

Buckhead Heritage Society

Oral History Project

Interview with Christine Booker and Brenda P. Vickery

September 11, 2011

Interviewer: Chad Wright

WRIGHT: This is an interview with Brenda P. Vickery and Christin[e] Booker of Atlanta, Georgia, both former nurses at Peachtree Park Pediatrics for over thirty years. This interview is being conducted on September 11, 2011, at the Buckhead Heritage offices. The interviewer is Chad Wright representing the Buckhead Heritage Society of Atlanta, Georgia. That's the formality. We appreciate both of you guys coming out today and sharing some good stories with us. You were recommended by James Ottley, who is a new board member with Buckhead Heritage and said that both of you guys, he has wonderful memories of going to the doctor's office with you and said that you would probably have a good perspective a little bit on Buckhead and the folks that you've seen over thirty years come in and out of the office, and grow up from kids to leaders in the community. First off, just tell us a little bit about how, just take turns, about how you ended up in Atlanta and involved with the doctors' office.

BRENDA VICKERY: Christine, you go first.

CHRISTINE BOOKER: How did I end up in Atlanta? Well, I was born here in Atlanta. I was working for a general practitioner and I left and went to New York and stayed up there about a year and didn't like it. And I came back home on a vacation, and a cousin of mine called me and asked me did I want a job. And I said, yes, because I don't want to go back. And so I came out and interviewed. We were at 33 Ponce de Leon then. And I talked with Dr., Dr. Blumberg and Dr. William Funkhouser, and I was hired that day. I started that Monday and I stayed there, oh, 46 years.

VICKERY: What year was that, Christine?

BOOKER: '51.

WRIGHT: 1951.

BOOKER: Hmm- hmm. It was '51.

WRIGHT: And when did the offices move from Ponce?

BOOKER: They moved from Ponce de Leon about, golly, I have all that at home.

VICKERY: 1966?

BOOKER: No, they moved before then, didn't they? It was somewhere along in there. Around 1966.

WRIGHT: Okay. And the location that the office moved to?

BOOKER: 16<sup>th</sup> Street.

VICKERY: You moved from there to 16<sup>th</sup> Street?

BOOKER: We moved from Ponce de Leon to 16<sup>th</sup> Street.

VICKERY: I didn't know about that. I knew that, I just didn't know those dates. They didn't move to Buckhead til '66.

BOOKER: Well, we were, well, it was very small. I mean the office was, and the practice was so big and we didn't have enough room there. So they built this office here.

WRIGHT: And where is the office in Buckhead?

BOOKER: 47 Peachtree Park Drive.

WRIGHT: 47 Peachtree Park Drive. Thus the name Peachtree Park Pediatrics, right? So, how has the area changed around the office since when you guys moved?

BOOKER: It's unbelievable.

VICKERY: Just driving up here, it changes every day, as you guys know. I came to work at Peachtree Park Pediatrics in 1967. And at that time Dr. Blumberg had gone on to teach at Emory, and Dr. Garner and Dr. Shivers were now the partners in the office.

BOOKER: Dr. Shivers was there first.

VICKERY: Dr. Shivers had been there about six months when Dr. Garner came, right? And so they were fresh out of the Army and, you know, they were young, handsome men and they had the world by the tail, and they had the newest innovation in pediatrics ever.

BOOKER: It was called the drive-in.

VICKERY: Drive-through pediatrics. We had a situation where Dr. Shivers knew some architects at Tech, and they used to come and kind of do a rotation around our building just to look at it, because it was such an innovative thing for pediatrics. He had gotten the original plan from something in Texas, right?

BOOKER: North Carolina, wasn't it? One of those places.

VICKERY: Anyway, he had some folks who had designed the building, and then the Georgia Tech folks had a real interest in it for many years, because what happened was, the office was designed in an L-shape for the patient area so there were lights out the doors outside. So you'd drive around and park. You'd come into a room that was right, the access was outside and there were lights that signaled whether someone was occupied or not, and they would come in, flip a light switch on, and the nurse would come in. The lights would go on in the hallway, the L-shaped hallway where the nurses were. And the nurses, and I'd go in and find out who they were, and they would take care of all of the business at that time. There would be no central waiting room that they went in. We did have a waiting room but mostly what came in there was drug salesmen and people wanting forms filled out. But anyway people came right . . .

BOOKER: It was where you didn't get crossed with a sick child.

VICKERY: So the purpose for that was to prevent cross-infection. So I'd bring them into the hallway and measure them and then take 'em back. And if they were paying—and back then it wasn't like, you know, you pay as you go. Some patients didn't. They just came and got seen and went, got sent bills, but they didn't ever go in the, you know, a waiting room in the front area. It was way cool.

WRIGHT: Did it function pretty well?

VICKERY: Amazing.

BOOKER: It really did.

VICKERY: We moved from that building in 2004?

BOOKER: I have no idea.

VICKERY: It seems to me that's close to right, anyway. But we moved out to Northside and Howell Mill Road, at exit 255 off the freeway into a high-rise building. It was the first time I had ever worked in a multiple office building like that so it was quite a change for me. And the patients were just astounded. The older patients who had been there forever were just mortified because they had to be in a waiting room with other people. It was quite a big change. But . . .

WRIGHT: Is that the new building, the Piedmont Hospital Building?

VICKERY: Well, no, actually it is an older building right there where, what's the guy's name that owns the, all the ball things? Wait a minute. Arthur Blank. It's right next to his building. It's right there on Howell Mill and Northside. It's right off the freeway.

WRIGHT: And why the move?

VICKERY: Because we were busting at the seams. Our little building had ten examining rooms and originally the two pediatricians, and so that worked pretty well. And then as time went on we added Dr. Armstrong who . . .

BOOKER: No, Armstrong was before Barfield.

VICKERY: I said we added Dr. Armstrong before we added Dr. Barfield. And Dr. Armstrong left to go into cardiology, and then we got Dr. Barfield. And Dr. Barfield's still kind of like the head of the practice still now. And he's been around many years. And then two female doctors and then another male doctor and now another female doctor. So they've . . .

BOOKER: How many do you have?

VICKERY: They've got five practicing now because Dr. Garner and Dr. Shivers are both deceased. So it's Barfield, Wiskind, Ellerrine, Kuo, Fleming, that's five. Anyway, so, that's the deal. We were busting at the seams. We had a small office and a small lab and a small area to weigh and measure the babies in. Then up front where Christine was there was the file room and the bookkeeping office and the front desk receptionist. Christine kind of kept a tight ship on all of us. On the other side of the building were the doctors' offices. And they sort of had to, Dr. Funkhouser, who was very old at the time, even when I came, he was in his 90s when I came . . .

BOOKER: He died at 99.

VICKERY: Anyway, he was still coming in and looking at papers and charts, doing stuff, and occasionally seeing a patient when I came. So the new doctors, when Dr. Barfield came, actually Dr. Armstrong never did that. But Dr. Barfield shared that office with Dr. Funkhouser. And Dr. Funkhouser was a short German guy. He was very . . .

BOOKER: Oh, yeah.

WRIGHT: Meticulously German, hmm? And you arrived in 1967, is that right?

VICKERY: I arrived in '67.

WRIGHT: And how many, patient-wise, how many patients were there when you [Booker] came in, and then by the time you left, what was the growth in the patient load?

BOOKER: Unbelievable. Sometimes we would see over a 100 patients a day. And . . .

VICKERY: And there was probably how many people in the practice when you first came there, Christine? Five or six doctors?

BOOKER: No, just Dr. Blumberg and Dr. Funkhouser.

VICKERY: Do you remember how many patients did they have in their practice?

BOOKER: We stayed busy, but nothing like that many.

VICKERY: The total amount of patients?

BOOKER: At that time we were in that big old house. And the white patients came in through the front door, and the black patients came in through the back door. But then they all realized the parking was in the back, so everybody came in the back door.

WRIGHT: It desegregated itself. So that's interesting, going back to the practice in those days, Christine. So they, was it common for there to be a segregated, because even though the entrances were segregated, was it common to have a desegregated doctor's office, pediatrics office, was that something rather new in Atlanta?

BOOKER: No. That was on the back of that house where they came in. It was huge, and they had a place back there with a couch and chairs and things like that, and a desk. But most of the people stayed back there, you know. They wanted to be back in that area. We didn't have, I think we had about four examining rooms for the patients, just about four. No air conditioning.

VICKERY: So back in the '50s the blacks and the whites kind of gathered, the mamas and all babies sat in that one back room back there?

BOOKER: The whites would come in through the back way, and if there was a seat back there they would sit down, but if it was really for the blacks.

WRIGHT: Was it common for white doctors at the time to have a desegregated practice, though?

BOOKER: Oh, yeah.

WRIGHT: It was very common back then. And when did that change, as far as the separate entrances?

BOOKER: I don't know. We always had, well, no, when we moved from Ponce de Leon we went to 16<sup>th</sup> Street, and everybody came in the front door. So it was the front door and then our door right over there, that's how you got in because you had to come by the desk, you know.

VICKERY: And when did you move to 16<sup>th</sup> Street?

BOOKER: That was, when did we move to 16<sup>th</sup> Street? Oh, I can't remember that. It was in the, right in the early '60s, the early '60s. We weren't there too long. But I can't remember exactly when. All I can remember is we had to move on a Sunday. And I was fightin' mad because I had to go to work on a Sunday. I remember that.

WRIGHT: So as far as the move to Buckhead, why the move to Buckhead? Was it, were most of your patients coming in from Buckhead, or did the doctors live in Buckhead?

BOOKER: That's right. The doctors lived in the Buckhead area, and most of the patients were in there. But we had a lot of patients when we were on Ponce de Leon from Aidmore Hospital. That was because Dr. Funkhouser was associated with that. And they would send patients from out of town, from the small surrounding areas, for him to see.

VICKERY: Aidmore was kind of like Crippled Childrens. It was right there at Egleston. When I was in graduate school I was at Egleston, before I came to work for Dr. Garner, and Aidmore was just a small little hospital in the back of Egleston that took care of crippled children. And then they would come into town and have some medical thing that was not orthopedic, and they'd be referred to Dr. Funkhouser, who was like the founder of the whole thing.

WRIGHT: How many children, when you retired, were there in the . . .

VICKERY: Thousands.

WRIGHT: Thousands.

VICKERY: Thousands, yes.

WRIGHT: A lot of return . . .

VICKERY: Oh, second, third generation, absolutely. You know, it really was exciting and fun to watch babies that I raised—I called 'em my babies—with babies of their own and see them nurture their own children. It was amazing, and I'd see how they reacted, you know, to their children getting shots, those kind of things. It was really funny because I, you know, I used to say, you're a big one to talk over there, missy, better watch yourself. But anyway, went from the small practice that I came to, I'm sure they had 500 or a thousand patients, to several thousand patients. And we still see upwards of a hundred a day. Or they still see. I feel like it's still mine.

WRIGHT: Tell us a little bit about in the '60s, the typical doctor's experience, pediatric experience. And then also go forward to today and how it's changed and . . .

VICKERY: They were still making house calls in the '60s.

WRIGHT: Okay. How often was this, when people couldn't come in, I mean, they were too sick to come in or just . . .

VICKERY: Well, both. They were too sick to come in, but most of that was after hours. There was no, you know, exchange like an answering service where you could get calls, particularly. They took their own calls, way back in those days, so at night when somebody was sick, the doctors would go to their homes and they would, you know, render to them in what way they needed.

BOOKER: That didn't last very long.

VICKERY: That didn't last long because then they came up with this wonderful idea of an answering machine, an answering service, and so they swapped off [being on] call. They had been doing that, and then, you know, it got a little dangerous, I would say, for them to be out in people's homes at night and traveling around, so they stopped that. Then they just had, for a long time it was just the two, Dr. Garner and Dr. Shivers were swapping call with each other and wearing each other out and their families could never make a plan, so they, we tried to make a deal with another pediatric office in Buckhead but their practices of medicine were kind of totally different so their advice to their folks were a little different, so that didn't work real well. Getting more partners seemed to be the thing, with the same philosophy and the same kind of . . .

BOOKER: We treated a whole lot of 'em ourselves, didn't we?

WRIGHT: I was going to say, did you guys make house calls with the doctors?

BOOKER: No, we didn't make house calls. But they would call if the baby's real sick or feeling bad or something like that and we would try to tell 'em what to do until they could get 'em to the office, and things like that. Some things were really serious, and some weren't, you know, because most young mothers would be, if they cried too long, you know, they would be scared to death that something was wrong with them.

VICKERY: And nowadays you can't give advice over the phone.

WRIGHT: Right.

VICKERY: I mean, we have the nurse advice line now that they do at Peachtree Park, but we're, the licensed people are giving the advice and they're typing what they're saying, because everybody is subject to . . .

BOOKER: A suit.

VICKERY: . . . an exam with a lawyer, exactly. But used to, we could, Christine could tell 'em how much Tylenol to give, or how much aspirin or whatever, and if they needed something serious they'd get to talk to me because at that time, I was the only nurse that he had for years. And so I was busy doing other things besides talking on the phone. But a lot of the funniest, I mean we used to have some wonderful calls that, you know, just amazing to me.

BOOKER: I had one patient that, she would come in and she would go home and tell me what the doctor had said. And she would ask, "Now, is that right?"

VICKERY: Exactly right. They trusted Christine beyond belief. Dr. Shivers was helping us one time on the phone, and I remember this very well because Christine was helping me in the back hold down a patient. And the phone was ringing off the hook and Dr. Shivers answered the phone and the patient said, "I don't want to talk to you, I want to talk to Christine." [laughter] They had a lot of faith in her.

WRIGHT: Christine, what was your role in the office?

BOOKER: Oh. Basically, I was the receptionist, making all the appointments and things like that. But before that I used to be, I would assist the doctor and get the patients ready. Then Brenda came, and it just worked out that way, that, what it was, the patients couldn't get understanding from anybody else. You know, they didn't know how to talk to the mothers. I don't care what you say, it's the way you talk to people that really is what you do. I mean, it's not so much, it's the treatment and things like that, but sympathizing with them, and, "yeah, you know, your baby's sick and we're going to do this and we're going to do that."

VICKERY: Christine had to counsel the mom. She was a psychiatrist for all of Buckhead.

BOOKER: But the thing about children, you could tell when they were really sick and you could tell if it was just "I'm mad and don't want to be here," and things like that. But when they were really sick I'd throw the phone down and I'd go. Then I'd go in there, walk in the room and get the doctor. I'd say, "I need you right now," you know. He would look at me like I was crazy. And I said, "right now," and he would come and find out that baby was really, really sick and needed some attention, he didn't have time to wait. I did that. They didn't like it so much, but I did it all the time. [chuckles]

WRIGHT: So you feel like you guys, both you all, your roles had a lot more flexibility and leeway as far as your professionalism and your experience to apply to the patient whereas today, because of the legal environment we're in, and probably because of the insurance, and it's true, things have changed greatly.

VICKERY: Absolutely. We were part of the pioneers for the first HMO that came about. It's called AmeriPlan. They were in our office teaching us how to take a co-payment and that kind of stuff. It was like, "what in the world, we are busy, I don't want to be the financial part of the outfit. I'm over here taking care of these folks." But, yes, we had a lot more say-so and a lot more, you know, I could say to one of the doctors, you know, "this child's going to have to have stitches in his chin," you know, "his arm's broken." Now we can *suggest* that perhaps it might need stitching, but we sure couldn't tell that mama it needs stitching because then it's like I'm treating or I'm making the doctor's call. So, yeah, it's real different.

WRIGHT: And how did that come about as far as you knowing how to act? Did they come in and have training with you guys to tell you this, or did it just slowly evolve?

BOOKER: From experience.

VICKERY: Well, it slowly evolved, and also Christine's right. After a while, when you got depositions and things, you finally learned that you might not should have said that, something might have been addressed a different way. Because the mothers believed everything we said. I mean, you could say, "smear this on their behind three times a day and they will get well" and



they expected it to get well, because they trusted and believed in what we had to say. Christine was like the guru, and she taught me a lot of medicine that I didn't know.

BOOKER: That was because I had been there so long.

VICKERY: That's right. But, you know, as it's evolved the doctors themselves are more cautious in what they say and how they say stuff. They don't have any fun anymore.

WRIGHT: Do you feel that the relationship, or early on in your career, in the '70s, compared to now, do you feel like there was a more intimate relationship with the family? Did you feel like there was much more of a human bond? If so, kind of describe that a little bit.

VICKERY: I felt like and still feel like, that I was a member of hundreds of families. I was known as "Miss Brenda." I was their nurse. And I was invited to their Christmas parties, I was invited to their birthday parties. I was, you know, they would talk about me, I guess, like their crazy aunt who lived somewhere or something, but I felt very close to them. And I, you know, I still feel very close, like James Ottley, who was with this group.

BOOKER: People used to call me at home after I retired.

VICKERY: Exactly. People would call us at home, you know, have that relationship with us. And now they don't even know who we are other than that nurse, you know. Or the one with the blonde hair or something. And that's kind of sad. But I think it was much more intimate, much more personal. We had, you know, as I've said earlier, before we started the interview, that we knew everybody's cousins and aunts and uncles and who married who, 'cause kids will tell it all. Everything. And then they would meet at the office. Like if I'd be weighing a baby and somebody would come in, they'd stick their head out in the hall because they're just nosy, people are, and just go, "what you here for?" and that kind of thing. Now you don't dare ask what somebody is at the doctor for, because that's an invasion of their privacy. Like I say, everybody knew what everybody had. Who had hookworm and who didn't.

WRIGHT: I guess we have to be careful with HIPAA too in this interview, but I think we can strip faces, names and everything else. I'm going to ask you about just two or three different events for both of you all. Your most funny experience that you remember that stands out in your career, maybe the most challenging, or maybe the most dramatic. So let's go through with you some of the stories . . .

VICKERY: Well, one of the funniest things that involved Christine and Dr. Garner was a lady who would come in without an appointment a lot, and she had lots of children. And Dr. Garner, when she'd come in she'd come through the door with a kid who was contagious and come right through the waiting room and all that kind of stuff. And Dr. Garner scolded her really bad. And he was a big man. He was very tall, six-four or -five, and he had hands that could hold a whole baby in his hands. And he pointed his finger and he goes, "You better not come through that door

again, you better come in that back room and you better turn that light on and you better sit there.” So, she went and got the other children at home to come and get the shot, you know. And she—

BOOKER: We had closed the office up ‘cause she hadn’t got back, but she found the door in the back that hadn’t been locked, so she went in that room and she sat and she waited and she sat. And finally the man that was cleaning the office, he found her back there, and he said, “Well, they are closed.” She said, “But he told me not to come out of this room.” So when she told me that story I couldn’t help it. I just laid down on the floor and hollered. I said, “You’ve been sitting here in the dark?” She said, “Um-hmm. He told me don’t come out of this room, and I wasn’t coming out of this room.” And I couldn’t help it, I called Dr. Garner. They were looking at me because I was laughing so hard, you know. And he wanted to know what was wrong. And I told him the story, and he fell out laughing too. That lady was something else. I wonder whatever happened to her.

VICKERY: These doors that we had served a good thing and a bad thing. Right out the back door was the railroad track that goes through Buckhead. And so I would have to go in and give the shots or whatever. These kids were sick and I’d go give a penicillin shot or whatever. They very rarely give that one anymore. Anyway, we had this patient that, Dr. Garner called for a shot, or Dr. Shivers, one of them, and I went back in one of the back rooms that led to the railroad track. And around and across the way on the other side of the street at Peachtree Park was at that time a nursing home. It’s probably still there, I’m not sure, but a different kind of facility. Anyway, Dr. Garner called for a shot. I went in there and the whole place, I mean, just full of sick kids and snotty noses and runny eyes, and this one little boy, I went to grab him, and when I did, he shot out that back door. And out he went, and around. I chased him to the railroad track, and I chased him across the street, and I was like, “You better hold still or I am going to beat your butt.” He said, “You may beat my butt but you’re not going to give me no shot!” I got him by his belt. He was just kicking and screaming and hollering. I brought him back in the building. Lord have mercy.

BOOKER: What about the one that ran out to the railroad track and everybody went down to the railroad track down there, in that creek, and they, and he hid down there. The mother was crying because we couldn’t find him and he wasn’t going to answer. Oh, Lordy. Finally, somebody spotted him over there and got him out and they come in. That’s where he was, hiding from the shot.

VICKERY: They didn’t like me. One patient’s mother, in that little drive-through thing, you know, wanted me to go to the car and give him a shot. And I was like, you know, that’s really just not fair. So, I finally agreed to go out to the car and give the kid a shot and she wasn’t stupid. She had the windows rolled up and, you know, this was a very prominent Buckhead family, and everything locked up, and she got in the back seat of the station wagon and he had [unclear]. Mama said, “I’ve got the key.” Anyway, a lot of funny stuff.

BOOKER: We worked hard. We really did work hard. It was no fun, what you would see. But we enjoyed every minute of it. I did. I used to have a good time. I didn't ever want to stay out. Because it was something new every day.

WRIGHT: How would you say that some of the families in Buckhead have changed, maybe their perspective, way of life, who they are, make-up?

BOOKER: Well, I haven't been there in years and years. I've been out of it. But the patients were just patients, you know, their mothers and parents were really, some of them would get mad with you, ooh, boy, tell lies on you, all that. But they knew better.

VICKERY: I think for me the biggest change was that Buckhead is now real transient. There are a lot of people that I don't know. Like I said, I used to know everybody. And I certainly couldn't go anywhere that I didn't see somebody that, "Hey, Miss Brenda." Go to Lenox Square, if they didn't have their kid with them I'd have to study it for a minute. I'd recognize their kids just in a second. Now I don't know anybody. They come and it's like we're totally not the same connection because they don't have generations of families that are coming, they just have, you know, just . . .

BOOKER: Patients.

VICKERY: Themselves. There's a lot of changes with the vaccines and all the stuff that is in the media all the time about that. Back whenever, you know, Dr. Garner said you needed a DPT, you very well got it. And if it made you sick, it made you sick, because that's just part of it. Nowadays it's, you know, amazing, they've improved the vaccines, they're so much better, they're better for you and all that kind of stuff, and still, you know, there's people bucking it and having a fit about it, raising so many questions about everything. There again, it's their child. Back in our day they trusted the doctor more. The doctor had a little more power to their abilities to treat the children and they said, you know, if they said wipe this on there three times a day they did it.

WRIGHT: Now everybody goes to the Internet and Googles whatever's been . . .

VICKERY: Yeah, see what's up, you know, and questions everything. And back even, you know, I never questioned anything Dr. Garner or Shivers told me, because they knew, they knew. [If they said] cut my head off and set it over here on the counter and put it back, and it would grow, I know. I know it. I'm sure of it. And I don't trust anybody else to do that.

BOOKER: He would come in and look at the book to see how many patients I had scheduled. If Dr. Garner didn't have any patients he'd say, "Well, Christine, what's wrong?" And I'd say, "Doesn't anybody want to come in." And he said, "Well, okay." And I'd turn around and everybody who'd come in there I'd say, "Dr. Garner can see you." I'm filling his book up. They didn't like to be sitting around.

VICKERY: And now the people choose to come in around their insurance, you know, whereas back then it was around their illnesses and now it's around their insurance. They'll keep a sick kid home a lot longer than they used to. They'll watch it and, like you say, go on the Internet and try to figure it out themselves.

WRIGHT: Do you still have relationships with some of these children now that they're older?

VICKERY: Sure. These older folks? Certainly. You know, I have folks that I raised and that, you know, have their children and they call me once in a while. They'll certainly stop at the office and ask about me and what we're doing. So we still have some contact with them.

BOOKER: When they had her retirement party, that was so funny. She looked at me, she said, "Well, I'm the one that's retiring" and said, "when you walked in there, everybody jumped at you!"

VICKERY: Christine became the star of the show.

WRIGHT: They hadn't seen you in a long time, right?

BOOKER: I didn't ever go back to that office for anything. I was so tired and so ready to leave.

VICKERY: Well, she retired twice. You retired, and we had her retirement party in '88, and then she came back and worked til '96. The doctors just couldn't do without her. Yeah, I had a great retirement party. They were wonderful. They allowed me to invite some of the patients and some of the older families, like James's family. And lots of other families. Of course, the coworkers and some doctor friends and that kind of stuff, so it was kind of a good mixed group. It was a really fun tribute. I'm a big Tom Jones fan, so Dr. Wiskind, one of the partners, had Tom Jones playing the whole time. That was fun. They had a little video of all of the years with me in there, so it was fun.

WRIGHT: Any drama in the office over the years?

BOOKER: Talking about sad stories?

WRIGHT: Or heroic stories, or anything like that.

VICKERY: Dr. Shivers had a patient come in on a Saturday morning and it was ice then. Our little office was kind of . . . went down a slope. He met the family there, and the baby was real sick and ended up having meningitis. But he came, got the baby out of the car and sat on his fanny and slid down to the office to get the baby in to give it its medicine and then he drove the baby himself to the hospital. That kind of stuff just doesn't go on nowadays. They call the Egleston bus and they load up their wagon and come over with all the stuff. Those wonderful EMTs come. They're great, very well prepared, but, you know, that's an era long ago. The saddest thing that ever happened in my memory is the lady who came in on a Saturday morning

and she couldn't wake her baby up. The baby was very dead and very cold and she couldn't understand why she couldn't wake her baby up.

BOOKER: I remember that.

VICKERY: But a very young person, and mother, and they don't know. It's very sad. We were involved with the big family that got killed in Africa. They had a big plane crash. They were all, several generations of our patients. They married each other. So it was kind of like we knew both sides of the family. So there was a lot of sadness and heartache. Back to feeling like they're our babies, you know, that's such a real hard thing to see somebody from the time they're newborn, and then their life just taken away so quickly. It's very sad.

WRIGHT: And in the role you were in and the practice you were in you would really see the human experience from all angles.

BOOKER: We didn't have too many babies to die.

VICKERY: Not so many.

WRIGHT: That's good!

BOOKER: We didn't have many babies to die.

VICKERY: That's because we had the best doctors in Buckhead, Christine!

BOOKER: I remember one, a man, it was on a Saturday morning too, I think it was. He brought in a little baby sick as could be. Dr. Shivers saw him and he treated him, gave him a big shot and everything, and told him how to do with the fever and things like that. That man called before we left and said the baby died. And that just shocked all of us, you know.

VICKERY: It happens so quick, it does. I'll tell you a funny story on my very dearest friend. This is how we became friends. She lived at Peachtree Park down the hill in the apartments, and she and her husband were resident managers. It was a Saturday and we were closing up. It was late Saturday. And Dr. Armstrong was on call that day. And she did not know Dr. Armstrong. She was Dr. Shivers' patient, her children were. And she had been outside. Back then the resident managers cut the grass and maintained the grounds a little bit. So she had been outside mowing the grass. So she came in. And her son had been playing on the floor, and she picked him up to change his diaper. And in his diaper was what she thought was blood. So she came running up to the office. And she had on a bathing suit. She was out cutting the grass and she had a bathing suit on. And she was screaming and crying, "He's bleeding, he's bleeding, he's bleeding." And she handed me this baby. She said, "He's bleeding, do something, do something for him now." And I picked up the baby and I looked at him. She says, "His diaper's full of blood." And when I looked, he had eaten a crayon and he had pieces of the crayon all in his diaper. I started laughing, and she goes, "That's not funny one bit." And I said, "Oh, it's crayon,

it's waxy, see, it's waxy, I can put my hands on it." And to this day, we've been friends for forty years because of that. It's a great friendship. But that, thank goodness, something funny like that can happen every day.

WRIGHT: Did the doctors, was it a pretty tight, almost a family between the doctors and the doctors' families? Or was there really more of a business about it for them from their perspective?

VICKERY: Well, the doctors themselves had a lot of friends and a lot of friendly relationships with the patients. But as far as relationships with their help, you may be surprised to hear this, but they were not, they didn't socialize with us very much, at Christmas parties and stuff. But that family network of us at the office, we were their employees.

BOOKER: But every Friday . . .

VICKERY: Every Friday we had a little party.

BOOKER: We looked forward to that party.

VICKERY: But we didn't mix and mingle with our families and stuff, but they certainly had a big base of friends in Buckhead that they had friendships with, you know, that loved them dearly. They were really just amazing, amazing human beings. Great doctors, good men, great daddies.

WRIGHT: Outside of the office was there any other community involvement that the practice would get involved with, any charities?

VICKERY: Dr. Shivers was big into the arts and so he'd take us to art shows and stuff. When it was his time to host he'd have to sell X, Y, Z tickets. He'd come over and make us go. We loved it. It wasn't like he made us go. It was always real nice. He was real big in the arts. And so we'd do that. Dr. Garner was real big in . . .

BOOKER: What was that singing group?

VICKERY: I was about to say, he was a barbershop quartet member. They were both very interesting men.

BOOKER: And they were very nice, they were.

VICKERY: Fair employers.

BOOKER: That's right.

VICKERY: You didn't mind being scolded or chastised by somebody who was fair. And, you know, if he—Dr. Garner was the boss, and if he fussed at me I very well deserved it. That would make me cry. He'd make me cry but I knew very well—you know, it's like talking to my daddy.

He'd put that big finger out at me. "Yes, sir." That's all you could say. Couldn't say anything else but "yes, sir."

WRIGHT: How about the relationship with the schools, because obviously the physicals and everything going into the new school year was probably a busy August.

BOOKER: Oh, yeah. Getting them ready for school. Getting ready for camp. It was just 10,000 of 'em coming in.

WRIGHT: And would the school, was there a relationship between you and the school at the time too? Would they follow up on patients or the forms?

VICKERY: Not then. But as the years went by, my last five or ten years at Peachtree Park, we had a great relationship with the schools. Dr. Wiskind was real involved with the school systems and with the immunizations, getting the children immunized. You know, the school forms, getting those standardized, because, Christine can tell you, when we made out forms every school, every camp, everybody had something different. And they required something different. And, you know, the dates that they required you to have the check-up was within certain parameters, and another school had different parameters. So Dr. Wiskind was real big in evolving the standardization of that kind of stuff. So, I was helpful, you know, with him getting to the school nurses, getting to the administrators of the school to agree to that kind of stuff. One time I wrote to all the camps when Christine was still working there. I was just tired of it. This was long before Dr. Wiskind ever came to the practice, and I wrote to every single camp saying "Can't you do something, this is ridiculous." I did not hear from one camp, not one camp! Christine had to stay and that was her job to fill the forms out. So, it was like I loved her and I wanted her, you know, this is crazy. I remember she picked up the whole thing of forms one time and took them to Dr. Shivers' desk and put them on his desk and said, "I ain't doing this anymore."

BOOKER: That's when he was going to Russia, wasn't he, and he had all these back letters that he had to get to the doctors because he did the allergy testing. And he came and put 'em on my desk. I sat up and said I wasn't a typist. But he put those things on my desk and I had to get 'em all out. At home. I would go home with 'em and I had to buy me a typewriter. And I would peck, peck, peck til I got 'em all out. We did a whole lot of crazy things, sure did. And then one day I never will forget that, he came and laid a letter on my desk, and I told him, I said, "What's that?" And he said, "I want you to get this letter out." I said, "I don't know how." And he said, "What do you mean?" I said, "I don't know how." He says, "Are you going to get that letter out?" I said "No, because I don't know how." And he said, "You mean to say you're not going to do it?" I said, "I don't know how. That's it." That got him. And they got a secretary. . .

VICKERY: . . . had a girl to come in and do the typing.

BOOKER: I said, "I don't know how." And I stuck to it. I didn't argue with him. Everything he said, I said, "I don't know how." Because I was tired, I was working in the day and going home at night and trying to get the letters and things out. No. I got fed up with that quick.

VICKERY: There was no such thing as overtime.

BOOKER: No. If you stayed 'til midnight, it was you. You had to do it.

WRIGHT: And where did you guys live? Did you live in the community also or commuted in?

VICKERY: I lived in East Point when I first came to work for the practice.

BOOKER: And I lived in southwest Atlanta. And poor Brenda, she would take me home, then would have to go home, have to go get the children from the nursery. That was something, wasn't it?

VICKERY: When one of my children got sick I'd have to bring them to the office and put them in Dr. Funkhouser's office because he'd leave early and I'd put them in a playpen in there. So they'd have to stay with me because the schools wouldn't keep 'em or the daycare wouldn't keep 'em. I'd go all the way to East Point and pick one of 'em up at daycare, and then all the way back to Buckhead to take the kid, and the doctors showed no mercy with that. If you'd lay out, they'd come get you! I was all there was, so it was of like, you know.

WRIGHT: Did you ever have patients or parents ask you to do things that, sign this form that may not have been exactly accurate?

VICKERY: Oh, my God. All the time. All the time. And that still goes on, you know. They want you to fudge a little so that he can play sports or he can do something. "Christine, you know him. He's well. Go ahead and sign it."

BOOKER: Yeah.

VICKERY: A lot of 'em just want you to call in a prescription. That's the funniest thing to me is that they think that if we just called it in it'll be all right. You know, whether they need it or don't need it or whatever, wanted us to just call 'em in a prescription. We don't do that at all. If you need a prescription you've got to come in to the doctor's office.

BOOKER: And that Robitussin. Everybody had that. Robitussin AC it was.

VICKERY: It was a codeine cough syrup.

BOOKER: People used to call the pharmacy and have the pharmacist call to get a prescription for it. And you'd have to really listen and you realized that this has come in before, you know. I would have to tell 'em no, couldn't do it, couldn't call in any of that. One called me and he said,



“Well, he gave it to me before.” I said, “Then it didn’t help you.” So you had to use all kinds of tricks with people, you know.

VICKERY: They sure had tricks with you, because they would call and, you know, Christine would keep up with who she remembered had called already and asked for that same kind of thing. And, you know, it’s like she’d pull the chart. The doctors would go, “Sure, just send it, just send it.” Because they’re busy and they didn’t remember who. And Christine would pull the chart and go, “It’s the third time.” It happens a lot still.

BOOKER: Yeah, but I stopped that.

WRIGHT: So how about lunch time or anything, do you remember, probably had to do some shopping or buying lunch or other stuff around Buckhead. What were you favorite spots?

BOOKER: What were the favorite spots?

WRIGHT: Favorite spots to have lunch or go eat, shop?

BOOKER: Any of ‘em that could get us some food real quick. And I never sat down. I ate walking the hall.

VICKERY: We didn’t have a lunch break, per se. We had to eat while we were there, but every day at 11 o’clock, I had a car and so I’d go out and get Dr. Garner something to eat and take Dr. Funkhouser home. And during that twenty minutes or so we’d run to Henri’s and get a sandwich for Dr. Garner. That was his favorite place to get a sandwich from. And even way back then Henri’s was the most expensive sandwich you could buy anywhere. But they sure were delicious, and I’m sure they still are. But he liked that whenever he didn’t have a lunch break.

WRIGHT: So you had to drive Dr. Funkhouser home. Did you pick him up in the morning too?

VICKERY: Lord, no. I don’t remember how he got there. But it got to a point where he couldn’t see over the steering wheel. He was a little bitty man. He couldn’t see to drive and everybody would say, hmm, got to take those keys away from that guy. A little short thing, hanging off of that steering wheel.

BOOKER: When he would come off of that hill at Ponce de Leon, he would—I would just stand there thinking, “he’s fixing to wreck, he’s fixing to wreck.” And I think people must have known he was coming because he couldn’t see up there. When he would come, he’d come down and he just never stopped, down that hill, zoom, across Ponce de Leon and all that traffic was there. Oooh. And I used to be so scared. I said, “Well, it’s gonna get him today.”

VICKERY: When he got so old and all he did was just come in and just put papers and charts and stuff, he was in his 90s and he would come in and spend an hour or so on his couch and whatever, then at lunchtime I’d drive or we would drive to Peachtree Battle. It wasn’t very far from the office. I’d drive him home.

BOOKER: I remember when he died we had a snowstorm.

VICKERY: There was ice too.

BOOKER: When they thought that they were going to do it, Dr. Garner and Dr. Shivers were waiting on me, and I was riding the bus. And I didn't ride the bus, I was getting a ride to go. But we was in all that traffic you know, people slipping and sliding. So just as I was getting at the office, Dr. Garner and them was going up the hill and they was going to stop. I said, keep on going. We had had such a time getting there. And we kept office hours that day, we sure did.

WRIGHT: Did many folks come in that day?

BOOKER: They came in every day. They had Sundays, too. If you had a Sunday, they came in every day.

VICKERY: The doctors used to come to the office on the weekends that they were on call. We were open on Saturdays, but on Sunday if they were on call they'd come down to the office on Peachtree Park and see the doctor. He'd say, see you between two and four Sunday, or something and so he'd see ten or twelve patients on the weekend. Nowadays don't see anybody. Go to the emergency room, if you're sick you go on to the emergency room.

BOOKER: Did you all have Saturday hours?

VICKERY: Hmm-hmm.

BOOKER: You did.

VICKERY: Still do.

WRIGHT: Did the kids get anything on the way out? Any lollipops or anything like that?

VICKERY: We always had lollipops. We had a nurse who, after a while we increased our staff too and this cute nurse named Jan—the patients that parked in that back there, up next to the railroad tracks, they'd park up there. And they'd go out the door and they'd leave the hall door closed and they'd just go on out the door. Well, some kids or the mamas or somebody came in and took all the lollipops. And it made Jan so mad she went out to the car and took all of 'em away. "Can't have one at all."

BOOKER: "Can't have any. If you wanted 'em you should have asked me. You can't have 'em. Give 'em to me." She took 'em and put 'em back in there, she sure did.

VICKERY: They stole rocking chairs out the back door. We had these little rocking chairs. I mean, those doors were very convenient for a little five-finger discount.

BOOKER: It was Jan that came in that morning early, had come in and somebody was in, had broke in through the back some kind of way, and she heard it, and they heard her and they ran. And she was scared to death.

VICKERY: The design was these long windows like Key West shutters along the front. They would break those windows out because there was no alarm system or anything back then. They would break the windows out and they would take, in a pediatric office they were looking for drugs . . .

BOOKER: We didn't have that.

VICKERY: In pediatrics the strongest thing we had was codeine cough syrup and they came in little teeny bottles, they weren't that big or anything, but they didn't know that when they were on their way in. We had several, several break-ins during the years that we were there just because it was kind of down in a little hole there. Right now there's a Fresh Market over there. It was right down on Peachtree Park Drive.

BOOKER: They've got a fish market . . .

VICKERY: Fresh Market, that is like a Whole Foods store. Grocery store. But there was lots and lots of things. There was a music store there. One time Prince was there. They came down and parked in our parking lot because the people would just swarm in.

WRIGHT: So you got to see Prince.

VICKERY: That was many years ago. We had lots and lots of movie stars as you'd expect. They would shoot movies.

BOOKER: It would be so disappointing when you would see 'em and realize . . .

VICKERY: And there were lots of ball players, amazing amount of ball players and their families that came there. Dr. Shivers was very much in the social network so he knew a lot of people, and particularly the people in the arts and the movies. Amazing the number of movie stars and famous people that we saw, got to see their children.

WRIGHT: As far as time with the patients, do you feel like back in the day the doctors were able to spend more time with the patient, or able to engage? Towards the end of your careers did you see that there was a difference in the regimen, turning that room over?

VICKERY: Absolutely.

BOOKER: Oh, yeah.

VICKERY: The doctors used to cross their legs. Back then, people smoked in the rooms, you know. Way back that many years ago they'd cross their legs and light up a cigarette and spend

time with you, you know, whatever, and talk about their trips and their life and whatever. Now they're on such a time schedule, the computer logs you in when you go in and when you go out so they can do some time management. How could we have seen this patient faster? How could the nurses have gotten in there and gotten them—it's like, oh, my God, what happened to that contact. It's the saddest thing to me because I had somebody say to me one time that Dr. Barfield goes in a room with one foot in the door and one foot out the door. And, unfortunately, that's how they feel. They feel like they're getting the bum's rush because they're not spending time with 'em.

WRIGHT: It's not conducive anymore . . .

BOOKER: When they'd go in, if they had to have any immunizations, they were done by the nurse. You weigh 'em and you measure 'em and all that, and all he'd have to do is just sit down and talk a few minutes to the family, and listen to the chest and all that kind of stuff . On check-ups, you know. But they didn't have time to sit down and cross their legs and like that. Because you scheduled them every fifteen minutes.

VICKERY: The beauty of pediatrics is that kids who are sick, they come in screaming that it hurts. You know, they are very easy to diagnose. It's not like an adult who has these vague indescribable pains or they've been sick for a week or two, or whatever. Kids . . . you know what's the matter with 'em. So when they come in with an illness you get right to the deal. Their hand's in their mouth, they're drooling because their throat hurts or they're screaming with an earache, but, you know, so that makes it go quicker. But the kids who are in for check-ups, the doctor used to spend a lot of time talking to them. And now they're just trying to keep up. You're behind. Dr. Shivers used to get behind. Christine used to go "Excuse me, excuse me, you've been in there thirty minutes. Now get out."

BOOKER: I would. I sure would. I said, "You're holding up. You're holding up the office." I said, "Nobody can get in and get out. Because you've got all the rooms." And he would get upset with me, but I didn't care.

WRIGHT: Was there competition between the other doctors' offices in Buckhead, any friendly competition, any interaction between nurses of other practices?

VICKERY: The truth is, Dr. Garner and Dr. Shivers kind of set the gold standard, and the other practices would call us and see what we were doing. They still do that. They still call and see what we're recommending or how, what we're feeling about a new vaccine and that kind of stuff. They still, I think Peachtree Park Peds has got an amazing reputation for going by what the American Academy recommends and that kind of stuff. But as far as us interacting with the other doctors and the other nurses, you know, they were just as busy as we were. We didn't get to see them. But I do know that our competition, we called that Piedmont group our competition. They would always call and try to talk to Christine and figure out what we're doing, what shots we were giving now or not, and what we raised our prices to.

WRIGHT: That would have been Dr. Shuler and Norwood? Those guys? I was with Shuler.

BOOKER: You were a Bob Shuler's patient?

WRIGHT: Yes.

BOOKER: Is he practicing now?

WRIGHT: I don't think so.

VICKERY: No, he's not. His daughter Dorsey was in his practice, I believe. I don't know if she is still there or not, but she . . .

WRIGHT: Dr. Norwood.

VICKERY: Norwood, I'm sorry. Bob Shuler, he retired right after that, I'm sorry, you're right, that is Felton [Norwood]'s child. But I don't even know if she's practicing over there now.

WRIGHT: I'm not sure. I remember Bobby was my . . .

VICKERY: Bobby was like Christine probably. She was office manager, right? You remember talking to Bobby over at Dr. Shuler's office.

BOOKER: Oh, yeah.

VICKERY: She was more of the office manager I think over there.

WRIGHT: She did some nursing too, though.

VICKERY: Really?

WRIGHT: Yeah, she would do the shots.

VICKERY: She's a really nice person, really nice.

BOOKER: She's not there either?

WRIGHT: No, well, it's been a long time. She was my best friend, that type of thing. I'd come in and she had that . . .

VICKERY: I didn't remember that she was a nurse and she may have been, but like I said, you know, we . . .

BOOKER: I don't know what, I don't know why, she [Brenda Vickery] just was immune to diseases and sickness. Because I don't care how sick you were, what was running out your nose and your mouth, she'd kiss you. I used to get on her, I said, "What you doing that for?"

VICKERY: We had these twins that came in one time that had head lice so bad their heads were just kind of moving. They were black children. Their mama was blind, and they hadn't had their head brushed or combed and so it kind of looked like an Afro, but it was a real disarray. And they had so many head lice, their head was just like, and I was like, "Sweetie, stop crying." Runny nose and eyes, and I was loving on him. Christine said, "Put him down." I was like, "I'm not going to put him down. He needs somebody to love on him."

BOOKER: Oh, Lordy. I couldn't do that.

VICKERY: We saw lots of really ugly stuff.

BOOKER: Oh, yeah. We saw a lot of it.

WRIGHT: I think any of your patients who have the opportunity to look at this, they're going to have a big smile on their face and good memories of being with y'all, and I appreciate your taking the time to sit with us and share some of your memories and observations for posterity's sake.