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American Indian Views of Public Health Nursing, 1930–1950

NANCY REIFEL

American Indians, like many people of minority cultures in the United States, have access to the health care system of the traditional culture as well as hospitals and clinics operated in the biomedical model. Administrators and providers of health care in the federally funded Indian clinics are continually faced with the question of how to manage the persistence of traditional healing practices. Beginning in the second half of the nineteenth century, government officials viewed Western medical services as an instrument of assimilation. The self-defined role of the federal Indian service was to assist the Indians to live in the white society.[1] Medical personnel argued for the construction of Indian hospitals because the use of Indian hospitals would diminish the influence of medicine men.[2] Not until the mid-twentieth century was the value of traditional healing practices recognized by physicians.[3] Since then, Indian health programs have experimented with consultation with traditional healers,[4] facilitation of the use of traditional healing, provision of funds to hire and train traditional healers,[5] and incorporation of traditional health beliefs in health education.[6] These efforts demonstrate that traditional health does have a legitimate role in the delivery of health care by government institutions. Unfortunately, little is known about what Native people consider when choosing between traditional medicine and biomedicine. Nor is there an understanding of how people perceive the role of the two systems of medical practice.

An examination of responses from Indian people from one Sioux reservation area regarding integration of biomedical practices into their traditional system of health care will serve as an example of how people make choices about health care. From 1930 to 1950, the Bureau of Indian Affairs (BIA) stationed public health nurses at Indian reservations throughout the country.

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The Sioux people offer their views of these nurses. The field nurses brought health care in the biomedical tradition (white medicine) to small, rural, isolated reservation communities.[7] At this time, many Indian people relied on traditional medicine for health care and demonstrated a poor compliance with recommendations from the non-Native, government physicians.

TRADITIONAL INDIAN HEALTH CARE

Prior to contact with western society, American Indian tribes had developed a medical system based on Indian concepts of health, illness, and death causations. Although there were more than five hundred Indian tribes in North America, most tribes seem to have had similar theories about the causes of disease. Two general disease classifications[8] include those from an environmental cause, like injuries, intestinal disorders, and rheumatism. Indians had treatments for these ailments based on medicine plants, animals, and minerals found in the natural environment. The successful treatment of scurvy used by Cartier's expedition in 1534 is an example of this level of medicine.[9] Usually the more common natural remedies were kept in supply in the home and dispensed by a knowledgeable family member.[10] In the case of illness or injury, home remedies and natural remedies were used first. The second type of disease for which Indian tribes developed treatment included those whose origins were attributed to supernatural forces. Because these diseases had spiritual origins, they required cures affecting spiritual forces. Most American Indian tribes had health practitioners trained in treating the natural diseases and another class of health practitioners trained to treat diseases of spiritual origin. One of the major qualifications for becoming a healer was that the person lead a "blameless life of honesty, bravery, and humility."[11] When home and natural remedies did not cure the patient, a spiritual healer was called.

During the nineteenth century infectious diseases of European origin devastated Indian populations. To account for this type of disease some Indian tribes added a third classification of disease commonly called "white disease." Tribal healers sent people with white diseases to white doctors for treatment.[12] This is consistent with the American Indian practice of matching the treatment of a disease to the origin of the disease.

From 1900 to 1950 medical staff and facilities of the Indian Bureau expanded tremendously. Appropriations for health services grew from $40,000 in 1911 to $18 million in 1955.[13] It was during this period, in 1924, that public health nurses were added to the staff of the Bureau of Indian Affairs. These "field nurses" were stationed at agency substations throughout a reservation until the mid-1950s. Field nurses maintained some of the traditions of public health nursing such as autonomy, personal contact, and an emphasis on teaching "right living."[14] To better understand how American Indian people viewed medical services offered by the field nurses and how they made choices about health care, Indian reservation residents that had contact with the field nurses in the 1930s and 1940s were interviewed.[15]

DATA COLLECTION METHODS

Two adjacent South Dakota reservations were selected as the primary data collection site. This site was selected for several reasons: (1) Indian people currently residing on reservations represent the largest population likely to have had contact with field nurses in the 1930s and 1940s; (2) the author had recently conducted a community-based survey of elders at this site. Familiarity with the population and the geographic area is critical to the success of the data collection; (3) familiarity with the site improved our ability to select a reliable interpreter/translator.

The research team conducted in-depth interviews with twenty-three individuals (seventeen women and six men) currently residing on the Pine Ridge and Rosebud reservations. The team recorded interviews that lasted one to two hours. The semi-structured interviews consisted of questions designed to elicit information in the following categories: (1) The community of residence of the interviewee from 1930 to 1950; (2) the degree of contact with the field nurse. Whenever possible the field nurse was identified by name; (3) attitudes about the field nurse and the services she provided; (4) the use of Indian medicine; and (5) how or if Indian medicine and white medicine were integrated.

Most of the respondents were seventy years or older and were asked to recall events that took place between 1930 and 1940.[16] The interviews often followed a rambling indirect route to the discussion of the field nurses. Researchers investigating attitudes and beliefs among American Indian populations find that conversational situations elicited better responses from this population.

The research is limited since researchers asked elders to recall events that occurred fifty years ago. Memories could be colored by intervening events and maturity of the individual. Some of the respondents were children when they met the field nurses and may have been unaware of the reasons their parents had for the actions they took on behalf of the child. The data are limited geographically to South Dakota and to the Sioux people; thus, it may not be representative of American Indians throughout the country. Nevertheless, the interview data will identify salient impressions and attitudes, critical events in a person's life, and fundamental family beliefs regarding the field nurses.

All but one of the interviews were conducted in English, but elders occasionally used Lakota words. The researchers transcribed the interviews and reviewed them all with an interpreter. This proved valuable because the interpreter often clarified sections in which the respondent used words and syntax unique to the reservation, in addition to translating the smattering of Lakota words in most interviews. Researchers then edited the interviews following recommendations from the interpreter. These data were used to identify major themes to describe how American Indians used the services of the nurses.

USE OF REMEDIES

Native health care in Indian communities was usually provided in the patient's home. When the family determined that assistance was needed, they

sent for the appropriate healer. The field nurses provided home-based health care services, and in some ways Indians responded to the nurses as they did to Native healers. This was because Indians viewed the field nurses as providing some of the same services as traditional healers. The nurses did not have the powers of spiritual healers but they used medicines and had medical knowledge. The Sioux elders spoke of similar medicines offered by the field nurse and natural healers. Dispensing cough syrup was the most commonly mentioned service the field nurses provided. Indians may have asked for cough syrup because they were accustomed to using a syrup remedy for relief of cough. White medicines were fit into existing classifications and used in a similar manner as the Indian medicine. The following statements illustrate how white medicines were commonly viewed as equivalent to frequently used Indian remedies.

White remedy: I always got eye drops, you know. From the nurse.

Indian remedy: My grandma was good at that too. She gives some kind of, she boils some stuff and gives for eye drops for the eye.

Indian remedy: If we had a cold, we were doctored right away. It was given cough syrup or skunk oil. And, you know, they kept that on hand. They even kept their [wild choke]cherries. That's why they cherish their cherries because it's like a cough syrup. They give you a teaspoon of cherry jelly or feed you cherry jelly and bread. They made it like a syrup and they used them for pancakes in the morning.

White remedy: They give that [cough syrup] to everybody who's got a cough and is coughing. There's an old guy that went after cough syrup almost every day. Finally the nurse asked him how he used that cough syrup. Too much cough syrup. He said that the reason why I come after my cough syrup is I like it with my pannycake.

Ten of the twenty-four Indian people interviewed remembered using both Indian medicine and white medicine from nurses. For the people who had access to both kinds of medicine and used both, the two main reasons given for choosing or rejecting one or the other were convenience and efficacy. When both Indian and white medicines were equally available, people tended to use the remedies that worked. Some elders spoke of their families only using Indian medicine, even though they had daily contact with the field nurses. As long as remedies worked, they saw no need to abandon the Indian medicine. "If it looked to them like it was doing the trick, if it was getting better, they would just go ahead and do it." Other people had equal confidence in both types of medicine and used whichever they had easier access to. "Took it for granted that they knew what they were doing ... I went both ways.... It just happens that I was there when I had an ailment of some sort." The medicine offered by the nurses was held to the same standards and used in the same way as the traditional medicines. White medical treatment, rather than replacing

Indian traditional medicine as some medical personnel had hoped, was selectively incorporated into the existing Indian system of natural remedies.

CHARACTER OF THE HEALER

The personal character of the nurse was critical in determining how well the Indians accepted her services. Eighteen of the twenty-three persons interviewed talked about the character of the nurses they knew. Often that was their first response when asked if they remembered the field nurses. Those that had used the nurses' services generally described them as being of good character, dedicated to helping people, responsive to the people, and respectful. Some of the most frequent types of comments included nurses being dedicated to the needs of the Indian people.

> She's working for the people.
> She's pretty busy. Good worker. She helped people.
> I think she really worked. Worked hard. For the people.
> She was a lot of help to us. Like I said she was always there when we need.

Comments about the good character of the nurses is an important theme repeated by everyone who used their services. In most tribes the primary requirement of the healer, both supernatural and natural, was that the person be of good character. Since healing powers could be used to inflict illness and death as easily as to cure, it was essential that the healer be a good person dedicated to the well-being of the people. These same criteria were applied to the field nurses. They had to be of good character and dedicated to helping the people before people respected them as healers. One person stated that "People just upheld them in the communities and they really were sensitive to the needs of the people. They took pride in their station in life. In return, they got a lot of respect in every community."

The nurses came to an Indian community to practice medicine. In order to be successful they had to meet the standards applied to all Indian healers. One of the respondents described a nurse who did not meet these standards.

> And when we're ready to leave the boarding school she'll say.... You're better off in school. Stay for the summer. She was that mean. She didn't want [the school children] to come home because their family are poor and they have outdoor toilet and no bathtub and like that. She talks like that. She's very rude mean woman.

This nurse was not seen as dedicated to helping the people. She fell short of meeting the standards of an Indian healer and her services were not used by the family.

In 1900 the Indian Bureau issued a directive requiring physicians to make home visits and "to do his utmost to educate and instruct them in proper methods of living."[17] Home visits and instruction in home health care would promote assimilation to white culture and adoption of white standards.

Ironically, when the field nurses fulfilled the 1900 directive thirty years later, their work was accepted only if they were deemed worthy by Indian standards of "proper methods of living."

FILLING THE GAP

The types of white medicine that did not fit into the Indian organization of health care included immunizations and surgery. By 1924, when the field nurses began practicing on reservations, Indians were familiar with the dangers of smallpox and other communicable diseases and with the benefits of surgery. By 1924 the Sioux accepted immunizations and surgery even though they had no equivalent in the Indian medical system.

Indian people who had some contact with field nurses were cooperative in receiving immunizations. Most of the people interviewed had a sense that the immunizations were given as part of an organized program. Five people talked about school-based immunization programs. One of the local day school's immunization programs was described with typical Indian humor.

> They broke a glasses and put alcohol on here and they scratch it down like that. Ow, ow, ow, I said. That time they used the glasses. Those school kids when the doctors come everybody run away. Run to the field. When the doctors come the teachers locked the door and snap all the windows and everybody stay in the school. They cry and try to break the window.

Many people found smallpox immunizations unpleasant, so much so that fifty years later they still remembered the circumstances surrounding the inoculation. But most people said, "I take it." As the illustration above shows, those who were children at the time saw the school-based immunizations as mandatory and accepted the treatment.

Field nurses also gave immunizations in other settings. Eight people talked about methods the nurses used to deliver immunizations outside of the school-based programs. Parents brought their children to the nurse's station or to the school when the nurse made her regular visit. Nurses vaccinated families at their homes. From 1937 to 1939 the federal government conducted a mass chest x-ray survey for tuberculosis.[18] Families received vaccinations when they were brought to town for screening exams as part of a health status survey.

The field nurses brought families to a central station for the health survey. One woman, who was ten years old at the time, related this story of the screening.

> There was a big tent put up, like a circus tent. And that's where we were all given shots. Everybody stand there and hovered like stand in line. And boy, when they stuck me why I'd really scream. I really embarrassed myself. And then my mother handed my baby brother into my arms. And here I was holding him and he didn't even cry.

The field nurse arranged for people in her district to come to town for the screening. "For a couple weeks there she kept hauling people, well, every day

until everybody is checked." During this survey nurses performed mass inoculations, treating families together. There was a general feeling among the Sioux that every family in the community participated in this health-related event. One of the women interviewed had been hired by the field nurse to drive people to this screening. She also reported that most people went to town for the screening exams. "As far as I know [most people came in]. She [the field nurse] made the arrangements. She would tell me where to go and who to pick up and when." Most Indian families accepted the immunization services offered at this program.

It is illuminating to examine the comments of people whose families primarily used Indian medicine. Three of the people interviewed had close relatives who were traditional healers. None of these three regularly used the field nurses' medical services, although they did accept rides from them, assistance with boarding school arrangements, and were generally welcoming when the nurses visited their homes. These people received primary medical care from relatives who were Indian healers. However, all three people vividly described getting smallpox inoculations.

> We had our Indian doctors and our, my grandad was an Indian doctor. And he believed in herbs and everything for us so why when we got sick why mamma just took us to him. I don't remember us ever giving any medication. She [the field nurse] never gave medication. We depended on our grandad. The only thing they allowed us I remember they vaccinated us. They took a needle and they scraped our [arm]. He did allow that.

Vaccinations were accepted as an addition to traditional Indian health care services. Smallpox was a disease of white origin. The prevention and treatment legitimately fell within the scope of white medicine, and there was no equivalent in the Indian health care system. Vaccinations were readily incorporated into the Indian health care system because they filled a need that Indian healers were unable to meet within their scope of practice.

Surgery was another service white medicine offered that was not well developed within the Indian health care system. Corlett described some early surgical techniques of North American Indians, but they are primarily related to wound suturing. The Indian medical system lacked surgical skills and Indian people recognized this deficit.[19] One man, who was an adult at the time, recounted this story of seeking surgical assistance.

> I remember early 30s, there was a nurse, Field Nurse. She's stationed at Norris [approximately thirty miles away and on a different reservation]. She can surgery, she can do it. Big woman, tall one. She had skillful hands. I had a nail sticking through here [thigh]. Got it patchin'. I ride horseback over there. She look at it and said tie your horse up. Over here and I'll stitch it. She boil water and hot. She have a can and stick a kind of a knife. And I remember this. Why they tied me to this chair and some womans get ahold of my leg. Put oxide in there get that cleaned out and get that hot. She took it out and said

> boil everything now. Boy it was hot. But she put salve there. Cold pack. Rub it. Then she put me to bed. Sleep for I don't know how long. I woked up and it's alright. I got on horseback and I come [home].

Both immunizations and surgery filled a gap in the Indian health care system. People who primarily used Indian medicine incorporated these two services into their own health care system.

TUBERCULOSIS

Between 1920 and 1940 the number of beds in tuberculosis hospitals operated by the Bureau of Indian Affairs increased from 573 to 1,200. Institutional treatment was a primary component of the Bureau's tuberculosis control program among Indians during the 1930s.[20] The field nurses were instrumental in referring afflicted American Indian children and adults to nearby sanatoria. Three of the women interviewed had tuberculosis as children. Their relationships with the nurse and subsequent admission to the sanatorium differed.

The first woman recounted a history characterized by compliance with the recommendation for institutional treatment.

> My mother contracted pneumonia. I didn't think she was really that sick but she died. And then, after that, I was lonely and really feeling bad. And then it just seemed like I didn't feel good at all. And that was when the Field Nurse took me in to the clinic and they run a series for tests on me and they said I had TB. So what did they do, they sent me to [an adjacent state]. It's on a [different tribe's] reservation. And the reason I was sent there was when my dad was in [boarding school] he befriended a man from there and became blood brothers, more binding than birth brothers. So anyway there he knew that he and his wife would give me good attention because he wrote him a letter explaining that my mother had died. So then I was in the hospital in there.

The family did eventually send their daughter to the sanatorium, but they had a high degree of choice in the matter. The father had a regular job at the subagency and his wife had died just one month prior to his daughter's diagnosis. The father did not have the resources to care for his daughter at home. He did, however, take an active role in selecting a sanatorium where he felt his daughter would be looked after by a trusted friend. The father was able to maintain some control over care for his daughter while following the recommendations of the field nurse.

The family of the second woman who had tuberculosis as a child was not as compliant with the nurse's recommendations. However, she eventually went to the sanatorium.

> The Field Nurse saw that I got to the hospital. I had to go periodically. Because I had. At that time, you know, TB was going through the reservation. My mom was a good nurse. She kept me clean. There was a whole bundle of bandages there. Denver mud. That's what they

> treated me with. Part of the time I stayed at home. But there was a time that my dad took me to [the sanatorium in a nearby city] on the train and left me over there. I really cried so bad they put me to, you know, I went to bed. There was another girl that was with me at that time. And she didn't go and she's dead. So my dad thought you better go for that so I went. And I survived.

This family initially decided to treat their daughter at home and the field nurse supported them. She made periodic home visits bringing supplies and she transported the child to the hospital whenever necessary. It was only when the family saw the disease as life-threatening that they agreed to send their daughter to the sanatorium. They were able to send her to a sanatorium about 150 miles away. In this case the family maintained control of the medical care their daughter received. The field nurse supported them when they decided to care for her at home. They decided when the daughter would be hospitalized.

The third woman contracted tuberculosis and was cared for at home.

> One time I was about 17 years old I was really sick. At that time the people really have it TB. And I had it too, at that time. So those [field nurses] tell me I should go to the government sanatorium. I didn't go, I stayed home. And I'd get up early in the morning to go outside and go for a walk and come back. And I was all right. [Field nurse], she was there. She give me clothes or stuff that I drink in the morning. [She wanted me to go to the sanatorium] but grandma didn't want me to go so I didn't. Stayed home.

In this case the family did not accept the recommendations of the field nurse. However, the field nurse continued to follow the girl's condition and support her. There were only three members of the household: the grandmother, the uncle, and the woman. Unlike the previous two cases, the family was able to care for this girl at home. She and the caregiver were relatively isolated from other family members, and there did not appear to be any immediate threat to her life. The family decided it was unnecessary to institutionalize her for treatment.

These three cases illustrate how families used white medical services as an adjunct to home care for family members with tuberculosis. In all three cases the family maintained control of the treatment choice and the field nurses supported the families in their choice.

CONCLUSION

By the mid 1920s American Indian people had survived two centuries of dramatic changes. The population had been reduced by 80 percent. Many tribes had been forcibly moved so that white people could occupy their lands. The natural resources of the land had been destroyed. Federal law, missionaries, and the Bureau of Indian Affairs suppressed their cultural and religious practices. The people residing on reservations when the field nurses arrived in the

1930s came from a long tradition of maintaining a viable culture in spite of these assaults. The people were survivors.

Indians treated the imposition of white medicine in much the same way as they did other aspects of their interactions with white people. They incorporated what was necessary for survival into their cultural practices. They evaluated the services according to their own standards and accepted white medicines that were useful to them. They only used advanced medical services if they judged that such use would be more beneficial than traditional home care. They accepted and appreciated the nurses as healers, holding them to the rigorous standards applied to the American Indian healers. They also held white treatments and remedies to Indian standards: the remedy was used as the equivalent to Indian medicine, and it had to work. If white medicine offered an effective treatment for diseases that Indian medicine was unable to cure, the white treatment was incorporated into the Indian medical care system. They made reasoned decisions about the use of institutionalization for tuberculosis. Indian people used the services of the nurses on their own terms. They took an active role in evaluating and selecting from alternate treatment regimens.

The Sioux people who interacted with the field nurses in the early twentieth century evaluated the nurses' work, their medicines, and their character against standards of traditional Sioux medicine. They recognized the contributions the nurses could make to Indian people and made a place for field nurses within their own medical care system. Field nurses became an integral part of the federal Indian health system after the 1930s. In 1996 public health nurses made more than 380,000 health care visits to American Indians on reservations. More than 50 percent of these were for health services provided to people in their homes.[21]

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NOTES

1. Lewis Meriam, *The Problem of Indian Administration* (Baltimore: Johns Hopkins Press, 1928), 112.

2. Ruth Raup, *The Indian Health Program from 1800–1955* (Washington, DC: U.S. Department of Health, Education and Welfare, 1959), 4.

3. Everett Rhoades, Lillie McGarvey, and Luana Reyes, *Report on Indian Health, Task Force Six: Indian Health* (Washington, DC: U.S. Government Printing Office, 1976), 74–83.

4. John Adair and Kurt Deuschle, *The People's Health: Medicine and Anthropology in a Navajo Community* (New York: Appleton-Century-Crofts, 1970), 33. The Indian Health Service from time to time engages in special initiatives to investigate methods

of incorporating traditional healing practices into its health care delivery system. In 1998 a description of the Traditional Medicine Initiative could be found at the Internet address http://www.his.gov/2Co/Tradup.html.

5. Robert L. Bergman, "A School for Medicine Men," *American Journal of Psychiatry* 130 (June 1973): 663–666.

6. M. Dignan, P. Sharp, K. Blinson, R. Michielutte, J. Konen, R. Bell, and C. Lane, "Development of a Cervical Cancer Education Program for Native American Women in North Carolina," *Journal of Cancer Education* 9 (Winter 1995): 235–42.

7. Elinor D. Gregg, *The Indians and the Nurse* (Norman, OK: University of Oklahoma Press, 1965), 105.

8. William Thomas Corlett, *The Medicine Man of the American Indian and His Cultural Background* (Springfield, IL: Charles C. Thomas, 1935), 68; Stephen J. Kunitz, *Disease Change and the Role of Medicine: The Navajo Experience* (Berkeley and Los Angeles, CA: University of California Press, 1983), 119; Ake Hultkrantz, *Shamanic Healing and Ritual Drama: Health and Medicine in Native American Religious Tradition* (New York: Crossroad Publishing Co., 1992), 133–37.

9. Virgil J. Vogel, *American Indian Medicine* (Norman, OK: University of Oklahoma Press, 1970), 249.

10. Jennie R. Joe, "Traditional Indian Health Practices and Cultural Views," in *Native North American Almanac,* ed. Duane Champagne (Detroit: Gale Research Inc., 1994), 803.

11. Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), 134.

12. John Adair and Kurt Deuschle, *The People's Health: Medicine and Anthropology in a Navajo Community* (New York: Appleton-Century-Crofts, 1970), 33.

13. Raup, *Indian Health Program*, 29.

14. Melosh, *"The Physician's Hand."*

15. This research was conducted by Drs. Emily Abel and Nancy Reifel, with funding provided by the Institute of American Cultures at the University of California, Los Angeles. Dr. Abel obtained copies of monthly reports submitted by the field nurses working on Indian reservations from 1930 to 1950. Dr. Reifel interviewed reservation residents in South Dakota who had interacted with the field nurses. See Emily Abel and Nancy Reifel, "Interactions between Public Health Nurses and Clients on American Indian Reservations During the 1930s," *Social History of Medicine* 9 (January 1996): 89–108. For a discussion of the field nurses, see Emily Abel, "'We are left so much alone to work out our own problems.' Nurses on American Indian reservations during the 1930s," *Nursing History Review* 4 (1996): 43–64.

16. At times extensive probing was necessary to spark a memory of these events. Whenever possible, names of field nurses were suggested. One useful probe was to describe the usual uniform of the field nurses, which was distinct from that of the hospital nurses.

17. Raup, *Indian Health Program*, 4.

18. Ibid., 14.

19. In 1925, on a field visit to the Navajo Reservation, Elinor Gregg, the first public health nurse hired to work for the Bureau of Indian Affairs, reported this incident: "I was interviewed by two old Navahos who had heard by the grapevine that I was coming, and they had ridden one hundred miles from Bluff, Utah, on horseback, to ask

'Washington' to send them a new doctor who 'could cut.' They had only an internist. Their own Navaho medicine men could take care of other illnesses, but they had only a piece of glass to cut with. They wanted a surgeon, not an internist. The Indians knew the difference." Elinor D. Gregg, *The Indians and the Nurse* (Norman, OK: University of Oklahoma Press, 1965).

20. The Bureau of Indian Affairs operated tuberculosis hospitals (sanatoria) and special school sanatoria for Indian children with tuberculosis. From 1911 to 1941 the number of tuberculosis hospital beds increased from 227 to 1,400. See Ruth Raup, *Indian Health Program*, 13.

21. *1966 Trends in Indian Health* (Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service), 134.