

[0:00:00]

Ella: Mr. Forester, after, you know, we have different associations, say, as a teacher after you finished school or, say, speech and hearing, you have to become a member of a certain association, is this true also with doctors?

Norman: Yes, yes.

Ella: What association is it?

Norman: You know we can elect to be a member or not a member. You have to be a member -- well it's nice to be a member of your local county medical society...

[0:00:30] ...your state medical society, and your national medical society. By that I mean the Wyandotte Medical Society, the Kansas State Medical Society, and the American Medical Association; however, I elected not to be a member of the AMA, which is American Medical Association, and next year I'm not going to be a member of the state or the county. I'm also a member of the Negro Local...

[0:01:00] ...this is primarily composed of all Negro doctors in the Kansas City and Missouri, both sides, Kansas City, Kansas and Kansas City, Missouri; these are Negro physicians who are members of a component chapter of the NMA, which is the National Medical Association. So next year I'm only going to be a member of just those two. I'm also a member of -- I was an associate member of the American College of Physicians, but, you know I can go on and on...

[0:01:30] ...there's American College of Geriatrics that I'm a member of, and all you do is pay your dues and get your name on a little deal to hang on your wall. You never go to the meeting because, you know, if you did...

Ella: It's not required?

Norman: No, it's not required, but if you did just be sort of prohibitive, you couldn't -- you would be taking a week off a month to make all the meetings, so what I'm going to do next year I'm just going to save my money and just be a member of the Kaw Valley and the NMA, which is Negro oriented...

[0:02:01] ...Negro members in it, and I can identify with them and I can support all of their programs because their programs are designed to help the Negro people, so that's it, that's all I'm going to be a member of next year.

Ella: Okay, not a professional level, are you a member of maybe any -- you were in a fraternity, are you still active in your...

Norman: Well I was here six -- this is my tenth year here. I was here ten years before I was even extended -- offered, you know...

[0:02:30] ...someone asked me to become a member of the Grad Chapter of Omega, so now I have gone to one meeting, and I will pay my dues, I will at least be a dues paying member. And, oh, I don't know there are several other, you know, local organizations that I'm a member of, but there are a lot of -- like the NAACP, I have yet to be approached by them to become a member, although I've been here ten years. All of the other professional, you know, I think there are a lot of other professional doctors...

[0:03:00] ...that I know of who have not been asked to become a member. Now, you know, they give these membership drives each year, but I would like to become a life member if I'm going to become a member of it, as opposed to, you know, a sustaining member; you know, you pay the membership each year. But I've been too lazy, I said I have been meaning to contact them myself, but I thought, you know, you had to sit back and you just waited, you know? People would come by and say, "Look, we'd like to have you as a member of this."

[0:03:30] But then I found out that the NAACP is not like that, that, you know, you have to start the initiation if you want to become a member, you take your own initiative and join. But then there's several other, you know, local clubs or what have you, or organizations that I would like to become a member, but these are ones that you have to sit back and wait until they extend you an invitation...

[0:04:00]

Ella: So they're considered most of a prestigious organization?

Norman: Well I don't know, I think they do, I don't think it's very prestigious because look at some of the people that are in the organization. You know, I'm not a social climber and I could care less about that, but like I said I've been here ten years now before my frat brothers even knew I was in town, and that's bad, though, that's really bad because one of these frat brothers and I are beer drinking buddies every now and then and he has yet to say, "Hey, man, why don't you come on and join the Grad Chapter?"

[0:04:31] So I think it's just a matter of people being too busy and too caught up in their own activities that this never crosses their mind. And this is something I've learned about people in the Midwest is that they, you know, this is one of their characteristics; they just don't think. You know they don't have this buddy, downhome type of thing that you find in Mississippi where you look out for everybody and you look out for your friend.

[0:05:00] They look out for Number 1 and that's it, you know?

Ella: Okay. And from the preliminary you mentioned summer camp...

Norman: Right.

Ella: ...meaning military?

Norman: Right.

Ella: When did you become involved in the military?

Norman: I've been a member of the United States Army Reserves for, let's see, six years going on here, my sixth year, since '71, so '77 of March I will be out of it, but we have to attend two weeks of summer camp each year, you have to attend meetings three times a month...

[0:05:31] ...and we do this for six years. And what we primarily do when we have meetings now is we give physical examinations to other reservists, people who are trying to get in service, people who are trying to get out. And we've had some pretty nice stations, you know...

Ella: Was this on a voluntary basis? I mean you...

Norman: It was either that or be drafted, so I didn't want it to interfere with my education, you know, my residence and internship, so I just joined the Reserves.

[0:06:00] So as a result my education has not been interfered with and I think it's broadened it because we were able to go to bases like Ft. Sill, Ft. Bliss, the big Army hospital in Denver, I can't think of the name of that, and we'd go on to Ft. Leavenworth a couple of times, Ft. Bliss, and each of these, you know, facilities you learned a little something each time you go, a form of travel.

Ella: Okay.

[0:06:30] During the early part of the interview we only had one child...

Norman: Yeah.

Ella: ...and that was Preston, Jr., right?

Norman: Uh-huh.

Ella: Okay, you have three?

Norman: I have two girls, Sonja Latrish and Nina, she doesn't have a middle name.

Ella: Okay, how old is Nina?

Norman: I think Nina is five but she will be six her birthday.

Ella: And...

Norman: Sonya is 11.

[0:07:00]

Ella: And Preston, Jr. is now how old?

Norman: Twelve.

Ella: He's 12?

Norman: Right.

Ella: Now he is enrolled in a private school, am I correct?

Norman: No, they were at -- well they were at Loretto last year, but they're now in public school at -- Norman is at Eisenhower Junior High School and Sonja is at Kennedy.

Ella: Okay, the decision for them to come from a private school to a public, that's very unusual.

Norman: Well all I wanted them to do was get a good foundation...

[0:07:31]

Ella: A foundation.

Norman: And they were going to Loretto, so I figured they had a good foundation, now we could put them in public school. I don't think public school is bad because I didn't turn out too bad, so I figured it shouldn't be too bad -- it should be better for them cause they are going to school in a predominantly White neighborhood and I'm pretty sure they're going to have all of the latest, you know, courses, equipment there. And I just think that kids do better when they go to a public school.

[0:08:00] I think private schools are -- have a tendency -- they lead too much of a sheltered life, they're not exposed to, you know, what life is all about in a private school.

Ella: Have you questioned -- you spoke with your son, does he find the change rather difficult; has he even been able to adjust?

Norman: No, he's been able to adjust to it okay, he likes it, you know, he likes it. One of the reason I think he likes it better because there are boys; when he was at Loretto there were very few, you know, boys his age that were there.

[0:08:30] But there are a lot of guys his age and so there's, you know, kids in the neighborhood go there and is his friends, and so he likes it from that aspect.

Ella: Have you noticed any language pattern changes?

Norman: Oh, not too much, not too much. If so, he doesn't say it around me.

Ella: I'm not saying -- not language as far as profanity, but most slangs whereas maybe they weren't saying that?

Norman: Oh, sure, yeah. That's definitely been -- you know I hear these every day.

[0:09:00] Little, you know, sayings, I don't know what they call them, I guess they're proverbial, but a lot of hip, hip/jive talk that he did not have at Loretto, most definitely.

Ella: Your practice again, usually -- well maybe also, say, for just a regular office visit, first visit ever encountered in this position, a specific person...

Norman: Uh-huh.

[0:09:31]

Ella: ...was it contingent upon the type of problem they're having to what you charge, or is there a varied type -- you know, cause I have seen some doctor's office they may have a list.

Norman: Uh-huh. Well we -- it depends on, you know, what -- you know it depends really, I think, upon how much time you have to spend with them, you know? Usually try to allot ten minutes to each patient; it may be less than ten minutes, but for a ten-minute office call...

[0:10:00] ...you know, it usually averages maybe around \$9.00, \$10.00, some doctors are 15, some doctors are six, it sort of depends on where you are, but it depends on the length of time. If you spend an hour with someone and, you know, we have charts and surveys that show that the average internist's time is worth at least \$60.00 an hour, so you have to more or less, you know, this is all you have to sell is your time and knowledge, and if it takes you longer...

[0:10:30] ...you know, a patient is more seriously ill, you have to charge them more. Whereas if it's someone who's come in for a head cold, that's no more than five or six minutes at the most, and they just get the basic \$9.00 office fee. But if you spend 30 minutes with them, then that fee might be \$10.00 or \$15.00 or it might be \$30.00. It also depends on whether you draw blood, whether you do, you know, run other lab tests, and this type thing; but most people that we see are usually...

[0:11:00] ...we call it a \$9.00 (character 0:11:01).

Ella: Okay.

Norman: Yeah.

Ella: Now the other person, I mean the -- they're considered receptionist?

Norman: Right.

Ella: Are they screened; did you hire them or are they sent from an agency?

Norman: No, they're screened and hired by us, and primarily my uncle. I leave all the hiring and firing to him. I just work.

Ella: Okay.

Norman: But, you know, we both are always looking for -- you know, asking around for someone who has had any type of, you know, training in a doctor's office or a hospital because these are the people who are used to...

[0:11:30] ...seeing things, they're used to the terminology; you don't have to do too much retraining. Now occasionally we will get graduates of these schools, but we found that, you know, you have to spend more time with them than the ones that, you know, pick up from the hospital. I don't know why but it always turns out that way. But mostly the ones in the hospital are nurses' aids, so these girls have had practical experience and they have a little working knowledge in my [unintelligible 0:11:57] you see?

[0:11:59] Whereas most of the girls who come from the little colleges, they have all -- it's all been just out of the book, no practical experience. They pick up their practical experience in the office at our expense, you see?

Ella: Okay, you are also -- I know you have had a patient admitted to the hospital; is that correct?

Norman: Yes.

Ella: Are you like on-call, do you have specific hours to be on-call on specific days, or is this just something that you would do for a buddy?

[0:12:30]

Norman: Theoretically we're on-call, you know, for our profession 24-hours-a-day, really; but my uncle and I being together, we rotate every other weekend, and then we're on-call every night through the week, you know, for our patients. But like Saturday and Sunday, if I'm in the office on that Saturday morning, he is off that weekend, so I take all calls, but he still makes rounds on his patients, but I take all calls, you know, emergency calls, et cetera. If someone has to be admitted that day...

[0:13:00] ...and needs to be seen that day or in the middle of the night, I have to get up and go do it, that's on that particular weekend. Now the following weekend I won't have to do that, but during the week I would, you see? Then sometime,

you know, another doctor will ask you to cover for him, he's going out of town for a medical meeting, and his office will just refer all calls to me or whoever he asked to cover for him, so we do that for each other.

[End of audio 0:13:25]