

BRADLEY, Judy Jefferson
INTERVIEWEE

Interviewer: Michael A. Cooke
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Abstract: In her June 1984 interview with Michael Cooke, Judy Jefferson Bradley (1944-2006) discussed her work with the Orangeburg Area Sickle Cell Foundation. Bradley covered topics of sickle cell anemia, DHEC, the foundation and its successes and failures, Dr. James R. Clark, various people involved in the founding of the foundation, and COBRA. This interview was conducted for inclusion into the Louise Pettus Archives and Special Collections Oral History Program.

*This is an edited transcript. Our transcription guidelines are available upon request/on our website.

Time Keywords
00:00:00 **MC: Today is June 30, 1984. I'm conducting an interview with Judy Bradley. Mrs. Bradley could you give us a brief biographical sketch of your life? When were you born, where were you born, and what is your education?**

JB: I was born in Columbia South Carolina, September 3, 1944. I received all of my early childhood education in Columbia, in South Carolina. Graduated and went to Tuskegee Institute in September of 1962. Went to a nursing program there and received my Bachelors of Science degree in nursing in 1966 from Tuskegee. Worked in South Carolina in Columbia for approximately seven years in hospitals, nursing homes, and nursing education. In 1973, moved on home and started working at that time in public health. It was really within that first year that—

00:01:13 **MC: What department were you working in?**

JB: Working in family planning. Family planning program. The program nurse specialist in a six county area which included Orangeburg, Calhoun, Bamberg, Aiken, Allendale, and Barnwell. Headquartered in Orangeburg so therefore we came more involved with community organizations in Orangeburg. Simply because you had to go at night and it's difficult to travel across six counties to become affiliated with outside of agency activities which required at that time that

the supervisor nursing staff participated whenever they could in the community activities. It was at that time, really within that first year, that I became affiliated with the issues and concerns centered around a large volume of people with sickle cell anemia in this area. In 1976, I went back to University of South Carolina and got my master's degree in nursing and continued to work in this area until 1981. Of course at this time I have completed about three years, still in public health in Columbia area and returning after Columbia back to the Orangeburg area for working with nursing education at the State College.

00:02:27 **MC: How long have you been associated with the Orangeburg Area Sickle Cell Anemia Foundation?**

JB: Since 1974.

00:02:37 **MC: Were you in the fold in the beginning or?**

JB: My stimulus came from a young lady by the name of Shirley James who when I came here in 1973 was the first family planning nurse practitioner to be hired in South Carolina in DHEC [Department of Health and Environmental Control]. She also was the only black nurse employed in the six county area. She happened to be working in my program which threw me in direct contact with her as her immediate supervisor. I saw that Shirley was much more than a family planning nurse practitioner, she was a community nurse who was very interested in many of the problems that the community had in relationship to health and social concerns. She was the person that I saw very busy working with screening, identification, case finding, looking at the counseling. She was the main person giving the counseling to the individuals who were having the battery of testing. The mass screening as we called it going on in DHEC in the early '70s. So what happened was with so much screening, so many clients who came through the health department, large numbers of people were found all at once with sickle cell anemia and related disorders. Because Shirley was the only black, because she was the most knowledgeable in the whole health department at that time she was then called upon a lot and appropriately so by her supervisors to provide some counseling and information to the clients and to the community. She also then worked very closely with those people sent from Columbia. Which was at that time I think maybe twice a month, or maybe a little more often because of the need not being met. They had young black social workers at first coming from Columbia who were hired in central office and they came down and assisted Shirley. She assisted them and they got involved with the counseling and follow up needed to ensure people understood. What are the genetics of the disease, some of their options and things like that and try to get them enrolled in some kind of health care system for more supervision and services.

00:04:50 **MC: Was she responsible for bringing them up to date on the problem of sickle cell? Did she help educate these new social workers who were recently employed by DHEC?**

JB: She most certainly did. She was a person that they depended on to keep them informed about the momentum, the success, the problems, and the unmet need and the increased need for their participation. She also helped fill the gap. They trusted her, her content was good. Her credibility was established with the client community. She could help them better utilize the limited resource that we had available because they knew that she would help establish priorities for what they needed and that she would help to see to it that at least those minimum resources were available. She was the one who helped get doctors for people for the first time. She was the one who helped to increase the awareness in the Health Department with the physician staff that we had, the nursing staff, the social work staff, the clerical staff, and ultimately nutrition staff. So she really was the focal point for all of the other resources and developments that came in thereafter. I think now with her being the program nurse specialist for child health in the three county area, really she's been building on that for a long time. She's now in a position where she can really help to implement a lot that she has said ten years ago as being needs for these people.

00:06:33 **MC: So you would classify her as one of the founders of the Orangeburg area sickle cell foundation?**

JB: That's right. The main founder.

00:06:42 **MC: Who else was very prominent in the initial years in the Foundation?**

JB: I would really have to say that the Health Department staff in Orangeburg County. Mainly those who were working directly and indirectly with them on the program because it started out as a little sickle cell relief fund that was under the supervision of the family planning staff. Some other persons who were actively involved at that time in the Health Department were Ed [?] Credit [spelling?] who is a nursing assistant who worked with all of the programs in the Health Department. Of course, Shirley James. Earlene Washington who had been employed by the Department and was no longer there but was still very interested. She did assist a lot in getting some of the resources developed earlier. Then for fear of missing other names, there were many other nursing assistants. Mainly nursing assistants who were working within the family planning program at that time and some of the clerical staff there. That did assist Shirley. I was one of the persons also there that assisted Shirley. She provided the leadership and direction and the experience for us to get involved and to see how this was really part family planning because it had to do with families who had needs.

00:XX:XX Of course we had Dr. Murray. Called Murray at the time who was our county health officer who gave us permission. He gave us support. He attended our advisory committee meetings. He allowed us to do what we could within the framework of our agency rules and regulations to give time and attention to this area. Of course our nursing director at the time was Virginia Holly, and she was

my supervisor and Shirley's. She allowed us, although our job description said family planning, to spend time with this problem and to respond as much as we could during work time. To the counseling and support that was needed. So I think it's important that those interviewing are recognized for giving us and recognized that we had unique contributions. That it was appropriate to allow us to respond to what we thought was a very critical problem in this area because the largest caseload was such a small geographic area in the state. I think it had a lot to do with us getting in '76 I believe it was, the first satellite clinic in Orangeburg. Prior to that all children who were identified with problems that were eligible for crippled children's—many of those children had to go all the way to Columbia no matter where they live across the state. There was only one state medical sickle cell. So those who had no other resources, some were geographic of course, but those others went all the way to Columbia. We had such a large number of need in our area that we identified the need for that staff in Columbia to come to Orangeburg.

00:09:48 JB: So in 1976 was when we actually started—it was really closer to 1980 I guess when we actually had a formal clinic here at Ashley Olden. But we had a lot of activity prior to that getting started and getting identified. Having people come and look in our area. Talk to the patients.

00:10:10 **MC: You mentioned that a lot of people in the Health Department were very active. Was the Foundations initial members basically coming from the ranks of the medical community or was it other people who had interested basically because they were family members of sickle cell patients?**

JB: We had some patients in our original group and that encouraged us also. Who were brave enough to say it is important to me to be involved and it is also important to me to see that you're interested. That encouraged us and we were able to communicate that to other people in the community. We had really more of those individuals available who were in position and had time to help than what we did. Of course one of those was Mr. Winborne who was still quiet supportive of our activity. He was then, in an administrative position in the Family Health Clinic. He's still there. Jake Paul—

00:11:13 **MC: What is his background?**

JB: Mr. Winborne is a health...I guess his background is more health administration.

00:11:26 **MC: He's not a physician?**

JB: He is not a physician. He is Executive Director of the Orangeburg County Family Health Clinic. His expertise are in the area of health care administration and organization. He is considered the Dean of Family Health Clinics for South Carolina. Probably for a larger body than South Carolina because he has been

more successful in helping to develop local primary care through this type of organization family health clinic, primarily family funded than any other in the state. He really has had a lot to do with health. Clayton Hall is another name. Who—

00:12:12 **MC: Would you consider Mr. Windborne a founder of the organization?**

JB: I would certainly consider him as one of the founders of that organization. He gave a lot of additional sophistication, legal, overall organizational types of directions. Because of his expertise. He did not wait to be asked. He anticipated the needs for those kinds of things like getting a charter, getting legal consultation, looking at tax exempt status also. That if we got further than our relief fund, which was nickels and dimes in the beginning, then we had accountability and the protection that was necessary in order for us to direct those funds where we really wanted them. That was directly to our patient population. He gave that kind of support to the organization.

00:13:09 **MC: You mentioned earlier that you had a relief fund operating from the Health Department, so you established a relief fund for the Orangeburg Sickle Cell Foundation as well. Is that the case?**

JB: That's right. Really what we called it was the sickle cell anemia relief fund. We saw patients come in within the family/child programs that were saying 'I need this kind of medicine but I owe so much money to the drug store that I can't get this refilled.' So we said 'Well how is that going to work?' When our money started being directly to paying off that bill so they could go back to the drug store. Then there were patients that said well no I didn't go to the doctor last week and they came to us here. We said well why didn't you go? Well I couldn't pay and I can't go back until I pay my bill. We couldn't pay the whole bill off for the doctors and the hospital the patients told us about but we paid something. Said well if we pay \$10, will you let him come in next week or tomorrow and we'll try to help this person meet their financial obligation. We'll try to help them get eligible for Medicaid. We'll help them get eligible if they can. So they saw because many of us were Health Department staff they knew that we would be in a position to help the patient maximize the use of popular assistance and we would try to get them eligible for programs or we'll help pay for some of their services. So that we feel was extremely valuable. Our relief fund went to just putting a Band-Aid, you see, on patients so that they would feel better. Get some medicine, get to the doctor, get in the hospital because we knew we couldn't cure. We couldn't treat. We couldn't wipe out, but we could temporarily provide relief. From pain. From financial stress. From guilt. From whatever it was. Even stuff like buying groceries and maybe helping...something like get a child something for Christmas. We did those kinds of things. We gave little Christmas presents and things and whatever little things.

JB: Then you began to see well they're asking us for more. Like we paid the plane trip for one of our patients to go to New York for special eye treatment that was not available in South Carolina. Couldn't pay for what we got, but we got a plane ticket. So people started asking us to do more. We then had beginning to fund raise and such. In order to have the money for that or to see if we could get that. So then it was important for us to get a treasurer. It was important for us to get people who knew about money, who knew how to raise money. Those kind of things. Who had the contacts. So then we also had other people in that original group like Patricia Gibson, who is now our treasurer. She wasn't at the time but she was [unclear] then. She is now working with the legal aid group here. So she had expertise back then that has developed more and more into her professional role now. Paul Colmer [spelling?] who is going to law school, but he started out with us. He is now, I think, in law school or maybe he's graduated. He left us a couple years ago and he went off to law school. He was able to give us a lot of that kind of input at the time. Reverend Julius Steed. A black organization should never get started without a minister because it just gives you the spiritual guidance you need in order to go through the hurdles and the struggle and to see that there is someone beyond us who really can help us to do what we have to do. Even if it looks like on the surface there's no way you can survive. So it was important that Julius Steed gave directions to his people from the very beginning. Dr. Canish Mature [spelling?] who was a professor at State College, he's still there. He had time. He had interest. Right now I cannot think of his area. He's in the school of Home Economics and Nutrition. I'm not exactly sure what his—I think that's his background. John Wolfe. Zack Counsel who is still our legal consultant. He helped the organization back then with some of that. Ulysses Java who is an educator was very interested in sickle cell anemia. Spent a lot of time in the beginning as well. The original founders of the organization. I. Cayhill was one of the founders and is still one of the most dependable and dedicated [unclear]. He says that he'll always work with this organization as long as he's in Orangeburg and we believe he will. Then Mrs. Arthur McKinley who was a consumer in the community. An interested citizen. A very dedicated woman who cared. She was not employed at the Health Department. She did not have sickle cell anemia. She's a person in the community that represents a lot of other people who were not able to be actively involved. She represented that part of the community, a working mother who was concerned. So we had, I believe, every organization represented.

JB: Now we had physicians at that time gave us support with conditions. Dr. Crawford who was one of our [unclear]. Dr. Lewis gave us support, he was here practicing in the area. Those were the two main doctors. Of course we had a number of other physicians that were from the white medical community that took care of the patients and responded to the requests without money to see patients. That list is too long to make. The entire medical community, the pharmacy community especially Dr. James who is now a member of our consultants, took our word if we called or sent a note to say please refill this prescription we'll take care of the bill. He trusted us. Dr. Gordon, the dentist, same thing. Very important

the children were able to have dental work done if they get to a dentist not that it happens often. Sometimes it's not good for them to have a [unclear] because of the problems they have but when the time is right and they have care [unclear] that kind of thing it was good they could get good resources. We were able to ask many dentists at the time to take our word, we would pay the bill and try to get them on welfare. Of course if not we would help pay for it. So we feel like we were unique in this community. We're small enough that we could get to people. We could get to enough people with consistency that they trusted us. They knew that we would back up the patients and we didn't have to require the patients stand there and produce their ab slip [?]. They knew the patients and they knew that if they set up and people were not exploiting our organization. We have not been exploited by people who didn't have sickle cell. By people who wanted to just use our name to make money. We filed for protection from that. We have a contract now. If somebody wants to raise money, they co-sponsor, we make sure they are public enough that whatever they say will come to us, comes to us because we have a full arrangement for that and it doesn't exploit the general public. Say 20% will come to us, 80% for them. If they use our name to get 100%. So whatever is upfront, say 50-50 then we get 50 if there's more then we make a note. The majority of proceeds will go here and we have them say that. For the community as well. The majority will go to the cancer society and a part will go—so we work out those kinds of things. We have not had a real problem that we are aware of that's significant enough to even say we've been exploited by patients, community, or other organizations. It's been very supportive of our help [unclear].

00:21:11 **MC: What were some of the early objectives of the foundation in the 1970s?**

JB: Like I said the main objective then, the main objective now is to provide relief and support. But as we got a little larger in numbers, had a little more time and gained more support, we did feel it necessary to try to have our objectives to match very much with other organizations even much larger. With the major health care organizations that we had to [uh?] which was DHEC and the Health Department. Because most of the screenings were done with DHEC. Most of the patients we identified were associated with the crippled children's program or other programs. Our main objectives were to provide counseling, social, and referral services. We could do a little bit of those things but we had to refer most of the time. It was a small group. We could not—it wasn't safe to even say it was set up to be the counselors because you have to really be trained for that and really follow through and assist with that. But we were able to provide some of that through our referral network. To solicit and provide the education services. Not only did we have expertise to provide it because we have educators still who are very well trained like Francine Wish. She's a biology teacher. She's one of the best prepared educators in sickle cell anemia. She teaches it. She has now had inter-curricular. She has influenced the curriculum in the public schools. Because of her knowledge and understanding and advocacy for making people aware.

00:22:45 **MC: Where is she teaching?**

JB: She's teaching at the Orangeburg-Wilkinson High School presently. Here in Orangeburg. So we solicit for it by trying to get educators. We also were able to provide—we had a lot of strong feelings about getting education before all schooling. Even if we didn't have but a little bit of time to do it. If we had a lot of schools we made it known we must tell people before we do the tests because they have a right to choose not to have it. They need to know what they're being tested for and need to know what to expect when they get the results. So that's always been something that we have pushed for. Setting up workshops so that we can tell the rest of the [logical ones??] so we had those not every year but as often as we possibly could.

00:23:28 **MC: When did the workshops first begin? When did you first conceive of the idea of a workshop?**

JB: I'm not exactly sure but I believe that...there were not a lot of formal workshops in the early '70s. That I'm aware of. Shirley may be able to speak more of that. But I know that as we got closer to the '80s...the beginning of the '80s when we were getting ready to start the clinic we started having formal workshops. We've had a lot of those since then. I know we had a workshop in '81—well '79, I know. '79. '80. We had a workshop. '82 had a big workshop at State College. Well attended by people from all over not just Orangeburg area. There've been several at State College. There have been workshops at OC Tech. We've had workshops through the Health Department. We threw our annual banquets. We had...seminars and workshops like that where we've had a lot of people to come and we give them that kind of information.

00:24:36 **MC: When did you first have your banquets?**

JB: Our first banquet...I believe started in 1980.

00:24:55 **MC: 1980?**

JB: Because this was our fourth annual banquet we've had this year.

00:24:58 **MC: So that's a relatively new development.**

JB: Relatively new. Two-fold purpose. It gives us a chance once a year to recognize people who are contributing. To give special recognition to people who have done extra things, either with money or service. Also to invite the general public in to that kind of atmosphere to hear about the work and our foundation. To meet our members and to solicit their support. Then we always through in or have an educational session. Which may be a film, most of the time it's a speaker who is very knowledgeable like Dr. Davis this past time.

00:25:40 **MC: What's his first name by the way?**

JB: Carlton P Davis. Who is extremely important and will always be near and dear to our hearts in this community.

00:25:52 **MC: Is he from this community?**

JB: No he is not. Dr. Davis is a pediatric hematologist who worked for our department for six years in South Carolina whose main pediatric resource for the children. Dr. Millner was mainly for the adults but Dr. Carlton P Davis...is a pediatric hematologist and he worked closely with Dr. Clark prior to his death in providing services at the state clinic.

00:26:21 **MC: That's James Clark?**

JB: James R. Clark. Dr. Davis then was the primary provider available for the children of South Carolina and families up until June of this year. At which time he resigned. He's now only with Vesper [?]. So we honored him this year knowing this was his last year in our March banquet. Gave him special recognition and also he gave our educational program and updated our audience on the current concepts, mission, problems, concerns, and future direction for sickle cell anemia in South Carolina.

00:26:58 **MC: What were some of the teething problems of the Foundation in the beginning? What were some of the stumbling blocks you had to surmount in the initial stages of your operation?**

JB: I believe it's what happened shortly after we got started is we became so overwhelmed with the number of people who had been misdiagnosed for so long. Children who had had so much pain and suffering without getting the right response. We feel through no malice or lack of caring but lack of knowledge among the patient community as well as the medical community. In terms of the very specifics of diagnosis, early detection of sickle cell anemia. No real early screening, routinely going on. So not easy access to providers for many of the children that never got anywhere to find out what the problem was but just the quick [unclear] of the emergency room. With pain and fever and those kinds of things that often run with the crisis, but just misdiagnosed as maybe appendicitis or other kinds of acute illnesses and treated not with the right kinds of things. Because the condition often was. So we became overwhelmed with realizing that there was not a system available here to take care of all these children and individuals that all of a sudden had proof that they had sickle cell anemia. Many people went through denial and then didn't come back for the counseling. They did not come back for us to try to get them involved in the health care system that they needed. So we just really felt very overwhelmed and felt there was so much information and so much opportunity that we really had to formally request help.

Formally request persons, other than those of us volunteering our time and caring. We knew we had to go further than that.

JB: So we were able to communicate to the town. At that particular time we had the seeder funds that were available. We saw that there were many organizations and health providers who were [unclear] that we felt were good but nowhere nearly would meet the need in the area so much that we had identified. We were able with support of people who were involved at that time. County counsel, chairperson, Mr. Hunt had sat down with us and listened and talked and asked questions. Had a lot of interest. He was very influential in getting accounting with the administration to fund a person full time.

00:29:51 **MC: What was his first name by the way?**

JB: Wilbur Hunt.

00:29:56 **MC: You think?**

JB: I think Wilbur was his first name. But he was one of the main persons at that particular time that worked with [unclear] and worked with us to get that. The first paid person hired with us, of course after that first person left we received continued funding up until we had to—[recording stops]

00:30:25 [Recording resumes]

MC: Ok. We'll pick up on your point about the county counsel.

JB: The county counsel appointed us in June of 1977 and we continued to receive funds until September of 1979. Of course at that time a lot of state funds were discontinued so were many other organizations including ours. But we felt good about that because it gave us two years experience to work that particular organization. That organization was helpful to us in other ways as support. In...1979 we were able to go from a counseling position to a health educative position. We were able to still receive some continued funding through the seeder foundation. Presently of course we don't have that as a resource but we do have other funds that have been introduced to us.

00:31:28 **MC: What about your relationship with DHEC? How supportive was DHEC in catering to the needs of the foundation in the 1970s?**

JB: The interesting and very positive response we have to report on that question, I think, is because of having two regular employed individuals on the foundation from the Department of Health and Environmental Control. It gave Shirley and I an opportunity to wear two hats all the time. We never really had a difficult time when we were sitting in and working in the DHEC structure talking about the needs of the patients with sickle cell anemia because we were also responsible for

doing target screening generally. For identifying groups at risk for health problems. So we were just as much an advocate for all the areas of our responsibilities as we were for this. So we were allowed to use our information about this problem to help improve upon our Health Department responsibilities. At the same time the group had questions and concerns and did not understand a lot. The directions of the DHEC funding, some of the priorities within DHEC did not always put sickle cell, and still doesn't, at the very top of the priority list. We have been able to help and understand as much as we understand why it is that each year there is a decision made about the priorities. About the directions of funding. We are in a position where we can still help to increase and increase, encourage and encourage as much participation as is possible. But because we are not able to make those decisions then we feel that the sickle cell foundation and the community at risk still get a lot more because we are very much involved in ongoing. Giving our expertise and our directions and our resources to the client. Which is a lot more than they can get in other areas because there aren't Health Department staff in other areas except the twelve who are members of the Foundation. The Health Department is aware in each area, and give support but they are not actively involved in the day to day responsibilities of activities and foundations. We feel in this area that we have excellent co-operations for [unclear]. We have an opportunity to ask questions and raise issues on a regular basis and effect the plan of care that is in our area to the point that we have had demonstration activity. We had the first [unclear] we had the first district to be involved and move on screening. We have a medical director now, Dr. Constance Eury [spelling?] who is a pediatrician and new to this area. Very much knowledgeable. Has been involved prior to coming to this position. Is very much going to be another advocate and going to be another leader in this community to help with this problem. We've got that kind of unique DHEC relationship that has been extremely helpful in the progress that we've had in this area and the quality of life that we feel exists for our clients. The potential included in that whole area.

00:35:04 **MC: Have there been any times though during the 1970s where the policies of DHEC seemed to conflict with the goals and aspirations of this foundation as far as the terms of quality of life?**

JB: Being the optimist that I am and when asked that type of question, I'm very careful with the answer that I give for this reason. Granted if I were to go into the specifics, I could come up with several things that I could say hold this point made it very difficult for us to get a lot done because of just not being able to the [unclear] and leading a large organization or large community [unclear] but at the same time we pulled the best out of the relationship. We pulled that with everything that it had to give us as much edge as we could to continue our goals and objectives. I don't feel that we had any diminishing of our effectiveness because of that. What we did in our organization, we just worked harder under those values and constraints. [Knocking on door in background]

00:36:27 **MC: Hold on. We'll interrupt briefly. [Recording stops]**

00:36:31 [Recording resumes]

MC: We were talking about the policy decisions of DHEC and how it might have had an adverse effect on the Foundation. Do you want to continue?

JB: I think that there might be more documentation of that as far as the state counsel. Because the state counsel was in and out. It lived very well for a period of time and then it had a period of darkness, inactivity. Did not really have the support that it needed in order to survive to influence the directions of DHEC activity the way that it originally wanted to do. I think it became more important then for the local groups to divide the responsibility.