

Interviewee: Meredith Walsh  
Interviewer: Regina M. Edmonds  
Date of Interview: May 31, 2017  
Location: Worcester Refugee Assistance Project [WRAP]  
Transcriber: Regina M. Edmonds



**Abstract:** Meredith Walsh, born in 1978 in Memphis, Tennessee, is a remarkable individual who has traveled widely and dedicated her life to improving the wellbeing of others. She began her international work as a Peace Corps volunteer in the Philippines and then as a health care-worker, educator, and advocate for human rights on the Thai/Burma border. (Burma is now often referred to as Myanmar). Upon her return to the United States to pursue a master's degree in Advanced Practice Nursing at the University of Massachusetts Medical School, Meredith became involved with the Burmese refugee community in Worcester which led her to become a co-founder of the Worcester Refugee Assistance Project [WRAP] and later to serve as its executive director. Throughout the interview Meredith demonstrates not only her deep compassion for others but also her considerable expertise in comprehending the significant challenges faced by displaced people, both on the Thai/Burma border and here in Worcester. These important dimensions of her experience allow Meredith to extend extraordinary levels of empathy towards others. Near the interview's conclusion, Meredith speaks of her upcoming departure from Worcester to pursue new opportunities back in Memphis. There is no doubt that she will be deeply missed by all who know her and her work advocating for Burmese refugees in Worcester and beyond.

**RE:** Thank you for being willing to participate in the project. I am just going to start out and ask you a few demographic facts about your life So do you mind telling me your birth date?

**MW:** June 27, 1978

**RE:** And where were you born?

**MW:** Memphis, Tennessee

**RE:** [adjusts the tape recorder and laughs] Do you have any children?

**MW:** No

**RE:** No, so you probably don't have any grandchildren either then [both laugh]. Are you married or single or ... ?

**MW:** Married

**RE:** And have you used any other names besides Meredith Walsh?

**MW:** No

**RE:** And do you ... can you tell us your husband's name?

**MW:** Kyle Tingley

**RE:** You spell that for me ... and your mother's name?

**MW:** Jean

**RE:** [spells] J E ...

**MW:** [spells] J E A N Walsh

**RE:** And was she also born in Memphis?

**MW:** She was born in Memphis

**RE:** And your father?

**MW:** Tom Walsh, also born in Memphis

**RE:** And do you have any brothers or sisters?

**MW:** I have one sister. She's older

**RE:** She's older so you're the youngest. And do you identify with any particular racial or ethnic background?

**MW:** White or European

**RE:** Ok. And do you affiliate with any religions or practice any religion or you can also say that you don't want to say so

**MW:** Sure, I was raised Baptist

**RE:** And we'll say your current—well are you employed here or are you a volunteer?

**MW:** It's a volunteer position with WRAP [Worcester Refugee Assistance Program] but I'm currently employed elsewhere

**RE:** Ok, you were born here—you weren't born in Worcester, so no and you didn't grow up here, right? When did you move to Worcester?

**MW:** 2009

**RE:** 2009. And did you go to school in Worcester?

**MW:** I did, I went to graduate school here in Worcester, UMass [University of Massachusetts] Graduate School of Nursing

**RE:** Oh, that's right, I remember.

**MW:** That's when we first met.

**RE:** Yup, when was that?

**MW:** From 2009 until to 2013.

**RE:** Ok, perfect. That's kind of the boring part [laughs].

**MW:** No problem .

**RE:** So as I mentioned I always was very—I admired you a great deal when I met you. I really was impressed with your many travels and your dedication to the Burmese community so I'm wondering if you would like to tell me a little about how you got involved in this whole endeavor.

**MW:** Yeah, it's sort of been a series of things over the course of many years. Somewhat of a domino effect of meeting people and going certain places and then just following different paths as they've been presented to me. So I guess with the Burmese community in particular, that journey started in 2005 when I first arrived in Thailand and that was with a physician working with the American Refugee Committee which is a non-governmental organization that works in various refugee settings around the world. And so I had a six-month contract to work with them in two of the refugee camps along the Thai/Burma border and at that point I had just finished my Masters in Public Health or technically I actually hadn't finished. It was—part of the six months

was part of my practicum to finish the degree so I finished the degree while I was still overseas. I was looking to get experience working in public health internationally. Prior to my master's I had been a Peace Corps volunteer in the Philippines for three years so I did have some overseas experience already and already had some experience with South Asian communities. So when I arrived in 2005 I was thinking that I would just get my feet wet working in public health and so I did. I got my feet wet [laughs] and I dived right in, slowly all the way in. So I started out doing a couple of assessments in two of the refugee camps, one related to gender-based violence. It was a quantitative survey—prevalence survey of gender-based violence and then another assessment of adolescent reproductive health needs, a qualitative assessment with focus groups and individual interviews. And so at the end of those six months, once the feet were wet, I decided that I wanted to stay. It was a very intriguing place to live, I felt like there was a lot for me to learn in terms of the culture, the politics, the way of life. Everything was completely different from what I knew in America and I had lived the rural, impoverished life in the mountains of the Philippines, but this was—this had an added layer of human rights. A human rights situation where people were not being afforded their rights as human beings, and so that drew me in even more.

And there was such a strong network of people who were from Burma. Different communities, various ethnic groups, they were working so hard to address the situation, to resist the Burmese military regime, and so there was something that was very magnetizing about being a part of that. One small blip in that machine was—it was humbling and just appealing and so after, at the end of that six months I felt like I wanted to stay in that area along the border. But I didn't necessarily want to continue working in the setting where I was working. So I looked around and I found a clinic that was run by people from Burma. A Karen doctor named Dr. Cynthia Maung, she had founded a clinic long before, over ten years, maybe fifteen years I think at that time. [It] had already been well established so they were treating people who were coming across the border and people who were living in migrant settings along the border without documentation—not official refugees but would have qualified as refugees had they been interviewed, talked, checked for persecution. And so this clinic was working with an affiliated community-based group called the Burma Medical Association and they were running programs in the eastern part of Burma trying to address maternal and child health to reduce maternal mortality and infant mortality in the rural parts of—eastern parts of Burma and they needed assistance. They had a young woman from the United States who was working with them. She had her Master's in Public Health and so she was helping them with monitoring and evaluation, sort of overall management of the programs, liaising with donors, and things like that. But this

person was leaving so I slid right into her role and they were able to pay me a stipend to pay for my living accommodations there. It wasn't a salary but it was enough to ...

**RE:** ... to live

**MW:** ... enough to live without any complaints. And so I ended up doing that and then jumping into a whole bunch of other things over the next four years. Just dabbling in whatever was needed, whatever was presented I just jumped right in. So I was kind of all over the place. I traveled across the border several times just doing different sorts of assessments, went to refugee camps as well, to meet with different community groups, worked in different migrant areas where migrant workers were working in the fields, in the factories, again working with community-based groups—people from the community helping themselves. And so I just basically listened and helped with whatever they needed help with which ended up being a lot of trainings. Training people, training the trainer, training their leaders that they could train other people in the camp or the refugee setting or the internally displaced area of the village, wherever, whatever setting it was, I did a lot of trainings.

**RE:** And training was primarily in maternal and infant mortality and other health related ...

**MW:** Yes, and they expanded really to reproductive health overall. We did trainings on adolescent reproductive health, emergency obstetric care, HIV prevention, family planning, safe abortions. There's a lot in this setting—unsafe abortion is very common. Women don't have access to family planning therefore there are unplanned pregnancies that they choose to terminate and there are not safe ways for them to do that, so that contributes to the maternal mortality and so the relative training related to reducing that morbidity and mortality. Sort of just the broad range of reproductive health, that sort of brought me to different [unintelligible] settings along that border. And then over my time there I started to get this notion that I wanted to do more clinical work because I was happy looking at the trees in a public health way and looking at the forest, so I was looking at the forest and then I wanted to be able to look at the trees. I think mainly because it just kept coming up over and over again, there were lots of questions when we would give trainings in the community and what not, there would be a lot of clinical questions that I couldn't answer. And so I felt like I just wanted to have a complementary degree and so I looked around for different options and ultimately chose Advanced Practice Nursing and that's what led me to come back to the states and to Worcester where I did my master's, my accelerated program

**RE:** And when you say clinical work, do you mean primarily of a medical nature or also a psychological nature? I remember you were very interested in the issue of trauma, you know the psychological ...

**MW:** My focus was clinical in the medical realm. I think definitely the mental health piece has been interwoven in that, but in my search for clinical practice and clinical skills I was looking more for the medical side of things and then along the way, the mental health piece has just been always at the forefront.

**RE:** You're right because it comes up so often in the medical domain. So many things in the medical domain are related to the mental health domain as well. [RE has some trouble speaking due to laryngitis] Sorry about my voice. When you were there did you feel like you were making a really important impact or did you feel really frustrated or did you feel like overwhelmed at times by the massive nature of the problems?

**MW:** Yes, [laughs] all of the above, all of the above. I mean there were small victories in terms of seeing progress mostly with the people I was working with, the people that I could see were just developing such a passion for helping their own people and were taking the new knowledge that they were gaining from whatever we were doing. Whether it was collecting data, creating a log book vs. actually treating a patient vs. giving a training, providing education, talking to community leaders, whatever it was we were doing, you could just see the momentum building. And so that was inspiring to see and humbling and then definitely frustrating in many ways of course when there's—it's just an uphill battle. There's so many things, so many cards stacked against communities that are in settings that are vulnerable, politically unstable, people without documentation, people with very little literacy and very little understanding of what their rights are, where the power dynamic is incredibly upside down in many ways, so there was definitely a lot of frustration there and then that leads to the feeling of being overwhelmed. There's only so much you can do. Every step back ...

**RE:** Every step forward is a step back. I know even in the states I feel like that's very often true. Like working in Great Brook Valley and other places I have worked. You embrace a certain number of people and you see them thrive and then other people just get run over by the factors. Did you feel as though your work as a Peace Corps volunteer had given you additional, sort of experience and knowledge or not so much?

**MW:** Yes, very much so I think because I had learned to live in a setting that was completely foreign, completely different to what I had grown up with. In the Peace Corps I was living in a

mountain village with no electricity, no running water. Went to bed with the sun, woke up with the sun, farmers all around me, learned to plant rice, walked to the school right down the rice paddy path to teach, hiked to the next school to teach. So I knew the pace of life and I knew a little bit about the priorities, the things that are important to people who are living in that sort of setting in terms of getting food, making sure your children have food—not necessarily some of the things we would worry about in the Western world although people do worry about getting food definitely here, but in a different context. So the skills of being able to sort of step outside of yourself and really be open to observing and to listening and to following what others around you are doing regardless of whether it is something you think is funny or awkward or different or just doing as they do. I think that's a life lesson that I think everybody could use [laughs] and it's hard to get that life lesson though unless you're thrown in a setting where people are different around you. You don't get that and I think that's part of where some of the myopic views that we see in America come from, not just America, the Western world in general, the modern world, people who are around people like them all day long or they're avoiding the people that are around them that are different, actively avoiding them. They don't ever have that understanding of the other and what the other is. And I think that helped me a lot when I arrived in Thailand and I met the Karen people who were living in mountainous refugee camps. I thought, this is not that different from the mountains of the Philippines - very similar, the environment seemed very similar, the same rice paddies, the same smells of nature, things being new housing, but with a very different human rights lens.

**RE:** Right. Of course now in the Philippines the human rights lens is sort of bad but ...

**MW:** True, it may not have changed in the mountain village where I was but definitely in the urban areas.

**RE:** I hope it hasn't—I hope folks are still safe. [referring to the tape] We can keep on going a little while. When you came back with your really, kind of, not culture—well that's a cliché "culture shock" but was returning to the U.S. kind of disorienting?

**MW:** Very much so. Much harder to come back then to go, much easier to shed what you already know than to put it back on, it's like taking off armor and then putting all that armor back on is much harder. And yes, it was incredibly disheartening and disappointing to see just the priorities of the way the Western world sort of places priorities on us that seem trivial and using the lens of someone who's coming from a setting where the most important things are being together and eating and sleeping and having a roof over your head and being safe. Those are their priorities. And then coming here and seeing the priorities related to what kind of car you

have and how long your commute is and how much money do you have and what time it is and are you on time [RE laughs] or are you late, did you finish your assignment. All of these sort of things seem trivial in a sense when you come from where you've come from and even going to a grocery store and seeing aisles and aisles of so much food that goes to waste was also was sort of a blow.

**RE:** Yes, yes ...

**MW:** So I had a hard time adjusting to that. I think I'm not unique in that. I think that's the story of a lot of people. And then having conversations with people who haven't been overseas for a period of time also was hard. I found it hard because I didn't know how to really talk to them about it. You can't really explain in words what it's like and most people wanted to ask questions like: "How was it? Did you have fun?" [laughs] "What's the best thing about it" and "Do you miss it?" Very common and normal questions people would ask, but I just found myself—I don't know how to answer that. I don't. Sure it was fun sometimes but not ...

**RE:** And that's not really why you were there ....

**MW:** No, no, definitely not. There was plenty of happiness. I was definitely happy, so I can't say I wasn't happy. So rewarding in many ways, but anyway. so those kinds of conversations were hard to know how to navigate.

**RE:** And when you were in both settings, the Philippines and on the other side of the border, by yourself?

**MW:** Yes, yes. In the Philippines I was placed in a village by myself for let's say three years. I started off , I spent my time in two different locations but by myself um, and then in Thailand I was by myself as well. I had a—I lived in various different places, sometimes I was living with other people, but I was the only ...

**RE:** And did you feel kind of there that you gained a lot in confidence and strength or were you always pretty confident and strong? [laughs]

**MW:** I think I gained more confidence and strength. I think, heading off to the Peace Corps I was like most people around here, headstrong and, you know, I'm gonna go save the world and I'm confident in that—you know, the false confidence that it is—the naiveté that's healthy and that's easily dashed ...

**RE:** (laughs) Yes



**MW:** ... and then you learn very quickly that that's not gonna happen but I think, I guess I had that confidence to sort of bolster me so there was more of an excitement—an adventure. I had studied abroad in college, I had spent a year overseas already in Italy, not the developing world, but at least I had gone somewhere on my own I guess, but I was with my university, so not technically alone. So I had done the traveling thing for a long period of time before, but yeah, I think definitely over the eight years in Southeast Asia I think I developed a confidence and sort of blending in in an environment that's unknown and being comfortable in an environment that is unknown, so traveling in places where I don't speak the language, don't read the language, can't write the language that's definitely an experience I think that's helped me to be able to relate to people here who are coming to America who don't read or write in English or any language. I know what it's like to navigate a system where you're using markers, you're using signs and colors and markers on the road that aren't signs. People in Thailand would always ask me, "What's the name of the place, the temple that you live near, what's the name of the school that you live near?" I would say, "I don't know. I can't read the sign, but it's the one that has the red something or other on the outside." So that's how I would get around. So you learn to navigate and so that's similar to—I can remember—for people here. You can't tell them go to a place with the name Grafton Street School. "What's that? I can't read that sign. I don't know where that is?" So it's helpful to be able to help people here. I know what it's like.

**RE:** You can really connect with what their experience is like and probably you can also connect more than many others with, I don't know if I would call it courage or figure it out and all the signs we need to help us navigate. Often they develop their own set of ways to navigate which are quite inventive and you really admire ... I really admire that in myself.

**MW:** Right, absolutely, absolutely. And then on the flip side of that, which is related, is that I can recognize when people are not able to do that well. Navigation skills are—those are skills and so the confidence that I have – “Well I'll just figure it out, I don't know where I'm going, or who I'm meeting, or what language or anything, but I'll figure it out” – that sort of navigation skill, being able to use context clues is something I've realized that not everybody has, especially people coming from a remote setting in the world where they've never seen a car or they've never seen a bus stop, or they've never seen a car seat for an infant. Those are all foreign concepts. So I can sort of use the lens of imagine this person is in this village with no electricity, no running water, never been in a car, never seen a computer, never seen a TV, never seen a phone, alright, now we're gonna try to get that person to the hospital for an appointment and then—so you can sort of appreciate how to help them navigate when they don't really have those navigational skills. They are not going to be able to look for that marker on the road that gets

them on the bus or gets the money out of their purse you know, etc. etc. So those are some of the takeaway pieces that I think are impossible to know unless you've experienced it or unless someone tries to explain it to you.

**RE:** Right and tries to try to step inside the mindset of the other person. It's so terrible and I'm sure you have encountered it hundreds of times where people just keep on talking louder as if somehow that is going to make a difference and clearly, it's not .

[RE comments on the tape and decides to turn it over at this point - the balance of the interview is on Side B]

**RE:** What sort of motivated you to initiate WRAP [Worcester Refugee Assistance Project]. I mean, it's pretty much your baby, right, as I understand it?

**MW:** I definitely don't take full credit for it. I met several key people who introduced me to what was the starting, sort of the seed of WRAP and so I sort of took over the leadership role in 2011. We were kind of already going for a little over a year at that point. When I moved here in 2009 one person in particular that I knew that lived in Worcester was Michael Forhan. I had met him already in Thailand. He works on the border, he's the executive director of the Burma Border Project, and so I met up with him and he said, "Let me introduce you to the other people who are working with the Burmese refugees here" and at that point, I think, if I get my chronology correctly, I think I had already met some of the Burmese folks because I had started volunteering with the Lutheran Social Services Agency because that was one of the first things I did when I got here was figure out what agencies were helping refugees so where can I plug in. So I was volunteering with them and then simultaneously Michael introduced me to a couple of public health nurses, who were reaching out to the Burmese refugee community, a man who was fostering some unaccompanied refugee minors from Burma, and a couple of other people who were invested and interested in helping them. So it was those of us—five or six people—who kept getting together and meeting in different living rooms, different kitchens, and talking about how we could make a collective difference, just like the Margaret Mead quote ...

**RE:** Right, right ... definitely

**MW:** ... good citizens ..., and so that's how WRAP was born and so my leadership role began in 2011 when our current leader at that time, Patty Youngblood, she stepped away so amongst our group we were looking for someone to take it over and so I did. And this is 2011 and I've been made the director, and yes it's been it's been my family, it's been my family away from my family. [laughs] None of my family, none of my biological family is in Massachusetts, and so the

refugee community became my family. I befriended all the families, went to all their homes, helped them however I could and along the way we tried to create some structure with our programming to meet their needs based on what they told us they needed because there is just so much that's needed to adjust to life in America. There's only so much that the federal assistance can provide and does provide.

**RE:** Yes, I remember, I don't know if it was Dar Ku or Paw Wah, "All these letters, I don't understand all the letters" they would receive and the notices and the things and they spoke about how helpful it was just to have someone to interpret what does this mean and what do you have to do about it and they definitely credited you with being a real, a real miracle worker in some of the complexities that they were unable to process, of course, I mean we can't even figure it out ourselves.

**MW:** Right, I think, I mean there's definitely a lot of paperwork, a lot of paperwork in order to get public benefits and I think part of the struggle is not even knowing where to take it to get help with it. There's not, there's not a specific agency that has the role of helping you decipher a form, right? So you have the SNAP [Supplemental Nutrition Assistance Program] agency for food stamps, you have Mass Health, you have Social Security and Disability, you've got the Department of Transitional Assistance, so you have a lot of agencies providing a lot of assistance, but all of them require filling out forms and attaching pay stubs and social security card, copies, etc., etc. and where are they going to get a photocopy? Not even knowing where to do that, not knowing where to go to get help with that. So by me just coming to the house and sitting down and having a cup of tea, (whispers) "Oh maybe she knows," and that's how I learned about what their needs were too. So it's sort of this serendipitous, organic discovery on both of our parts. There was only so much that I could see that was needed in terms of my observations. You can walk into an apartment and see lots of things that are needed in the apartment, but in terms their overall needs or their overall stressors, what are the things that they're worried about?

**RE:** Yes. Am I right in understanding that you came specifically to Worcester because you knew Michael Forhan and because of the public health program?

**MW:** No, not exactly. So I came to Worcester because of the Graduate School of Nursing, to do the Advanced Practice Nursing degree, but the reason why I chose that school was because I was in a relationship with a man who was in the medical school at UMass [University of Massachusetts] at the time and I had met him in Thailand. He was doing a medical rotation at the same clinic where I was working and so in choosing which nursing school I wanted to come to I

chose UMass so that I could be with him. That relationship didn't last very long so I ended up staying beyond the relationship.

**RE:** And you were very happy ... [laughs]

**MW:** I guess it was meant to be, it was meant to bring me here for that reason, and so Michael Forhan being here was an added benefit.

**RE:** And was the nursing program, did it meet your expectations, did you feel like you really learned many things you didn't already know? What was that experience like for you?

**MW:** Yeah, I did. Definitely I learned the clinical side of things so for the first year of the program I was studying the RN [Registered Nurse] licensure curriculum and then the second two years is the nurse practitioner master's program, and so you quickly move from nursing, which is focused on helping people manage their conditions, to nurse practitioner which is more about diagnosing and treating them. So the foundation of a nursing model that moves into more of the medical, the medical approach.

**RE:** Right.

**MW:** I appreciate it, I appreciate having the foundation of the nursing education so that you're trained to look at the whole individual and to address their ability to cope and how they're managing their illness, not just how to diagnose and treat it.

**RE:** What else would you like to tell me? Just what other things would you like people to know about Meredith Walsh, what's she's all about?

**MW:** Hmm, that's a tough question.

**RE:** [laughs] That's a hard one.

**MW:** I guess that I feel like the more I do, the more I work with refugees in the non-profit setting, with volunteers who are coming to the table for various reasons, the more I realize how much there is something innate in certain people. Not everybody has this sort of innate desire to devote their time to helping other people. It's not something that can be taught, it's not something that you can force people to do. A lot of community service learning programs out there are great, I'm not trying to knock them. Community service learning is great. That's where people find the seed, they plant the seed, but at the same time I feel like that inner drive to step outside yourself and to think about other people and to carve out the time no matter how

busy you are, to dedicate that time to helping somebody else is something that—it's like grit, it's something people have and you can't teach it and you can't instill it, it's just there. You can certainly foster it and you can certainly promote it and help it blossom, but it just needs to be there. And I think that there's probably a bit of nature and nurture, nature versus nurture to be explored there because I look at my parents and I see them both as being very, very compassionate and caring people and I was raised to have that lens of helping other people. And I think that's part of where my drive comes from because if I am not doing something that's directly related to helping other people I feel futile, I feel like I'm—I feel empty.

**RE:** Yeah, something's missing ...

**MW:** Right, right and that's something that I felt when I first came to Worcester where I was—I left this five-year experience where I'm constantly working to help someone else, to help other people, it has nothing to do with me. And then coming to Worcester where I'm totally switching gears, where I'm going to school to learn information. And so I have this big drop-off point of feeling like, "Whoa, this is not me. I feel very empty right now." And so I think that's part of how WRAP, my involvement with WRAP got pummeled I guess, not pummeled, that's not the word, hmm, got ...

**RE:** the opposite of that

**MW:** Yes, launched, there you go.

**RE:** Launched, yes.

**MW:** You just get to fill that emptiness.

**RE:** Interesting. I was wondering, when you were speaking before about the villages and the things that are important to people, I wondered, and this might be very naive idea, but how in the West we have lost these profound connections. Everybody is looking at their phone or have their earphones in or I find it interesting like my daughters have cell phones, no landlines, so you call them and they never answer because they don't hear the phone. I mean, they might call back but ... and I have no connections then with my children's spouses because they have a different cell phone and it feels really chopped up to me and even students in my classes at Assumption [College] very often walk into class like this [*puts hand in front of face to simulate a cell phone*] and walk out like this [*puts hand in front of face to simulate a cell phone*]. I'm wondering ... it just occurred to me when you were speaking about the Philippines and the Thai border where the

closeness of the community that I'm wondering if you sense a really profound difference in the different cultures you lived ... have lived in with respect to this interpersonal connection.

**MW:** Ah, definitely. I think that people who live in communal settings like villages are dependent on each other. They're not dependent on devices, they're dependent on each other and so there's always time for people. If you stop into someone's house, whatever they're doing, if they're winnowing rice, if they're cooking, whatever they're doing they're always going to open their door and welcome you in and it's as though you've given them a gift by stopping by.

**RE:** Yes

**MW:** And so they're welcoming you and so having that togetherness time is a precious gift for both sides and that's not in our society. You can't stop in on someone and knock on their door. That's a complete intrusion, and it's rude and why didn't you call before you were coming and I'm not ready for you and my house is dirty, you know, I don't have anything to serve you and I'm in my pajamas and so many reasons why it's not ok.

**RE:** Yeah, yeah

**MW:** And that just doesn't exist there because it's—just being together and being with people is paramount to any sort of perceived disturbance. So I think that's part of the reason why people take more value in speaking directly to someone rather than getting a letter in the mail that says you're invited to something or getting a text message or a tweet or getting a phone call from the agency saying "You have an appointment on February 27<sup>th</sup>." Those things just don't sit and so we wonder why the communities that are coming from these settings don't show up to appointments or don't come to an event that we think that we've invited them to because the human interaction is the most important thing. You have to tell someone in person which we think of as a burden, right? Why would I have to go around and tell 50 people individually about something, why can't I just put it on Facebook? Come on!!!

**RE:** [laughs along throughout this exchange] Right ...

**MW:** Right, we have it right there on Facebook why can't they just—that's just not the way they operate, how they value. You have to ask them in person. You can't ask somebody else to ask them, you need to ask them, otherwise it's not genuine. So that's where it comes from, I think where it comes from.

**RE:** And so you were hoping to go to Africa and work in as a public—as a nurse, as a nurse practitioner, is that was that what you were hoping for?

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**MW:** Actually, I wouldn't be doing anything clinical I would be teaching nursing at a university.

**RE:** Oh wow.

**MW:** They were very—it was made very clear that I wouldn't be actually clinically treating patients, I would be training students who were learning to be nurses.

**RE:** That's a big disappointment for you or you'll find other fun things to ... not fun, but I imagine the wonderful skills and resources you have ... will that open new doors for you?

**MW:** Yeah, yeah, it's just one door that's closed, that doesn't mean there's not others that are open and, and there's a reason for things so I'm hopeful that I'll find something that's meaningful in Memphis. I don't know what that will be yet, but I'll see what the refugee community is like in Memphis and where the need is. Jump in and get my feet wet and then most likely immerse myself.

**RE:** Well, I just wanted to thank you very much for taking time out of your busy life to talk with us and as I said at the beginning, I really admire what you've done. As a young person I really wanted to join the Peace Corps also and different things interfered and now I'm a little bit, well I'm not too old but I have a lot of, you know, junky stuff in my lungs, but I just love talking with individuals like yourself who are so generous and you can tell that the people who know you are just—they admire you so much and they do tell about how much you have enriched their lives so what could be better than that, right? [laughs]. So thank you.

**MW:** Thank you.

**RE:** I really appreciate it.