Lillian Carter, Rosalynn Carter, and caregiving

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On March 10, 2011, former First Lady Rosalynn Carter was the guest speaker for the 20th induction ceremony of the Georgia Women of Achievement at Wesleyan College in Macon, Georgia. No one was more appropriate for this role, as one of the

three women inducted that day was her own mother-in-law, Lillian Gordy Carter, who passed away in 1983 at the age of 85.

Both of my parents were born and raised in Georgia, and my roots there go far back. My affinity for this southern state and its history and people is strong and deep, and it's what initially drew my attention to these two admirable Carter women. I recently enjoyed reading the memoir former President Jimmy Carter wrote about Lillian titled *A Remarkable Mother*.

I've long admired Rosalynn Carter for her tireless work over many years to improve the quality of life for people around the world. She is a strong advocate for mental health (*Figure 1*), caregiving, early childhood immunization, human rights, and conflict resolution through her work at the Carter Center in Atlanta, Georgia. She also serves as president of the board of directors for the Rosalynn Carter Institute for Caregiving (RCI) (see <http://www.rosalynncarter.org>), and her interest in caregiving goes back to her childhood. She commented:

I was deeply influenced by how chronic illness affected and shaped my family and by the heroic and selfless efforts of health care providers, including Jimmy's mother, Lillian Carter. She was among the most dedicated and skilled nurses imaginable and I was in awe of her as I observed the expert care she provided. The type of assistance that Lillian provided as a nurse is increasingly being provided today by family members (1).

As a registered nurse in the South Georgia town of Plains, Lillian had helped care for Rosalynn's father, Wilburn Edgar Smith, before he died in 1940 of leukemia at age 44, when his eldest daughter was 13. It was during the Depression when "Miss Lillian," as she was often known, worked as a private-duty nurse in people's homes. She often worked 20-hour days for \$6 a day, but since most of her patients were cash poor, many would instead give her eggs, chickens, firewood, or the like that

Figure 1. Rosalynn Carter chairing mental health hearings in 1978. Photo from the Jimmy Carter Library (NLC-WHSP-C-04032-15).

she and her family might need. Rosalynn's father so admired her that he named his younger daughter Lillian.

In a time of racial segregation in the South, Lillian Carter earned the respect of not only the white community but also the black community—not only for her abilities as a nurse but also for her dedication and compassion. She had the strength and the willingness to defy conventions, and some of that stemmed from her personal belief that social justice was absolutely necessary for greatness in nursing. She devotedly nursed her black patients in their homes, and she also welcomed them into her home, allowing black people to enter her home through the front door, rather than the back door as was the custom, and entertaining them in her living room.

This tireless dedication to nursing did not come without sacrifice. President Carter remembered when he was a child that sometimes a week would pass without his seeing his mother; she would return home after her four children had gone to bed and leave again before they woke up. In the morning, the children would find a letter to them from their mother, which included a list of the chores they were to do that day. More than once their mother had to explain to them why she was gone so much from home and why she was willing to work without pay, to help them understand that she saw nursing as a lifelong obligation to

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Figure 2. Lillian Carter as a nurse in India. Photo reprinted with permission from “Demented or determined” by Gretchen Decker in *Emory Nursing*, Fall 2001.

help other people who were in need. If President Carter missed her often while growing up, it's also clear that he admired his mother and, like his wife, was inspired by her.

As a widow back in 1966 at the age of 68, Lillian Carter made the bold decision to apply for the Peace Corps. Not without some fear, she left Georgia to live for 21 months in Vikhroli, India, an industrial town near Mumbai (*Figure 2*), where her assignment was to administer a local-initiative family planning program, including teaching women about contraception and men about vasectomy. It was not an easy job given the sensitivity about birth control, a cultural taboo in India. She also volunteered to work in a clinic for factory workers. The workload

was prodigious and presented its own set of challenges. Because she treated lepers and because she dealt with blood and human feces and things of that kind, she was considered by some as “untouchable” too. She was also someone who performed her own cleaning and cooking, tasks that would be performed by servants for upper-caste Indians.

It turned out to be a difficult experience for her in India but one that she came to value tremendously and which must have further strengthened her resolve for social justice. Emory University recognized the work she did in India when it later established the Lillian Carter Center for International Nursing, and the Atlanta Regional Office of the Peace Corps has named an award in her honor for volunteers over 50 who make the biggest contribution.

I can imagine the great pleasure Rosalynn Carter must have felt witnessing her mother-in-law honored as a Georgia Woman of Achievement. Likewise, I have no doubt that, if Lillian Carter were still alive, she would be a strong and vocal supporter of the RCI and its efforts to address the caregiving crisis in America. The RCI is working at the local, state, and national levels to develop solutions that include better community planning, workforce development, caregiver education and support, and more effective use of technology. But, as importantly, the RCI is working to bring about a fundamental shift in how our nation values caregiving and caregivers.

1. Carter R. Addressing the caregiving crisis. *Prev Chronic Dis* 2008;5(1). Available at http://www.cdc.gov/pcd/issues/2008/jan/07_0162.htm.

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