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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: A31-00041  
Interviewee: Rubin Padgett (RP)  
Interview by: Fred Beaton (FB)  
Interview date: July 10, 1978  
Interview location: Unknown  
Transcribed by: Unknown  
Transcription date: Unknown  
Interview changes by: Kimberly Nordon  
Changes date: January 5, 2009  
Final Edit by: Mary Beth Isaacson  
Final Edit date: February 9, 2009

**Rubin Padgett:** My mother, being a nurse and having a facility—the nursing home facility—needed help, and I came into the business with her. Since that time we have expanded to a new facility, which is this present site, and we continue to operate. I have availed myself to learn about the business, through short courses, through St. Pete Junior College, University of Florida, University of Chicago, and other short courses that was put on through the Health Care Association. And through reading books and so forth, and being involved. And associating myself with all health care agencies that has to do with the type of work that I'm doing.

**Fred Beaton:** Okay, Mr. Padgett, from your first say building that you had over an Palifox [Street] to this building here, have there been a change in number of people you're getting? What I mean by change, are you getting more, say, Black or White applicants now?

RP: When we started this business, I saw the need for health care for all people. It wasn't this business in government, it's not built to accommodate any special interest group. We built with the intent to service the community, and we've done that. We had done it on a racial of more Whites than Blacks, because of the environment which we live, and the population that there's been more Whites than there are Blacks in the area. However, some of the problems that we've encountered in this facility, though it being new and moderate and service has been conformable and most cases, and in all cases and in most cases surpassed, where the other facilities that are run by Whites. We have been kind of hard pressed and getting private paying patients, White patients more less, because of the fact of the Black identification, it has affect us in that area.

FB: Has there been any problems as far being certified or certification?

RP: No, we have not experienced any problem for a certification from regulatory bodies,

because we haven't been showing any favors either. We've had to meet the same criteria that any other facility as such have had to reach. And we have met that criteria and maintain it, so we have not had a problem in that area.

FB: Okay, health care involved here, have there been any insistence of say people coming in wanting to change some of your ideas, or wanting to run the business a little different?

RP: I don't know what you mean by that. Because it's home owned and I mean it's family owned, and I don't have that problem. We only have the problem of changing the laws, and legislation that has caused some changes, and some have been for the better, I can't say that they all have been for the better, but some have been for the better. And of course to continue our license, we had to maintain and abide by rules and regulations that has been written.

FB: Could you consider is there a big time lapse—what I mean by time lapse—okay, when you first had the one over on Palifox, where you have the one now, would you say that things have changed a whole lot, like you have to expand more as far as medicine, as far as care, far as personnel?

RP: Oh, yes. First place, the building is about twice—we are accommodate by twice as many people as we did over there. And as I say it's a far crime different from what we were accustomed to as to what we are now. And the more dollars the federal and state government put into any type of business, the more laws and rules and regulation you have to abide by. And we have witnessed a complete change in the health care system, and that's not unusual, not only in this place, but it's true in all health care phases. Things that you once did and things that you are doing it ultimately from year to year, so that's not usual in this facility anymore than it is in any other.

FB: How is turnover for individuals?

RP: As far as patients or as employees?

FB: Patients and employees both.

RP: Well, we have been fortunate to have a pretty stable amount of employees. Now our patients, what goals and goals of any health care facility, is to get people back into society, into the community. That's goals with every doctor, I think, and I think everybody in health care. Because they are penalty enough people who need the service, and if you rely on—if your goals aren't to get the people back into society, you want to have a facility available for new people coming in. However, we do have people who have been here—some have been here for six, seven, eight, years. But it's not the intent to keep people here for the rest of their lives; the intent is to put them back into society. However, we recognize the fact that some will never be able to function on their own, or even in any society and their community as they once have. So while we recognize that fact, our aims and goals are to still get the people back into the community.

FB: Mr. Padgett, can you expand on some of the ongoing programs that you have within your nursing home?

RP: Well, we try to have over and above the regular nursing care, and following the regulatory requirements for patients far nursing care is concern. We try to and have activities that would enhance our patients, and we do have which is mandatory. Of course we had it before it was mandatory, an activity director, that on individual basis try and plan activity for each resident or patient, so that boredom would not set in. And we tried to have a valet and affective reorientation program, to try and bring alertness to many patients. And we find that this is effective by proper meal, proper dieting, proper medication, that this we achieve some of this, however we don't achieve it all. But in many of these cases the reason for this senility that get sometimes get increasingly worst is alike of proper diet, alike proper medication, alike of either one of these oral medication and then the dieting—improper diet will create or continue the detrition. So combining the two, we are able to get people restored back, and get back in the community. And we have several programs, one the senior citizens program that visitation and we have a regular person on staff that does nothing but plan activity and relate on a one to one basis with the patients.

FB: Okay, Mr. Padgett, according to the laws and the laws that got passed, what is the position of the federal government say far as the nursing homes nowadays? It seems like striking down a whole lot of obstacles, particularly monies that the patients use to have, can you clear that up in anyway?

RP: I know if I understand your question correctly, if you are talking about patients funds that they had to use for their personal use, they never had enough to meet their personal needs, in many cases because of the fact. For instance a person that been smoking cigarette for say sixty or seventy years and his only allowable personal income is \$25.00 a month, where we are talking about now a patient that the federal government participate in paying his care here. Now I'm not talking about a private patient, but where a person's only income for his personal use is only \$25.00 a month, and that person who has smoked cigarette or dipped snuff or whatever, his habit are very difficult to break, but it's even more difficult for him to continue to keep them up. At the rate of cigarettes—or for instance cigars—at that price \$25.00 just doesn't go very far. Especially when that \$25.00 is supposed to buy his clothing, his personal effects that he needs, and also his cigarettes, and other things such as cosmetic, and those type of things that he desires—it doesn't go very far to cover that. So as a result, we do have certainly prepared low from groups, church groups, voluntary group that furnish something—cosmetics and so—but very few furnish cigarettes or other things that's much a part of that person as his clothing. We do have a problem in that area, because of that reason.

FB: Are any policies pertaining to say different programs like the Sunday programs; is this an ongoing procedure for Sundays, say everybody get together something like this?

RP: We have several churches that comes in and put on programs, and they are not all done on Sundays. We have a group that comes in on Saturdays, we have a group that

comes in on Wednesdays, and of course there other type spiritual groups and other things that come in. There is school kids that come in and put programs on—plays, and some (inaudible) just have clubs—and they have had some professional singers that come in sang sometime during the night. About three times a week we have church services out here about the unity, equal on at night. On Sundays we have two groups—sometimes three—that come in and have religious services, but every Sunday we have at least two religious services here. We have the Catholic priest come out, so very religious services is not impaired. Plus the fact there are some church group that pick their members up and take them to church, those who able to go. So there are persons who do not suffer when they go into nursing homes—most nursing homes, and especially this one, for the like of spiritual guidance.

FB: Mr. Padgett, what effect do the Black community have as a whole here? Do they come and volunteer their services and volunteer are most of your main concern is your staff?

RP: Now we have volunteer groups, we have I hate to say we do not have as many black volunteer groups as we have White, and of course that there's a reason for that. Most of the Black people in this area have to work for a living and do not have the time. But we do have some volunteer blacks that commit on an almost daily basis and do what they can and bring in cheer, or they're singing or whatever. But we do have concentration of Black groups. Now, we have also White groups that come in, and there's no discrimination here in this facility by any of the groups that come in, whether they be Black or White; they offer their services in volunteers, and they participate with all patients there. I am not and would not permit be it Black or White to come in and segregate themselves from any patient, whether it be Black patients or White patients.

So we do have participation; we don't have as much as we like, but we do have quite a bite Around the holidays seemly we have more, but we have volunteers from the University of South Florida, we have volunteers from the high schools, we have volunteers from the junior high schools, and they do offer their services. But on a patient to patient basis we don't have any set pattern. Also, the Hillsborough High—the school system furnish us some activity person that comes in here and reads the paper every day, a day late, and he's a paid professional that comes in and visit with the patients and render his services. We have bingo games, we have the Tampa Public Library that shows movies once a week, we show movies here twice a week, and we have a very good activity program going. Most of it is done by volunteers.

FB: Okay Mr. Padgett, what would be your advice to the younger kids that would like to go into the health care?

RP: I think there's no—in this aspect, there's no more rewarding field than this. I know it's very difficult. It was difficult for me to relate to eighty year old people—you know, fifteen years ago, sixteen, maybe eighteen—I don't remember exactly; it's been about eighteen years when I started. Very difficult for me to relate to older people.

But in the health field per se, I was just recently at a meeting in Louisville, Kentucky—last week, to be exact—and I was watching a Black—it was a Black program like *Black Perspectives* here. I was well pleased to hear that they were trying to encourage Blacks to go into the health field by either getting a job or supplementing their jobs or getting volunteers to go into health work. I think that this—we have, through our association and me personally, have been trying to get this done through the schools here. There's a great, great shortage of nurses, Black and White. I think the time to start is not when a kid gets in college, I think some of the things far as schools are concerned, that the counselors are not guiding many of the students in the right way, by not guiding them in the health field.

Secondly, I think that there are not enough schools available in the state of Florida to furnish the needs to be met in our state, especially in gerontology. In this program in Louisville, they were concerned about Black doctors; there were only fifteen, I understand, in Louisville, Kentucky. Now, there are far less than that here in Blacks, and I'm real concerned because there hasn't been any young or physicians moving into this area. There's only—I guess you are aware of them—Dr. Jackson, Dr. Sheehy, and Dr. Andrews, and Dr. Smith. And most of these physicians—I may have missed one—oh, yeah, a couple dentists: Dr. Smith, Dr. Wright, Dr. Hewitt, and I think I missed one or two. But most of these people—I don't think it's but one or two, maybe three of them, are less than fifty years old. And I'm very much concerned as to what is going to happen as far as doctors and Black doctors or Black professionals who might be dentists or what have you in that field, because we have suffered here because of lack of Black doctors.

It would be very difficult for another Black facility, because all of the patients have been admitted through a physician and maybe a White doctor will choose White facility or White owned facilities, rather than choose this one. For that purpose, it would very difficult for a Black facility, or a facility such as this one, without having the Blacks to support it. In the health care field, every facet of medicine kind of embraces the other, and when you don't have—we've had that problem for getting Blacks, far as getting private patients when even though our facility was superior, the black skin still carry the stigma even in business, and now as a result we suffer from having some of the private paying patients.

Now, I would encourage—I would hope that in this area they would be able to do as Louisville has done, and get funding to train people or get them involved—Black people in medicine and the health care field. One of the things far as the school—even though getting them interested and getting them involved still very difficult, because it's not enough schools. For instance, the nursing schools here, they are adequate good schools, but they are always at their quota. It's my understanding that medical schools here, it's just almost impossible to get a student in, regardless of his abilities. But far as the nursing portion is the statistic and I think these—this is something that the school system should look at. The statistics would not justify you spending a lot of money for another nursing school.

Now I admit someone might disagree with me, and I hope they do, because I hope there's one coming out there expanded. The reason for that is we have several thousand nurses

that come to Florida and register a license in Florida only practice two to three months during the Winter months. And there are other thousands of others who are pregnant or retiring nurses. I know right now ten or twelve who are retiring, still maintain a license, never intend to practice again. But it's something about getting a license that once you get it you don't want to turn it loose. But those statistic also make it seem unfeasible to expand the school system far as nurses are concerned. Consequently, a person, be it Black or White, who wants to go into nursing finds it very difficult. Because the schools and availability is not there. And the same way with physicians, there're just not enough physicians. So for that reason, I would encourage anybody, Black or White, who wants to go into a fast changing field and a more interesting field to investigate the possibility. But like anything else if they have the proper guidance and career counseling and so forth, the interest will not be there.

FB: Do you foresee any changes in the nursing field, say as far as new laws being implemented, say in the future? They have a law—well, they haven't passed it, but they are trying to get one that somewhat tie their hands of the administrators of the nursing homes.

RP: I'm chairman of the license board for nursing home administrators, so I'm not familiar with what you are talking about. When you say tie their hands, I think that there are—when I finish, I'd like for you to elaborate on what you are talking about. I think that there aren't enough laws on the books now to ensure that nursing homes are ran properly in every respect. Even though the laws are there—every legislature pass several laws related to nursing homes and other health care fields, seemingly because of the bad publicity, which in some cases are justified, but in more cases than none they are non-justifiable. The lady that just left out here was chairman of the omnibus committee for this district and she resigned, because people just don't really understand what goes on in nursing homes. And she did afford herself with information, and she didn't see the justification in all of the land blasting of nursing homes that press and other people have done.

Now the problem with the laws are not having enough people to enforce the laws. It's just like in California for instance. Because of our Proposition 13, there is not going to be enough police and other people to enforce the laws that's on the books, so having a law and no one to enforce it is just as bad as not having any at all. There are laws here on the books already that can ensure good quality patient care in nursing homes in the state of Florida—and by the way, Florida has some of the best nursing homes there are, but the reimbursement is around the last of the state—I mean, in the country. But the laws are there; it's very easy to pass laws, but having the people to enforce them is where the problem come. Far as administrators are concerned, we have enough laws to ensure that administrator abide by and live up to the standards of the laws of nursing homes. But we don't have the investigators to do the work. Our board is made up of working people, and we just don't have the time to do the policing, and it's the same way in other areas.

FB: See, what I was talking about was that we had interviewed several other nursing homes, and the administrators were complaining about they didn't have the power, really,

to do so many things that they were to do. Like one over at Ambrosia Nursing Home was complaining about he was being reviewed about somehow; he had—it was a money situation. And he was complaining about the laws were stringent upon the allocation of money.

RP: Well, that is a problem, and I don't think when you talk about taking care of people—now again, I would like to say I know something about the history of nursing homes. I know when the county several years ago, when they tried to open a nursing home and they were paying private entrepreneur \$5.20 a day to operate a facility and to take care of people and when they tried it on their own, back at that time it cost them \$18.00 a day. And they've have been some rumors about state (inaudible) a nursing home for a polite program, I would like to see that done. Then the powers that be would understand more about what it actually take, to take care of patients. There are many of programs here that I would like to get involved with, but the state pays a bare minimum and expect your best they can get for their dollar, which they have a right to expect. But they expect more, and the public expect more than actually they are paying for. And when you look at a nursing home and look at the situation of dealing and taking care of people and the paperwork that goes on, many of the dollars that is spent for paperwork and not spent for the patient.

Now secondly, the nursing homes can do—and there are laws, it's just what the state want to pay for and they pay for bare minimum care, but the public is asking for more and the state is not paying for that. So the state cannot do—the pressure is coming from the public, so the state pass more laws instead of financing the program properly to take care, to meet the demands that the public is asking for. When you look at people in nursing homes, most people look at it the same way as you look at a person on welfare. And it's unfortunate that we in America look at our old people that way and there's very, very little money appropriated for people who build this country. Now as I say there are billions of dollars spent in the health care field, but the nursing homes aren't getting it. It's not—and less than four percent of the dollar spent for Medicare and Medicaid goes to nursing homes, and I think that very unproportional.

*Side 1 ends; side 2 begins.*

RP: The public is still demanding what is not there, what respect—the public is demanding what the state is not paying for and the state is putting the blame on the nursing homes—which is unreal for them to do that, but that is what's being done. Their refusal to fund the program properly—they are putting the switching the hats and making nursing homes look like the black hats and they look like the white hats. But that's not the problem; the laws and rules and regulations are not the problem. It's an old thing, the dollar problem, and usually the people are legislators and what might be not legislators, but non-adapted citizens—regards to whether it be children, whether it be mothers or whether it be older people, they do not like to spend money on nonproductive citizens. Which I think is a crime, because if we all live long enough and people are living longer, we all are going to live end up in a facility of some kind. Be it nursing home, mental hospital, or what have you, we all are going to end up there if we live long enough.



Because there are very, very few of us able to go out and have a nurse come in, or have the house care that this couple is once use to; it's just not fair anymore. And while there is a trend to get people to stay in their homes longer, there still is going to be a need for facility that don't have anyone to stay, or don't have any home or can't take care of themselves. So I can't see the nursing home fading from the health care industry. The nursing homes have just like some other health care situations where they are the stepchild or the second class citizen, by the health care industry. But they are vastly needed and they going to be here.

FB: Okay, Mr. Padgett.

*end of interview*