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Jim and Carol Osburn interview for the Lest We Forget Collection of Oral Histories

Jim Osburn
Carol Osburn
Jeff Moyer

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Jeff Moyer: You live around here, are you retired or are you working, just let us know who you are.

Carol Osburn: Well, I’m Carol and I’m retired for two years and um, we’ve lived in Apple Creek for six almost seven years and um, I only live about two miles from here so it doesn’t take long to come down. I come a lot more often than I could if I lived further away, so.

Jim Osburn: I’m Jim, I’m retired, been retired since July 1990 and um, we were married six years ago, and like she said we’ve lived in Apple Creek all that time, which is only 10 minutes from here, its uh, we’ve been relatively active with the PBA group here since, uh, we’ve been this close you known and its uh, we totally support it.

JM: Tell us about your family. I mean, children and…

CO: I just have one child and she’s here.

JM: Okay, and what’s her name?

CO: Kimberly.

JM: And how old is she?

CO: Kimberly, she is 45

JM: Can I ask you to go ahead and say all that in one sentence? Saying, I have a daughter Kimberly…

CO: I have a daughter, Kimberly that lives here and she’s 45 and she’s been here since 1966. She came when she was seven. And (long pause).

JM: Thank you.

JO: I uh, I had a son James Jr. that, uh, he was here for six or eight years, so far back I can’t remember exactly how long. But uh. Then, uh. He, we moved him to the Massillon State Hospital from here. Basically because of the conditions what was here at the time, which was
just improved tremendously over the years. He has since passed away. We still, I still have ties to this because of that you know, then with Carol’s daughter, Kim, that’s here, why, uh, we have enough obligations to stay active with the PBA group.

JM: Is that how you met? Did you say how you met?

JO: No, No, we have known each other for years before. We were both divorced and just ended, we just ended up getting married.

JM: Can we go back a little bit then since Kimberly’s been here since 66, you have seen, both of you have seen uh, a big transition. Can we talk a little bit first and then if prefer not to that’s fine, but the first time you understood that Kimberly had a disability, how did you, how did you find that out, what was the reaction of the doctors or how did you… (trails off).

CO: When I first found out she was like, five, five months old and she couldn’t sit up and um, I/we took her a specialist in Akron and he said she has one lazy eye and he said that, the reason she wasn’t sitting up properly was because of that eye, you know didn’t, both eyes did not focus on the same object, and so it made her, uh, the items would move, you know, and it so it just threw her off balance. So we took her to an eye specialist and he examined her eyes and when we went in then to talk to her/him, ah, he’s the one told us that she was retarded. That he said if, um, you cause she was crying, it was lunch time, he said, um, if you listen to her cry she was probably about was eight months old then, he said she cries like a newborn. The sound of it is like a newborn and that’s the first inkling we had she was retarded.

JM: And what did they tell you about what, what you should do then?

CO: Um, he said that she, her eyes, she was too young to where glasses and they couldn’t, cause she wouldn’t leave them on her face, uh, so he suggested that we, you know, take her to other specialist. So we took her to Cleveland Baby Rainbows Hospital and the doctors inspect her up there, um took care of her, she was up there I think for about four days and he done all kinds of tests and everything and by then by the time we got her in she was 11 months old and they told us that she was half of what her age should be, so, and then we took her back every year for, to be reevaluated, but … (trails off)

JM: And how did, how did your son and daughter each of you learn that they, how did they come to Applecreek then, and was that a suggestion from um, or there was just nothing else or how did that come about when they came here initially.

CO: Well, when my daughter came, um, my husband and my mother-in-law, were pushers for her to come, (long pause) sorry…..

JM: That’s okay. Take your time and everything. What about your son?

JO: He, uh, was all though school, he was, uh, a rather, uh, slow learner in school but he did graduate, he was, uh, pretty much of uh, I can’t really say was a loner or anything, but he was definitely a follower. He was not in the capacity of a leader or anything, anyone that would
befriend him or anything he could go with them wholeheartedly and they could lead him into most anything as long as they, he thought they were friend of his and, after he graduated and went to work I don’t really know what happened, something involving his work or his social life and the like really threw him off course, and we just, we just never know what it was happened. But it just lead from one thing to another and uh, he I mean he was never in any trouble or anything like that, but he would take off by himself and go, it you never knew when he was sad until somebody would call authorities would call and say we have him at a certain place and the like, and leading up to him coming down here he had left and we had no idea of where he was at for a long time, and he was ended up in a church organization in Durham, Texas, I think it was, yeah, and uh, he uh was out there and he finally called, he would write letters to us and say that he was really enjoyed it and everything and we later found out that it was kind of a cult like, instead of a really good church organization and everything and all of a sudden he decided he was going to leave there and he left we really didn’t know where he was at, what he was doing or anything else, a few weeks later why we got a call from authorities, why we got a call I think it was in Oklahoma somewhere. They had him there at the police station, he had evidentially, got hungry and he had went into a restaurant there and ordered his dinner and naturally he had no money to pay for it or anything, so they called the cops and uh, at that time he didn’t know who he was where he was at or anything else and they finally got enough out of him that they knew who we were, and they called us and asked us what we wanted to do, and you know, it was a decision that uh, you just hated to make that decision on the spur of a moment of what to do next, it ended up that the Wayne County Sheriff here agreed to go to Oklahoma and pick him up. But we had to agree to put him into an institution if they did, that was the only way would do it otherwise they would prosecute him out there and everything, so we ended up, we kind of felt like that we had no other choice you know, so they went and brought him back, had a hearing in Wooster and they admitted him here at Applecreek then. Which was not a good place at all at that time which it has changed 360 degrees since that time. He was beaten and every time we would go pick him up uh, he’d have cut places on him, and bruised spots, eyes would be swollen, lips would be busted all the time, at that time we had to buy all of his clothing you’d buy new clothes and take it to him and never see it. He always dressed in rags and dirty, filthy cloths and everything and uh. They really were treated almost like animals, because they were locked up all the time of um, metal gates and the like and dorms and everything. Then they changed superintendents there and the like and just done a complete reversal you known, it was right now as far as I/we’re concerned a very, very nice place for the kids. As soon as they had the opportunity switch him why we sent him to Massillon State Hospital which was as big a change from here to there at that time, as it is now from what is was from when he left he uh ended up getting intestinal blockage and the like, he had to go into the hospital and had that taken out, they. Sent him to a rest home to recuperate, and uh, It ruptured one night and he bleed to death before they could get help for him so (pause) but it happened to him.

JM: Well we, and we do want to share some of the, some of the good things now that are happening, why are you so happy, you know part (throat clearing) of the importance is to know how bad is was, can you paint a picture and take us back to 1966, you known what is was like, to brig, what was she 6 years old, what was it like to bring a 6 year old and what was this world like for a 6 year old in 1966.

JO: Well I guess, I guess she was seven at the time she came here. Had just turned seven.
JM: Can you say in 1966 so we can we set the stage for what is was, you know she was seven when she was came here to Applecreek in 1966 (trails off)

JO: In 1966 she was seven and she came here in January and we had to bring her and they had this building down here that they just tore down this winter or fall, ah is where we had to take her and she was, we weren’t’ allowed to see her for a whole week um, they told you what to bring and everything and uh she came and there was an awful lot of residents here at that time in fact I, 700 and something is what we were told was here and um, then that she went to uh, cottage sea and was there for I don’t really know/remember how many years in cottage sea and that was kind of what they called the dumping station, they didn’t know what to do with certain people they because, like she could walk but she can’t talk and so she was put in cottage sea and taken care of and over there like he said it was almost like a prison, because the rooms where she was at, uh they I don’t know how many foot by but they were long you know but well may/probably were five foot wide at least and un she was the only one in that room and the door when they put her back in there the door was locked, you know , so that’s where she was and so she didn’t have anything and I don’t think they had kind of activities way back then they didn’t have any kind of like now they go from one, she goes from ruby to um over in the um, what they call it the school, but its you know its got different rooms and stuff and they all go over there just to get a change every day. They don’t have to stay in their living quarters all day long and back then they didn’t have that, um, and you could, there were a lot of uh, when you come down would be outside maybe playing or uh, running around uh, but she was never allowed to do that because she didn’t know where to go or what to do, she didn’t know where she lived and um

JM: Did she have school, did they do as far as training or something.

JO: No, I never ever heard of any of it, never ever seen any of it, um. I, I know that eventually they taught her how to feed herself, and I know at one point she got very, very thin um, because nobody was feeding her. And um, oh we came and took her home for family picnic, and she just ate and ate and ate cause she was so hungry, so then um, my husband and her/his mother came down the next day and found out you know, that nobody seem to know she couldn’t feed herself, Well, I would think they would have noticed when she sat at the table you know that she wasn’t eating but she got, (inaudible) I have pictures of her, I’ve showed them to the uh, girls here you know in Ruby that take care of the girls, and uh, one day I run across all these pictures and I brought them down and, and the one girl said Oh, she is so skinny here, I said yeah, I know I said that’s when there were, there was nobody was feeding her, and uh, but anyhow somewhere along the way they did teach, she feeds herself now and (cut off)

JM:Okay, Do you remember, going back to 1966, do you remember what they called this, wasn’t Development Center then. What do you remember, what, how….

CO: One the letters or correspondence that I would get it had, I don’t remember exactly how it was said Apple Creek Developmental Center or Apple Creek State Hospital, uh for the Mentally Retarded and um, Correctional Institution. Um, and I don’t remember, I don’t remember just when that change to Apple Creek for Mentally Retarded I know when they, when um, they
changed the supervision, supervisors, superintendents I guess you would want to say, um, they um, downsized. That was in the 70s that they were you know, that that seemed to happen, I don’t know remember exactly when um but they started downsizing and uh, I forgot the question.

JM: You told us a little bit about, uh, her not having food or something or not teaching her to eat and that in itself is a form of abuse but either of you know of actual occasions of other, like physical abuse and those kinds of things that might have occurred.

JO: Well, when she was still in cottage c um, they called me one day and I don’t remember just what year or anything in the 70s but um, actually it was, it was probably 73, um, they called and said that she had got her hand smashed in the door, her fingers, smashed in the door, but when I came down that day, ah, her, her hand was smashed and they never set it so it’s still crooked. I don’t know if they didn’t notice that it was broken or what but um, when I went in to what they had, like hospital over here then they hand her hand on board, so that it was taped, so that she wouldn’t I guess mover her hands, fingers, and her hand was all black and blue and um, uh, her she had a spot on her face that was, you know, had black and blue marks and bruises and um, I don’t know if one of the other children did it or, or what, but um, they said you know that somebody I mean she was just beat up is what she was and then and amongst all of it she also got her hand smashed, so

JM: Do you know of any instances of your son?

JO: Well, just…It was to the point where he, like she said about food and the like, he was thin as a bean pole and you bring him home and he would eat from the time he got home until we take him back that night and he uh, he just, he was afraid to come back because, like I said at that time we had to furnish his clothing, anything that he got, he would buy cigs for him, a carton of cigarettes and some candy like this and as soon, as he would come back go to his room with it, somebody was down there and would beat him up and take it away from him. And he was literally scared to death to even come back, he never wanted to come back during the day and he I don’t know why. I mean he was very capable of feeding himself, he get around himself, he could talk and tell you what was wrong and all of this, he wasn’t profoundly retarded like Kimberly was, uh, I don’t know why whether they took his food away from him also or what but he uh, he just he was very malnourished terribly so, and uh, he just he never ever want to come back and like. I said he always had marks on him or he’d been hit or he’d have a black eye or his lip would be busted or something continually and tried to get him to tell us what uh, was happening and naturally. I guess he was afraid of his own well-being to disclose the names of anyone and after we moved him to Massillon State Hospital then that was when he finally told us what had happened here and uh, that’s what they would do and they had one young man, that was on his ward and the like, I don’t know whether it just appeared like they had these correctional people and the retarded people all mixed in together, they weren’t separated, which not have been and anytime some of the correctional people wanted something they just beat the other people up and take it away from them. He said this one kid and what we could gather from him was that as soon as he came in with stuff like that he was sent down to his room to get away from him an uh, that was it, it just after he went to Massillon State Hospital it reached the point where he would only be home long enough to get his carton of cigarettes and some candy and he
would say mom, isn’t time for me to go back home now and he’d looked forward to going back there. And uh, he was always scared to go back when he was down here.

JM: Ask a really difficult question, and then if you don’t want to answer that’s fine, but uh if you can it would be really important to other people coming along in future generations and all what did it feel like for a parent. Bringing him back and knowing he did not want to come back.

JO: It’s something that you know in your heart that you have to do. But at the same time you, you just feel like that you shouldn’t do it because you know how he feels about being brought back and what he knows that he going to face as soon as you leave and its heartbreaking. Yet, you, you know that there is anything you can do about it and uh, we complained about it and want to know why he had the marks on him and why it that an attitude so negative and the like and the only answer you could get from well, we aren’t a one on one facility here and we can’t watch everybody here and the like. But I think this was the result of having all these mixed degrees of mental retardation all mixed together and the ones that could not defend themselves, that couldn’t talk, some of them were blind and everything else they had absolutely no defense against the ones that wanted to abuse them and I think administration that was here at that time did not take enough initiatives to see that that didn’t happen it uh, it just seemed as so with my son that uh, they would turn their back on it and I didn’t see anything happen and uh, but yet the marks, he had the marks on him to prove that it had happen and its, its heartbreaking whenever you do that and uh, you have very mixed emotions between doing or not doing it knowing that you cannot refuse to do it yet you have to do it you know and its uh, a it’s not a very good feeling.

CO: I didn’t have that problem, Kim, Kim never seemed to mind coming back. She just get out of the car, didn’t you know, I don’t know what I would have done.

JM: One of the things…..the talking especially with family is that there was a world a difference for males and females too, the things we hear about the really you know mal-treatment one thing that we’re really hearing consistently like this the physical abuse and all this with the males that occurred that a lot more frequently you know so that seemed a real pattern and all. Do you remember those days, we had people tell us wondered if it was consistent with Apple Creek too, what was the sound and the smell like?

CO: Um, well, we you never were allow, you never got into their rooms. You know, you got in, you walked in and there was like a waiting room, maybe as big as this room is and um, that is where you stayed until they brought her out there and um (excuse me from JM) and it had…

JM: Can you say that again from the cough.

OC: I’m sorry. How far back?

JM: Just from um, from like the room or just

CO: Oh, okay. There is a waiting room that you waited in that was probably as big as this room is, you waited out there until they brought her out until they would probably clean her up and get
her dressed, and bring her out, and most of the time you had to take clothes with you because you never knew whether they could find any of her clothes or anything because things just disappeared like he said you know, uh you could buy new clothes this week and next week they were nowhere around I bought two pairs of Stride Rite Shoes for her, and I brought them down, I never seen them again. I come the next week to take her home and they could not find a pair of her shoes to put on her so its like they never had nothing they never had anything unless you brought clothes and took them back home with you when you left. She wouldn’t of had it next week.

JM: Did she know her name?

CO: Yes, she, she knows her name and um, I’m sure she knew it then too, you know, but um, I don’t know she I have a lot of well they seem to be older people than what they have now um, working, you know, they were like they had families that was raised and things and I know several of them um, but tell me that they just they like to take care of her because she was real lovey and she would sit on your lap and like to be rocked and so they kind of babied her I guess that way but

(Inaudible statement off camera)

JM: That’s okay, take your time, don’t worry about it.

(a few moments of silence for Carol to recompose 13:18-14:24)

CO: I guess I (pause) I guess I just kind of guilty about putting her here.

JM: Do you know how many mothers have said that

CO: Because she was you know she was young when she came, but (pause)

JM: That was part of the problem with institutions as well, the guilt (inaudible)

CO: Oh yeah.

JM: You don’t want that to happen...moms and dads to have to have their.......

CO: I, I my mom always said you know, she’s not that bad. She’s but I guess she just didn’t want to admit that she was in um, but um, I did not I only saw I guess my mother-in-law was the one who started it, you know, to get her and I don’t really know why and then um, my husband, um, I don’t really think he wanted to do it, but he did, you know, go along with it but him, and it was like um, you really didn’t have, you couldn’t go you know, you could never really just um, you had to have certain people to babysit her because if you know, she would have convulsion or something and some of them didn’t know what to do or anything and lot of them didn’t want the responsibility and so I don’t know I mean you know if, if um, my mother-in-law could and my nurse really bad so I don’t know if she just you know did it for my well-being or just what. But I just guess it’s a guilt feeling.
JM: You are not alone it that.

CO: Yeah.

JM: That was part of the damage, that’s why we’re talking to parents and families too. Person that was in the institution and we want is for the how this has an impact on the community as well, cause when you impact the families. So, you want to move to some may be happier times, the good things now, tell us who Kim is, let us know who she is as a person you know what kind of food does she like, what did she like to do, what are the good things now that you feel good. About

CO: Well, um, I’m glad the, the institutions or the facilities now, uh, do have a lot of outings for them and um, they go on picnics and um, they used to take them, I don’t know if they still do take them to the movies a lot and um, take them take them to church, and um they just and they get out of the rooms you know, they get to go to other places on the grounds and like they have apple fest every fall and all of them seem to enjoy that and they do, do a lot with them taking them out for outings and to go get ice cream and stuff like that. Yes, I she does, she has all her own, her own, bedroom outfit she has all her own bedding she has clothes um, actually she probably has too many clothes, but um, and I don’t have to worry about her not having a pair of shoes to put on. I don’t have to bring clothes with me to take her places and that’s, that’s a good thing. I um, after I retired why then I, they used to do her bag for her here. The girls that you know on the halls, and after I retired why I started doing her bag I know what she gets and of course I’ve had a couple incidences where I’ve gotten a little upset but, but it’s much better, much better now.

JM: Tell us about Kim.

CO: Well, she is still the lovely girl but she so strong that you don’t let her, she can hug you but don’t let her get you around the neck because she don’t choke you or anything but she pulls on the back of your neck and um, it’s just hard to, she is so strong that she can as big as I am she can throw me off balance and.

JM: Is she skinny now?

CO: (Shakes head no) Um,

JM: (interrupts Carol) what does she eat? What is she eating?

CO: Well, She usually weighted around 135 and here a few years ago she got sick and she went down to 98 and very thin. She’s probably right around 5 foot tall, um, she’s uh, got a thin then, anyhow we got her in hospital, got her well and uh, then and they did a hysterectomy on here and so when she came home she didn’t eat very good but now she’s start eating now she weighs 150 and I’ll tell you what it’s all I can do to handle her and sometimes I can’t, sometimes I have to holler for help, but and (gets cut off)
JM: What do you want for her future?

CO: I want her to be somewhere that she will be taken care of and not I don’t want to have to worry about her. Um, having to be more I don’t know to call if you put out on the street. I don’t have much faith in group home. I don’t want her to go to a group home. Um, I guess I want her to live in a either a privately owned home, um, you I know it wouldn’t be as big as the facility they have now but I think that they get better care in a facility than they do a group home. Um, I and I just want somebody if I’m not around, (short pause) I want somebody to, who will stand up for her a guardian or (short pause) a guardian or someone and I don’t have, she doesn’t have any brothers or sisters. (Short pause) A lot of them here have, you know have family um, and I don’t, I don’t know you after we’re gone what will happen to her.

JO: Kimberly has a tremendous amount of personality and it's like really amusing sometimes some of the things that she does you know when uh, you have her at home and uh, someone of the incidents I hear quite a while ago we had her home we have real long living room and Carol was back in the kitchen making dinner and she taking Kimmy laid her down on the couch thinking she would dose off sleep a little bit, but instead she didn’t and uh, she laid there, she’d holler out and as soon as she hollered out to see her raise her head up like this (shows how she moved her head) look to see if Carol was watching or going to respond to it or something, but she uh, she has a lot of personality and being around her and being able to recognize to see her in action and the like she’s quite amusing somethings in the things that she does, when she wants something she knows who to get it and when she really wants something you might as well give it to her, because she doesn’t stop until she gets but uh, she is a handful to handle, especially when she’s in a real good mood and she has a an attitude sometime when she gets a giggly personality and the like you better watch her because she gets a hold of you she has a death grip on you and but she does she’s very loveable and she likes to express her feelings with you but she can really get rough sometimes whenever she does.

CO: She doesn’t really know she’s hurting you she doesn’t do it to her/you on purpose but sometimes she, she does have a grip. I know when I take her home you know and have her home for several hours well next day I can always count on having some bruise marks.

JM: Is she happy? Would you describe her as happy now?

CO: Yes, Yes.

JM: Can you say she is happy.

CO: I can tell she is real happy I know that she likes people that take care of her and um, like uh, if I go down and she don’t know that I’m there and I stop at the office and talk you know to um, the some of the girls in there, um, and if she hears my voice she will come looking for me and she, she knows my voice. And she knows me when she sees me you know, but uh, and does the same thing with Linda, the one, the one lady that takes care of her on first shift and uh, she’ll come looking do see where she’s at and she’s been off sick for a long time know now um, when she comes back I’m sure she’ll still recognize that voice and she’ll be looking for her. So, and.
JM: Is there anything you want to share with us that you’ve been thinking about that we haven’t asked or touched on or something. Is there something you want to tell us anything else.

CO: Well, I have to, I have to give these people that work here a lot of credit. Some of them some of them, have been here since their like 18, right out of high school. I could not, I mean I could not have come to work and you know facility like this when I was 18 I give them a lot of credit for being so compassionate and taking care of these, these people they just um, and some of them you know, some of them you can just tell they like, they really enjoy the people here. And I just got to give them a lot, anybody who works here I give a lot of credit. I worked in a nursing home and I know what hard work is cause that is hard work too.

JM: Would you like to add to that?

JO: I guess I have to reaffirm to what she had said there’s uh, always a lot of uh, doubt and hope and concern over the future of not only Kimberly but of everyone one of the patients that are here because uh, just about all of there that are here are helpless people they have no ability whatsoever to survive on their own and their lifestyle and their life in general depends on someone else doing it. And like she said you have to give these people that work here a lot of consideration and a lot of appreciation for what they do for them, cause there a few of those people what work with these kids that become every bit as emotionally upset over the future of these kids is what we do and you have to give those people credit.

JM: Are you afraid, I want to go back to going back, (inaudible) (JO:pardon) would you say that.

JO: Yes.

JM: When they go back to how it used to be, I’m afraid to how it used to be or something.

CO: I am afraid of that it will go back to how it was when Kim came here in 66 it will go back to where uh, they won’t really have anything again. I mean its come up so good you know now they have it so good but um, with them wanting to close all the facilities and everything I afraid that it will back to where, they’ll end up never if they can make a choice they won’t have a choice and um, I’m afraid it will go back and the people that have uh children that need to be um, in a home somewhere um, I don’t know what they are going to do, they’ll have to start all over just like us I guess and it will be really bad situation again.

JO: There isn’t, I don’t think any of them are here now uh, staff I’m primarily talking about that was here when things were so, so bad, they don’t know what is was like. We came through that era and we know what these kids went through, and the abuse that they sustained and we as parents that came through this portion of time those memories are still there and we can’t help but believe maybe that this the direction that this thing is headed in. And this is the what makes it so hard to accept is because those memories are still in our minds fresh what is used to be and none of them know what it’s like unless you’ve been there because I don’t really that think us talking about it really does the justice of it deserves, because they were much worse of what most people they were then, and uh, every day you read in papers where some of these people that
have been put out in community homes and the like that have wondered off and they find them dead, uh they get out and they get killed on the streets and all the type of thing and this has to be a worry on the minds of every parent of any of the kids that are here. And, uh, with this thought in mind and the direction that it seems to be going, how can we not be concerned and how can we not have that same fear that we had years ago when things were so bad.

JM: So its rekindling that the same level of fear and anxiety?

JO: Right.

CO: You now the people in Columbus Mr. Taft says that you know it is closing uh, and people down there when you talk to them, oh I understand I know where you are coming from uh, I know um, how you feel, there’s not one of them that know how we feel, they’ve not been there, so they can’t not know.

JO: Well, its not like having one of your own. The neighbor next door has one and he tells ya all about what is happened to them and how they’ve been treated and the like and uh, you say yeah, that’s bad. but its not the same feeling as it is from one of your own is there and your go through that with them you really know what it’s like then, that it’s not hearsay its personal involvement and uh, that’s I think the position of every parent is in right now because they’ve .been there personally, they know, they don’t take the word from someone. It’s not second hand information it is uh, actual personal involvement.

JM: And there’s never a time to let the fear go.

CO: No

JM: Never?

CO: No, you uh, it’s just there. It’s an everyday thing.

JM: I guess you could say those memories last forever. They just uh, there, they become part of your life uh, when you have gone through it yourself and uh. You always hope for something better and I think that hope is probably in the hearts of every parent here, but at the same time, uh, you just don’t really believe that it’s going to be a reality you know.

JM: Well hopefully what you’ve done today going to make it better for maybe can’t take your fear away. Maybe it will keep

CO: I hope it does.

JM: future families from having to deal with that.

CO: Right.

JM: It takes a lot of courage to do that.
JO: We certainly hope that it will touch the hearts of some of those people who are in a position to do something about it. That it will make them, maybe we can consider they feel about it and it is not just an everyday thing you’re dealing with people lives here, that’s a big difference. They can deal with building roads and all of this and everything else but there’s a big difference when people’s lives are involved this issue and uh, it to me not one that you push under the rug and forget about you know.

JM: Do you have anything else? You guys were great. I know it was difficult and we appreciate and can tell honest you were with it.