mentioned before, Seaview was a total institution in the sense that, once you entered the institution, you become a member of the institution. So your personal possessions were stored and you were issued institutional clothing, and so forth. So, really the opportunity of escape was only if they got a pass, because they could just not come back once the pass was issued, potentially.

VA: And, I'm not sure. Yes, they could have.

JK: And then the other aspect of security that I speculated about was security to prevent things from happening to people who were here, living here, working here, and so forth. Was there that kind of security?

VA: I think they had security, because they always had a security department. Not police per se, but people who worked in security.

JK: In case a problem arose, it was possible to get some help.

VA: Yes, to get some help.

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JK: Okay.

VA: Because, I'm sure there were problems that did occur, because there were people living in close proximity to others who were not accustomed to the customs and ways of other people, and I'm sure they got into little scraps.

JK: There's a lot of potential for conflict, it would seem. So, we talked about how diverse the patient population was, but we didn't talk at all about the fact that there would have been black people here, and white people. Did that raise any kind of issue, or issues, or not?

VA: I don't think it did, because when the nurses were being recruited to come here to work, I think one of the pluses in the recruitment was that there would be no segregation, and they would be treated well—not only paid well but treated well. Paid well is relative.

JK: Relative, right.

VA: Yes.

JK: I believe that at the time it was very difficult for a black male to have a job other than some sort of service job, and it was even more difficult for a woman to have that kind of job. So, these professional jobs would have been highly coveted. You had mentioned before how people came here from

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outside the New York City area. People came here because they were able to work as nurses here.

VA: That's true.

JK: There was an effort to recruit them, and people were willing to make sacrifices to come here to work.

VA: That's true. There was a big shortage, such a big shortage of nurses that when I came here, I remember they had programs already instituted to help people with experience get licensed. So, people who had worked here for 15 years or more, and could pass an exam, would be issued a supplementary license to work as an LPN, within the NYC Department of Hospitals. So, Marjorie [L. Tucker] Reed [1925-2018], who was the other black angel who survived up until last year, took that test, and she passed it, but she also took courses to become a fully licensed practical nurse so she could work in any hospital.

JK: So, that's a great thing, because there would have been many city-operated hospitals, so that would have given these nurses an opportunity for movement to go to other city hospitals.

VA: Yes.

JK: Of course, as an administrator I would have concerns. I would want to reward and acknowledge their work, and 15 years is a long time. But, I would be concerned that once they were licensed, they would transfer to another city hospital and I would have to recruit to fill the position.

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VA: But, not necessarily. I don't think very many nurses left. I think they stayed because their family was here and they were settled on Staten Island. Also, the program itself gave them an opportunity of upper mobility within the institution, and they made more money, and had more prestige.

JK: That's great!

VA: And, there was also a program that gave registered nurses the opportunity to go to school for a higher education, not exclusively in nursing, which a lot of the nurses did do.

JK: Well, those were all my follow-up questions about Seaview. I'm going to ask about Seaview again much later, when I ask about renewed interest in the history of Seaview. Because, of course, you worked here and then Seaview closed, and then decades pass. [Laughs] And then, people become interested in Seaview again. So, we'll talk more about that later.

VA: Okay.

JK: We've talked a lot about Seaview, but you were mostly responding to my questions. I want to give you a chance in case you had something you wanted to say that we haven't covered.

VA: I enjoyed working here because I met a lot of people. Coming from a very private family life, it was a big change. I made a lot of friends and I was able to go into Manhattan and partake of some of the artistic

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opportunities there. I will remember Seaview as a very pleasant personal experience.

JK: It's good that you mentioned that...the social component ...that it was more than just a workplace because of the social component.

VA: Mm-hm.

JK: So, when you get to Staten Island in the 1940s, Halloran Hospital is still here, Halloran General Hospital, which is relatively close to the Seaview campus. I was wondering if you had any experiences of Halloran, or knew people who worked there?

VA: The husbands of some of the nurses worked at Halloran Hospital. I don't remember much about it. Only it was a hospital for veterans and that it closed. I don't remember the year it was closed.

JK: It was operating into the 1950s. There was a big debate about the closure. It opened during the war as a place to receive wounded soldiers coming back from various fronts around the world. Once the war ended there was a big push, on the part of the Veteran's Administration, but also local politicians, to convert it to a veteran's hospital. So, it remained open after the war until the 1950s. It sounds like your experience was of it as a veteran's hospital?

VA: Mm-hm.

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JK: Yeah.

VA: I don't remember what it was before that.

JK: The campus was constructed for the Willowbrook State School, which is what it later became, but when the war broke out the government leased it from the state. So, through the duration of the war, it was a military hospital.

VA: I see.

JK: And then, the big debate began. It was already being used as a military hospital, and the government spent a certain amount of money to construct buildings that were appropriate to it being a hospital. And so, should it really be returned to the state or be opened as the Willowbrook State School? So, there's this big struggle over that.

VA: And, I don't remember that part of it, because I had nothing to do with it.

JK: Right.

VA: But, I do remember that Halloran was closed and then Willowbrook State School was opened.

JK: Where you later worked. So, what we want to begin to do now is transition from your time working at Seaview to what happened next in

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terms of where you worked, and your personal life, and so forth. And then of course we want to talk about your work at Willowbrook as part of that.

VA: Yes. When I received my license, I decided to go out and do private duty nursing. And, I also—

JK: Sorry to interrupt you, but as we mentioned before there was a network of city hospitals, and you already had experience, and your LPN, and so you could have gotten a position in one of those hospitals.

VA: But, I didn't.

JK: Why did you decide not to do that?

VA: I didn't necessarily want to work for another city hospital. I wanted to go outside of the system and explore. So, that's why I started doing private duty. And, I also worked for Willowbrook Hospital. I applied there and I was accepted.

JK: Can you give us just sort of a general chronology?

VA: I'm trying to figure it out.

JK: That's okay. So, can you explain the private duty nursing.

VA: Through a registry.

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JK: Through a registry, okay. And, you would get assignments to care for people in their homes, or?

VA: In their homes, or in the hospitals. I worked in many, almost every, hospital in Manhattan.

JK: So, if you were working at a hospital, were you working directly for the hospital or were you working for the patient?

VA: Working for the registry.

JK: The registry, in that setting?

VA: In that setting, for that patient that I was assigned to. A little complicated, but that's the way it worked.

JK: Was the salary competitive with what you would have gotten in a city hospital?

VA: It was more.

JK: It was more.

VA: Much more. I worked for Star Registry. It was located in Brooklyn, that was the first one. And then, I worked for Charlie Spears, at Gotham Registry in Manhattan.

ALLEN

JK: So, Seaview had intentionally recruited black nurses; and, most, of the nurses here were black.

VA: Yes.

JK: But when you were doing private nursing. Did you have a different experience?

VA: I would say it was different, yes.

JK: Was there more—did you have more of an awareness of people reacting to you as a black woman, or not?

VA: Oh, no. I was always welcomed. I don't remember, except one patient who said he didn't want a black nurse. That was one out of hundreds.

JK: That's a very low percentage.

VA: I called the registry, and the registry was indignant that he would even think like that. And then, they told me that they would get in touch with his family, and I was paid for that day. But, that was the first and only time I had that experience.

JK: It's interesting the way the registry managed it, that they didn't say, if he doesn't want a black nurse, whatever, whatever. What they said was,

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essentially, that they were indignant over it, right? And, talked to the family. So, yeah. So, that sounds like a very supportive kind of thing.

VA: So, he may have gone without a nurse for that day. That's a possibility.

JK: So, that private duty nursing time period seems like it lasted for a little while, right?

VA: It did, because it was lucrative, and I could work many hours, or any hours I wished to. So, it worked out very well.

JK: The only downside I can see is you are traveling around a lot. You—

VA: Oh, I loved it.

JK: You liked that?

VA: Yes, because I got to know the city better, and being an early riser, it didn't matter to me.

JK: What about—so, I haven't really touched on this very much. What about your personal life during this time period? I mean, were you—I don't know. Were you dating? Had you—I really don't know anything about your personal life, and I don't mean to pry.

ALLEN

VA: No, it's okay. By this time, I did have a personal life, I think I always did when I became of age. But, it didn't interfere in any way. I should say, I didn't let it interfere.

JK: At some point you had a daughter, you mentioned.

VA: Yes.

JK: Was that during this period, was it later, or?

VA: It was a little bit—I think it was during this time.

JK: So, during the late '50s, or?

VA: Yes, during the '50s.

JK: Because, of course a lot of women faced a crisis. They wanted to have a child, but they also wanted to have a career. So, now, all these decades later, that sounds, trite. But, at the time it was like a crisis, right? Because, I talk to—

VA: I didn't make it a crisis.

JK: I talked to professors at the college, for instance, who said that they hid the fact that they were pregnant because there were rules about women not working when they were pregnant, and so forth.

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VA: That's true.

JK: So, here you are, do you have anything to say about that?

VA: I do remember there being some rules about women not working when they were pregnant. They would be dismissed because their employer thought they couldn't do their job and be pregnant at the same time. Or, they didn't want them to show their pregnancy during that time, if they were, say, six months or more. There was a prejudice against women being pregnant and working. But, I don't remember having that problem. I think I may have stopped working on my own. And, I went to be with my mother in Pittsburgh, Pennsylvania when I had my child.

JK: So, she had you move to Pittsburgh?

VA: My mother always—my mother, she never lived with me.

JK: No, no. Your family lived in Detroit for a while, right?

VA: Yes, but my mother moved—yes, my mother moved back to Pittsburgh.

JK: So, that must have been a nice time for you, then, because you were able to have the support of your mother while you were pregnant, and going through that.

VA: And, being with the family, yes, my family.

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JK: You mentioned you had several aunts who lived in Pittsburgh.

VA: Yes, and cousins, so I had a big support system, and especially since I could not eat much.

JK: You had trouble with morning sickness?

VA: Oh, the whole pregnancy, terrible.

JK: So, that's very uncomfortable.

VA: Yes.

JK: Of course, once your daughter was born, then there were new decisions. I guess social pressures forced many to drop out of the workforce and become a stay-at-home mother.

VA: I never even thought about that.

JK: You always planned to go back to work?

VA: Oh, yes. I enjoyed working and being out in the public, so I went back to work and my mother helped me for a while. And then, when I moved back to Staten Island, I had friends who would babysit.

ALLEN

JK: So, when you first started working as a nurse again, you did some work in Pittsburgh?

VA: No, never worked in Pittsburgh.

JK: So, when you started working as a nurse again, that's when you came back to Staten Island?

VA: I came back to Staten Island.

JK: You could make the decision to stay in Pittsburgh. You have family there, mother's there. No?

VA: I think once you get the bite of the Big Apple. [Laughter] Who would want to leave a place like this? And, it's according to your personality. I just didn't have the small-town personality.

JK: Well, for me, as truly from a small town, for someone to call Pittsburgh a small town seems outrageous, but I'll let that pass. [Laughter] So, you come back to Staten Island, and then are you doing the private duty nursing yet, or?

VA: Let's see. I have to think about that. I've been private duty, I think private duty, all through any jobs I had after that, because it gave me the flexibility of working whenever I wanted to, even though I may have had another regular job. I could work on my days off, vacation time, extra hours after work. So, it gave me a lot of flexibility.

ALLEN

JK: But then, at some point, you started having, 40-hour a week jobs at specific places, and one of those was Willowbrook.

VA: I worked in Building 2 at Willowbrook, yes, Willowbrook Home.

JK: At what point—why did you decide to apply for a job at Willowbrook?

VA: Well, it was close to home.

JK: So, you were still living—when you come back to Staten Island, did you get your own place, or?

VA: I got my own place, yes.

JK: And, apparently it was in sort of this neighborhood, or, sort of?

VA: Sort of.

JK: Where was it?

VA: I'm just thinking. I lived on North Burgher Avenue for a while, and I also lived in Brooklyn.

JK: Oh.

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VA: Because, during the time I was doing private duty I had a case at Brooklyn Jewish Hospital, and they kept asking me if I would come on staff. I remember telling them, "Maybe, if I could work in the operating room." I don't know how I got that connection, but I did go there to work in the operating room, and I loved it, so.

JK: What about did you like, and why was that kind of work appealing to you?

VA: I liked working in a space where there is high energy. I always had a lot of energy. And, I liked a place where you had to be on your toes all the time. So, that appealed to me, and you were learning something new all the time. Even though the anatomy may be the same, every patient is different in some way. And, working with different doctors and personalities appealed to me, because I like being around people.

JK: Yeah, interesting.

VA: I'm figuring this out as I'm talking to you.

JK: About why that was appealing? [Laughs]

VA: A lot of things are being revealed to me as we're talking.

JK: Oh, that's great.

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VA: Because, I rarely give it any thought, but having to delve into the past and talk about the how, and why, and where, all these things. The questions either trigger these thoughts, or they were repressed for some reason.

JK: You may not have thought about it until you're being asked about it.

VA: That's true.

JK: So, surgical nursing had this appeal, then you didn't—I'm assuming you did surgical nursing subsequently of various kinds, but you didn't exclusively do surgical nursing or focus on that, apparently.

VA: No, because I enjoyed the fact that I could make extra money, live at a certain level that I was comfortable, be able to send my daughter to private school, and do other things that most people were not able to do working one job.

JK: Right.

VA: So, I kind of worked two jobs.

JK: So then, where does Willowbrook fit in? Because—well, you said it was close to home, so apparently at some point—

VA: And, I didn't stay there that long.

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JK: Right, and of course I wouldn't pursue this so much if I wasn't so interested in Willowbrook, but—

VA: Yes, why are you interested in Willowbrook? Let's see if there's—

JK: Well, because of our campus, because our campus is also the campus of the Willowbrook State School, so, yeah.

VA: Yes, yes.

JK: So, there were openings there, and you decided because it was near where you were living at the time...

VA: Mm-hm.

JK: Well, that would be convenient. So, do you remember anything about what it was like to apply for the job, the interview process or anything like that.

VA: The interview process was strange because Dr. Berman was the interviewer.

JK: He was the chief administrator for the entire facility.

VA: Yes. But I found—he asked me something that was personal, and I took affront to it. I did not answer whatever that question was.

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JK: Did you acknowledge the question in any way? For instance, someone could say, “Oh, well I’m”—

VA: I can’t recall at this moment, but then it may come back to me.

JK: That’s okay. You may have had the social skills to deflect the question in some way?

VA: I think I did. I think I did.

JK: But, you don’t remember what the question was?

VA: It’ll come back to me, but it had to do with whether I was married, or something like that.

JK: So, it was something about your personal life?

VA: Yeah. I felt that it was not appropriate.

JK: But, of course at the time you could have easily gotten questions like that in any of the jobs you applied for.

VA: Yes—

JK: Because, people thought that was their business. They could ask about your personal life.

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VA: That's true.

JK: If you were a woman. If you were a man, they wouldn't ask you, right?

VA: [Coughs] I think that was the case.

JK: Yeah. So, even though you didn't answer the question, apparently you still made a good impression on Dr. Berman because you got the job.

VA: Evidently.

JK: So, when I ask about getting the job, that's mostly what you remember, that he asked this awkward—

VA: Stupid question.

JK: --or inappropriate question.

VA: Yes.

JK: Do you remember anything about the job?

VA: I was a nurse in Building 2, where the sick patients, very sick patients, at Willowbrook were.

JK: So, they were sick because they had either an injury or a disease?

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VA: Or something.

JK: Building 2, can you remember anything about the building? I can look it up.

VA: Very vague, very vague.

JK: Was it the big building with the tower building, the main administration building?

VA: Yes, it's the big, it was the biggest building.

JK: When it was still a military hospital, I think there were surgical suites there.

VA: I'm not sure.

JK: This was essentially the medical building for the facility, for Willowbrook.

VA: Very soon thereafter they found out I had experience with tuberculosis patients, and they were opening Building 18 for Willowbrook patients with tuberculosis. And, I went over to help them set that building up.

JK: I am curious about that since streptomycin therapy had been implemented and people were getting cured. Of course at Seaview patients

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are getting cured and leaving, although you said it stayed open until the 1960s. But, of course, people were still getting tuberculosis.

VA: Mm-hm. There are many people with tuberculosis, even today.

JK: So, at Willowbrook—

VA: I think this was before the cure had a big impact and people were discharged to live at home. And, Willowbrook had a different population. They had mentally retarded patients. So, they needed to keep them within that boundary.

JK: It's really—they must have done testing on the general population and then quarantined people who tested positive for tuberculosis, and they're bringing them to this one building, Building 18, is what you said?

VA: Yes.

JK: They must have been pleased to have you, because you had this expertise from having worked at Seaview.

VA: Yes, that's true. Up until a few years ago I remembered the woman who was in charge there, but her name has escaped me now.

JK: She was the head nurse, or something?

VA: The head of that building.

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JK: Oh, the head of that building. I unfortunately wouldn't be able to help with that. At what point did you get a sense of what the general population of Willowbrook was like? During the interview?

VA: I knew that before I went to interview there. Ah, I know what year it was now.

JK: Oh, okay.

VA: It was 1956, because I was pregnant with my daughter. And, a lot of people said to me, "Why would you want to work in a place like that during your pregnancy?" But, that had nothing to do with me being pregnant.

JK: Then when Dr. Berman asked you about your personal life, [laughs] you had come to the interview and you were pregnant.

VA: Yes, but I wasn't showing that I was pregnant.

JK: Oh, okay.

VA: But, he was a strange character. He felt that he could speak to people in any manner he wished. But, he was an odd person. I asked people about him later, after my encounter with him, and he just had an odd personality unfortunately.

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JK: Other than the fact that he asked you about your personal life during this interview can you remember anything else that you may have heard from other people, or anything that you observed about him that causes you to say that he was odd.

VA: To ask people about their personal life in an interview was out of place. Other than that—I don't remember exactly why people said he was odd or a kook.

JK: This puts a whole different light on your work at Willowbrook. I might have asked the same question as your friends, "Why would you work at Willowbrook when you know you're pregnant?" There were people at Willowbrook who had difficulties controlling their emotions and controlling themselves physically. And so, there was some physical risk to interacting with patients. I know they had different wards for different categories of patients, but in general. Also, I have to say, at the time, people's understanding of developmental disability was different from our understanding today. The most ignorant people would have thought that such disabilities might be contagious.

VA: I think that was their ignorance, that they thought it could be transferred.

JK: The other concern is more real...the concern about physical safety.

VA: I didn't think of that, I didn't think of that, because I never worked around anyone who was physically abusive to the staff.

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JK: Then, of course, once again, you are back working with people who had tuberculosis, so you are being exposed to tuberculosis.

VA: And, I'm not thinking that it could be contagious.

JK: Because you have protocols in place to protect yourself?

VA: Yes, yes.

JK: You had already gone through that at Seaview.

VA: Yes.

JK: And, you wouldn't have been aware of the fact that there was a problem with—well, there was actual experimentation of exposing people to hepatitis beginning in 1956?

VA: I didn't know of that.

JK: You didn't know at the time?

VA: No.

JK: There were significant numbers of staff members who contracted hepatitis. If I understand correctly, the thinking was that there would have

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been a percentage of the population who would have hepatitis anyway, given conditions there.

VA: Mm-hm.

JK: Then they started doing experiments and exposing people to it, which of course was an ethical problem, as you can imagine, later.

VA: Yes.

JK: At the time I guess they didn't think of it as an ethical problem.

VA: I remember when I was hired at Brooklyn Jewish they were very, very careful about testing for people with hepatitis.

JK: So, you were involved in setting up this building—

VA: Unit.

JK: —unit for the tuberculosis, for people who were testing positive for tuberculosis. Do you have any memory of what that it was like? Did it take very long to set it up? Did most of the nurses assigned there already have some experience with treating tuberculosis patients?

VA: I don't think so.

JK: You would have been there at the time that this unit opened, I guess?

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VA: Yes.

JK: Did you have a sense of there being a lot people coming to the ward, to your unit?

VA: There were a lot, we did fill the capacity of the building.

JK: Did you feel that the treatment there was the kind of treatment that would be effective with these patients?

VA: Yes, yes.

JK: So, it wasn't just that they were just being quarantined, it's that they were being actively treated. So, Willowbrook is another total institution. That is, the people who were living there, that is their whole life, at the institution, and there were also staff members who lived at Willowbrook, so for them too that was a total institution.

VA: That's true, that's true. Because, at one point we counted. I did live in the staff house.

JK: Oh, you did?

VA: Yes, you just reminded me.

JK: [Laughs] So, the—

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VA: It was a short period of time.

JK: I see.

VA: But, I was living in the staff house.

JK: Do you have any memories of what that was like?

VA: It was comfortable and adequate, that's all I can remember about it.

JK: I have to say that your description of living here at Seaview in the nurse's quarters was very spartan, it seemed to me.

VA: It was.

JK: Because, you just had a room with a bed and a—

VA: And a small closet. It was.

JK: During the war many nurses, medical staff members, and doctors lived at Halloran. Even though this is after the war, I am guessing that that housing was still there. Was the housing similar to Seaview, or was it nicer, or?

VA: It was similar but nicer. I had a bigger room, the room was very comfortable and well-furnished. It was not as spartan as here.

ALLEN

JK: Do you remember and differences in food services, anything like that? No? Okay, and did you get a sense of how many people were living there? Did it seem like a significant number of people?

VA: I only knew a couple of people who lived there. I didn't know many.

JK: There were a number of doctors who I believe essentially had houses.

VA: That's true.

JK: So, then their whole household was there?

VA: Mm-hm. And, Dr. Berman had a mansion.

JK: Oh.

VA: Well, it seemed like.

JK: The house seemed grand?

VA: Yes, a big house, and staff to take care of it.

JK: My understanding is that the people who lived at Willowbrook, I always hesitate to call them patients. In theory they were students, but I wouldn't call them patients. If they were higher functioning, they would clean for the doctors.

ALLEN

VA: Oh, yes.

JK: They would essentially be their servants.

VA: Yes, that's right. I remember that now. The higher functioning patients, yes. This gave them something to do. And, later on, some of those same patients lived outside of Willowbrook, and they functioned very well with a little assistance.

JK: Mm-hm. Well, the time period when you were at Willowbrook is an era when not long after the veteran's hospital left and the entire campus became the Willowbrook State School. Because it was the post-war period, there was a lot of tax money, and the economy was booming. Do you have any memories of what conditions were like.

VA: My experience was that the patients had very good care, the food, the way it was prepared and served. I think they received good attention, the attention they were entitled to.

JK: Mm-hm. I have interviewed some people who worked at Willowbrook later, but it is difficult to get people to talk about their experiences at Willowbrook since it was a very challenging place to work. So—

VA: I think it was always a challenging place to work, because I remember it was difficult to feed some patients, or to care for them because of their

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condition. You had to be patient and caring to give them the attention they needed.

JK: Well, over time, the economy changes, and tax money and financial support declines, and the staffing becomes grossly inadequate. One of the things you noted was that some patients needed so much personal care for the daily activities of feeding, and dressing, and bathing and the situation became unmanageable.

Let's end for today and we can set a time to meet again.

[END OF RECORDING]

Interview with Virginia Allen by James Kaser, Archives and Special Collections of the College of Staten Island, Park Lane at Sea View, Staten Island, New York, January 9, 2020.

JAMES KASER: So, Virginia, over the holidays you were visiting friends in the Detroit, Michigan, area. Since you spent some of your formative years in that area, I wonder if it brought back memories of living there, or what neighborhoods you had lived in, or anything like that?

VIRGINIA ALLEN: I did remember some streets and neighborhoods. And, those were main streets like Woodward, Michigan, Gratiot, Grand River and Jefferson Avenues. They were grand streets and boulevards. I did ask them to take me to Oakland Avenue, which was where we first lived—that I can remember, near an elementary school. And, a lot of those buildings have been torn down. A lot of Detroit has been demolished. The gentleman who

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took me on the tour, I think his name was Calvin Stewart, I have it written down, is on the board of the preservation of landmark buildings, he pointed out historic buildings that are still standing and awaiting preservation and refurbishment and some that have been preserved. I was quite impressed with my tour, which took us over three hours, and we would have continued had it not started to get dark. He took me to Bell Isle, which I remember vividly as a child, because my parents would take us to Bell Isle for picnics and other outings. We would also go to Windsor, Canada, which was very easy. It was right over a bridge or a tunnel, I can't remember. On Bell Isle there were some buildings, like the planetarium, and others that were being refurbished, since the state took it over from the city. The city didn't have the money to do the refurbishing. But, it was beautiful, the Bell Isle that he showed me. And, it's being well-kept and visited frequently by many tourists.

JK: That's great. Did you get a better sense of what your neighborhood was called, or?

VA: No, I didn't, but I can.

JK: Oh, that's okay, I was just—

VA: I can find out—now that I have the connection, I can find out generally speaking. The friend that I was visiting lives in Farmington Hills, Michigan. And, that is I think 12- or 13-Mile Road. And, I remember passing 8-Mile Road, where we lived when I came here to Staten Island. It was nice seeing those houses, and it did bring back vague memories. But, it

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seems that when I came to New York, to Staten Island, I almost totally forgot about Michigan.

JK: Well, I guess you were becoming an adult and experiencing the freedom of being an adult, and, as you mentioned before, your parents had been very protective. Your life must have started to seem so much richer and fuller once you got to Staten Island.

VA: Yes.

JK: That's interesting. So, it has been a long time ago since we last recorded, and it was during our last session that we talked about your experiences at Willowbrook. One of the things you were talking about was your experiences being interviewed by the director for the job. You also talked about what you did there, which was setting up the tuberculosis treatment wing.

VA: Building 19.

JK: Building 19. So, to get us going again, I wonder if you might have anything more to say about that, about your experiences at Willowbrook?

VA: I found my experience at Willowbrook quite different from any other place I worked, because of the resident population. During previous training I had some experience with the disabled and patients with multiple disabilities or deformities, but not to the extent that I saw at Willowbrook. That was a new experience, and I think I took it well, being a young person. Also, being in the nursing field here at Seaview we had some children who

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had disabilities in addition to tuberculosis, such as hydrocephalic children and children who were blind. Children like that may never have lived at home. They were confined to institutions. There were other children with behavioral issues—I wouldn't say disabilities. They might cry all the time, be noisy, not be able to follow instructions or understand instructions. So, some aspects of Willowbrook were not absolutely new to me, but I actually was hired on a part-time basis to help set up the tuberculosis building, which was Building 19. And—

JK: Actually, before we go on to that specifically, I was just curious about several things regarding the population at Seaview that had some similarities to children at Willowbrook.

VA: Right, of course the children at Seaview, no matter their other conditions, were there because they had had tuberculosis.

JK: Right, they were here because they had tuberculosis.

VA: Yes, and they had to be separated from their families. Some of these children I'm talking about were babies, because we were the intake for all of the children who came to the hospital. I worked in the intake ward.

JK: I see.

VA: We had lots of babies, toddlers, right up to the early teens.

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JK: Let's see, you mentioned hydrocephaly, which I can imagine being a debilitating condition. But then, you mentioned children who cried uncontrollably or had difficulty following instructions, or acted out in other ways, I guess, on that basis they may have been similar to children who were living at Willowbrook. I just wondered if you had any more to say about institutionalizing children. I know that Seaview children were institutionalized because they had tuberculosis. However, if they had not had tuberculosis and were presenting some of the conditions you describe might they have been at Willowbrook?

VA: That is true.

JK: There's a chance they could have been at Willowbrook?

VA: That's true.

JK: Of course, for us today, I think we would find that such an alarming idea; that just because a child has behavioral issues that made them difficult to deal with at home, that maybe they would then be institutionalized. I think that this is one aspect of Willowbrook that people find so disturbing. I don't know if you have anything to say about that?

VA: In those days people had less skills to deal with those kinds of behaviors, so they felt that the child really did need to be separated, because they were also shamed by their behavior, because it was unusual and not normal, like the other children.

ALLEN

JK: What you seem to be saying is that it was in the interest of the child because the other children would make fun of them or make them feel bad about this behavior, whereas if they were off on their own, or with other children who also presented various forms of behavioral issues, they wouldn't receive that negative reaction.

VA: That's a possibility. That's probably what the parents were thinking at the time, because many people were institutionalized who shouldn't have been, because of what were perceived as odd behavior patterns.

JK: And just to follow up on this idea. At Seaview you were helping intake, and you have some children who presented behavioral issues. I am guessing such children would be separated from the general population?

VA: No, they weren't separated, you just had to spend more time with them.

JK: Ah, okay.

VA: They required more attention, and a staff member would be assigned to them for more hours, more patient hours, than others.

JK: So, that was the outcome of the intake evaluation. The decision would be made to devote more hours to certain children.

VA: Yes.

ALLEN

JK: Okay. Well, that's—

VA: And, one good thing about the staff at Seaview, the administrative staff, they were so sensitive to the needs of the patients that they carved out time for the staff to sit with them or to comfort them so that they wouldn't feel isolated.

JK: That's interesting.

VA: Such as they did at Willowbrook, in comparison.

JK: I guess so far—well, that really touches on a funding issue, in part, because Seaview, I guess, was funded by multiple sources.

VA: City, city funds.

JK: It was only city funded?

VA: Yes.

JK: Oh, interesting.

VA: Yes, it was a city hospital and the property is still under city control. But at Seaview the nurses made more time for those patients who needed more care, and we had a big workload. I never realized how much I worked, and maybe that's why I'm still capable of doing so much at this age, because of my stamina, or my—

ALLEN

JK: You would have developed stamina from having so many tasks. I find these comparisons between Seaview and Willowbrook interesting. I wonder if we could continue that.

VA: I would Seaview professional staff caring for the children we have been talking about. I would say that at Willowbrook there were not as many professional staff. There were many lay staff at Willowbrook who were not necessarily educated to the needs of people with disabilities. That's where the problem came in at Willowbrook. Some people were sensitive, and other people were totally insensitive, and I would say cold, because they weren't actually giving the patient the care they needed. For instance, there were patients who you would dress bathe, and in 10 minutes they had all their clothes off. You have to acknowledge that behavior as particular to that patient. Some people just don't like clothing—I'll give you an example. I volunteer at the ballet school, and we had a student who did not like tights because they made her skin creepy and she felt like someone was scratching her. The director let her dance without the tights because of that condition. But, over time she grew to tolerate tights, and as a matter of fact she's still at the school. She's been at the school since she was a little girl, like 3 and a half years. And I've been here 11 years, and I have seen her growth.

JK: Interesting.

VA: I have noticed her being able to tolerate more. We have some autistic children in the school, and they manifest their behavior a little different, but

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they do keep up with their class, which is remarkable, because this is something they want to do.

JK: So at Willowbrook a lot of the care was provided to people who were not nurses, and their training varied a great deal. Are you aware of what sort of training they would have received as on-the-job training? You may not know that since you weren't really—

VA: There was an orientation period, but it wasn't as memorable to me as the orientation I got here at Seaview. Seaview Hospital's orientation was in-depth, mainly because it was a contagious disease hospital. And, the professionalism of the nurses who were presenting the orientation to the new employees was on such a level that I felt very comfortable. You had orientation of the patient care, and how to give patient care in the mornings, and in the afternoons you would go to the floors and assist so that you had hands-on. That was a month, where in some hospitals I've worked in over the years, you only have a week's orientation, which really isn't enough. I would think Willowbrook's orientation was something like that. And, if you worked there long enough you became a supervisor, and being a supervisor meant that you were over that particular building. But, you came in as a lay worker, taking care of patients. That's how you rose to that level. Only in the last years that I was working there did I notice that they had more professional nurses available, wherein there may be one or two nurses, or one on each shift, which isn't enough to cover a whole facility such as Willowbrook.

ALLEN

JK: When you're saying one on each shift, literally one for the whole of Willowbrook.

VA: For the whole ward, for the whole facility.

JK: That's like—I'm not certain how many residents there were when you were there, but I'm guessing it would have been several thousand. But, by the '70s I think it was 3,500 or something.

VA: Really?

JK: Yeah. But, that was because there were facilities that had been closed around the state and people were moved to Willowbrook.

VA: I see.

JK: I'm not certain what the population would have been when you were there. I know we probably discussed this when we first talked about this, but can you sort of remind me what the time period was when you started there?

VA: You know, I can get a work history, and I did that at one time to pique my memory of where I worked and when.

JK: Yeah. It would be very helpful if I could get something like that and then I can do a chronology, a timeline.

ALLEN

VA: Yes.

JK: It helps people looking at the transcript to get a sense of where you were at different times. Getting back then to your sense of the institution, am I right in thinking that you lived at Willowbrook at one point, or not?

VA: I did live in a residence there at one point. And, I can't remember which building it was, but it was a building for the employees who worked there. That's been a long time, but it was a stepping stone.

JK: It would have given you a different kind of interaction with other staff members during that time period when you were living there.

VA: Yes, yes.

JK: That's why I was sort of curious about it. I'm assuming that most of the people who lived there—maybe I'm wrong about this, but I'm assuming most of them were the professional staff, or not?

VA: It was any staff. And, there were buildings for women, and buildings for men. They were separated. Kate Spellman was one of the people that I remember working with and being friendly with during that time.

JK: She was of a similar age to you, or something?

VA: Yes. And, I knew her outside of Willowbrook and Seaview.

ALLEN

JK: I think the housing that was provided was housing that was all sort of in a group in an area with the doctors' houses?

VA: Somewhat, yes.

JK: The housing was dormitory-style, like Seaview? Seaview staff seemed to socialize with each other, did that happen at Willowbrook? I guess you would have had your meals together?

VA: In a cafeteria.

JK: But, other than that, was there socializing?

VA: At Willowbrook you only socialized if you were stepping out of your room. At Seaview the nurses had a room on every floor where they cooked and had meals together. Not all of them, but you know, a group of them. There was more socialization here at Seaview.

JK: I see. In your experience at Willowbrook, who were you interacting with mostly? Were you mostly interacting with the people who were working on your ward, in your area, or?

VA: I would say interacting with the people I worked with, and socializing with the people I lived near, like, Kate Spellman.

JK: I see.

ALLEN

VA: I didn't necessarily socialize with the people I worked with.

JK: And, would you have had much exposure to residents in various buildings. If I understand correctly, the residents were segregated by skill set, age, sex into different buildings.

VA: Yes, that's true too.

JK: But, because you were dealing with tuberculosis patients, did you really have much exposure to those other areas of Willowbrook, or not?

VA: Occasionally I was assigned to Building Two.

JK: What sort of patient was at Building Two.

VA: Building Two was more or less a mixture of all the patients, but I think that was the building that the patients came to when they were ill.

JK: Oh, I see. So, if they had to be treated for something that was other than the condition for which they were there for.

VA: Yes, a fever, or cold, or pneumonia, something like that.

JK: Well, when you were working in Building 2, did you see many people who had trauma injuries, or not?

VA: I don't remember trauma.

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JK: Okay, it was mostly the kinds of things that you would expect.

VA: Yes.

JK: Things like contagious diseases in childhood, and that kind of thing.

VA: Mm-hm, right.

JK: Let's see, what else can I ask you about Willowbrook? It's such a fascinating topic for me that I might be exhausting your interest in it, because I know you weren't really there that long.

VA: No, not at all. You're not exhausting me. It's bringing back some memories. My daughter worked there too.

JK: Oh, really?

VA: When she came home from college she got a job at Willowbrook. She could walk there from where we lived.

JK: Oh, I see.

VA: I lived on Harold Street, so she could walk through and around, and get to work in no time. It reminded me of the time when I lived on Bradley Avenue and I walked to Seaview.

ALLEN

JK: Right, sure.

VA: See, people who lived on Staten Island did a lot of walking, and I think that was good for us.

JK: There must have been, there may have been a number of people who worked at Willowbrook who would have lived in the neighborhoods nearby, so that they would have been able to walk to work?

VA: Yes; although, we're talking about 20 or 25 blocks. It wasn't just around the corner.

JK: Your daughter worked as a—

VA: Nurse's aide.

JK: —nurse's aide—

VA: Nurse's aide type of work.

JK: Do you remember if it was in any specific building—or, what kind of people she was working with?

VA: I don't remember that, but she was able to cope with their conditions.

JK: I assume you had prepared her in some way for what it would be like?

ALLEN

VA: We talked about it briefly.

JK: No?

VA: We didn't go into depth. And, I didn't know that she was even going to apply there.

JK: Oh.

VA: Until after she had gotten a job.

JK: Did she go onto a career in nursing, or not?

VA: At first she didn't. She was working in an office in the World Trade Center, and she married a young man who was still in the service, and he was assigned to Altus, Oklahoma, a little town in Oklahoma. And, she couldn't find a job there, so I suggested to her that she go back to school and get her nurse's degree, and she did. She had a job before she graduated, and she graduated with honors.

JK: That's great.

VA: Yes. And, received her boards on the first try. Some nurses have to take their boards more than once. But, she was able to pass her board on her first try, and she worked as a supervisor from the time she graduated. She did well.

ALLEN

JK: Great. And, that became her career, then, she continued with that, nursing?

VA: Yes, she loved it. She was going in for convenience and she came out loving it.

JK: Oh, that's good. [Laughs]

VA: Then she went on to become a director of nurses of a nursing home, which she did very well there. And, later on, before she died she worked in dialysis, a service she enjoyed even more, because of the contact with the patient.

JK: Oh, interesting. Well, at Willowbrook she would have been part-time because she was still going to school?

VA: That was her summer job. One of her summer jobs. Then she graduated the finance department. When she was in high school I introduced her to the finance department at the Union Local 1199 [1199 SEIU] where I worked. And, she learned about finances. She did very well there and worked there for about three summers. Willowbrook was one of the other summers.

JK: One of the things that interests me about Willowbrook as an institution is how complexly it was structured, in part because there were people living there who had such a wide range of abilities. What was your

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reporting structure like? Do you remember who you reported to or anything about that?

VA: I used to remember the woman's name that I reported to. She was a nurse.

JK: Was it very structured? Did she expect—

VA: Yes. I think so. I know she expected the work to be done properly, and reported accurately. I don't know about all the other buildings because I had no connection.

JK: I assume your work might be managed differently because you were dealing with contagious disease, and there would be a lot of concerns about the spread of contagious disease.

VA: Yes.

JK: Patients living with a chronic condition might be managed quite differently.

VA: Yes.

JK: So, I've been controlling our discussion of Willowbrook. Is there anything you want to say about Willowbrook in a more freeform way.

VA: I found it to be a learning experience.

ALLEN

JK: Because of the population you were working with?

VA: Because of the population I was working with, the different conditions. It wasn't as structured as Seaview, but it did have a structure. And, dealing with less professional staff makes a difference, also.

JK: I guess I may have asked this before, but did you or the other women you worked with feel a concern about personal safety? I think that people at the time often had a very negative impression that people with developmental disabilities might be prone to violence, or acting out in uncontrolled ways.

VA: You just hit a memory nerve. I began work there in 1956, and I remember that because I was pregnant.

JK: Ah, yes. Right.

VA: Someone did ask me, "Aren't you afraid to work at Willowbrook when you're pregnant?" And, I said to them, "It has nothing to do with my pregnancy." They were thinking that it might impair the development of my daughter.

JK: It shows you a misconception people had of individuals with developmental disabilities.

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VA: Yes, other lay people who had no idea that it had nothing to do with the fetus that someone had growing in them.

JK: Right. Since so many lay people worked there, you know, it would be interesting to think about, what impact that had on those people and the way they interacted with the people they were treating.

VA: Yes.

JK: Because of all of these misunderstandings of those people's conditions.

VA: Misunderstanding, not understanding their condition, not being educated.

JK: Right. Well, so—

VA: So, that figures out the year.

JK: Right, you were there in '56. Did you stop working for a while?

VA: I was on a hiatus, I was on a hiatus, and that's why I was at Willowbrook.

JK: You were looking for a job that was close to home?

VA: Exactly.

ALLEN

JK: Then, you gave birth, and—

VA: I started working in the general hospitals as a private duty nurse for a number of years. See how your memory comes back?

JK: That's interesting. Well I know you didn't work Willowbrook that long, but what you had to say about your experiences I found very interesting. So, then you went into private duty nursing, and you did that for a number of years. And, I think you talked before about why that was appealing to you. In part because of the way it was compensated, and in part because of the interesting nature of the work.

VA: Yes, the variety of patients. For instance, I took care of a patient in the Emerson Respirator. Did I tell you about that?

JK: I don't think so, no.

VA: One of my first cases was taking care of a patient by the name of, I think it was Billie Jo. I can't remember now. She was confined to an Emerson Respirator in the hospital because she had an upper respiratory infection. And, she got better, she went home. She was married. She had a child, and she happened to be married to a man who was of means. They lived in a beautiful house with an elevator in it. Each time she needed a nurse, they would call the registry and request me.

JK: Oh, great.

ALLEN

VA: This is a patient that Charlie Spears, who was the owner of the Gotham Registry in Manhattan, or Brooklyn—yeah, Brooklyn and Manhattan—he asked me to take this case because he couldn't keep a nurse on it. I don't know if it was the patient or her condition, but I had no problems, and I enjoyed taking care of her. It was a challenge, I like challenges. And, it was a joy taking care of her each time she needed nursing care.

JK: Yeah.

VA: And, the last time she was hospitalized, unfortunately I was going on a vacation and I couldn't do it. When I came back, I found that she had passed.

JK: Well, I guess when I think about private duty nursing, I assume you're seeing lots of different patients and you don't necessarily have prolonged contact with them. But, in this case, because she required nursing care repeatedly over a time period, then you got to know her better.

VA: Mm-hm, and her family.

JK: I guess that was unusual, or was it the case that you did have patients over prolonged periods?

ALLEN

VA: I think it was unusual mainly because she was a difficult patient to take care of, especially with a respiratory condition that could have caused her—her demise sooner—without really good nursing care.

JK: But, a lot of your private duty nursing may have been...well the things that immediately come to mind are birth and death. I don't know whether that's true. Either women who have given birth and need care or people in their final illnesses—

VA: I worked mainly in the hospitals.

JK: Later? Or, you mean even when you were doing private duty nursing?

VA: Yes.

JK: Oh, okay.

VA: I rarely worked in the house. I had cases at home, but I preferred to work in the hospital. Hospital cases were more challenging because the patients were more seriously ill. Sometimes working with patients at home just meant babysitting. I had some very, very good cases during those years.

JK: Were hospital patients seeking private duty nurses because they couldn't get the level of care they needed from the hospital.

VA: That would sometimes be the case. In other cases, the patients just wanted more attention, and they could afford it.

ALLEN

JK: Oh, I see.

VA: I would say that was the case more than actually needing more care.

JK: Okay. So, that period of your nursing career, though, eventually comes to an end, right? Because, you begin doing surgical nursing, if I'm correct?

VA: At Brooklyn Jewish Hospital.

JK: Right.

VA: I did private duty there a lot, and the supervisory staff asked me repeatedly if I'd come on staff. And, they had an opening in the operating room, and I took it. That's how I started working there.

JK: What was that hospital like?

VA: It's a teaching hospital—it's still there under a different name, but not as prestigious. The hospital was built for Jews, because they too were discriminated against elsewhere.

JK: Oh, I see.

VA: They were discriminated against in the health field, in every field. And, they wanted their own hospital so that they would be in control. It was

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a very fine teaching hospital where they had the medical staff rotating through—medical, surgical, and dental. Now, they didn't have psychiatry there, but it was a very good hospital. And, I enjoyed working there, because I learned a lot. I like to be in a setting where I'm learning something all the time.

JK: You weren't tempted to move to Brooklyn?

VA: I was, and I did.

JK: Oh, you did? For how long? [Laughter]

VA: Maybe seven or eight years, nine years, I don't remember. But, I lived near the hospital on St. Marks Avenue, near Nostrand Avenue, in a big apartment building, and I walked to work. There goes the walking again. Because, it wasn't that far. And, I loved it.

JK: But, you decided to come back and live on Staten Island, obviously.

VA: I did.

JK: Is there any particular reason that you want to share?

VA: Well, I bought a house on Staten Island, on Harold Street. I always wanted to be a homeowner. And, saving my money, I was able to put a down payment on a house, and my daughter was brought up there.

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JK: I see, yeah. So, your trajectory is somewhat different from the Staten Island stereotype. It is frequently said that Staten Islanders start off in Brooklyn, and they want to buy a house, so they move to Staten Island, then eventually they move on to New Jersey or Florida. [Laughs]

VA: Well, I didn't do that. I'm still here.

JK: But, home ownership was a big draw, for moving to Staten Island and that was something that you did.

VA: Yes, and I had bought a piece of property on Harold Street from one of the nurses here at Seaview, thinking I would build the house. And then, when this house at 18 Harold Street became available, and I could afford it, I bought it.

JK: Great!

VA: I had to make a lot of improvements for my satisfaction.

JK: Sure, yeah.

VA: It was a three-family house. It had a studio in the back, and a one-bedroom downstairs, and I lived upstairs.

JK: That's good, so it was income-producing as well.

VA: It was.

ALLEN

JK: So, you continued with surgical nursing.

VA: I did.

JK: And, I guess you must have moved several times.

VA: I did.

JK: At some point you decided to retire, I guess. [Laughter]

VA: I decided after working a lot in Manhattan—I always had more than one job, because I liked to live very comfortably, and being a single woman, it wasn't easy. So, I worked more than one job, and I worked private duty in between my regular job. And, I worked for two unions. While I was at Brooklyn Jewish Hospital, 1199 wanted to organize the nurses there, and I didn't think that unions were good for nurses, because we are professional staff. So, I fought them, and I beat them. And, the president of the union wanted to know why they weren't successful in their campaign at the hospital, so he asked to meet with me. And, I told him just as I told you just now, I didn't think unions were for the nurses. Then, he explained to me the benefits of the union, and convinced me to work for the union.

JK: Oh. [Laughs]

ALLEN

VA: He gave me a very good promise of a salary and a car, and hired me as a union representative, representing the employees, and gave me a territory to cover. And, I found that to be quite interesting, and I learned a lot there.

JK: Oh, sure. It's such a different kind of thing to do, labor organizing.

VA: That's true. I only worked there for a short period of time. My daughter was a teenager then, and I didn't like being out early in the morning, before she went to school, and late at night because of job assignments.

JK: Sure.

VA: So, I think I worked there about 18 months, and I was home for a while, and then went back to work for Jewish Hospital to work in the OR [Operating Room] and commuted back and forth. And, after my daughter was in high school, I was asked by the president of Local 144 [1199SEIU] if I would work for them get and a new car every two years. You can't beat that.

JK: [Laughs]

VA: So, I went to work for them.

JK: And, how long did you do that? Was that a couple of years?

VA: A couple of years.

ALLEN

JK: Well, unless you have more to say about your nursing career, I was thinking we might start circling into our closing topics: your community involvement; and then, what I would describe as the rediscovery of Seaview, and the way you've become identified with Seaview. So, from my perspective, you're very involved in community activities of all kinds, with many organizations. You're not just a member, but also a leader in organizations. I was curious if you had anything to say about how that got started?

VA: Well, while I was in the labor movement, I took several courses at Cornell, labor studies, in Manhattan. And, I met a professor there who lived on Staten Island. It will take me a moment or two to remember her name. I know it, but it's not coming to me right this minute.

JK: It will pop up.

VA: She and Barbara Piacitelli [?], who is, was a teacher here on Staten Island, she's retired now, and Norma, the professor, were on the board of a women's shelter for battered women. And, they asked me if I would serve on that board. This was in the 1960s, like 1968, 1970 and the shelter was down in Port Richmond. That was how I got started working with community organizations. Before that I belonged to the NAACP and assisted in the cotillions that we used to have every year for the young ladies and the young men. I was one of the founding members of the Urban League that was very active here on Staten Island at one time. We had an office on Van Duzer Street. Unfortunately, we're not as active as we were.

ALLEN

And, I am a charter member of the National Council of Negro Women, whose papers I'm very proud to say that I was instrumental in getting presented to the college, for safekeeping. I've been a member of the Unitarian Church of Staten Island since the mid '70s, and I'm still active there. I serve on the Flower Committee, and that's interesting because every second, for many years, I've provided the flowers for the chancel. For two different major occasions, for the ordination and the installation of new ministers, I was in charge of the flower committee. That involves buying the flowers and arranging them. So, that's been one of my passions.

JK: Oh, great.

VA: Because, it's artistic. [Laughs]

JK: That's what I was thinking. Yes, I can imagine you getting very interested in that. So, you didn't mention the Staten Island Business and Professional Women, but that's another—

VA: I didn't get to them.

JK: Oh, I'm sorry, you're still going down the list. [Laughter]

VA: Chronologically, I'm trying to mention them. And, in the '90s I became a member of the Business and Professional Women USA that had a chapter here on Staten Island. And since then, that chapter has splintered from the national organization and is part of the New York State Women's Organization, of which I'm still a member. And, we have a connection

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through NIKE, which is the national magazine. And, I'm active in that organization as well. I'm the historian, and when I was the historian in 2002 we presented our papers to the College of Staten Island, from its beginning in 1935 until that date. As the historian, again, serving the organization of New York State Women, we presented papers again to the College in, what was it, 2017 I think it was.

JK: That sounds about right.

VA: And, while we're talking about donating papers as the historian for the National Council of Negro Women, I am responsible for encouraging the section to donate all of the papers that we have available to the College of Staten Island, and we did that in the year of 2019. I'm still active with the National Council on the national level and the local level, as a legacy life member.

JK: Of course, I'm very thankful you were able to get the papers of these various organizations to us at the college. It's a big addition to our collection. But, of course I also have to ask, since you list those other organizations, for instance the National Urban League and NAACP chapters on Staten Island, I'm thinking, "Oh, it would be so wonderful if you would be able to get some of those papers for the college." [Laughs]

VA: I am so disappointed in the Urban League. We had boxes.

JK: Oh, don't tell me. I can see where this is going.

ALLEN

VA: It was very disturbing. Once we sold the building that we owned, I don't know what they did with all those boxes and boxes of history.

JK: Just as an aside, when you talked about how you got involved with community organizations on Staten Island, I was thinking, how rough—maybe I'm wrong about this, but how rough a neighborhood Port Richmond must have been back at the time when that battered women's shelter was there—no?

VA: No.

JK: Oh, interesting.

VA: It had lots of stores. It was a vibrant community and neighborhood.
[Coughs]

JK: Oh, I was thinking of all the shipyards and industrial sites. I just assumed they had an impact.

VA: Are we going to have any other interviews?

JK: I don't know. I sort of thought—what time is it?

VA: I'm looking to see. It's 12:20.

JK: 12—oh. That's—you have your appointment, and you have to have lunch and so forth, so.

ALLEN

VA: I have an appointment that's going to come and pick me up.

JK: Virginia, I have to say I was trying to finish today, but the main reason I was trying to finish today is because it's so difficult to schedule with you.

[Laughter] But, if you promise me, you promise me that we can have another interview, soon.

VA: It can be soon, because January I have a lot of free time.

[END OF RECORDING]

Interview with Virginia Allen by James Kaser, Archives and Special Collections of the College of Staten Island, Park Lane at Sea View, Staten Island, New York, January 15, 2020.

JK: So, Virginia we were just talking about your status a Staten Island resident.

VA: I'm a Virginia Allen, long-time resident of Staten Island. I'm a... There's a word.

JK: Non-native?

VA: Right, not a native, unless you were born here, and I've been here since 1948.

ALLEN

JK: Great.

VA: But, I feel like a native.

JK: [Laughs] Well, you certainly have a deep connection to Staten Island, and the last time we spoke you listed a lot of the organizations that you've been involved with over the years. I'm interested to know why you got involved with all those organizations? What prompted you?

VA: Well, I would say, my family was very involved in their community, so therefore I think it came naturally to me. Because, when we're growing up we usually do what we see, and I've always felt akin to neighbors, and friends, and working for organizations, so it was natural.

JK: That's interesting, that you would get involved in all these different organizations without really thinking about it. And, I know that you also have done a lot of volunteer work over the years. That's something we didn't touch on the last time, so I wonder if you could tell me about your volunteer activities?

VA: I worked at Brooklyn Jewish Hospital, and I'm going to go back to that because this is how I had a real good connection to individual people. I worked in personnel, and I was the training director. One of my duties was to put out the newsletter for the hospital. So, I had to interview the employees, get them interested in sending in stories, and the name of that publication was *The Heartbeat*. And, I interacted with many, many employees on that level. So, that gave me nice connections, and I think I

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started to want to connect with people outside the organization. So, that's how I started volunteering for a soup kitchen here on Staten Island that started in the Brighton Heights Reformed Church many years ago, before Project Hospitality took it over. And, that was a nice way to outreach with neighbors, because one of my neighbors, Gloria Arrindell [1926-2019], who just passed recently, I think it was December 6th, we were friends and neighbors, and she asked me to come down and help with the soup kitchen. So, that was something natural and very enjoyable, because not only did you cook the meal, you served it to the clients, and you interacted with them on a memorable level.

JK: Yeah. So, the soup kitchen, it was at the Reformed Church. Was it a ministry of the Reformed Church or was it just located there; do you remember?

VA: It was one of their ministries. But, it grew. It outgrew the church because, unfortunately, we have a lot of homeless and dysfunctional people on Staten Island due to drug abuse, and so forth. And, the program grew too big for the church, and therefore they had to reach out to other organizations. I can't remember the name of the man who started Project Hospitality before Terry [Terry Troia, Executive Directory, 1985-present], but Terry's been there for many years.

JK: So, I don't know if you remember, but do you have a sense of when you started volunteering in the soup kitchen?

VA: Probably in the late '60s.

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JK: Oh, okay. So, this is earlier than I would have—

VA: It could have been even a little earlier, but I remember, around then.

JK: The reason I ask is that it gives us a sense of what Staten Island was like at that time, if there were already people who needed that kind of service in the island?

VA: Oh, definitely. There were people sleeping in the ferry terminal.

JK: In the 1960s?

VA: Oh yes, even before that. And—

JK: Because, I think of the 1950s, the post-World War II period, as being an affluent time period in the United States. The 1960s, once the Vietnam War accelerates it fuels the economy even more. There was strong job growth. So, to hear that a percentage of the population on Staten Island was struggling is surprising.

VA: Well, a lot of those people came over the ferry, since we were linked to downtown Manhattan, near the Bowery. When people hear there's programs with food, they travel. But—

JK: Did you also get a sense of where people came from when you interacted with them?

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VA: Well, we didn't have big conversations with them, but we did pass pleasantries and make them feel welcome.

JK: Sure.

VA: But, we know that the homeless have always been a hidden population that people don't want to directly address, and people with substance abuse and mental illness.

JK: Right. So, and the neighbor who got you involved was she a neighbor from Harold Avenue?

VA: No, she lived down Livingston, right around the corner from me. Well, not right around the corner, but like two blocks away.

JK: Within two blocks, that's interesting.

VA: Yes. And, I'm trying to think of the other volunteer who—

JK: I know that currently you volunteer with some organizations that are seem student-focused, if I'm correct?

VA: Yes, like the Staten Island Ballet.

JK: Right.

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VA: I feel obligated to give some time to the school, and especially since I live right here and it's within walking distance and it's something I enjoy. My daughter was in a dance studio with Arthur Mitchell School of Dancing [is this the school that became the Dance Theatre of Harlem?]. And, I've always loved the arts, so I volunteer Tuesdays and Saturdays unless I have something more pressing to do. It gives you so much pleasure to be able to communicate with the children. They start with age 3 on up to 17 or 18, when some of them graduate. It's a pleasure. It's like being in the school with them. I think I'm a frustrated teacher. [Laughter] Because, I also volunteer with the mental health program, reading program, and I found myself getting very involved with that. Instead of one student I took on reading to classes and encouraging the students who I was reading to go home and read to their brothers and sisters.

JK: Oh, interesting.

VA: That was quite enjoyable. And, I was the reading coordinator at PS 20 [Port Richmond Primary School, Staten Island].

JK: To follow up on the mental health, what's the name of the organization?

VA: Mental Health Reading Program [School Reading Volunteer Program].

JK: Can you tell us a little bit about that organization and its purpose?

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VA: Well, that reading program started through the Staten Island Mental Health Society. And, I think it was a way of reaching out to children to make them feel comfortable and included, because we had a lot of children who were not reading on their reading level in their classes. So, the volunteers were able to go in and give them one-to-one help.

JK: Oh, I see. You were going to schools, then?

VA: I went to PS 20. We're usually assigned to a school within our district, or where we would like to go. And, since I was living right there near PS 20 I was assigned there.

JK: And, so that involved both one-on-one interactions, but also reading to classes, you said? And then, later you spoke about having a coordinator role?

VA: Yes, I coordinated the other reading volunteers. And, I also volunteer in a related program, the Harriet Tubman Purple Hat Society Essay Program. Every year we have an essay contest with the 5th grade, and their topic is to talk about what Harriet Tubman means to them. Over the years students have gotten so into this program. I would say the students and the teachers, because the teachers are their nominators. They assist them. And, we have an assembly and present the best essays with prizes, 1, 2, and 3, and those prizes are books about Harriet Tubman. Sometimes it's better not to introduce money as a prize early in a child's life. I think it's better to encourage them to read and do other things.

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JK: A book is a nice prize.

VA: A book and a certificate. And, because I started with that program at PS 20, we now have another program at IS 49 [Berta A. Dreyfus Intermediate School, Staten Island] where other members of the Harriet Tubman Purple Hat Society [an organization founded on Staten Island in 2016] go and spend a day in March presenting class assemblies and making presentations about different women who were instrumental in empowering our society and making a contribution.

JK: You are involved with such a long list of organizations maybe you can remind me of others?

VA: Since I have a list of them in my hand now, I'm going to name them. I have been active in the following voluntary community affairs. I served as the president of the Staten Island section, the Staten Island chapter of Lambda Kappa Mu Sorority, Incorporated, a national business and professional women's organization. Presently I serve as the second vice president on the local level, and that's the person who's in charge of membership. And, I am a founding member of the Staten Island section of the National Council of Negro Women, which is the national organization. And, the NAACP, which is also a national organization. And, I'm on the board of directors of the now-defunct branch of the New York Urban League. I served on the Friends of the College of Staten Island Foundation, Incorporated. And, I chaired the Friends of the College of Staten Island Lambda Kappa Mu Sorority. We gave scholarships to youngsters for about 10 years. As a matter of fact, we still have \$250 in the funds, a donation

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made by Frances Martin, one of the professors, past professors, of the college. She is now deceased. She was a professor of nursing. I don't think I mentioned Cultural Crossroads. I was a board member of Cultural Crossroads. That's an organization that brings art to the Fort Green community in Brooklyn. And, I volunteered with Bread and Roses [art gallery sponsored by 1199SEIU]. That is the cultural arm of Local 1199. And, that too is another organization that brings the arts to working people and institutions that are covered by 1199, and the general public. I've served on the Art Lab board of directors at Snug Harbor Cultural Center. I also serve on the advisory board of the Children's Museum in Snug Harbor. I am a member and supporter of the Sandy Ground Historical Society, which preserves the history and legacy of the Sandy Ground descendants. And, the Weeksville Society, another group, not active right now, but another group of people who preserve, and present to the community at large, the history of Weeksville [a 19th century community of free blacks in Brooklyn]. And, years ago I did work when Camp Saint Edwards was a summer camp for disadvantaged children of Harlem, Spanish Harlem, and Harlem itself [the camp was opened in Pleasant Plains in 1952 as a mission of the Franciscan Handmaids of the Most Pure Heart of Mary and was in existence until 2003 who had a chapter house near the site]. For many years children had the opportunity to spend two weeks at camp when they would not have normally been able to. The camp closed but a few of the sisters are left. They are up in age now and live in Harlem. And, one of my other volunteer excursions was fleet week. During fleet week the sailors come into Staten Island, and years ago we used to invite them into our homes, at least four, or six, or however many we could accommodate, to have lunch or dinner, and then see that they got back to their ship. That gave them a sense of being welcome to Staten

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Island, and a little part of the community while they were here. One of my stipulations was that they include one woman, if they were available. I did that for about 10 years, if not more, when I had my home. That's a list of what I can remember.

JK: Thanks. A lot of the organizations were Staten Island-based. One of them was in Fort Green?

VA: Yes.

JK: The one that was about supporting the arts? I'm guessing you got involved with that because of a hospital you worked at, or not?

VA: No, it was because of friends who invited me to be on the board. I have friends in all boroughs, but more in Brooklyn and Manhattan than Queens and the Bronx. I enjoyed that it was based out of a church, Lafayette Presbyterian Church, which is a landmark church, that has always reached out to the community, in some one way or the other. And, it's located in Fort Green, as you mentioned.

JK: You mentioned Weeksville?

VA: Weeksville.

JK: I know I've heard of Weeksville, but where is that?

VA: That's in Brooklyn.

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JK: It was another community of free blacks, like Sandy Ground.

VA: Yes, exactly.

JK: And so, that's interesting.

VA: And, some of those descendants are still living, also.

JK: Oh, how surprising. Well, of course the whole Sandy Ground story really focuses on descendants deciding to make certain that the history of that area was preserved. And, because you were involved with the organization, I don't know if you have any observations about how that has played out over time?

VA: I think it's played out beautifully. In the '60s they did a big genealogy chart, and there was a big program that was offered to the community and others. I'm sure they still have it, but I found that was very engaging. And, I learned a lot about Sandy Ground descendants. Although, I work with many of them here at Seaview.

JK: Oh!

VA: And, I'm still friendly with several, or most of them.

JK: So, there were people who lived, people who were connected to Sandy Ground community who worked at Seaview?

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VA: Seaview was a huge employer of people here on Staten Island. I don't know what the population of the staff was, but the population of the patients at times got to as much as 2,000, which was a little overcrowding, but they had staff on three shifts here. Some came from Manhattan and Brooklyn, and maybe Queens, I don't know. But, most of the staff came from Staten Island. I remember there were two Moodys that worked where I was working, in the Children's Building, in dietary. And, Moody is one of the descendants. As a matter of fact, there are still Moodys living in Sandy Ground. Herrings, Harrises...those are the names I can think of offhand.

JK: Yeah. And, some of those people are still around?

VA: Oh, yes.

JK: Oh, okay

VA: Mm-hm. Lucille Herring, is a nurse because of her mother's working here at Seaview, and she went into infection control. Because when her mother came home from Seaview, she'd tell the children, "You can't touch me now. When I change my clothes."

JK: Right.

VA: You know, I don't think I wore my uniform to work much. I always changed at work.

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JK: Well, this is really an aside, but I know I see so many people, in our contemporary society, were their medical field attire on the bus, on the ferry, or wherever. I always thought that there was an element of disease control to having those uniforms for work, and if you wear them back and forth, [laughs] aren't you going to spread germs?

VA: You're carrying germs, yes. You're carrying germs to and fro, to your home and to your institution.

JK: Particularly as you hear more stories about problems that hospitals have maintaining a sterile environment.

VA: A clean environment.

JK: A clean environment.

VA: Yes.

JK: And, people getting these infections, I'm almost thinking, they shouldn't be wearing their work clothes out in public—

VA: But, there are no restrictions, mainly because most places you work it's not contagious, or you don't think it is.

JK: But, there's an increasing awareness of, particularly in hospitals, when people have weakened immune systems after operations, or whatever.

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VA: That's true.

JK: Well, at any rate, that's just an aside. But—

VA: And, I did not mention—I'm sorry. I still did not mention the Harriet Tubman Purple Hat Society.

JK: Right.

VA: I am a charter member of that organization. It was started by Thomasina Williams [1934-2017] here on Staten Island. Unfortunately, she is deceased. But, she was involved with the national part of that organization, and at that time it was just called the Purple Hat Society. The main section, or club, was up in Auburn, New York. And, we were trying to get a holiday named for Harriet Tubman, and that's how we got involved. After we did not get a holiday named for Harriet, we decided that we would have a spin-off organization here on Staten Island, and I'm one of 57 charter members. And, we're active here, very active in the community here on Staten Island. One of our programs is the essay program, and the school program in March, to celebrate Harriet Tubman's birthday.

JK: Great.

VA: And, our founder's day. I must say we've been very successful. We've had three Juneteenth celebrations. And, this is a holiday that most people didn't even hear about. Well, you know, people are doing their everyday work and experiences, they're not looking back. So, this pinpoints

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this holiday to more than just the black community, to the community at large. And, I'm very happy to be part of the Harriet Tubman Purple Hat Society. I was the chair of our bylaws committee, and we've completed those. It took a couple of years because bylaws are not written up overnight.

JK: Right, yeah.

VA: And, we wanted it to speak to the legacy of Harriet Tubman.

JK: That's a very interesting organization, and also the fact that so many people got involved with that.

VA: And are still—

JK: 57 founding members, that's a lot, yeah.

VA: And, we're still involved, very involved.

JK: Then, I guess also just as a follow-up, the summer camp program that was on Staten Island in—

VA: Pleasant Plains.

JK: So, the program brought children from Harlem to summer camp on Staten Island. So, as you spoke about it, it seems like it was organized and funded by the—

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VA: The Catholic Charities, yes.

JK: Catholic Charities, okay.

VA: And others. Because, Sister, I can't remember her full name, but it has Marie in it, Sister got a lot of support from the community of Pleasant Plains. The carpenters came out, and the cabins where the children would reside had gotten very shabby. And, the carpenters' union came out and built new quarters for the campers. And, the electrical union came out also, and put in the lighting. I remember getting music for the event maybe seven years, and just getting a DJ to come out and play music for the spaghetti dinners where we'd raise money during the summer. But, there was always fundraising, and they still collect food for the needy at Mount Loretto, through Saint Edwards.

JK: So, the camp was—

VA: The camp was taken over by politicians and developers. They sold that property that was right on the water, on the bay, and now they have multi-million-dollar homes there. Where the camp was, there's about 10 homes.

JK: So, was it connected to Mount Loretto, or was it?

VA: No.

JK: No. But, it was in that area?

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VA: In that area. Mount Loretto's out further.

JK: So, at one point the church owned the land? Or—

VA: Yes. Catholic Charities.

JK: The church owned the land. Yeah. Do you have a sense of what time period the camp was operating? Were you involved with that?

VA: My involvement was helping to raise funds for the camp. I think it might have been around the '60s or the '70s.

JK: Because, you hear about these programs in upstate New York. So, it's interesting that this program was on Staten Island.

VA: Right here on Staten Island, it was beautiful. And, Sister—the name almost fell out of my mouth. She never raised her voice. It was an order of black nuns who started up in Harlem, and I have their history someplace, hidden. When I say hidden, hidden among many papers.

JK: [Laughs] They're somewhere there.

VA: And, I was in touch with her. She retired. She must have been in her late 70s, early 80s when she retired. But, she was dedicated to, she and the other nuns were dedicated to this camp, and maybe the next time you come I'll be able to tell you about the order that they came from.

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JK: Well, it's interesting too because the Staten Island community took pride in having the camp there because those organizations volunteered services to fix it up, and obviously fundraising for this was connected in part on Staten Island.

VA: Yes.

JK: Funds were raised on Staten Island.

VA: And, the people were very accepting of it, which was wonderful. And, the children benefited from the camp because, had they not had that two weeks, they would be confined to the city.

JK: Right, yeah.

VA: I remember, just by fluke, when my daughter was five years old, five or seven, must have been seven, someone introduced me to the Henry Street settlement, and she went through their camp and loved it. As a matter of fact, she went back more than once, and then she started being a counselor when she became of age. And, I'm glad of that, because she learned early how to give back. I was thinking about my daughter as I was pulling out these papers today, so we'll stick to the subject. [Laughs]

JK: Okay. So, we've spent some time talking about your involvement with the organizations, and your volunteer work, and I'm thinking that as you retired, then you must have gotten even more involved—since you had

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more time to spend on all of these volunteer organizations, volunteer activities and membership organizations. Before I forget, when did you retire?

VA: I retired—

JK: I think you sort of tapered off, or something, but, no?

VA: No, I retired. Well, I also sort of tapered, but I tapered to more hours. I was working in Staten Island University Hospital. And, I came back to Staten Island to work because I wanted to be close to home. And, I worked full time for a number of years and then I went to a power program of 12 hours, and I loved that because you were off three days.

JK: So, just to clarify, you were working a 12-hour shift then?

VA: Yes.

JK: You were working a 12-hour shift and you got three days off.

VA: Yes, 12 hours shifts were being introduced to hospitals, and I loved it because I worked sometimes double shifts, which was 16 hours.

JK: Wow.

VA: If the need was there, because sometimes someone would call in sick and they needed coverage. And, since I had no children at home it was easy

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for me. And, then I went down. They decided not to institute the 12 hours. So, I went to three days a week working, which was good for me. And, then I retired in 1995.

JK: 1995.

VA: From Staten Island University Hospital. Some of the surgeons that I worked with told me that I was too young to stop working, and if I would come and just answer phones for them. So, I did. But, I did more than that. I was a patient advocate for a group of gynecologists and obstetricians. And, I took care of the patients' disability forms, which was a big job, because that maintained their income while they were out on maternity leave.

JK: Oh, I see,

VA: I have on two bracelets that I wear practically every day. And, since we were talking about doctors it just came to me. From time to time things come to me. When I was working at Brooklyn Jewish Hospital in the operating room, Brooklyn Jewish Hospital is a teaching hospital, so we have residents from all over the world, if they're accepted into the program. This one doctor was from Mexico City, and he was a resident in open heart surgery. So, when he went home on vacation, he came back and he brought jewelry to several of the nurses he worked with. His father was a jeweler. And, I've been wearing these bracelets since like 1968.

JK: Wow. [Laughs]

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VA: And you see they're still very pretty.

JK: Oh, yes.

VA: Doctor Hartman, as a matter of fact he said, "You know, you remind me of when I was much younger," then of course in the '60s, "You remind me of my mother. You have the same coloring as my mother." Well, you know there are so many mixtures in other places, but I thought that was a compliment.

JK: That's great.

VA: It was, and he was such a gentleman. I'm sure he was very successful.

JK: Well, so you had this very satisfying career, and it sounds like you were able to leave that work live in a gradual kind of way, because first you were able to do a three-day-a-week schedule, and later you were working as a patients' advocate.

VA: Two days a week.

JK: Two days a week.

VA: A couple hours, not all day, like four hours.

JK: And, was it difficult? Was it difficult to retire, or?

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VA: No, not at all. I was 62, and before I retired, I decided maybe I need to stop working and do some other things that I want to do. Sometimes we think we're getting old and need to retire.

JK: Yeah.

VA: 62 was a common retirement age at that time. And, I decided that maybe I should retire. I loved my job, because I liked the excitement of not absolutely knowing what you're going to find in a case when you're working. I worked in all levels of surgery, from open-heart surgery to eye surgery. Open-heart and neurosurgery are the most difficult. I liked the difficult cases, and the ones you had to be on your toes every moment, because that was the excitement of working, for me, working in that area. And, I like to learn. There's always something you need to learn. Even though the anatomy is the same, it's still a little different sometimes, and every surgeon's different. You're working with different personalities, and it's a challenge to be able to do so and be satisfied with the work that you're doing. And, I think I enjoyed my work primarily because I enjoyed it. It was a challenge, and a challenge to me is important. As you can see, I like to do a lot of things.

JK: That's right, yeah.

VA: And, I'm still doing a lot of things. But, it gives me a sense of satisfaction of knowing I'm making a difference.

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JK: Right.

VA: As I'm talking to you, I'm telling you what's coming to my head.

[Laughs]

JK: Sure.

VA: Because, I hadn't thought about most of this before discussing it with you.

JK: Oh, I see what you're saying. I wanted to follow up since you mentioned open heart surgery. Today there are many open-heart surgeries performed, but were your early cases at a time when it was still an unusual kind of surgery?

VA: The early cases certainly. I think it's pretty much the same, but chest surgery, thoracic surgery has changed drastically with the laparoscopic procedure. That has brought a major change to the techniques, because it's not as invasive. Therefore, the patient recovers sooner, which is marvelous.

JK: Yeah. In the early surgeries that you may have participated in, they were literally taking the heart out of the chest cavity, right?

VA: Opening the heart, opening the chest completely.

JK: Opening the chest, yeah.

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VA: And, taking the heart out, in a sterile way remaking those repairs that needed to be repaired, or replacing with different parts.

JK: Did you have, do you have any memory of the first—as an outsider to the medical field, I'm thinking the first time that one would be in the operating room for a procedure like that, it must have been—do you remember it as being—it seems extraordinary to me.

VA: It was, and the experience was almost overwhelming, because you're anticipating what is going to happen the first time. It was sensational, and getting ready for it, that was the biggest part, because you have to make sure everything's sterile, and you're draping in a different way, and anticipating the doctors' requests. It was quite daunting. But, then once you fell into it, it was easy. Then, especially when the patient goes off onto the machine, that's dramatic also. So, it was quite a big to-do.

JK: Were you a surgical nurse on surgeries where they were actually doing transplants of any kind?

VA: Yes, and harvesting. Harvesting of organs, as well as transplants, kidney transplants mostly. That was before the lung and other organs.

JK: I'm assuming it's the same situation there. The first time you are in the operating room doing it must seem so scary. [Laughs]

VA: It is, it's frightening, because when the circulator opens the container with the kidney in it, you have to be so careful in receiving it that you don't

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drop it and don't contaminate it. You're actually holding that organ and transporting it to the doctor in a sterile way. Or, he himself sometimes will accept it, but if he trusts you, he'll let you do it.

JK: I guess—

VA: You're bringing back big memories. [Laughter]

JK: You mentioned neurosurgery as well.

VA: Yes.

JK: Over the course of your career that must have changed a lot too.

VA: Not as much.

JK: Oh, really?

VA: Not as much as thoracic surgery, because you're still working with the intricate parts of the brain, and they take a little portion of your scalp, they call it a flap, sometimes they lift it up and leave in place and other times they will take out the bone and save it to replace it after the surgery. But, all of that is dramatic.

JK: So, there's, you know, these high kinds of experiences, then, and do you miss it, or do you?

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VA: No, I don't miss it. I went on to something different. That period of my life is finished. I could go back and still do it. I would not be quite as proficient, but I could manage it. And, who knows? I may be. I haven't gone back, but I have no desire to do that. Someone else asked me that, my doctor, a few years ago. He says, "Don't you miss?" I said, "No, not at all." And, he was surprised.

JK: I think that not everyone has the opportunity to think of their lives in terms of periods, or—

VA: Compartments.

JK: Compartments. At one point in your life, something is very important, but then time passes and then you come to another period of your life and what was important is not so important, but something new is important and then that continues. I guess not everyone has that opportunity, but it sounds like you mastered the skills and then had these satisfying experiences as a surgical nurse, but then at some point you were ready to have some new experience and move on?

VA: And, I didn't know that I was going to have this new experience. I must mention to you, I had never really looked for a job. You know, like some people had sent out resumes, and so forth.

JK: Right, right.

VA: I've been referred or, what's the word I'm looking for?

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JK: You worked through networks of people you knew that—

VA: I've been invited to come and work, like for 1199—like for Brooklyn Jewish Hospital. I was doing private duty there, and several of the supervisors over a period of a couple of years asked me when was I going to come on staff, they'd love to have me on staff. And, finally when a position for the operating room opened, I was very delighted. So I said, this is something new, I'll be learning something different, so I applied and I was accepted. And, when I was working here for Local 144, which was representing the workers in nursing homes here in the New York City area, a friend suggested that I meet the president, and the president asked me to come and work. And, that was the same with the 1199. Did I tell the story about it?

JK: You did tell that as a story last time, you actually opposed the unionization, and then when you met with—

VA: They wanted to meet with who defeated them. [Laughter]

JK: Then they ended up hiring you. [Laughs]

VA: Yes, and I had a beautiful work experience there, wonderful work—at both unions. Not only with the union staff, but with the clients and employees that I represented, it was very satisfying, those were satisfying jobs, also. Because, they were a challenge. I had to make sure that the management adhered to the contract and that the employees who had

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complaints realized they were complaints, not grievances. And, we had to deal with a lot of different people.

JK: Sure.

VA: At Local 144 I had about maybe 13 or 14 institutions, and I represented all of the people who worked in all of those institutions. And, in 1199, I had about the same number of institutions, but I represented social workers and pharmacists, and the psychologists, sociologists in those institutions. So, it was quite challenging.

JK: So, again because of my interest in Willowbrook—

VA: Let me just finish one thing.

JK: Right.

VA: When I worked for the unions, I met many people who were very, very famous, like Coretta Scott King, Dr. Martin Luther King, Ozzie Davis. I was the hostess for Ozzie Davis and Coretta Scott King when they came to New York, when I was working for 1199. And, I had, you know, very close contact with them, and conversations.

JK: That must have been very exciting.

VA: It was. And, Ozzie Davis always asked for me when he came into the union to do business or speak, so that was nice.

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JK: In your union activities, were you representing or involved with Willowbrook?

VA: No, we didn't have Willowbrook under our contract.

JK: Oh, okay. It was a different union. It was definitely unionized at some point.

VA: But, it was a different union.

JK: Okay. I was curious. That would have made an interesting story if that were the case, but... [Laughs]

VA: Yes.

JK: So then, when I'm conducting interviews, I'm always thinking about what researchers in the future might be curious about, and so this next question might sound off-putting. I don't know why, but it's certainly the case that as people get older in the workforce they're sometimes treated differently, considered maybe not as functional. The medical field, and particularly surgical nursing are very demanding. I was just curious whether anyone ever made you feel different because you were getting older?

JK: Not that you were really that old, in your case. But, in lots of different professions this is the case, that once someone gets to be, perceived as—

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VA: That was 20 years ago.

JK: Yeah. And so—

VA: I would say yes, because you know that racism exists, and I was the only—no, I was one of two visible African Americans working in the operating room of Staten Island University Hospital. And, there were at times situations where I felt a difference because of racism, and comments or actions, but I think I was sophisticated enough, and I know that I was, to ignore them. And, if I felt that I knew the surgeon well enough I would speak to him after the surgery to address whatever it was if it occurred, and in a couple of instances, it did. I had one surgeon at Brooklyn Jewish who used to throw instruments on the floor. So, I told him I wouldn't tolerate that, and I'm sure he didn't do things like that at home. So, [laughs] he apologized after. But, he had a history of acting out while doing surgery, but he calmed down and started acting like a person after that. Sometimes people are not aware of how they're responding to certain situations, and if you call it to their attention they review it and realize that they were not acting properly, for want of a better word.

JK: Yeah. So, we really haven't touched on the question of whether racism impacted your life, and in what ways it may have impacted your life. It did come up once before though, in when you were doing private duty nursing and you're dealing with some patients.

VA: A patient refused to be dealing with a black nurse. But, I was there on time and ready to work, so I didn't take it as an offense. It's just his

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preference and that was okay. I called the registry and they apologized to me and told me I had been paid for the day, and that they would send him another nurse if they could find one. But, that was an unusual situation. I never encountered that other than that patient.

JK: As a private duty nurse.

VA: Yes.

JK: Then there were these—how frequent was this when you were doing surgical nursing? Was this a few instances over the years, or?

VA: A few incidents over the years, because you have people that, they just can't help themselves.

JK: So, in the operating room, physicians of course are god.

VA: And some of them think they are.

JK: [Laughs] And so they will just have no boundaries. They will just do whatever they want to do, I guess is what you're describing. Or, they'll behave in ways that they wouldn't in other settings.

VA: Maybe this was the only way you could get the stress relief, but that wasn't the proper way to do it. Sometimes you have to take another avenue.

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JK: Yeah. And, the operating room is such a different environment from your general work environment. So, I guess the question is whether you experienced more systemic kinds of racism in the work environment. You might have experienced specific personalities in the operating room—

VA: You just brought to mind another time I was working with some surgeons. And, you know, just for small talk, we were talking about vacations. And, I happened to be going to Key West. And, this particular surgeon said to me, “Oh, that’s where all the gay people end up.” And, I said to him, “I don’t know, maybe you know more than I do.” But, of course I wasn’t aware that that was the situation. I was just going there to enjoy the Keys.

JK: Sure.

VA: But, I thought that was out of place, and especially the way he said it. So, I don’t think he expected my answer to him. But, he quieted down. He was the type that was always talking about one thing or another that wasn’t apropos, wasn’t appropriate. I mostly ignored him. But, he was a good surgeon.

JK: Your examples have to do with specific personalities rather than, like, the hospital administration or...systemically did you experience instances of racism? I guess that’s my question.

VA: I would say no. I would say no. But, some people feel privileged because of their life, and their status, and their race. But, overall, no, I don’t

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think I thought it was systemic in the hospital itself. I think it was the people who worked there.

JK: Well, I'm just struck by the fact—I really haven't had any occasion to socialize with physicians, but physicians in our society are compensated at such an attractive level, and because they have special knowledge and have a great deal of authority in certain situations to make literally life and death decisions, I would just guess that those physicians would sometimes act out as you were saying, because society valued, or values—

VA: And, they feel entitled.

JK: They feel entitled, yes.

VA: And, they're acting out on it.

JK: Did you experience any difference once you started working at Staten Island University Hospital. You mentioned instances of racism there with particular doctors. Did it seem more frequent or more common at Staten Island University Hospital?

VA: No, I would say it's all about the same, because you have some of those same kinds of personalities and individuals wherever you go, and not just in hospitals, but in all walks of life. But, being in such close proximity with them in an operating room, it's more acute.

JK: Right.

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VA: I can tell you you're getting more out my memory than most of the people who interview me.

JK: [Laughs] Well, I don't want to make race too much of a focus, mostly because I don't want to impose a perspective when I interview someone. I would rather hear your perspective. There were a couple of times when we were talking about your childhood, for instance, that I touched on this question, but I wasn't picking up from you that that was a theme that you wanted to talk about, or maybe it was just not part of your life experience. Obviously, during the time periods we were talking about—our society is still very racist—but at that time it was more openly so.

VA: That's true. But, I was sheltered in my home, I was not aware that this was so prominent.

JK: Yes. And then by the time you started your career, you had developed a skill for which you were valued, mostly in institutional settings.

VA: Yes, even as a private duty nurse. Then, I mostly worked in St. Luke's Hospital, and in a hospital in the '90s that will come to me in a second. But, I worked in many hospital settings. Lutheran Hospital in Brooklyn, Brooklyn Jewish, Victory Memorial. I rarely had a case on Staten Island. Most of the cases were in Manhattan. Beth Israel.

JK: In these institutional settings, though, particularly because there's a lot of city hospitals, right?

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VA: No, those were mostly private hospitals.

JK: The ones you just mentioned were private hospitals.

VA: Yes. I think I only worked one private duty assignment in a city hospital. I'm trying to think, but most of them were in private institutions.

JK: It seems like these institutional settings for some reason may have looked different from society at large in terms of this issue of race.

VA: They were well-run institutions, and I was only dealing with one or sometimes two patients. Sometimes we had two patients. And, I had no problems with racism that I know of.

JK: Some people were very energized in the '60s and '70s, and some of the organizations that you talked about were organizations that were working for social justice.

VA: Right. The Urban League, and NAACP, and the National Council of Negro Women. I guess I've always been involved with organizations that were involved in social justice. Maybe that's why I handled it differently than some people. And, it could be my personality. I've always been sort of calm and thoughtful.

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JK: You also seem comfortable enough just dealing with individuals. That is, when you have these, you mentioned these instances with specific doctors, you saw that as just one person.

VA: Mm-hm.

JK: And that you would go to that person and you would mention something, rather than necessarily saying, “Well he is representative of this entire social structure.” And, it’s a little—

VA: And, he may have been it. [Laughter]

JK: Yeah, he may have been it.

VA: I was dealing with him on an individual basis. I remember another doctor when the OJ Simpson trial was going on who thought OJ was guilty. I said to him, “You know, and I know, if you are involved with a murder such as he’s been accused of, he has to be covered in blood.” And, we know that blood permeates all of the skin, which is difficult to remove. It sometimes takes days to get all of the blood off a patient, even if it only came from starting an IV on them. Unfortunately, blood is in their pores. So I said, “The man had no blood on him, so how could he be in that situation?” It was only because of the racial makeup of the murdered people and the accused, that some people felt that OJ had to be guilty. I was happy when he was exonerated, because I don’t really feel he did that murder. I don’t personally feel it. Any thinking person, would know that there had to be

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more evidence. But, that doctor was biased in his thinking, very biased. Although, we were friends. [Laughter]

JK: Well, it's interesting you tried to get him to see the case from the standpoint of evidence and something he could relate to—

VA: From his experience, yes.

JK: Precisely, yeah.

VA: And, he may have changed his mind. I don't know, he never discussed it with me.

JK: Well, you may not have anything to say about this, but I'll ask this question anyway. Since you were involved with organizations that were concerned about social justice during periods of time when there was a lot happening across the country. For instance, when Dr. King was assassinated how did people on Staten Island who were involved in the National Urban League, or NAACP react?

VA: Wow. I would like to relate how I responded. I happened to be at work. And, I'm glad that I wasn't assigned to a case then, but I was in the operating room. And, I felt devastated and sick. It was a very sad period for me. And, I don't totally remember personally how the organizations responded, but I know that there was a lot of grief and sadness surrounding it. My feeling of grief about Dr. King, having met him personally, and stood next to him, and touched his hands, it made a big difference in how I felt

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personally. He was a man who had touched so many people all over the country, even though we had so much racism, institutionalized racism. I think people responded to his death much differently than they would have any other ordinary citizen, because his oratory and his outreach to bring people together and to learn how to live more harmoniously had such an effect on the country. I think that most people responded with grief. There may have been others who were thinking otherwise, I don't know.

JK: There was a lot of anger, and that got expressed in many cities across the country. I don't know enough about what happened in New York City, but I'm guessing that there was street violence in some parts of the city.

VA: I'm not positive. You know, I'm not remembering that part of it. Were there riots in the country?

JK: There were riots across the country.

VA: Yeah, I'm blanking on—

JK: There were many people who reacted with great anger, and that got expressed in street violence.

VA: Yes, and fires, and violence.

JK: The other thing I am curious about is any difference between Staten Island and other boroughs in terms of racism.

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VA: Other parts of the country.

JK: Well, other parts of the country, but other boroughs. For many people there was this feeling of hopelessness in places like Harlem, where it didn't seem like an individual had any means of overcoming this systemic racism, that the schools weren't any good, and that the opportunities for jobs were so limited.

VA: And, that's true.

JK: And that it was never possible to save any money because you were paying unfair rents for apartments that were unlivable.

VA: That's true, and it's still happening. The housing situations in some areas all over the country, blacks are paying more for accommodations and receiving less services, and living in substandard situations, and making the lowest wages. So, we've progressed, but we haven't really, because there's still situations that, unless we increase the rate of pay—we're talking about \$15 an hour, and that doesn't raise you up that much, because the cost of living keeps going up. And, you're constantly trying to reach that comfort level, and you're not catching up.

JK: Since you were a member of organizations on Staten Island, I am curious if people were talking about these issues here. Or, was Staten Island different from places like Harlem and not as challenging for people of color.

VA: Not as challenging as some other places, because we had a lot of foundries here, and companies. We had Seaview Hospital, Willowbrook

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State School, Marine Hospital, St. Vincent's Hospital. There was a—I can't remember the name of it, but we had a lot of industry here that kept people afloat. Proctor and Gamble employed a lot of Staten Islanders. So, the income level on Staten Island was better than many places in Manhattan, Queens, Brooklyn, and other parts of the country, so that the standard of living here on Staten Island was more comfortable. Now those places have left—Proctor and Gamble, the gypsum plant has closed. They've restructured hospital settings.

JK: That's a lot of change. So, we've been talking for I think two hours now, and I don't want to completely tire you out.

[END OF RECORDING]

Interview with Virginia Allen by James Kaser, Archives and Special Collections of the College of Staten Island, Park Lane at Sea View, Staten Island, New York, February 5, 2020.

JK: As I said earlier, I think it would be interesting to talk about what I think of as the rediscovery of Seaview, a renewed awareness of the place and its history. Even in your personal life, I'm assuming Seaview Hospital just sort of got pushed into the background as years went on? I don't know if that's true or not.

VA: It is true.

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JK: Alright.

VA: Because, I stepped away from Seaview Hospital in 1956 or 1957. I left to work in Manhattan, and I worked in private duty in several different hospitals. But, I wanted to branch out and change my field of nursing, and get more experience. And, it was a good experience for me, because in doing private duty I worked in several different hospitals—Mount Sinai, St. Vincent's Hospital in Manhattan, Brooklyn Jewish Hospital in Brooklyn, and Montefiore, and there was another hospital I worked in in the Bronx. But, it was all a learning experience because I was taking care of many different types of patients with different diseases, or operations. So, it was a continuous learning experience, and very satisfying, because you're learning something new, and I was exploring New York.

JK: Oh right, yeah.

VA: Because, I wasn't one of those people who only wanted to work in one area. I enjoyed travelling, and I drove, so it made it easier for me.

JK: Right. So, you had a very satisfying career in nursing, and even after you retired you were still working in a medical office for a while?

VA: Yes, I did. I didn't totally retire. I retired from Staten Island University Hospital operating room, but I went on to work for a group of doctors, gynecologists, for 10 years. And, that was a segue into my real retirement.

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JK: 10 years is a long time. I didn't realize it was that long.

VA: And, believe it or not, the 10 years went by so quickly, and I probably might have still been there, because I had to stop to have surgery. And, of course the doctors requested me to come back, but I decided maybe I needed to try retirement, see how it was.

JK: Maybe this is an aside, but I think your living arrangements over the years might have some interest for future researcher interested in Staten Island. For instance, you had a house on Staten Island, right?

VA: Yes, not far from here.

JK: And then you decided to move?

VA: Yes, I moved briefly to New Jersey, and it was too far away from the activities I was accustomed to. And, it wasn't the type of retirement that I had envisioned, because it was too sedentary and isolated. I had to drive from Manalapan all the way here to Staten Island, which could take an hour or even two hours.

JK: Oh, wow.

VA: It's according to the traffic. So, I decided to move back to Staten Island, and a friend of mine told me about PS 20. As a matter of fact, she introduced me to the staff that was renting there, renting out the apartments. And, I had about four apartments that I could look at and decide which one I

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wanted. So, it was, the school was beautifully renovated for seniors, and it is still in use, and I'm sure it will be in use for many years to come. But, it was a big project funded by the state, the federal government, and private investors. And, it was very comfortable and accessible to Manhattan.

JK: It was really meeting the needs for people who didn't need the kind of daily life support that they would have in a nursing home setting, but it gave them this community, I guess, and I'm guessing more affordable housing than they would find in just the general market.

VA: Yes. It was affordable housing for seniors. We paid too much rent based on the income we have, because of the high rents we have here in New York City. And, if it wasn't for affordable living, which a few apartments do have, too few for the people who really need it, and sometimes when you say affordable it really isn't affordable when you're talking about a thousand dollars or more for a senior on a fixed income.

JK: Yeah. It's really, it's housing that's not market rate. I guess instead of saying affordable, because I agree with you, it can be expensive, but it's not market-rate rents. So, I don't know, my sense is that you were living happily in that renovated schoolhouse for some time, right?

VA: Yes, I was there for about practically 10 years, and it was very, very pleasant, because my apartment overlooked the schoolyard. So, I could see the children playing.

JK: Mm-hm. The school is still there, which is—

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VA: The school, yes. What I was living in was the original school building, and the school that's being used for the public school is the annex that they built after a bit increase in the population of children in the neighborhood. And then when it decreased they had to close the old school, and it sat dormant for many, many years until they renovated it. But, it served a purpose for me. I enjoyed living there. It was a nice community. There was a park across the street, and a library.

JK: So, while you were living there, it's my understanding, suddenly Seaview started popping up again in your life. [Laughs]

VA: Yes. I got an invitation to attend the opening of the building. As a matter of fact, they asked me if I wanted to take an apartment here, and I was so comfortable where I was I wasn't really interested. I did not apply. And, after the ribbon-cutting, and we took tours, I was very impressed with the apartments, so I did put in an application, and here I am.

JK: And the restored building, was this building, the Seaview nurses' residence, right?

VA: This was the old nurses' residence when this was an active TB sanitarium. And, any woman who worked on the grounds who wished to live on the premises lived in this facility that I'm now living in.

JK: It's a big building.

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VA: It's huge. We have 105 apartments here, and I don't know how many dormitory rooms there were in the past. I'd have to research it.

JK: Easily 400, I think.

VA: At least.

JK: Because, it seems like each apartment has maybe four or five doors closed out there.

VA: Yes, those doors are preserved. This is a landmark building, and those doors were preserved in their original state. This apartment I'm sitting in is at least 7 dormitory rooms, because I have a one-bedroom apartment.

JK: So, I'm guessing there was a lot of publicity about Seaview in the context of the renovation of this building, which is Park Lane, right?

VA: Park Lane at Sea View.

JK: Park Lane at Sea View. And then, there's the assisted living facility—

VA: Next door.

JK: —which is the Brielle.

VA: The Brielle.

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JK: Were they completed around the same time, or not?

VA: No, the Brielle just became available for residents about two years ago. And, this one became available in 2008.

JK: I see. So, I'm guessing because of these new uses of the Seaview property, that there was more interest in the history of Seaview and what the property was, is that the case?

VA: Yes. They spent \$30 million renovating this building alone.

JK: Wow.

VA: And, the architecture of the building, of the apartments is pretty much the same as you would see in the original dormitory rooms. I lived on this floor when I worked here in 1948 or '49, to 1956, and I also lived on the same floor that I'm living on now, only down around the corner. So, now I have come full circle.

JK: Yes. Of course not everybody would want to return to some place where they worked. My sense is you have a different feeling about that.

VA: I do, I have a very emotional tie to Seaview. It was my first job, and it was a very pleasant job, because I was excited about learning nursing, and I had some wonderful instructors. And, it was always a learning experience as you worked on the wards, because we had all kinds of patients here. They may have been children, but they had all kinds of different diseases.

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Tuberculosis of the bone, or we have a couple of blind children, and, of course, tuberculosis of the lung. But, children manifest a disease a little different than adults, because they're just growing. And, some of them were very ill, and others were like any other child outside, jumping around, playing, and being mischievous. So, working here was quite enjoyable, and it brings back good memories. So, when I look out the window, or I walk around the grass and I see the old buildings, it makes me very sad. The children's building was a magnificent building. It could have been renovated for seniors as well, or even other age groups—I don't know if the younger population would be comfortable here because it's so isolated. But, the destruction of that building is very disturbing. It's being used now for the training of firemen.

JK: Oh, it is?

VA: Yes, so it's been burned out.

JK: Really?

VA: You can see right through it.

JK: I didn't realize it. For some reason I thought there were still plans to restore it. The tilework is so beautiful.

VA: It is.

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JK: Well, hopefully something will happen to restore that building. But, your positive, personal memories seem to give you a very special tie to Seaview.

VA: Mm-hm.

JK: When I think about Seaview, I think about the ways in which the focus of history changes. For instance, one could write about Seaview to emphasize the success of large, publicly funded healthcare facilities. However, recent historical accounts of Seaview focuses mostly on the fact that there were many African American women who came to work here as nurses, and their work was heroic since tuberculosis was a highly contagious and deadly disease.

VA: Seaview gave black women, who would have had to take non-nursing jobs because of the quota system, the opportunity to have nursing careers. Seaview was desperately in need of nurses because the Caucasian nurses did not want to work here, because of the type of disease. They were afraid. So, black nurses got the opportunity to work and utilize their skills instead of working in a lesser job. There was a call for nurses all over the country, and many nurses from the South responded because they mentioned a very good pay, they could live on the premises, there would be no segregation, and of course they made it sound much better than it actually was. But, the nurses who were trained well knew tuberculosis was a contagious disease, but they took the chance anyway. And, one of those nurses was my Aunt Edna Sutton Ballard, who was trained in Atlanta and Savannah, Georgia. And, she came to Harlem Hospital to complete her studies. And she was one of the

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nurses hired here in 1931, the year I was born. [Laughs] That's coincidental.

JK: When you were working here, did you think about how many women were here from the South? Was it something that was apparent, or not?

VA: I guess I didn't really focus on that. I came here to live my aunt and go to nursing school. That was how I wound up here in Seaview. I guess I would not have had any contact with Seaview if my aunt didn't work here. I admired her and her profession. And, that's why I'm here.

JK: So, I think I'm correct in thinking that there were newspaper stories written about the history of Seaview, maybe over a time period. I don't know whether it was all connected to when this building was renovated, or when it opened, or over a period of time. I don't know.

VA: Over a period of time. This campus was deemed the City of Death, I think. If I Googled it, I'd get the right terminology. But, it was written up numerous times, and—

JK: Prior to the 1980s, do you think or?

VA: Oh, yes.

JK: Oh, it was.

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VA: Yes. And, the description of Seaview was one of fear, and mystery, and foreboding. So, it wasn't written up in a positive way.

JK: And, also of course during the time period it was abandoned there would have been a lot of—

VA: It was abandoned because after the cure many patients went home and took their medication, and they—I think they were left with like five or six patients, and those patients were transferred out, and they tore down four of the pavilions to build the Robitzek Center. But, the other buildings on the grounds were still being used for other purposes, including the nurses' residence, where I'm living now, had a few offices. But—

JK: What was the Robitzek?

VA: Dr. Edward Robitzek [1912-1984] was the lead physician who developed isoniazid. That was the curing pill. That was the pill that patients took. Before that they used streptomycin, and a streptomycin patient had to be injected several times a day, or once a day, and of course that can be debilitating also. But, it did give some patients, relief, and they felt cured.

JK: So, even before the 1980s people had written about the history of Seaview because of isoniazid being developed here.

VA: Yes. And, a friend of mine also wrote a play.

JK: Oh, really?

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VA: The City of Hope, by—

JK: The City of Hope sounds nice.

VA: Yes, by Marjorie El-Kadi [1929-2015]. She is deceased now, but I still have a copy of that play.

JK: It would be great to get a copy for our collection.

VA: Well, I—

JK: Or, I could copy it and give it back to you.

VA: I have to ask her husband. And, we might produce that play here on Staten Island.

JK: That sounds interesting.

VA: Yes. He's given me permission to do that.

JK: Well, what about the term "Black Angels" for the nurses at Seaview. Is that relatively recent?

VA: One year in the '40s when I was helping my aunt hang up her Christmas cards—years ago people used to string the Christmas cards over the doorway and on the walls—and, she had over 300 or more Christmas

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cards. And, I remarked at her that I'd never seen that many cards. And, she said a lot of them were from her patients that she worked with. In our conversation, she said the patients called the nurses their angels. And, patients of all nationalities were here at Seaview, and from all walks of life. That's probably how that term started, the patients called the nurses who worked for them their angels, and of course most of the nurses were black. So, the terminology stuck.

JK: Even during the time period when the hospital was open it sounds like there was this appreciation, admiration for the nursing population here at Seaview.

VA: Yes. They were very much respected.

JK: But, at some point in recent decades there was an effort to officially recognize women who had been nurses here.

VA: That's true. As a matter of fact, since I am the last living black angel, so to speak, I have received many awards from the state, the city, and the federal government on behalf of those over 300 nurses who worked here at Seaview.

JK: I think some of the nurses were still alive when that kind of commemoration started, right?

VA: There were about three.

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JK: Three. Do you remember any of them?

VA: Marjorie [Tucker] Reed [1925-2018], and Leola Lewis. Marjorie Reed died in 2018 and Leola [Banks] Lewis [1926-2012] died before that.

JK: Had they continued to live on Staten Island?

VA: Yes. Marjorie Reed owned her own home, and she later lived in a nursing home. Leola Lewis also lived in her own home. And, her husband was an attorney.

JK: Oh. This suddenly sort of dawned on me, but do you feel that there was an impact on Staten Island because these nurses came to work at Seaview, and then they established families and a life here, and then, like you, got involved in all sorts of things on Staten Island, civic organizations and that kind of thing?

VA: I think that the quality of life here on Staten Island did improve due to the nurses living here, because they owned their own homes, they involved themselves in the civic life of Staten Island, they belonged to different churches, and these were women who were interested in the betterment of their communities, so they did well.

JK: Did the nurses have reunions, or something like that?

VA: They had clubs and organizations that represented their schools. Many times, I remember going into Manhattan with a group of nurses from

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Staten Island, and Seaview in particular, to luncheons, and dinners, and recognition luncheons, that is, to raise money for scholarships for their schools, and dances. So, at the Savoy Ballroom, and the Audubon, those famous places in Harlem.

JK: Yeah. Do you remember the names of any of the schools?

VA: I'm trying to think of the name of the one of them. Give me a moment or two.

JK: When you're looking at the transcripts that would be another chance for you to remember, too.

VA: Yes. But, Grady comes to my mind immediately [Grady Memorial Hospital School of Nursing, Atlanta], and they have a cap, their cap was very similar to Bellevue Hospital's cap.

JK: Once Seaview closed, I'm assuming the friendships remained, obviously?

VA: Oh, yes. My aunt had lots of friends. They went to the ballgames, or they listened to the ballgames together, and they went on outings. I remember my aunt going to Yankee Stadium with some of the nurses. They were avid baseball fans, and they liked to play cards. I don't remember my aunt playing cards, but she would be in the company of some of the nurses who did play cards. And, I have a picture of them at one of the gatherings.

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And, when I moved in 1986 I had a dinner for some of the nurses who had come back to Staten Island from different places. I'll be right back.

JK: So, most of this continuing socializing was, I guess, informal. It wasn't necessarily that they were clubs or organizations that formed.

VA: No, because some of them started to die off, and move away.

JK: It sounds like some people moved back to the South?

VA: Oh, yes. They moved back with their families, and—

JK: That's actually one thing that I wanted to ask about. So, women in the South were seeing these ads, and they were attracted to take the job, so they came here and worked. But, I'm thinking that many of them may not have really established their lives here? I mean, some of them obviously did.

VA: Oh, they did. They had two establishments. They had homes where they came from, and they also had homes here. And, some just lived in the nurses' residence and kept their homestead where they came from, and when they retired they went back there. I know of many that did so. And, they had a better quality of life in their old homestead.

JK: Sure. Well, because of course—

VA: The relatives are there.

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JK: The relatives, and things are so much more affordable outside the New York City area.

VA: And, calm and quiet.

JK: Right. So, do you have some sense of when you were first contacted and said, “Oh, Virginia, you were one of the Black Angels, and we want to honor you.”

VA: At first, I felt, I didn’t want to do that because I didn’t do what I did for awards. And then I gave it some thought, and I said, “I’m not accepting it for me. I’m accepting it for all of the others who sacrificed so much more than I did.” Because, they started working here when the conditions weren’t as good as when I came, because I’m sure the hospital was improving all along. And, eventually I felt that, by accepting the awards, I would be perpetuating, and preserving the legacy of the women who worked here.

JK: Mm-hm. It keeps the story alive.

VA: Yes.

JK: Because, people have a need to identify somebody with the story. And, did Leola or Marjorie participate?

VA: Leola had already passed. I convinced Marjorie to speak to, and be interviewed by, people. But, she was a very quiet person and a homebody.

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JK: I am curious to know how people started contacting you? How did that happen? Do you have some sense, or?

VA: Well, I'm out in the community.

JK: Right.

VA: And, people knew I worked at Seaview. I guess I was just more visible.

JK: Had you kept in touch with Leola and Marjorie, or did you have to rediscover them?

VA: No, I saw them from time to time. And, Leola I would see shopping.

JK: So, when people started talking about Seaview again, it was easy for you to say, "Oh, Leola, you know, people are getting interested in Seaview."

VA: I tried to get Leola to be interviewed. She refused that. Some people don't want to be involved with the public. And, she was always a very quiet person who didn't want any connection with the newspapers, or an interviewer.

JK: The other woman you mentioned was, Marjorie Reed.

VA: She was confined to a wheelchair at the end. She had had difficulty walking because of a knee injury.

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JK: Was there ever an event at which all of you were recognized?

VA: Oh, no.

JK: No.

VA: Because, remember, I was 16 when I came here to work, and they were in their 20s, or 30s, or 40s. So, they just weren't around.

JK: Yeah.

VA: And, the recognition actually came late. This is what you would call late.

JK: It's very late. [Laughs]

VA: Yes.

JK: The institution closed in, what, 1950—

VA: The invisible nurses.

JK: I think you told me that at some point someone was working on a documentary.

VA: Yes.

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JK: And then, someone else was writing?

VA: Maria Smilios is writing a book that presents the doctors who founded the cure and the Black Angels. The name of that book is Black Angels, and it is going to be published by Oprah Winfrey.

JK: Oh.

VA: And, it's still being worked on. They're still editing it. It's written, but it's being edited.

JK: There's really no—when those people are doing their research are there records someplace that they're using, do you know?

VA: Oh, sure, public records.

JK: Because, it's a New York City facility.

VA: Mm-hm, public records. As a matter of fact, Maria Smilios is more of a historian. She has found newspaper clippings about different ones, different nurses who worked here, including my aunt when she was a young girl.

JK: Oh, interesting.

VA: In Savannah, yes, quite interesting.

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JK: Do you feel that—well, how do you feel about these commemorative efforts?

VA: Oh, I feel very good about it. I think that the nurses who put themselves in danger and made such big sacrifices should be recognized. Some of them even caught tuberculosis and were hospitalized and went through rehab themselves. Not many, very few. But, I think the recognition is long overdue.

JK: And, of course, even though the nurse's building is obviously not a public monument or public building, it's been preserved, and presumably will continue to be here, and in that way becomes kind of a legacy of the Seaview story.

VA: Yes, and it's a beautiful building. I'm very happy that it has landmark status. And, it's comfortable.

JK: I attest to that, it's very comfortable. [Laughter] It's nice and quiet, too. That's always important to me.

VA: Yes, me too. I like quiet. When I want a little noise I go outside of my home.

JK: That's right. Well, I was just curious about this whole phenomenon of how Seaview is remembered. And, I think that's a good way for us to conclude our conversations. It brings us up almost to the present. The last

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time you were honored, if I remember correctly, was on the floor of the New York State Assembly? Is that correct, or not?

VA: It was, and within a month I had a citation from the state, the assembly up in Albany, and the city down in City Hall, and there was another one, the Staten Island Museum. Let me think. I should probably write down all of those.

JK: You may have already. It would be good to have a list to go along with the transcript. Well, I think that, as we've gone along you've talked about how important working at Seaview was for you, and I think that there were probably many women who worked here for whom this was an important place. Because, as you said, it gave them an opportunity to practice a profession that they may not have had much opportunity to work at in other parts of the country.

VA: Because they had quotas.

JK: Right.

VA: I couldn't imagine. This is ridiculous when we really look at the whole picture.

JK: Yeah.

VA: Whole classes of nurses being graduated, and out of that class maybe six who had jobs. Because, even here in New York, Bellevue Hospital itself,

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that big institution, a city institution, had a quota for hiring black nurses, and taking black nurses into their school of nurses.

JK: So it's great that Seaview is being acknowledged for what it was, and its history is being preserved. Thank you for talking with me about it.

VA: And, I've enjoyed every moment of it.

[END OF RECORDING]