

# **NOTICE**

**Materials in our digital Oral History collections are the products of research projects by several individuals. USF Libraries assume no responsibility for the views expressed by interviewers or interviewees. Some interviews include material that may be viewed as offensive or objectionable. Parents of minors are encouraged to supervise use of USF Libraries Oral Histories and Digital Collections. Additional oral histories may be available in Special Collections for use in the reading room. See individual collection descriptions for more information.**

**This oral history is provided for research and education within the bounds of U.S. Copyright Law (Title 17, U.S.C.). Copyright over Oral Histories hosted by the USF Libraries rests with the interviewee unless transferred to the interviewer in the course of the project. Interviewee views and information may also be protected by privacy and publicity laws. All patrons making use of it and other library content are individually accountable for their responsible and legal use of copyrighted material.**

Otis R. Anthony African Americans in Florida Oral History Project  
Oral History Program  
Florida Studies Center  
University of South Florida, Tampa Library

Digital Object Identifier: A31-00043  
Interviewee: Doris Reddick (DR)  
Interview by: Otis Anthony (OA)  
Interview date: August 14, 1978  
Interview location: Unknown  
Transcribed by: Unknown  
Transcription date: Unknown  
Interview Changes by: Kimberly Nordon  
Interview Changes date: January 13, 2009  
Final Edit by: Mary Beth Isaacson  
Final Edit date: February 18, 2009

**Doris Reddick:** I am Doris Elizabeth McGlothlin Reddick, and I was born in Palatka, Florida. And I came to Tampa when I was two years old, my grandmother brought me here, due to the fact that my father and mother traveled quite a bit. They traveled very extensively when I was small, and they settled in Tampa. And I've been here ever since. I went to school here.

**Otis Anthony:** What type of traveling did they do?

DR: Oh, he was a chef cook; he used to travel for all the big hotels. He used to go to the hotel in the north in the summer, and in the winter he would come south. And they eventually came to Tampa—not to Tampa, really; it was Clearwater. And then after leaving Clearwater then they came back to Tampa. And the first school I went to was Harlem [Elementary School], and I stayed there about two days and they sent me home because I was too small, they said. But it wasn't because I wasn't old enough—I was just small, so they sent me back home.

And the next year that I went to school it was at Christina Meacham [Elementary School] over on India Street. I went to school there and I finished there. And from there I went to Booker T. Washington [Junior High School] which was the school then, there was no other; as far as Blacks were concerned it was the school. It was the junior high school and a senior high school. And during a course of time in 1935, they build the first [high school] Middleton, which was really not big enough to house all of us, but it was more than what we had previously had. And they had maybe about nine or ten classrooms and then there was all the other rooms that we had. I think we had a library; we didn't have a assembly, the library was used as an assembly.

And we were the first graduates to graduate in 1935 from Middleton, I was one among those. I think we had about fifty-five students in our class. We had some who reached—I

won't named them, because they may not want everybody to know that they finished in that class. Course there's a lot of them don't mind, like Frank Rodriguez [Junior], he doesn't mind; Rano Sloan—all those fellow, they finished in that class. Dr. White, A.J. White, he finished in that class.

Okay, now you wanted to know something about me as far as my training was concerned.

OA: Yes.

DR: Well, when I first went to school, I went there and I stayed there eighteen months; during those days it was three years to go to school. My mama sent me to the best hospital there was; that was Meharry [Medical] College; she sent me there. And I stayed eighteen months, and not having been away from my mother and father so long knowing must do me but I must come home and I did, I came home. But I regretted it, I was home about one week and I wished I was back. But I had a sister that's was seven years younger than me, but she was very smart, she finished when she was sixteen. And I felt that Mama had given me my opportunity, so it's up to me to create my next opportunity, which I did eventually. So in 1943 I went to Brewster Hospital in Jacksonville where I stayed until I finished. And I came back to Tampa in forty-six [1946]—of course, I married my husband while I was there, secretly; we went to Folkston, Georgia.

OA: Across the Georgia line.

DR: Yes, we went over there and we were married, and of course we are still together. And as I said, I finished and I stayed at the hospital about three months, or maybe not quite three months, and I worked in the lab, because at that time I was interested in and I had in my mind that I would like to work with two doctors, as a scrub nurse. Because operating room technique was really my love—maternity was next—and these are the things that I excelled in when I was there.

And I had no such luck, but I was fortunate enough to work with Dr. [Reche Reden] Williams, who I had known through my childhood, cause that was our family doctor. And I worked with him until 1948, and then I went to work to Clara Frye [Hospital], where I worked until I had a maternity leave—this is when my son was born; he was born in 1949. And I had a maternity leave and when I went back, I went back as charge nurse of a wing, and after a few weeks or months or so Ms. Williams who you—no, you talked to Ms. Flora Williams, but Lilly Bell Williams, she was then in charge of Clara Frye—and I stayed there until 1954 when Mr. Callahan came on. At that time Mr. Caesar was manager, and I stayed on until Mr. Callahan come on.

During that time that I was there, it was a hard struggle in order to get the hospital to be a hospital. It was more or less a care place, as far as hospital was concerned. During this time needles were sterilized in a little sterilizer that we had; they were not like they should have been. But luckily, I guess God, as the old saying goes, always take care of a fool's baby, so we took care of us and all the kids—I mean, all the people that we had. But eventually through the aid of one of the White nurses who worked over in Tampa

General—by the way, I was a member of the district, which I will discuss with you later. She was able to help me start up a central supply room, which bloomed out a huge thing. And we started taking containers where we could find them and we scrub them up. And we would take them over to—we would send them over rather in a truck by a man named Tom Faleado, who was the maintenance man, and he picked up all the supplies.

We never had anything over there; everything we got was from Tampa General and it—the best thing that we had in the whole hospital was things that was in the operating room, which was second rated even at that time, but they were the best things in the whole hospital. And through my pushing and through Miss Cooke was the way that we begin to help make Clara Frye improve. And we kept until we did have a big central supply, and they closed that hospital. They had a huge central supply room, I mean; well, it wasn't a great big thing, like they have in other hospitals. But it was big enough; they had supplies there. If they needed anything they didn't have to run to the telephone and to tell them to send them something from Tampa General, which is what they did before.

It was nice working there. And they began to improve and do a lot of things, and then I stopped working there and I was home for a while and eventually I went to the Sanatorium and I worked there for quite some time. Which was a different hospital altogether, and as far as the relationship and everything there it was much, much better than Clara Frye. Because they had everything; you didn't have to want for nothing. Of course this was an integrated hospital as far as nurses were concerned. The nurses work on the White wards, the Blacks worked on the White wards and the Whites worked on the Black wards. The wards themselves were segregated.

OA: As far as the patients?

DR: As far as the patients were concerned, but as far as nursing personnel, it was not.

OA: This the Sanatorium?

DR: Yeah, out at the TB [tuberculosis] Sanatorium. And I worked there until 1947 and then—no, I didn't, I worked there until forty-eight [1948]—not forty-eight [1948], fifty-eight [1958] It was from fifty-four [1954] to fifty-eight [1958] I worked there. And then I came—no, it was fifty-nine [1959]; I'm getting mixed up in my days sometimes.

But anyway, to make a long story short, I moved out here in fifty-nine [1959]. And when we came out here, boy, it was nothing, but anyway I stayed home until sixty-one [1961], cause my husband wasn't interested in me working anymore. And because while—oh, that's right, I'm ahead of my story. While I was out there at the Sanatorium working in tuberculosis, I had a shadow on my lungs which they really couldn't—it didn't make no hole or nothing like this, but I did have a positive PPD<sup>1</sup>. I never had any positive symptoms or anything like that, but this shadow came, so naturally they were afraid for me being out there. So now nobody believes that I actually had anything, cause my lungs

---

<sup>1</sup> A Purified Protein Derivative test, or Mantoux test, is a test for tuberculosis that involves injecting TB antigens into the skin.

now today is very clear, course you can believe that.

Anyway, that was one reason why he didn't want me to work any place. So in sixty-one [1961] I went to the Health Department to relieve three months, and three months turned out to be fifteen years.

OA: At the Health Department?

DR: Uh-huh, and I worked there in many capacities. I worked as general—more or less what you would classify as a general duty nurse. And then from there it was staff advisor, you know, and whatnot like this. I was in charge of the clinics and different things that. I was there as the clinic began to change. That was Neimanus' first year when I was there, and he was the one who took the signs off the doors saying this is White and this Black, and you couldn't do this and that and the other. But he was the one who did it, and it was going through change when I first went there. And it was becoming totally integrated at this particular time. And it was a pleasant place to work, and the people were nice and all this, and we became totally integrated.

OA: What were the conditions of, say, Blacks in Tampa during the 1940s or the later part of the fifties [1950s]; what were the conditions?

DR: Now you really want to know the truth? The conditions as far as Negroes were concerned—let's say you go back even a little bit further than that. Let's say go back to the twenties [1920s], when I was a kid. You take like people are having relief and all these things and welfare; we had poor people then but they weren't like they are now. You had more people who were trying to do something for themselves. And as far as I'm concerned, I think relief is fine, and before I die I don't know, maybe I will have, but I hope not. But maybe I will have to have some kind of subsidy given to me. Course on the other hand when you can think about relief—speaking of subsidy, it makes me think about the big corporations, they get the same thing; theirs is a subsidy and ours is relief. And you think about it and think about the words and how they are use. They are subsidized and we are given relief. Which is all the same thing; it's coming out of the same jar.

But I mean, even though they were more independent during those days, and Negroes as such they are just begin to improve our neighborhoods. We have in spots they were nice neighborhoods, but they just began to improve it as such, and I think do to the fact that people have, I say when you give them you speak up as relief I think that in some instances it takes all of our willpower, it kind of puts us down, unconsciously. So we have many problems here and there, but we had more independent stores, Negroes used to own their own stores. We have one or two.

OA: When was this?

DR: In the early years.

OA: Can you remember?

DR: Well, take for instance you have Robert Williams, used to own a dry goods store on Scott Street; he was one of the pioneers and his home was up over his store.

OA: That was about when?

DR: Oh, God, I don't know; that was in the earlier twenties [1920s], I know, that he had it. Because I—

OA: Williams Dry Goods.

DR: Yeah, and they had black dolls; that's where my mother use to get my dolls. It was over there in front of Allen Temple Church on Scott Street. And you remember Miss Talley who owned the floral shop over there on Twenty-Second [Street], she's dead now—well, that was her father that owned that business. And then over on Central [Avenue] you had a fruit stand that was owned by Mr. Hendrix; he's dead now, but I was trying to think of his daughter name; she still lives here.

OA: (inaudible)

DR: No, she's married; she's Jackson. You remember Miss Helen Jackson that use to work with the Central? Yeah, she use to work with the Central many years ago. And then you had Mr. Nabbe who had a tailor shop—James Nabbe who sings, Edith Nabbe—

OA: Was this on Central, though?

DR: Well, it was in that general facility; everything that was it either on Scott Street or it was on the intersection of Scott and Central, and everything that existed was between Nebraska [Avenue] and what you would say Jefferson [Street]. Because at one time it was a man until later years—I don't know too much about this, but you take Mr. Hadley—he's dead now, and his second wife just died not too long ago. But he had a barber shop downtown; it was known as the White Wit and then after downtown began to move, he had to move to Central Avenue. And then they use to have more of what you said, Negro owned stores, than what we have now. I don't think you can hardly find a Negro store that's owned now. Very few places. We had more Negro owned stores, we had more Negro cafes, because we were segregated and we had to make our own.

OA: Go back to the nursing profession. How would you compare the nurses and the doctors, back there as opposed to now, particularly the Black doctors and Black nurses?

DR: Well, today the younger nurses are seeking, which I advise, to get degrees, and you take nursing itself looking back on it from the time when I first started out to now. When I finished in forty-six [1946] they had began to branch out nursing itself. There are so many facets in it; it has branched out so till really you couldn't began to name the things that nursing is doing today. Because [a nurse] can be almost anything. See there's

teaching, she can work in a lab, she can work in the operating room, you know what I mean—course they were working in a operating room, probably, and teaching some. But it's more on wider specter now and there are many things she can do. She can go into x-rays, she can just work in the lab; there are many parts in there which you can just pick up and do just that. It is a broad, broad field today, it isn't a narrow one as it used to be. And as to nurses today, you take Blacks are entering in more fields than they used to. They were just confined to floor duty and not doing too much; they were supervisors, maybe, and then charge nurse.

In most places, small places if it was a Negro hospital you had a White supervisor, a superintendent of nurses, which they eventually did, one replaced me was White, one that went over to Clara Frye. And far as doctors are concerned, we only had general practitioners and back there Reche—well, I should say Dr. Williams, but we were reared up, so I knew him as Reche. Although I worked for him, Dr. Williams went to school and he specialized; he was GYN, OB which was very lucrative for him. Because there he was the only one in town at the time.

But doctors like Dr. Williams, Dr. Williams Senior, Dr. Lewis, Dr. Johnson—we had two Dr. Johnsons many years ago. Course I guess hear about Dr. Sam Johnson, you heard about him. But anyway they were although with all his rudeness I still give him credit for it, there were many doctors that he saw that went to school. Cause I met a doctor when I was in Meharry, that if it wasn't for him he wouldn't have been able to be at school, he came for Trinidad. And saw that Doctor went to school and he school a lot of them, cause all you heard of him was kind of rude and rough, but he was still, he had his faults, but he was still good.

But now back to the other doctors coming on up, they were general practitioners and they deal in any field, but as times begin to go and other younger doctors came back, they stepped aside. And they didn't take an surgery go and they also let deliveries go, you know they stop doing all of this. Cause you take Dr. Andrews, Dr. Sheahigh, they don't do things like they use to do. They have let all this go; they to the man who's a surgeon like Dr. W. W. Andrews—now, he's a surgeon, and Dr. Smith's a surgeon and they let this go to them. And we have them beginning to specialize more than they previously did, because—and then we have more Blacks that are turning to Black doctors. And then we have more people who are becoming more conscious of the type of services that are offered, and they are using them regardless to rather they are Black or White. Now, this is the thing to that probably helps out. Which also helps us; we can go—as our people began learn to use these services, it also means that it open the doors for Blacks, for the simple reason—okay. Well, I become conscious that I need to go to hematology to something, okay, maybe one of you guys will decide, "Well, this is a lucrative field; maybe I can go." Like its facets that have open up in the US.

Another thing that you need to know as you go down in history, since this is supposed to be a document. Back in about 1950, I think it was, until that time we had the Nurses Association which a Black was formed, which I enjoyed in 1946. And then in fifty [1950] they merged, the first convention was held in Panama City, which I attended. We held

meetings together, but it was still segregated. You know what I mean as far as the entertainment and all that; in fact, it stayed like that for quite some time.

OA: So that was for the state of Florida the Black Nurses Association, or that was national?

DR: Yeah, yeah; it was a national thing.

OA: It was national in Florida chapter?

DR: Yeah, Florida chapter, I belong to the Florida chapter. And they began to emerge and when they did, Florida was one among the first ones, they all didn't do it all at once. It was a thing that gradually, just like they did when they came into the Union. It was done on that basis, but Florida was among the ones. It was integrated in fifty [1950] and as I told you we went to Panama City and it was still segregated, they eventually began to elect officers among the Negroes, it gradually integrated into it. And now it's still a big thing, they have a lot Negroes will not a lot of them either, but they have them who hold a office, haven't been associated with them since I retired, I haven't been a member, I still keep my license current, but I haven't just say actually done anything. Because my thing now is I am retired and I intend to enjoy myself, and I didn't want wait until I got so old, I couldn't put one foot before the other one.

OA: Okay going back a little bite and little far back, can you tell us about this hospital you were talking about that was in existence.

DR: Oh, yeah, this other hospital that was there, it was on what used to be Mitchell [Avenue]—I think it still is Mitchell—and it was located there. It was between Estelle [Street] and Henderson [Avenue]—what is called Henderson now, but it was Sixth Avenue—and that was owned by Ms. Venezuela Small. It was a very small hospital; it wasn't as big as the one that was owned by Ms. Clara Frye on Lamar [Avenue]. But it was a very small hospital and they lived up over it, because she eventually left her. But was the reason why she stopped with it. But it had about ten or twelve beds in it.

OA: Ten or twelve beds. Okay, around what year this was?

DR: Oh, my God, I can't even tell you that. I think it was in the thirties [1930s].

OA: This was before Clara Frye or during Clara Frye?

DR: Oh, no, Clara Frye has been there as long as I can remember. I remember my father had a broken leg in thirty [1930]—twenty-three [1923]. And this is where he went, to Clara Frye Hospital, and it existed before then. It was the only hospital there was, as far as Negroes were concerned.

OA: On my interview they said that Clara Frye was a three room hospital.



DR: Three room, maybe it might have been three rooms when it started out. But when I knew it—have any of you ever been in that old building? I think it's still—is it still standing now? But it was all up stairs, all those rooms upstairs. They had a operating room downstairs and whatever they had was upstairs. And I think they had one or two—maybe where the three room—they had three private rooms downstairs. This is what they had. Now, she was a nurse and she started that hospital for Negroes, but it was—

OA: Venezuela was a nurse?

DR: Yeah, Venezuela Small was a nurse, and also Clara Frye was a nurse. They were nurses, but they started their own hospital. Now whether Ms. Small lived here I don't—I mean where she come from I don't know, cause that happen quite sometimes ago when I was young. And ah—but where the three rooms in, maybe it started out as a three room thing. I think that was Ms. Young, who had a maternity over there on Thirty-Fourth [Street] many years ago; she was a nurse who had a maternity hospital.

OA: Okay, do you know Ms. Young's full name, cause see we are trying to [get] all this.

DR: Honestly I can't tell, Ms. [Mary] Case would be able to tell you.

OA: Okay now, Ms. Young, she just had a particular—

DR: She just had a maternity home—see, she was a midwife, but she was a nurse.

OA: And this is in the thirties [1930s] or forties [1940s] or what?

DR: No, honey, that was back in the twenties [1920s]; that was back in the twenties [1920s], something way back there. Because she was suppose to deliver my sister in the home. And my mother was so that she couldn't do so, so they had to get—let me see, what was this doctor's name? I can't think of his name now. Anyway, that's all beside the point. Dr. Williams, I think, came, but he didn't like to do things like that, but he did come, because he was mama real well. And we all belong to the same church, but anyway she did that back there in twenty-two [1922] and maybe even before then.

OA: Where there any attempts by the county to close any of your hospitals?

DR: Any attempt? Oh, yeah, nationally after they build Tampa—Clara Frye, which Ms. Case probably told you they later change the name to Tampa Negro, because it was known for a long time Clara Frye, even up on the plaque. Now just the exact time and date when this was, when it was irradiated, I couldn't tell you that. But it has been there for quite some time—well after they closed. I think Ms. Frye died or something happen, and they put this hospital for a time—if I'm not misstating, I think they had a small segregated wing to the county, to the County Hospital for Negroes. And that I'm not clear on. I think they did have a segregated wing there, and naturally you know they are going to close it. When they build the other one it was closed and named after her.

OA: When talking to Ms. Case and Ms. [Flora] Williams we found at that some of the Black doctors that were here—like you said [they] were general practitioners. Did they do any type of work outside the ram, was this general practitioners like surgery?

DR: I mean I hear you, but I don't quite understand you.

OA: In other words, they were specialized in just general practitioner.

DR: Right.

OA: But did they do anything like surgery?

DR: Oh, yeah, they did—the word itself—

*Side 1 ends; side 2 begins.*

DR: Let's get this cleared up first. All right, general practitioners I told you as far as medicine is concerned, meant that they did everything. They operated on you, they took out your appendix, they operations period, they did T&A's, they delivered babies, they did everything, you name it and they did it, that's what I mean by general practitioner. Now back to as far as not being trained, as far as I can remember there were only two Black colleges for Negroes, that was Meharry and Freedmen's [Hospital] in Washington [D.C.] at Howard [University]; they were the only ones. And they had surgery, as far as I can remember. Every doctor who went to Meharry, he had surgery, cause they had Dr. Hill there, although he was White. But they had surgery and I do know cause when I was there in the thirties [1930s]—

OA: You went there?

DR: Yeah, they had surgery. And another thing I can truthfully say, I don't regret doing anything that I did as far as nursing is concerned. My experience that I got at Brewster, I wouldn't give anything for it, cause my book learning at Meharry far surpassed Brewster. But it was more of an informal thing; we only had twelve in our class.

OA: Twelve what?

DR: Nurses at Brewster.

OA: Brewster was White?

DR: Well, no, Brewster is a Black—it was a Black hospital. It was sponsored by the Methodist church, and that was the church—not the A.M.E. [African Methodist Episcopal], but the Methodist church, which mean that there were Blacks and Whites. And everybody in the department were White, but all of the teachers, you only had a few teachers that was White. And then we had doctors on our staff that were Black and some were White.

But back to what I started to say about going to Meharry. The book learning part was very good, but where I got actuality was at Brewster. There it was during the time of the war and there were very few doctors and interns around, and the nurse had to play doctor; she assist the doctor, which is a very good learning experience. At Meharry the only thing you got to see was up in the mirror. You know this light that they have over there, it's a mirror up in that light, which it reflects down and the only thing you could see is to look the light and they were crowded around with all the young doctors. And the only thing you got to do was stick an instrument up underneath there, cause you were standing at the instrument table. And he'll [the doctor] say, "Nurse, I want thus and so," and you just stuck it under there, because all the doctors were peering over. You never got a chance to deliver a baby, you got a chance to stay there and tell the doctor when she was ready, yes. But he took the pressures, he did everything. But by Brewster being a small hospital you got a chance to do a lot of things. You delivered babies, you assisted the doctor, you did a lot things—and you see, book learning is good in its place, but to know how to experience it—doing it is what counts. I would give nothing for my experience that I've had at coming along as a nurse. I will give nothing for it.

OA: What inspired you to go into nursing?

DR: Well as a child, I'm gonna tell you, I always wanted to be a dancer, and I had three thing that I wanted do. I either wanted to go for the stage—which, incidentally, a long time ago, I guess it was seven or eight ago—oh, rather not seven or eight years ago—I was about seven or eight years old. My mother use to send me to the store and they use to have these things—I know you don't know anything about them, but maybe you heard your grandparents talk about them—what they called the Quaker stamp, and they use to sell medicine in them. My mama would send me to the store, [but] instead of me going to the store like she send me, I'd get up there and do the Charleston; she tore me down many days for that. But this was always my desire, to be a dancer, and any chance that I had I would dance. And my mother was surprised when I told her that instead of going to the stage I thought that I wanted to be a nurse.

And the next thing was interior decorating and designing. I used to design all of my clothing; I made everything I wore, except a few things. But I don't know, just all of sudden I decided, "Well, I want to go into nursing." What actually happen—don't think I decided really and truly until my senior year, in talking—they didn't have counselors like they have now; we had class sponsors. And I was talking to Ms. Rolf, Pansy Rolf—she was our class sponsor, and her brother was at Meharry, so she was telling why didn't I go into nursing. Since she say you are good cause she was home ec teacher, and she say, "You are good in those other fields, why don't you do that? I think you would like this and I think you would make a better nurse doing this." And then to during those days the opportunity for the type of things that I wanted to do was very poor for Negroes.

OA: Yeah, that's what I was going to ask you. You know, you said you had a lot of ideas about things, and was the opportunity really there for like being a dancer?

DR: See, you ever heard of people being way ahead of their time? I am one of them. You know what I mean, my ideas and things I wanted to do were way ahead of my time, I came in the wrong time for this. But anyway, it was good.

OA: But most of your other friends, were they motivated to like be a nurse or be anything else or up to date like field, like oh well everything segregated I never be nothing. What was the attitude?

DR: No, we had fifty-five in our class. Everybody didn't go to school, but nobody was a bum. Everybody in some way was something, you either had a independent business or he—we had some who went to the railroad, they start working on the railroad. We had quite a few who went to school—they went to Tallahassee—and we had lawyers, doctors, nurses, of course.

And all right, you take Ms. Harris, she has had her own business, and she was a very outgoing and she is still—today she is a very attractive young lady, a young lady, yes. And I'll tell you another one that was in our class, course she didn't finish with us, but that was Ms. Rita—she was in our class, she didn't finish in there—and then you have Ms. Reddy; you know Ms. Reddy, lives over on Thirty-Fourth; she teaches. We had quite a few people in there who, I'm trying to think of—oh, you know Melba Street? Okay, I know you've talked to her, because her mother—I wish her mother was living now; she really could give you some history on Tampa. I used to love to talk to her. She was so interesting; she use to tell about Lomax [Elementary School] and all of that and how it came about.

OA: That's the Armwood family, isn't it?

DR: Yeah, she's a portion of the Armwood family. But I could just go on and on and on. But none of them, as far as I could think back, even those who were common ladies—they owned their own homes; they were independents people.

OA: Was it the teachers mostly motivating the students at Middleton, or was it your parents behind who was doing the motivating?

DR: Well, I really couldn't say exactly who was doing the motivating. This I couldn't really say truthfully, for the simple reason is this, generally speaking—I will say this. We did have a teacher, her name was Ms. Alice Davis. You remember Mr. Davis there at Atlanta Life, he resigned not too long ago—Central Life, whichever one it was. Okay, well, he had a wife; I never will forget her, she was a motivator if there ever was one. Now Ms. Davis talk to us and she was a beautiful lady; she was beautiful and I never will forget her as long as the day I live. And she could have been some of our incentives.

Then we had a Mr. James Stevens, who is in Bartow now—I think he still is—he was also a motivator. And you have Mr. Howard [H.] Harris, who was a motivator, I'll say he was, too. Because they taught us that we weren't coming to school to have fun, we were coming to learn. And then we had principals like I know who you have heard of, Howard

Harris—no. Mr. Blake; not Howard Harris, Mr. Blake. You heard of him; he was big, mean, lean, and tall. And then we had—oh, what's this man's name? I can't think of his name right now, but he was another one that was real mean. We used to have assembly and you went in there and you studied. Of course there's always some that are going to be mischievous, and I happen to be one of them. So therefore I got punished a lot.

OA: You were dancing, huh?

DR: No, I wasn't dancing, I was cuttin' up. No, usually the latter part of my high school days, it wasn't in dancing. Usually where the dancing was—we use to have recreation, just as they have it now, and we had a lady who was our—I don't know, I guess you could say playground supervisor. She was Negro and she came here from New York. She taught us—now this is where I go another—lot of dancing, you know what I mean, what I had in me she brought it out. Now any kind of dancing that you could do, like these different foreign dancers, different countries—well, we represented each country in these dances, and she left; we just didn't have that any more. And she taught us how to do a lot of things with our hands: how to make baskets, how to make flowers, how to take pine cones and pine needles and make baskets. She really taught us a lot; it's not like it is today, just go out there and play, play, play, play. We didn't play, we were given something to do; we did something.

And Tampa furnished that; that was through the Recreation Department. And then under that it was a big tree over on Scott and Nebraska, where now I think it's Mt. Church, cause it wasn't anything there then. There was a big empty lot and it was a lot of trees there two big oak trees somewhere. And they used to—Mr. Simpson—I think that was his name—they used to have band music; this was a motivator, too. You have band music now and you aren't clapping your hands and it wasn't no finger popping either, it was regular band music. And people used to come there and get under the trees and listen to it. Course Tampa was smaller, it wasn't as widespread as it is now, so it makes a lot of difference, too.

OA: Mrs. Reddick, just before we close, there's just one more question I've got to ask you, and I have one more. How did the nurses deal with the segregation in the hospital, were—what I mean by that— The Black nurses, they couldn't wait on the White patients, or the White nurses couldn't wait on the Black patients, or how was that done?

DR: Well, they didn't have them to wait on. No, you were over at Clara Frye and all you had over there were Blacks. And then when they took them over to Tampa General—oh, it was a different story then. Oh, no, no, no; you were in that bed, you were just another patient in the bed. And as I told you, out to the sanatorium they were integrated long before the city hospital was. Cause what they did, they took all the patients out of—now at the county it was like that, it was definitely segregated. The Whites waited on the Whites and the Blacks waited on the Blacks. But eventually it got to the place where they all were in the beds now. It was another one that integrated early too; out at the county they start integrated out there.

OA: Having lived through both segregation and integration, what progress have—in your explanation—Blacks have made in Tampa?

DR: Progress they have made, you mean as far as nursing is concerned?

OA: As far as nursing or the—

DR: Well, as far as nursing is concerned we have a lot to advance. What were you asking me? Oh, you were asking me about the progress that there has been made.

As far as nursing is concerned, it has been quite a bite of progress, because even though this thing about separate but equal—that's a bunch of junk. You don't get half of what you are supposed to get being separate. You're separate, that's not true; no way Jose, you don't get as much. Because when you—and then the nurses have gone into many fields and many things and doing many things that previously they hadn't been able to do.

So as far as nursing and medical profession are concerned, I think they have improved quite a bite. I think it's has been—as far as Negroes them concerned in general and living in, I think it ended us. We integrated and we are not during anything for ourselves. We don't have any stores; we only have—I think it's about one or two drug stores that are owned—it's two drug stores to my knowing that's owned by Blacks. And outside of that, you name it and I don't think you can find anything; only here and there you will find a small store.

Now what has happened here, we had a group of people to get together and open up this black market over here—yeah, Tampa Park Plaza. And we went in there, I went in there and I continued to go, but a lot of them stopped going because they felt that—you know the old saying about the White man's ice is cooler than the Black man's. I think this is the thing that actually happen, that they didn't realize—like the Jews. Now you take a Jew, he'll go from here to Plant City if another Jew got a store. He's gonna go from here to Plant City to buy from that Jew store, because he's a Jew. But we don't realize that the more we patronized our own the better. And we can cut [prices] down, but if you don't come and buy our goods we gotta put it high; it's not going to be fresh and you're not going to buy it. And naturally we got to hold on to it as long as we can, and when we get it we say this old stale meat.

Now, you take Betty around there that owns this place, what is this place around there?

OA: Cafeteria?

DR: No, Betty what owns Penny Savers. When she first started out her meat was just as stale and no good as any. What happen? They started going in, she started selling them five pounds of neck bones in a bag; they went and bought them, pig tails five pounds. But you can't buy that anymore; you can't buy it like you use to buy it. You can go there now, it's just like any other supermarket. Well, why was she able to do that? Because when she started out small, people went to her that went—and they would do the same thing, if

they would do the same thing to us we too could advance. But we can't advance because we will not—you take if I was to open a shop right now selling fine clothes like any the other boutique shops, I wouldn't last ten minutes, for the simple reason they wouldn't come. They'll tell me my clothes are higher and that wouldn't be true. But we just don't patronize each other, because of integration, and we feel like we are able to now to do this place and go the other place. It is still now a bit of segregation, with all our once want to believe that it's not, it is.

OA: We want to think that it's not, and this is not done where nobody is standing in the door, they'll let you come in.

DR: Okay, you take for instance how many program that you have that have as many Blacks in it as you have in this one? Name one.

OA: How many programs?

DR: Yeah, that's on the top echelon, you know what I mean. Okay you are rendering, that's rendering a service. How many of them?

OA: Very few at the top.

DR: All right it's very few at the top. But how can the man at the top relate to us when we don't know what we want ourselves? When I don't know what we want, I have to keep the common touch, with my people, in order to know what they want. They don't know what we want, cause I don't know myself. How can I give an account to somebody else—and this is one of the hindrance that we are having now.

And as far as Model City is concerned, I wish they would take it and dump it in the (inaudible). It has hindered more people than it has helped. It has made people think they were going to do a lot of things for them. It has done nothing. Take that building over there on Twenty-Sixth and Twenty-Second. The money they spent to put that junk up there, they could have gotten an old building and went in there and put an air conditioner in it, and divided off into some offices and did the same thing that they are doing there. The thousands of dollars that they threw away in that place, it's a disgrace to Moses [White]. That why I say they need to (inaudible). And he made the money—it wasn't a Black contractor, what was he?

OA: White.

DR: All right. So, this is why I say it isn't doing us any good, it hindering us more than it's helping us. Now here and there we have a few Black contractors and architects and what not who's coming along. All right, you take Bunch for instance, he's about as good of a cabinet maker as you can find. He did all of my work; he does all my cabinet work that I have, and I have quite a few cabinets. Well, that [indicates cabinet] he didn't make, but he put all that around that; at least he took that portion out, cause he put that in when we first moved out here.

But you take him, he has to put his prices high, why? I found out recently they are not really as high as you think they are. A lady wants some work done and she had to go to—she went to Bunch to get it, but Bunch was so slow about it, but she wanted, you know, some work you want done yesterday. So she went and to ask a man for it, and he charge three times as much as Bunch did to do the same thing. But what Bunch's problem is, he hasn't found a place where they will loan him enough money for him to go on and do his work and then collect from his people later. Or either who will take loan, so people can pay on time on their things, so therefore it makes it bad. But they're—see this again, this is what I mean about segregation, he can't get this type of thing, he can't get no bank to finance him, no—you know, to—

OA: To let him offer and extend credit; that's the main thing is to be able to extend credit, if you can't extend credit you're out.

DR: Okay, but he also have to have him a place. Suppose I can't afford to pay cash for I get done. He got to have him a place who would buy his contracts, then he would set up with me to buy my contract, and I can go there and pay it, but he hasn't found that. They have the small business loan, but what good is that going to do him for somebody who need to have something to buy his contracts. Oh, I'm doing all the talking.

OA: That's interesting, that's very interesting, because that's where we are right now, as the people and that's just something we—

DR: You know, another thing—don't get me wrong, I think we need something and I encourage it. I have work public health there are many people who need aid, and they get it, and I've had women who have had babies and needed that aid. And as soon as they got so they could go back to work they tell them, "I'm through, I'm ready to go back to work," and thank you and no thanks, and they go back. Now this, I feel like it is a way of life and we all at sometime or other need some kind of help and this I think is what relief should be. But I don't think the whole family should come up on relief. Then it's a vicious cycle: the child comes up on it and when she has babies her children come up on it. This I don't go for; I think this is the thing that keep us down.

And as far as multiple housing is concerned, I don't go for that; got too much harder together, too much of a kind. If you have it spread out in nice homes, low housing, yeah this is fine. You take some kids in the project, they never leave the house. And you'd be surprised. I'm a Big Sister<sup>2</sup> and I have a little sister and they live in the project. And when they come to my house, [they say] "You got a big old house, who stays in that room?" Nobody. "You mean you got a room and nobody stays in it?" I say, "Well, when my son and my company comes they sleep in there."

Some of the kids, they talk like it's a novelty to live in a house. One kid said that they were going to move up on Thirty-Fourth, they were going to [live] here in where is this project over here in Sulfur Springs and the little kid looked at her—you know I take them

---

<sup>2</sup> For Big Brothers Big Sisters.



to different places—and they were talking and she said, "You mean to tell me that you're going to move out of a house in the project, all them people?" Now mind, she lives in the project herself; she say, "I wish my mama could move in a house," but her mama can't afford it. And you have some people who get out.

Okay, now you wanted to ask me some more questions. I get to talking, I'll forget.

OA: Well, maybe Fred has, I had got off into what you were saying. Okay, did you want to come back to Tampa after you [went] to school in Brewster, cause it was home?

DR: Well, one thing, while I was there I had in my mind one time that I would like to go to Canada. As I told you I was very adventurous. I could think of all kind of things; that's why I don't bother my son in his thoughts now. Because I was one of those people to and my idea was to one of the two things—no, one, cause the other one was when I was in training—but that was to go to Canada during the summer and come back south in the winter, and you know that sort of thing. I thought about that, and then the traveling is one thing I like to do anyway, but after I got married then I changed my plans on that one. So I didn't do that one.

But living in Tampa, I like Tampa out of all the places I've been. I like Tampa. Tampa is home and I love it. With all its good faults and its bad ones, I still love it. And I get along great, cause if they step on me I'm going to get them off. And I belong to quite a few organizations where I'm the only one in there—you know my kind. And I don't have any problems, cause I don't go looking for any, you know what I mean?

OA: Yeah.

DR: And I have friends among the others, too, but they are made on my terms—our terms; we are friends on our terms, you know. So it's just one of those thing, I think the whole bit about integration is, if each individual will keep their prejudice to themselves and instead of airing it out and ridicule other people, because they want to make some (inaudible).

I think it would be much better, cause a doctor told me many years ago in Clara Frye, he said that he don't see why they keep talking about integration, because water will seek its level, regardless. He say people think when you talk about integration that they got to go in slums and integrate and talk to people; he say there just as many trashy Whites as there are trashy Negroes. And he said they are the ones who will seek their level together, and middle income will seek their level together. And the people who have money, he say they are already together. Among the Blacks and the Whites, those who have money, they are already together. And I think that this is it. I think that one shouldn't—if you don't like certain things, I don't think that you should prejudice people minds against it, because you don't like it. I think you should let that individual have his own, because he is an individual, let him. . .

*end of interview*