

Unified Committee for Afro-American Contributions
Oral History Documentation Project

Joyce W. Neal

Interviewed by Alma Jordon

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Alma Jordon ([00:02](#)):

Okay. My name is Alma Jordon and today is November 12th, 2024. I am in Leonardtown, Maryland. Can you give me your full name, please?

Joyce Neal ([00:16](#)):

Yes, my full name is Joyce W. Neal.

Alma Jordon ([00:20](#)):

Great. Thank you. And before we get too much further, I would like to mention that there are two other people here with me who may be asking questions.

Anna Mosley ([00:32](#)):

I'm Anna Mosley.

Merideth Taylor ([00:34](#)):

Merideth Taylor.

Alma Jordon ([00:36](#)):

Thank you. Okay. Can you tell me about your people and where you were raised?

Joyce Neal ([00:44](#)):

I was raised in St. Mary's County, and I like to say I'm third generation St. Mary's Hospital, where I currently practice. All four of my grandparents are from the county. I think my grandparents set up my parents, that's how they actually met. Actually, my dad dated my aunt, my mother's sister, for a short minute before he dated my mom. He is the reason that I'm actually here in the county practicing. I did my training at the University of Maryland, and at the end of my training I was offered a job to stay on at the University of Maryland. And I was in the middle of contract negotiations and I was talking with my dad and he says, "We need doctors at home, we need you to come home." And that's how I wound up coming back to St. Mary's County.

Alma Jordon ([01:39](#)):

Oh, that's a very interesting... Very, very interesting. Well, you talked about where you were raised, but what is your actual earliest memory of anything?

Joyce Neal ([01:58](#)):

My earliest memories are of being in the tobacco fields with my parents, grandparents, cousins. At that time, the whole family worked in the tobacco field. And it didn't matter what age you were, if you were able to walk, you had some role in the tobacco field. Probably my earliest memories are just being with family in the tobacco field and dropping sticks and things like that. And one of my favorite early memories is my dad letting me start driving at eight years old on the farm. It was a privilege. He told me that I had to be very careful I couldn't be throwing people off the truck or he wouldn't allow me to drive anymore. And so, those are my earliest memories, all centered around family and working in the tobacco field.

Alma Jordon ([02:52](#)):

Very interesting. Very interesting. Tell me about your early education.

Joyce Neal ([03:04](#)):

I went to Banneker for kindergarten and I found it very interesting when my parents told me how that used to be a school for African Americans. I found out many things about what my parents went through that they protected me from growing up. But I went to Banneker, and then I went to Hollywood Elementary, Leonardtown Elementary, then Leonardtown Middle, and finally Leonardtown High School.

Alma Jordon ([03:32](#)):

Okay. As a young person, what did you dream of becoming when you became an adult?

Joyce Neal ([03:44](#)):

I wanted to race cars for a living. I wanted to be the first Black woman NASCAR driver. I just fell into watching racing on television and I loved it, and I had no intentions of going to college or doing anything like that. My plan was to graduate high school and I was just going to go down to North Carolina and show up on a pick-through and think that somebody was going to hire me. That was my plan. I didn't verbalize that to my parents, who expected me to go on with my education, so I had to come up with something. So I said I'm going to be a doctor, but I had no intentions of being a doctor. I was just biding my time until I could get away from home and go down south and turn into the next, I don't know, Richard Petty or whoever.

([04:34](#)):

Which, as I think back to it, how ridiculously stupid, but that was really what I had in mind. That I was just going to show up somewhere and somebody was going to give me a chance because of the novelty of an African American. Which, there are very few in racing now, but back then there were none. So I thought, oh, I'll be the first and they're just going to take me because I'm a Black female.

Alma Jordon ([04:58](#)):

Wow, that is so very interesting. My goodness. You talked a little bit about your advanced education. Did you want to share a little bit more about that?

Joyce Neal ([05:14](#)):

I went to the University of Maryland on a partial music scholarship. And again, I was really thinking about racing for a living, so I really didn't have a goal there. Freshman year, during orientation you get lectures or talked to by a bunch of different professors and trying to figure out a major, and I decided to become a zoology major. Not because I had any interest in zoology, but Professor Linder was very cute and he reminded me of Albert Einstein. And I said, "Okay, I'll just be a zoology major." Again, I'm just trying to bide my time until I can get away and enact my plan to become a race car driver. So because I thought the professor was cute, that's how I picked the zoology major. And then, once it came to about third year of college, it was like, well, people ask me, "What are you going to do with that?"

(06:11):

I was sitting there thinking again having to come up with some answer, and I was like, "I guess I'll go to medical school, be a doctor." I had, again, no intentions, but I had to say something. I don't know what to do with a zoology major, because I really wasn't particularly interested in animals, for that matter. I just happened to apply to medical school, did good enough on the MCATs, got into a couple of medical schools. And probably about the third year of medical school was like, yeah, this is what I want to do. Kind of a long route. I think most people know that from the very beginning, but that was just something I was saying to satisfy my parents, who expected me to get some type of education. Which, I'm glad that they were sensible, because I don't think the whole NASCAR thing would've worked out for me.

Alma Jordon (07:11):

Oh, my goodness. Well, did you mention that you were on a partial music scholarship?

Joyce Neal (07:17):

Yeah. In high school I played trumpet and a little bit of tuba. When Ronald Reagan was re-inaugurated, they had an all-American collegiate band, and I was a member of that. Actually, somewhere packed away there's a picture of the band on Time Magazine, and I was part of it. And it was an amazing experience to meet musicians, college students from all over the country. And that year was horrible. It was so bitter cold they actually had to cancel a lot of the inaugural balls and things like that. We were very limited in our performances. It snowed, which all of the East Coast people were like, ugh. The people from California, who'd never seen snow, they thought it was the most wonderful thing they had ever seen. But it was really amazing to do that.

(08:12):

It helped financially. There was a lot. I was in the marching band, so all of the college football games and a road trips, it took a lot of time. So trying to balance that and the studying was difficult, but it taught you discipline. Like a mental discipline. I had physical discipline just from growing up farm and that type of thing, but just the mental discipline of trying to juggle a full course load and being on partial music scholarship was challenging.

Alma Jordon (08:51):

Do you still play music now?

Joyce Neal (08:53):

None whatsoever. I look at trumpet and I'm like, I wonder if I could play that. And I absolutely... No, none whatsoever. I appreciate music and all, but I have no ability to play. And definitely would not be able to do anything on a tuba anymore.

Alma Jordon ([09:10](#)):

Well, that's certainly such a wonderful experience to have had all that. Now, tell me about moving back to St. Mary's County and your business getting into medicine here.

Joyce Neal ([09:28](#)):

I wanted to go away. And in fact, after I finished college, after finishing medical school, I enjoyed everything except for pediatrics. I really didn't know what type of specialty. I did a year of internal medicine because I thought maybe I'll do medicine. An OB. I also like psychiatry, I just loved everything. And so, I did a year of internal medicine because I thought that would give me time to decide. And I actually went away, I went to the Medical University of South Carolina, because I really never been super far from home. Family is really, really close. So, I went to Charleston. And my grandmother, my dad's mother, having had her experiences in life, was so worried that I was going to South Carolina and I was going by myself, and she was worried about the KKK and all the things. And she, I don't want to say put that in me, but when I got down there I was expecting a certain experience.

([10:37](#)):

And the first gentleman that I saw in the clinic as a young doctor, he reared back and he says... I introduced myself. "Young lady, you're in the South now." And I'm like, oh my God, the KKK, they're going to come string me up. I'm just like... He goes, "And people will bend over backwards to help you." And just from that I found it to be true. It was the best experience. I experienced more in the way of racism in Baltimore than I ever did down south. But I was away just to see, can I just take care of myself on my own without parents or grandparents or family or a lifeline? I needed to prove that to myself. And then I came back and I did my residency in OB at the end of the year of medicine, which I loved.

([11:32](#)):

I said a year of medicine and then four years of training for OB. And I still didn't know if I wanted to specialize, and I was like, this is adding up to a lot. I did my residency at University of Maryland for OB, which was excellent because we have shock trauma right there. The things that we get to see training there really, really prepared me well. And in fact, as I was saying, they offered me a job. One of the head of the department offered me a job to stay on. And I thought that's what I wanted to do because it was high-risk obstetrics, and that's what I really, really enjoyed. And coming back home, I knew it wasn't going to be that type of atmosphere. And my dad had a very big influence, and what he said I did. I came back home, which in hindsight and years down the line I recognize I would've been burnt out in Baltimore, so it was the best decision. Parents always know things that you don't.

([12:40](#)):

But I worked for another doctor. And my dad always said, "You should be your own boss. You should be your own boss." At I was like, "No. Nope. I just want to be the employee. I just want to be the good employee. I don't want to be the boss." And I worked for someone and it did not end well. And so, not by my plan, but I wound up starting my own practice. And I can just say, again, best decision ever. Again, he was right all along. Nothing wrong with big corporate practices and things like that, but to be able to be the boss, practice the way that I want to and not be beholden to some corporate structure, you've got to see X number of patients this number of time and do this.

([13:32](#)):

I've really been able to enjoy it because it's such, for me, a privilege. When somebody comes to me, they're making a choice to come to me. Which, I hold that close to my heart because it's a privilege to take care of patients. That's the way I've always felt. And to be able to do that on my own terms has

been probably the greatest gift I've ever had. And I'm very thankful that my dad, that he was the architect of me being back here, basically. Because left to my own devices, maybe I would've wound up here eventually on my own, but would've definitely been started in Baltimore and probably have been there for quite a while.

Alma Jordon ([14:16](#)):

What an interesting experience that must've been for you to make that decision based on everything. In starting in your own business, did you have what we call a business plan? How did you set all that up?

Joyce Neal ([14:34](#)):

I was told that I would have to get a business plan. I knew nothing about business. And most doctors coming out of residency know nothing about business, because most go into practice with other doctors or in corporate structure. I was lucky, we had First National Bank of St. Mary's. And the president of the hospital, Ms. Ray, she put me in touch with the president of PNC. They walked me through, this is what you need to do to get a bank loan, you need to write a business loan. How do I do that? They walked me through that whole process and all. It wasn't as horribly difficult. And I had lots of nurses, labor and delivery who once they knew I was no longer going to be working for the person I had started out with, and knew that I was going to be starting my own practice, they were invaluable.

([15:27](#)):

Some of the older doctors, some of the pediatricians, Dr. Shett, Dr. Dillon. People who've been here forever, Dr. Roach. They gave me a lot of advice, and this is how you do it. Because there aren't a lot of individual solo practitioners around, they're disappearing. There aren't any OB solo practitioners. I believe in the Tri-County area most belong to groups. Dr. Roach was a solo practitioner, Dr. Samadhi, and that way of practicing medicine is going by the wayside. I came in on the tail end of that. Dr. Dillon and Dr. Shett, who still practice pediatrics independent of MedStar, they gave me a lot of advice. And this is how you do this, and this is where you go to get equipment, and this is what you'll need for this licensing. So they gave me a blueprint and I soaked up all of the information that they had to give, and it all worked out.

Alma Jordon ([16:28](#)):

Wow, good.

Anna Mosley ([16:28](#)):

It all worked out.

Alma Jordon ([16:30](#)):

Basically, then the service you provide, excuse me, is OB and gynecology?

Joyce Neal ([16:39](#)):

It was, I just stopped delivering babies about a year ago, October 30th or 31st was my last delivery, and I finished all of my postpartum patients in November. About a year ago I stopped doing OB because it's just 24/7 on call. And by myself, I just figured it was time. Now I'm doing GYN and a little bit of OB. Because a couple months ago Charles Regional Hospital called, they have a shortage of doctors and they're like, "Could you help us out with some OB?" So, I am doing a few shifts as a independent

provider for Charles Regional. I'm covering their labor and delivery about four 24 hour shifts a month for them until more doctors arrive.

Alma Jordon ([17:32](#)):

Wow, that's very interesting. You mentioned OB, how many babies? [laughs]

Joyce Neal ([17:42](#)):

I have no idea. I get asked that all the time. And I just figured out the reason I don't know that number or don't want to know that number. Because whatever the number is, I will feel like I didn't do enough. That's why I've never researched the number, I've never kept statistics. But I just know mentally about me if it was 10,000 babies, well, you should have stayed and done 15,000. I have no idea how many. I'm just waiting for one of them to become President or colonize Mars so I can say I was there for that. I was there. But I really have no idea.

Alma Jordon ([18:27](#)):

Well, with the looks of all of these little bitty ones in your office here.

Joyce Neal ([18:32](#)):

And this doesn't even represent, because when COVID happened... We used to have photo albums all over with all of the babies. And just with COVID, we removed those from the office, and so this was just a little smattering of them all.

Alma Jordon ([18:47](#)):

Right. How amazing. Well, basically we know who your customers were, all females, obviously with the type of business you're in. Now, tell me about your employees. And how many employees do you have? Sorry.

Joyce Neal ([19:04](#)):

Yes. Prior to, I had two offices and then I went to one office. And so, at one time there were, I believe, six employees. And then when I went to one office, three. And now that I'm just doing GYN, I have one employee, my office manager, Angie, who's been with me many, many years. Over 15 years. But she and I know each other so well. She knows how I work, how she works, so we're able to probably accomplish maybe what three or four office staff members would. I just found after the last employee, after we had one other employee, after she left, we just decided we didn't need to hire anyone else. It worked out better and I just feel like I have more control when it's just she and I. But she knows me the back of my hand, she can almost verbatim.

([20:03](#)):

She could be the doctor because she's just heard me say the same things over and over and over. She's very detail oriented, like I am. I have a trust with her. I don't have to check up, "Did that get done?" Or if I say, "Angie, please remind me of it, because I'll forget." I have complete confidence and faith in her. And when you have one employee like that, you don't need a lot of others.

Alma Jordon ([20:32](#)):

What amazing trust that is.

Joyce Neal ([20:35](#)):

Yes.

Alma Jordon ([20:35](#)):

Yes. Angie's been with you 15 years. How long have you been in practice?

Joyce Neal ([20:42](#)):

July 1996, so 28 years. This July will be 29. Yeah, two office managers in the 29 years. I had one prior, and she was with me when I started with the other doctor. And my first day of practice, I'd never met her before, she was tech with him. She whispered to me, "When you leave him, I want you to take me with you." And I was like, "What are you talking about? It's my first day." And she knew things that I didn't know, and so she helped me start the practice. I had an office in Charlotte Hall. And one of the other doctors, I didn't have a building, one of the other doctors, Dr. Hodges, who practices in Waldorf. He had a little satellite office up in Charlotte Hall, and he let me use that until my building was built. So the first couple of months I practiced out of his office before I got my office built.

Alma Jordon ([21:48](#)):

This is maybe an unusual question for you, but do you have a business motto?

Joyce Neal ([21:57](#)):

I don't have a business motto, but one thing in my mind always just with whether it's business, whatever, do the right thing. That's just me, just do the right thing. Whatever it is, do the right thing.

Alma Jordon ([22:16](#)):

And that sounds like it comes from a medical professional. Definitely. What is a typical day for you?

Joyce Neal ([22:31](#)):

It's a lot more predictable now that I'm not doing OB. OB, there wasn't a typical day. I didn't know when a day would start, when a day would end, how many days would run into. But now I usually get up about 5:30-6:00, do some things around the house, do a little bit of reading for a couple of hours. Then I come in and Angie and I sit and figure out, okay, what's going on for the day? If there are any special patients she needs to let me know about. And then it's seeing patients all day, and we usually stop at noon and then resume at one. At the end of the day we, I don't want to say debrief, but we figure out, okay, has everything been taken care of for the day? At the end of the week, we review the week and we preview the next week.

([23:30](#)):

But now it's very, I don't want to say routine, but it's seeing however many patients every day. But the patients vary, and you never know from one day to the next what problem it's going to be, what fire you're going to be putting out. But there not the interruptions from having to run over to labor delivery for emergency or things like that anymore, so it's much more predictable. And other than when I'm doing call at Savista or occasionally call for MedStar, I go home every evening. Now, when the day ends, that's it. I know that I can go home. Nobody's going to be calling me back to the hospital, so I'm actually able to relax and unwind without the constant, okay, when's the phone going to ring? Life is very different now that I'm just doing GYN.

Alma Jordon ([24:30](#)):

Well, I'm sure that's a pleasure after so many years.

Joyce Neal ([24:33](#)):

It's very nice. I've finally gotten used to it. It's nice to be able to leave the county. And that first couple of times I did that, that was very difficult. Nobody's going to be calling. Yeah. I feel like I'm off my leash now.

Alma Jordon ([24:51](#)):

Excellent, excellent. As a minority, have you faced many challenges or any challenges?

Joyce Neal ([25:08](#)):

If there were, or if I was subject to issues related to race, I've not been aware of them. I've been quite fortunate that people have treated me well. I've been treated with respect. I have not had any overt, or what I thought were to be overt episodes of racism in my practice. If there were, I never knew about it. And I'm very fortunate. Because later on in life, maybe 10, 12 years, I really started hearing the experiences of my parents. I'm sure yours... But what they protected me from. Just how much this hospital has changed, the things that my dad went through. When I say third generation hospital, my grandmother, his mother was housekeeping in the hospital. He was a lab technician for 40 years. People tease and say that I grew up on a Petri dish here at St. Mary's.

([26:30](#)):

Because just so ingrained and hearing all the names, but I never heard the difficulties, like him having to eat in a separate place, not being able to go to the cafeteria because Black people at my lovely hospital were not allowed. I did not know until recent years that there was a Black and a white board of education. I did not know. In recent years hearing these things from my parents. And so, I feel fortunate all the things that you all experienced, put up with, that allowed me to experience life in a way that they didn't. Not that they ever complained. It wasn't like a complaining, wasn't like a woe is me, but just this is what we went through. I didn't have those experiences they had, you all had those experiences so that I haven't had those. And I'm very, very fortunate, and I think about that all the time.

([27:45](#)):

I think about the fact that my parents, the education was important. My mom was a school teacher, obviously, and education was important to them. And no excuses. And I understand now, I understand why that was so important. Because I often think, gosh, they should have been the ones with the medical degree, because both of them very... When I talk about detail-oriented, maybe that's where I get it from, very much detail-oriented, very much they do the job, they do it well. They don't accept sloppy, none of that type of stuff. My mother, that's why my handwriting... Because a lot of patients were like, "Well, you don't write like a doctor." I was like, "Because Ella Neal would slap me silly if I tried to do some chicken scratch doctor writing and all."

([28:40](#)):

But my experiences have been really, really, really good. The last bit of racism that I experienced I think was in medical school when I went in to do examine a patient, and it was an older white gentleman. I think he was trying to be conversational and nice, but there was a basketball game on television and he said, "Oh, y'all people like that, don't you?" And I said, "Well, sir, I'm student Dr. Neal, and I don't watch

basketball at all. So I don't know." Which he scratched his head at. But I've not been the subject of any overt. People have given me opportunity as they would anybody else, and I have not, to date, had any.

Alma Jordon ([29:29](#)):

Wonderful. Wonderful. Well, as a business owner or as a physician, what legacy would you like leave?

Joyce Neal ([29:42](#)):

I saw that question, and I have no idea. Because I feel like the people that you leave behind are the ones who decide what your legacy is. But what I hope is that when people think of me, they think of someone who truly cared about what it is that I do and how I treat people. Whether I could solve your problem, whether I didn't solve your problem, the fact that I cared about you, your problem. What could I do? And that I wasn't the typical doctor. It wasn't all about the finances and getting in and out, that what I do really truly is a privilege. I hold it sacred.

([30:41](#)):

Because I tell people, being an OB, a person of trust, it's almost like being a priest or your hairdresser. There are things that women tell you that they probably don't tell anybody else, and that's a privilege. I hope that people understand or get the feeling that when you've come to see me, I consider it a privilege. I hope that's what people think of when they think of me. Not for another 50, 60 years, I hope or so. But when it does come to that time, that's what I hope. That's what I hope.

Alma Jordon ([31:22](#)):

Basically, how do you feel your business has given back to the community? And that hit some of it, I think.

Joyce Neal ([31:33](#)):

Yeah. There are the people who are uninsured who financially don't have support structure. I've seen a lot of patients through the health department and help them. A lot of the Amish patients I have seen and taken care of them. Just, anyone, no matter what the financial capability, we figured out a way to get it done. And then I'm just hoping that there are people who are look at me and say, "Wow, she was a county girl and she went out there and got it done. Well, she's doing that, I can do that too." That's what I hope somebody out there is seeing as well.

Alma Jordon ([32:28](#)):

Wonderful. Wonderful. Have the changes in the county, since you started your business, affected you and your business?

Joyce Neal ([32:37](#)):

MedStar taking over the hospital, that has, and I was alluding to the fact. And it's not just changes in the county, it's just changes in the way that medicine is delivered. Like solo practitioners, again, that's a thing of the past. People don't come out of training and hang out the proverbial shingle anymore. It's hard to compete with large corporations. For instance, it used to be when a patient was seen in the emergency room and didn't have a doctor, the ER doctors would just give a list of all the doctors in the community. Now, this is a MedStar hospital. So a patient who, for instance, doesn't have a gynecologist, if they have a GYN problem, they can't say, "Oh, go see Dr. Neal," it's referred to the MedStar.

[\(33:36\)](#):

It becomes difficult almost to compete. And it's not a competition. And I'm fortunate in that the way I've always gotten patients, not from advertising, is word of mouth. I see X, they go tell others, and that's always the way. Thankfully, that still works. But if I were just Joe Smoe, there would be no way to penetrate this market.

[\(34:02\)](#):

And I think it's different for patients. Because when I trained there wasn't, oh, you only work for a certain number of hours. You work for whatever, 36, 48, through the patient's illness. Now, there are finite hours that doctors can train for, which is good because fatigue, it's a double-edged sword. I feel like you need to know how to work through fatigue, but also rest makes the brain sharper. So I understand that. But it's almost, I don't want to say shift work, but when my time is up, then the next doctor, the next doctor. And so, for patients, some of them in an OB practice might see four or five different doctors, and then yet somebody different deliver them.

[\(34:50\)](#):

So the days of you see your OB, and your OB sees you for all 14, 15, 17 visits, and your OB is there for your 12, 14, 24, 36 hours of labor, those days coming to an end. Which, I think is sad not only for practitioners, but for patients as well. There's not that sense of I'm responsible, these are my patients, and I worry about what happens to them. Not being corporate doctor, if I have a patient who's passed away, I can go to the funeral, I can buy flowers. I don't have to go through, "Is it okay if we send Mrs. So-and-so flowers for her thing?" I've been to people's homes. It's just a different way of practicing now that many places are becoming very corporate.

[\(35:50\)](#):

And there are advantages. There are advantages to big structures like that, but I think we're losing the variety and losing choice. When I stop practicing, there's nothing but the one group here. It used to be we had three or four different OBGYN practices. Now there's just two, the MedStar group and myself. And now there's no choice for OB anymore, you either go there or you have no choice. That is one thing. It's good for people coming out, because now young people coming out of training, they want that work-life balance, which is not something that we were ever... That just didn't exist. And now people, they want to do eight, ten-hour day, maybe be on call four or five times a month. If you now talk to somebody coming out of training and you say, "Oh, you're going to be on call every third night," you're not hiring that person. It definitely is different. When you practice like that, I feel like you don't have the same ownership of patients. And ownership, I don't mean you're my prop... But you're my responsibility. I think that is also going away.

Alma Jordon [\(37:06\)](#):

Sounds very true. Do you feel that community relations has changed? And if so, positively or negatively?

Joyce Neal [\(37:18\)](#):

Depends on who the relationship is with. When I first came here, not being a MedStar facility, there was definitely a sense of family. Now that it's a MedStar facility, there's layers and it's difficult to get... It used to be you knew who the person was you had to speak to if there was a problem, issue, something you needed to solve. And that's true, whether it's University of Maryland, with Charles Regional, it's all the same. So it's not just here. Have a very good relationship with the health department. I think health department's having those relationships, definitely that's still very, very strong. And some of the community businesses. But again, as hospitals change and how they deliver care and it becomes more

corporate, that is very, very different. I have the same relationship with some of the individual practitioners, Dr. Dylan, Dr. Shett, like we're on an island by ourselves versus... It's very different being part of MedStar versus outside of MedStar.

(38:36):

It definitely has changed. And I think people who practiced one way, we're always going to give you maybe a skewed answer that, yeah, it's not as good as it used to be. If you don't know any different than it's all great. But it's different. I think if you talk to doctors who are a little bit older, Dr. Rose, Dr. Dylan, they would definitely have some things to say. I'm more middle of the road. I am able to collaborate. I don't want to paint a different picture with those doctors, but it's just very different not being of that group and all.

Alma Jordon (39:22):

Okay. Well, what about the community as a whole, not just in the medical field. Do you think relations have changed a lot over the years?

Joyce Neal (39:36):

Somewhat. I think patients are more empowered, which I think is good, in their healthcare. I feel it's more collaborative. I feel like you have to be able to read patients. I don't feel that patients... I feel like you have to be able to read patients. There are the patients who they want you to... Rather paternalistic type of relationship where you tell them and make the decisions and tell them what's best to do. And then you have the patients who have read and researched and they want to collaborate. And then you have the young people who they get all their information on TikTok, so you got to be up with what's going on there. I think relationships with patients, for me, that has not changed. That has still been strong.

(40:32):

And again, I personally am bias, I think stronger than when you're a big group and you're seeing a patient through their pregnancy, for instance, maybe two times, and you really don't know them in a way as if you are seeing them every single day. A lot of these patients you really know, the family dynamics, you know all the things about them. I don't think it's the same when you're practicing that way. But as far as me, the relationship with the patients, that's been the same. Even with the medicine and everything else changing, that part has remained the same.

Alma Jordon (41:13):

Good. Well, what advice would you give someone starting a business?

Joyce Neal (41:25):

I think the best thing is go to the people who have done it and just soak up everything you can get out of them. And actually try to believe what they say. I think so many times we go to people and we listen to them say, "Yeah, yeah, yeah." And then we do what we want or discard that advice. I've found I've done the best when I've listened to the experiences, the pitfalls of this, that, and the other of people. But that's the best thing, going to the people who are doing what it is that you want to do and just getting every bit of advice, knowledge, whatever you can out of them.

Alma Jordon (42:08):

Good.

Joyce Neal ([42:08](#)):

You'll just save yourself a ton of headaches.

Alma Jordon ([42:12](#)):

All right. Well, I think we've covered quite a bit. Is there anything else you'd like to share with us?

Joyce Neal ([42:21](#)):

No, you've really asked some great questions. I had to think and go back over my history a bit. But I really appreciate the opportunity, and I've enjoyed it. You've made me think back over a lot of things and just realize, I did okay. I did okay.

Alma Jordon ([42:44](#)):

Good.

Joyce Neal ([42:44](#)):

And I have people to thank like you. I do. Like I say, teachers, I just feel like they don't get enough credit. And they just have such a huge influence in your life. Your formal teachers and the teachers that you have that maybe aren't in front of the classroom as well. It's just too bad you don't have the smarts that you have when you're younger. I think back, I was like, "God, I wish I paid attention more to what they were talking about." But that's everybody. When they say with wisdom comes age, that is true. That is true.

Alma Jordon ([43:35](#)):

Well, your teacher, Anna, do you have any questions that you...

Anna Mosley ([43:41](#)):

No. You enlighten me on a whole lot of things that I didn't know about what you did. Because once you left the elementary school I lost touch and did not know what you were doing until you came back to the county. And all of that. Did your dad have any influence on what you decided to do? Because I know he worked at the hospital a long, long time.

Joyce Neal ([44:07](#)):

Yeah. Not specialty-wise. Because I literally, at the end of medical school, was flipping quarters trying to decide what specialty. I was dating somebody that was an OBGYN and I was like, "Can you make this...? What do you think I should do?" All I knew was pediatric, no to pediatrics. Absolutely not. I don't hear any crying babies or whatever. But I loved everything else. I loved surgery, I loved internal medicine. I really loved internal medicine. I loved psychiatry. And then the OB. And so, OB just gave me opportunity to do everything and all.

([44:59](#)):

Like I said, he didn't influence me to become a doctor, because I was just saying that to just get them off of my... To say something that was acceptable to them. So he had no influence over that. But I guess I was just fortunate that I got into medical school and then fortunate that the third year I was like, "Oh,

yeah, I like this." But definitely with coming home, because I really loved... Maryland is very high risk [inaudible 00:45:30], and I just loved that type of thing. And shock trauma and all of that. And I thought, this is where I'm 100% staying. I never gave any thought in any way, shape, or form to coming home. And I just remember that phone conversation and he literally said, "We need you to come home." I was like, "Okay."

(45:51):

But again, so right, because I know that I would've been burned. I've just enjoyed my practice. And then that whole thing, "You be the boss. You be the boss." And I'm like, "Nope, nope, nope. That's not me. Not cut out for that. I don't know anything about that." And circumstances happened to be what they were. Every time, Angie always says to me... Because MedStar actually are taking over there, they asked if I wanted to join them. And I was like, "No. Appreciate the offer, but no." Angie, every day she goes, "Did I thank you for not joining MedStar?" Because we're just able to practice the way we want. And nothing wrong with how anybody else practices, but I feel it's very personal here. I'm always thankful. My grandmother, Nanny, she did not want me coming back here. She thought it was not a good idea. Just for a Black person to come back here, she was just based on her experiences. She was like... But it worked out. It worked out well. Like I said, they knew. They knew.

Alma Jordon (47:03):

Merideth, do you have any questions for Dr. Neal?

Merideth Taylor (47:10):

I really don't. But you said, Alma, that all of your clients were women. But didn't you deal with husbands and men who also came with those women? And I was just wondering-

Joyce Neal (47:29):

Oh, absolutely.

Merideth Taylor (47:30):

... about your experiences, if you had anything to say about that.

Joyce Neal (47:35):

With men, especially, I like dealing with the Amish men. Because when you talk about farm things they kind of... Sometimes the women, they drag their husbands into the GY thing, and they're just embarrassed. They're just sitting there like a bump on the wall. But I could talk with them about racing, about farming, about cars. Because I love cars and trucks and tractors and planes, and could talk about that. So it was once they kind of, "Oh, we don't have to talk about female and period things and stuff," then they got okay with it. And I did, when I did the year of internal medicine, dealing with men also. And men, they get embarrassed when it's a female doctor and you're talking about prostate. And the first one I had to do, the gentleman was so embarrassed and he looked at me like, "You're the doctor?" I was like, "Yes." I'm just trying to be prof... But very, very embarrassed. So yes, and peripherally dealt with men a little bit. A little bit.

Alma Jordon (48:42):

Great. Well, thank you so very much.

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Joyce Neal ([48:44](#)):

You're welcome. Thank you. I enjoyed it. I enjoyed it.

Alma Jordon ([48:47](#)):

It was certainly a pleasure.

Joyce Neal ([48:48](#)):

Yes. Well, thank you for the great questions and all. [inaudible 00:48:52]-