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Children's Health, Assimilation, and Field Nurses among Southern California Indians, 1928–1948

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In September 1999, Martha Manuel Chacon and Pauline Ormego Murillo, two tribal elders from the San Manuel Reservation located near Highland, California, spoke of their experiences with field nurses and doctors contracted by the Office of Indian Affairs. During the course of the conversation, the eighty-seven-year-old Chacon reached into her purse and produced an old photograph from the 1930s depicting images of herself, Dr. John Evans, and field nurse Mabel Cowser. Chacon explained that the people of her tribe thought highly of both of these non-Native health care providers because of their concern for the good health of Native American children. Chacon agreed to talk at length about the relationship between the people at San Manuel and field nurses but at some future time. Unfortunately, shortly after this meeting, she became ill, was hospitalized, and ultimately died. Her remarks about the importance of Western nurses and doctors to the well-being of Indian children of the Mission Indian Agency left a lasting impression.[1]

On 30 March 2001, exactly a year after Chacon's death, the people of San Manuel Reservation held a memorial service honoring Martha Chacon. During the course of that gathering, George Murillo shared that Dr. Evans brought Western medicine, or scientifically based medicine, to the people of San Manuel. Evans was devoted to good health and served the people from roughly 1902 until his death in 1943. When the people of the San Manuel Reservation learned of his death, they felt great sorrow and honored the good physician by assigning six young men from the reservation to serve as pall-bearers.[2] Many Indians in Southern California held public-health doctors and field nurses in high esteem and never forgot their contribution to the health and well-being of Indian children. The work of the Office of Indian Affairs to improve children's health developed slowly during the first two decades of

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the twentieth century and accelerated after 1924 with a national investigation into American Indian affairs.

During the 1920s, Lewis Meriam conducted a lengthy study of American Indian affairs, culminating in the publication of *The Problem of Indian Administration* in 1928. Meriam offered several recommendations within the body of the analysis, including a strong recommendation that the Medical Division of the Office of Indian Affairs hire public-health-service nurses because of their expertise in public health and medical issues. By the time the government published the study, the Indian Office had already contracted county health nurses in Riverside and San Bernardino counties, and more nurses were contracted during the 1930s.[3] Public-health nurses served as field nurses for the Office of Indian Affairs between 1928 and 1948. They joined forces with American Indian people and communities to work cooperatively in order to lower the number of deaths caused by infectious diseases then ravaging the Native population and to focus on reducing the number of children's deaths. For example, Indian people and nurses reduced the number of deaths caused by tuberculosis between 1925 and 1927 from thirty-four deaths (crude death rate of 415 within the Mission Indian Agency compared to 84 among Americans, all races) to three deaths between 1943 and 1947 (crude death rate of 99 within the Mission Indian Agency compared to 40 among Americans, all races).[4] The efforts of Native Americans and nurses also reduced infant and childhood mortality among Southern California Indians.

The first public-health nurse arrived in Southern California in 1928, and like so many employees of the Indian Office, she left several records of her work. During the 1930s and 1940s, public-health field nurses working for the Medical Division of the Office of Indian Affairs left a treasure of twenty years of monthly narrative reports and some statistical reports.[5] These documents detail the work of nurses and their interaction with Indian people of the Mission Indian Agency. The National Archives Pacific Southwest Region at Laguna Niguel, California, holds these records, and this article draws on these documents. In addition, this author has conducted oral interviews with tribal elders for more than twenty years. Throughout the past decade, the author has analyzed the documents regarding nurses as well as the birth and death registers of the Mission Indian Agency during the same era.[6] These documents and the oral interviews offer a remarkable story of a collaborative effort by Indians and nurses working together to curb infant and childhood mortality caused primarily by infectious diseases. This article is not a presentation or analysis of the statistical data, except to provide examples in order to demonstrate the decline in the number of deaths.[7] Rather, it provides a short analysis of the work of nurses among the tribes, offering the larger view of the relationship with specific examples drawn from documents and a few oral interviews that provide pointed examples to illustrate the importance of the nurses' medical work, which is known by Indian people but not generally discussed in scholarly literature. (An analysis of the statistical data will appear in subsequent works.) Most significantly, the work offers the thesis that the positive, cooperative, and effective relationship between Southern California

Indians and public-health field nurses led to a decline in deaths suffered by infants and children between 1922 and 1948.

Between 1928 and 1948, American Indian people in Southern California and Western medical providers worked together to stop infant and childhood deaths and improve children's health. Indian people allowed nurses to enter their homes and share information about public health and Western medicine, with the result that infant, childhood, and adult deaths resulting from infectious diseases and heart disease declined during the 1930s and 1940s. Indian people generally acted on information regarding public-health initiatives, and crude death rates declined over time. A statistical analysis of death registers of the Mission Indian Agency demonstrates the effective work of Indians and nurses to address mortality on the reservations. By the late 1920s, American Indians in Southern California had a great deal of experience dealing with non-Indians and Western medicine, having gained prior knowledge of public health through the curriculum at reservation schools and off-reservation boarding schools.[8] As early as the 1880s, government officials forced Indian children from Southern California to attend federal boarding schools, and the government accelerated the removal of children to boarding schools well into the twentieth century. Part of the government curriculum at the schools included a strong dose of public-health information, especially about tuberculosis, trachoma, and pneumonia—the prevailing diseases affecting Native Americans during the late nineteenth and early twentieth centuries.[9]

From the late 1880s to the 1920s, several Indian children from Southern California attended formal schools, especially boarding schools, and there they learned about public health, a fairly new national movement during the early twentieth century.[10] At the Soboba Indian Hospital, started in the 1890s, and the Soboba Hospital, built in 1928, for instance, students learned other lessons about public health. Most contemporary tribal elders remember that the Indian Office had built the new hospital just south of the former tribal offices on the Soboba Indian Reservation. Over time, children returning from hospital visits or schools shared information about moving medicine (for example, bacteria, viruses, protozoa, and fungi) that caused diseases about which Indians had little knowledge before attending American schools or being treated at the Soboba Indian Hospital.[11] With new information about public health and about the causes and prevention of infectious diseases, Indian students provided their families and communities with strategies for prevention, but the information was informal and introductory. However, by the time public-health nurses arrived on the reservations, the people had considered the advantages and benefits of Western medicine. Katherine Siva Sauvel put it succinctly, saying simply that it made good sense for Indian people to work with the nurses because they had knowledge about diseases that could help Indians.[12] Natives and nurses worked together to address the health of children and save the lives of Indian children who were in jeopardy of becoming ill or dying of "white man's diseases." Thus the decline in disease and death among Indian people in the region during the 1930s and 1940s came as a result of a cooperative effort on the part of Indians and nurses.

Although the Office of Indian Affairs had initiated a program of field nurses among the US Native American population in 1924, the Mission Indian Agency hired its first field nurse, Florence McClintock, in 1928, stationing her on the Morongo Indian Reservation near Banning, California.[13] An examination of the work conducted by field nurses among the Native populations reveals several important points. First, the Cahuilla, Chemehuevi, Cupeño, Kumeyaay, Luiseño, and Serrano Indians of the Mission Indian Agency had employed their own medical system for thousands of years before field nurses arrived. By 1928, Native Americans had already accepted elements of Western medicine or biomedicine into their own medical systems—in part because the Western medical system addressed diseases associated with white contact and because children attending government schools had learned about disease causation, symptoms, and prevention.[14] Since the 1890s, Indians had used the Soboba Indian Hospital located in San Jacinto, California, and had some understanding of Western medicine.[15]

However, in the wake of Western medicine, Indians did not forsake their own medical ways; rather, they incorporated new medicine into their cultures.[16] Second, the Western medical system in Southern California assisted the effort of the US government to assimilate Indians into American civilization, but this effort declined after a few years because field nurses focused on improving health, not assimilation. Third, American Indians usually appreciated the work of the nurses, although some resisted the removal of children to sanatoria. Fourth, field nurses contributed in a positive manner to the improved health conditions of Indians in Southern California. With the assistance of Indians, nurses helped reduce the number of deaths caused by infectious diseases and the number of childhood deaths caused by infections, particularly tuberculosis. Between 1928 and 1948, field nurses made thousands of visits to homes and reservations to discuss prenatal care, infant care, and the general health of schoolchildren.[17] They visited schools and showed graphic slides; offered primary care and surgeries at schools; and provided Indians with thousands of copies of health literature in addition to their oral advice. Nurses placed special emphasis on saving American Indian children through immunizations and offering health education about communicable diseases—particularly tuberculosis and trachoma—to children and adults. Field nurses worked hundreds of hours and drove hundreds of miles each month to bring better health and health education to Native American children, and in doing so secured a future for endangered Native populations.[18]

The Office of Indian Affairs contracted most field nurses from the Public Health Division of Riverside, San Bernardino, and San Diego counties. The nurses were non-Native females with a formal education in nursing. Between 1928 and 1948, they worked in a huge geographical area encompassing nearly 430 square miles from the Mexican border north to Santa Barbara and east into the Mojave and Colorado deserts. Their service area included Chumash Indian villages located in the coastal valleys and mountains near the Pacific Ocean and Chemehuevi villages on the western edge of the Colorado and Mojave deserts. Field nurses served a diverse people living within a varied geography. Non-Indian migration, settlement, and economic development

had significantly influenced the health of Indian people living throughout Southern California, often pushing Indians into limited, marginal areas where they could not live as they had before contact with non-Natives.[19] White settlement had destroyed the ancient economic systems of Southern California Indians, and Natives had lost the aboriginal foods that had sustained their minds, bodies, and spirits since their origins. As a result, the health of Indian people became intimately tied to changes on their former lands, and many men and women turned to wage labor to survive. Although Indian families continued to cultivate a garden, most found work off the reservations due to the poor quality of land on some reservations or the lack of sufficient water flowing through or on reservations.[20]

"In some cases," wrote McClintock in 1928, "their lands are irrigated or susceptible to irrigation."[21] She related that "other reservations are strictly grazing lands while others would be considered desert country." McClintock reported correctly that the Cahuilla, Chemehuevi, Cupeño, Kumeyaay, Luiseño, and Serrano Indians of the Mission Indian Agency numbered "around 2,800 . . . scattered in small groups," had few natural resources on their reservation, and were "exceedingly poor." Field nurses, doctors, and US agents working within the Mission Indian Agency recognized immediately that "one nurse cannot cover this territory," and that the government needed "a field nurse in San Diego county."[22] To emphasize the point, in 1928, Mission Indian Superintendent C. L. Ellis stated that "there should be at least one other field nurse," while other government officials within the Mission Indian Agency called for two additional field nurses.[23] Actually, the agency needed far more nurses, but the agent had to convince the Office of Indian Affairs to fund more nurses, which it did in the 1930s. The nurses recognized that the Indian population was dispersed, and Indian children lived in a scattered manner that made service to children difficult without more nurses. Nevertheless, between 1928 and 1932, the government employed only one field nurse stationed at Morongo until 1933 when the Office of Indian Affairs contracted with San Diego County health officials to provide field nurses in the southern part of the Mission Indian Agency east of present-day San Diego.

When the government appointed McClintock, the first field nurse within the Mission Indian Agency, the Indian people received a nurse with previous experience. She had worked for the government hospital in Sacramento, and she fully understood the importance of children's health among Indians. She had previously served the Indian Service for some years and had experience working with Indians.[24] "Miss McClintock works under the direction of the County Health Officer of Riverside County, California," an arrangement that worked "very well, and it is satisfactory to both the County Health Officer and Miss McClintock."[25] McClintock received a "gross salary of $140.00 per month, from which she must pay $30.00 rental, fuel, and light additional." The superintendent realized that McClintock's salary was "much less [than] other nurses receive" and was relieved that she was willing to work for low wages. Shortly after McClintock became the first field nurse of the Mission Indian Agency, Ellis commented that she "appears to be a good worker and should

soon gain the confidence of the Indians."[26] Nurse McClintock immediately took up the cause of children's health.

McClintock launched her work with great energy and efficiency, focusing first on the Morongo Reservation where she addressed the health of infants and children. Her previous work among American Indians gave her an important insight to the Cahuilla, Chemehuevi, and Serrano people living on or near the Morongo Reservation. Before receiving an automobile with which to make her house calls, McClintock spent her first months focusing on health work among tribal elders, particularly women and children.[27] "Grandmother's troubles," she wrote in her monthly report, "must be given attention or little can be done with the child. When you have gained Grandmother's confidence, you have half the work done."[28] This remarkably astute observation clearly demonstrated her knowledge of and expertise with Native American culture and the significance of women and children within Indian families. Whether the tribes were matrilineal or patrilineal, elder women's opinions were/are extremely important in decisions involving the health of their families, and McClintock wisely concentrated her efforts on the elders—especially elderly women—so that they would provide her access to families and children. By gaining the confidence of female elders, McClintock understood that Indian people would be more receptive to her and her new medicine when dealing with children.

McClintock first focused on working among female elders, commenting in 1930 that a woman had announced, "I have lived to see my prayers answered. They have sent us a nurse."[29] If we believe McClintock, then some Indians greatly appreciated the arrival of the first nurse. McClintock engaged her work with great commitment, visiting between one and nine homes every day, including Sundays. McClintock maintained that "much in my work . . . can not easily be described in writing" and that "lines can not be drawn to [*sic*] tightly, when nursing among Indians." She stated that in order to win the people's confidence, she had to work for the people's benefit and show positive results. "The Indian does not want good advice," she wrote in one report. "He has had enough of that. He does want things done, and that does bring results." She noted further that if a field nurse could not get results, "then she is of little use to the Indian."[30]

McClintock and the other field nurses that joined in the health care of Indian children after 1932 got things done on many reservations. They did not confine their work to one reservation or tribe. McClintock spent the first two years of her tenure working primarily with children living on the Morongo Agua Caliente, Augustine, Cabazon, Cahuilla, Los Coyotes, Mission Creek, Pala, Pechanga, Puama, Soboba, and Torres-Martinez reservations.[31] In addition to visiting family households in order to share health information and provide primary care to Indian families, field nurses also visited public, private, and government schools (Sherman Institute and St. Boniface Indian School, a Catholic school contracted by the government) where they examined and treated American Indian children.[32] The field nurses also performed other duties to improve the health of children. They provided taxi and ambulance service for Indian children, taking them to boarding

schools, hospitals, sanatoria, and clinics. Travel exhausted McClintock, just as it would other nurses in the near future, but she once commented, "public health work means many hours and many miles spent on just one family some days, while others bring less mileage, less worries, and more home visits."[33] In order to accomplish her work among children, McClintock often traveled between 1,000 and 3,500 miles each month, motoring on dirt roads across hot deserts, rugged mountains, and muddy inland valleys in automobiles that often needed repairs.[34]

With the use of automobiles, field nurses brought their form of health care and assimilation programs to the Native Americans of Southern California. Long before the US government established the modern reservation system in the 1850s, some white Americans had advocated the assimilation, civilization, and Americanization of Indian people into the dominant society. During the late nineteenth century, the US government decided to focus its program of assimilation on American Indian children, largely through education programs. McClintock continued the assimilation program by promoting American civilization through her nursing work with Indians. In the words of *The Compact Edition of the Oxford English Dictionary*, assimilation of American Indians required "an action of making or becoming like; similarity, resemblance, likeness."[35] Nurse McClintock, and to a lesser extent, other nurses, doctors, and administrators, attempted to remake the Native medical systems to be solely like that of non-Indians from the United States. The attempt failed but was a component of American Indian policy in Southern California and throughout the country. In following the national plan of assimilation, McClintock continued the policies promoted in the 1850s and 1860s, when so-called Indian reformers recommended assimilation over extermination of Indians. During the mid-nineteenth century, General James H. Carleton had designated assimilation as a key component of his campaign to defeat the Mescalero Apaches and Navajos, place them onto the Bosque Redondo Reservation, and assimilate them to become white-like within the US mainstream culture. Like many Christian Indian reformers of his time, Carleton believed that, when attempting to assimilate Indians, the emphasis should be on Native children. McClintock's program of assimilation had its roots in past government actions. Carleton had written that he intended to gather Navajos and Apaches onto a reservation where whites could "teach their children how to read and write: teach them the art of peace; teach them the truths of Christianity." He prophesized that the children would "acquire new habits, new ideas, new modes of life: the old Indians will die off and carry with them all latent longings for murdering and robbing; the young ones will take their place" and that the people would "become a happy and contented people." Carleton, the Christian reformer, had targeted Indian children for assimilation, and twentieth-century reformers like McClintock extended the cultural transformation of Indian children through medicine and public health.[36]

McClintock continued the emphasis on assimilation in Southern California. She mirrored the general's sentiments, stating, "There is no use in trying to change the older people in their ways of living." Although genuinely concerned about the health of Indian children, McClintock also wanted to

move them culturally, economically, educationally, and medically from Native ways to the culture of the dominant society. McClintock wrote that in a fight to "advance" Indian culture, she felt that the adults were "a draw-back to the younger generation." She pointed out, "Some of the younger people do awfully well under the circumstances, while others don't seem to care for anything better nor to have their children have anything worthwhile." As a result, "Advancement is slow among Indians." McClintock wrote these culturally charged statements because she believed that some "advancement" could be made by "educating the mothers, to see the value of things." She felt strongly that the field nurses had to work with the grandmothers and mothers in order to change the course of children specifically and Native society in general. She wanted Indian children to be more "civilized." McClintock expected to have "several disappointments before things are really brought to our likening. It cannot be otherwise with the background that these children have."[37]

Reflecting the views of many non-Natives of her generation, McClintock wrote that the Indians of Southern California were "still a muddled people, trying to release themselves from the chains of superstition and traditions, yet afraid to do so." In her superior and maternalistic voice, McClintock reported that "these people need close intimate contact to get them to do as we would like them to do." McClintock's lack of patience emerged after working with Southern California tribes for three years. "When they are given directions," she wrote in 1931, "they have to be shown, not once, but several times, just what is ment [*sic*]."[38] Perhaps this sentiment emerged as a result of McClintock's clash with a traditional Cahuilla mother who had spent her family's money hosting an annual fiesta on a reservation. Fiestas emerged among Southern California Indians as an outgrowth of traditional winter gatherings and big times, when Indians from many tribes and living in different areas gathered to sing, dance, tell stories, race horses, trade, and gamble.

McClintock wrote that women wasted their money preparing the fiestas, and reported that the Cahuilla woman ignored the needs of her children to spend funds for the fiesta. McClintock reported the woman had "the dirtiest, and most ragged" children to "enter the school." When McClintock urged the woman to quit wasting her money buying bolts of cloth for giveaways at an upcoming fiesta and spend more money on her children, the woman laughed, "as if it were funny." This infuriated the field nurse, who felt she knew what was best for this woman and Indian people, particularly children.[39] McClintock used her influence as a government employee to "civilize" Native American families and tame recalcitrant Native mothers, but the Cahuilla woman that laughed flatly refused McClintock's advice and felt it was her obligation to spend funds on the fiesta.

For Cahuilla, Chemehuevi, Cupeño, Kumeyaay, Luiseño, and Serrano people, the sharing of money and goods represented a positive act that brought health to the community in a spiritual sense. The redistribution of wealth taught children to be generous, and this communal act brought a broader wellness to everyone, including children. The giveaways among Southern California Indians never reached the formality, structure, or elaborateness of the potlatches of the Pacific Northwest, but they served a

similar function and brought credit to those who shared. Nurse McClintock did not understand the importance of fiestas or giveaways within Native culture, and she actively opposed them. Future nurses generally did not follow her lead by opposing fiestas, except the nurses were concerned that the gatherings brought together many people who might share pathogens. Nurses also opposed medicine men and sometimes commented about their power to influence the people, especially about health matters. The nurses rarely appreciated or understood the ancient beliefs that the people had to follow.[40] For them, adhering to traditional laws or rules influenced their health, and the health of individuals and families could be compromised by negative medicine or punishment by spiritual forces if they did not fulfill their communal obligations and act in accordance with traditional beliefs, many of which were religious beliefs.[41]

In addition to her work directly with children, nurses tried to influence adults and prevent their use of alcohol. McClintock considered alcohol a negative influence on adults and children, and she did her utmost to advise against alcohol use. She created difficulties for Indians living on the Morongo Reservation and other nearby reservations when she decided to prevent alcohol use on the reservation. McClintock knew that young people used the gatherings to form relationships. Fiestas offered boys and girls who were not related to one another by six generations to form casual and formal relationships. At fiestas, Indians also gambled, danced, sang, and drank with friends and relatives. McClintock took a stand against alcohol use in order to protect children from family problems stemming from alcohol use and abuse. In 1930, McClintock knew that some of the Indians she served planned to drink at the fiesta. As a result, she "requested that a Prohibition Agent be sent during the fiestas," and the government agents "busted up the fiesta, perhaps jailing people" for the offense. After the arrests and jailings, McClintock could not "help feeling a little responsible for this terrible deed" because federal agents had "acted on her request" and raided the fiesta grounds.[42] She justified her actions by rationalizing that she was protecting children from adults and the people from themselves. Otherwise, children might look to adult role models and continue to hold fiestas where the people would drink. Her actions did not end fiestas or alcohol use but surely won the approval of non-Natives.

No doubt the superintendent of the Mission Indian Agency, non-Native missionaries, teachers, and law enforcement officers approved of McClintock's request for a prohibition agent, because they wished to destroy the fiestas, the influence of medicine people, and the use of alcohol by Native Americans. The Indians did not appreciate the intelligence McClintock had shared with the "law," because the police had incarcerated friends and relatives. McClintock understood that she had crossed the line. Not long after taking her stand against alcohol and the fiestas, a group of non-Natives interested in child welfare and alcohol use among the Indians asked McClintock to speak from her own experiences. "But before the appointed time [to lecture], the most regrettable tragedy occurred on the Reservations, that made it seem advisable for the government employee [McClintock], especially me, to be 'seen and not heard.'" McClintock had called the prohibition agents, which

had resulted in arrests and jailings. The nurse was responsible but kept quiet about her part in the affair.[43]

McClintock weathered the storm among the tribes who learned of her part in inviting prohibition agents onto the reservation during the fiesta. However, after 1930, McClintock's health began to fail. She became ill with *E. coli* bacteria from the water at Morongo and later had surgery for a hernia from which she never fully recovered, and thus had to curtail much of her work.[44] In the tradition of Western medicine, her ill health resulted from "natural causes," but some Indians likely viewed her ill health as retribution for her actions against the people. Cahuillas, Serranos, and other Indians believed in spirit sickness, that violations of community norms could cause sickness. McClintock's illnesses serve as an example of how Indians, including American Indian doctors of the era, viewed disease causation as compared to the biomedical causations known to non-Indian people.[45]

Some employees of the Office of Indian Affairs and the US general public—particularly Christian leaders—believed that Native American medicine people were impediments to improving children's health and general assimilation. In January 1933, McClintock informed Commissioner of Health W. B. Wells that an Indian child from the Torres-Martinez Reservation had died because an Indian medicine man and a Pentecostal minister had tried to heal an ill child.[46] A medical doctor had been advised of the boy's ill health and had treated him, but McClintock speculated that the Cahuilla family "either hid or threw away his medicine, and would not obey his [the doctor's] orders." She argued that the family had listened to the medicine man, and, as a result, the child had died a "needless" death because of "the old Indian superstitions."[47] A few months after the first child died of influenza, another Cahuilla family living on the Torres-Martinez Reservation took a sick baby to Palm Springs because the family was "under the influence of the Medicine Man."[48]

McClintock likely referred to Pedro Chino, a famous healer among Cahuilla people from present-day Palm Springs who doctored thousands of Indians from many different tribes and earned a reputation as one of the most powerful *puls* (healers) in Southern California, a man known as a *pul amah-whet*, the highest-level *pul*. Apparently, the family took the baby to Palm Springs when "Dr. Wilson wanted the baby taken to the Soboba Hospital." The doctor and nurse "offered to let the grandmother stay there with the baby," but the "grandparents refused to let the baby go," saying "that they were going to bring the baby back to Torres, and have a dance over it to drive the 'devils' out of it." McClintock reported that, "When the baby was first sick, an old Indian [medicine] woman filled the babies [*sic*] mouth with water, then put her hands into its mouth, and pushed the brain up." The grandparents believed that "its brain had fallen in again" making the child ill. McClintock reported that the family said, "Well, if the baby die, alright."[49] She further reported that during childbirth, the mother had laid "in the bushes several days, before anyone knew where she was, as the husband had turned her out of the house." The mother had died, McClintock reported, stating, "Her soul is now wandering in the Happy Hunting Ground." McClintock prophesized

that "the baby's [soul] will join hers."[50] A month later McClintock reported that the baby had died, which she believed "was a blessing for the baby." She commented that the "family seemed very much relieved."[51] This statement runs contrary to those from other families that cared for their children. However, nurses entered the lives of families generally with a sincere desire to improve health conditions of children, even when the nurses had cultural biases or openly exposed familial issues about children. As in every society, some families focus more on children, but health proved to be the defining factor in the nursing work among the people during this era. Some people, distraught and concerned about life on the reservations, did not want to have children because the Native world had changed so dramatically. According to the nurse, a "young married woman" told McClintock that she and other Native American women "do not care to bring children into the world, as their [*sic*] is no place for Indians."[52] This revealing statement may have been widespread because the general population of the people within the Mission Indian Agency remained fairly constant at about three thousand people during the twenty-year period under examination.[53]

Many aspects of Indian life influenced the health of children, including housing, clothing, food, and water. In their correspondence and reports, field nurses often expressed genuine concern about the well-being of children, including family housing. Nurses working during the 1930s and 1940s sought to change Native life in order to benefit children. Traditionally, Native Americans in Southern California had lived in homes made of short logs, sticks, adobe, brush, and woven plant materials. They had used earthen floors, with some animal skins on their floors, for sitting and sleeping. During the twentieth century some Indians built homes made from lumber, which were similar to the small four-sided homes they had known in years past that were once made of posts, branches, plant materials, and adobe. As part of their health work among children, nurses tried to "upgrade" Indian housing by introducing and encouraging clapboard construction.[54] Dr. H. J. Warner recorded that there were "very few good houses" on reservations and that "the majority of them consist of one or two room shacks built of scrap lumber or such other material as is at hand, usually with dirt floors."[55] Generally, Indian homes needed repairs, but the agency did little to improve housing, in part because of the lack of specific funds for housing.

Indian families took the initiative to improve their housing with concrete foundations and the use of durable materials such as rocks, bricks, and lumber. According to Joe Benitez, Chemehuevi elder of the Cabazon Reservation, the people at Soboba and Morongo had the best homes among the Native populations because the agency targeted these two reservations as subagencies. Moreover, Benitez noted that the people could pick up excess lumber from building sites and the railroad yard. In the 1940s, Susie Mike, the mother of Joe Benitez, built a small, one-room home with cement blocks and mortar, all on a concrete foundation.[56] The house still stands not far from Benitez's modern home, perhaps as a standing memory, a tribute to his mother, and symbol of his childhood. Tribal elder Pauline Murillo pointed out that Indians built most of the homes on the San Manuel Reservation with clapboard, although her

uncles built a sturdy rock home for Pauline's grandmother, Jesusa Manuel.[57] As children, Benitez and Murillo remember the many types of homes found on reservations. Field nurses encouraged Indians to provide ventilation in their homes and consider ways to check bacteria and viruses. In the case in which families housed elders with tuberculosis, nurses helped families build small structures away from the family dwelling where tubercular patients could be isolated from others and not removed to sanatoria. Housing continued to be a part of the field nurses' civilization and health programs. Health officials targeted unventilated Indian houses as a space of concern, places where dangerous pathogens could live and infect children. Throughout their tenure in Southern California, nurses wrote a good deal about housing but had no funds to improve Indian housing. The attention they brought to the issue, however, may have influenced the Bureau of Indian Affairs to address a few housing issues on some reservations, but this notion is speculative.[58]

Field nurses also concerned themselves with the source of water on the reservation and its relationship to disease among children. Nurses tried diligently to stem the tide of diarrhea among the infants and small children, a dangerous condition that caused dehydration, illness, and death among infants. Gastrointestinal diseases of all kinds were the second most important cause of death among infants from 1928 to 1948, killing forty infants and accounting for 26 percent of all infant deaths. Fortunately, the number of infant deaths caused by gastrointestinal ailments declined from an average of fifteen between 1929 and 1935 to three deaths between 1943 and 1947.[59] In 1932, the nurse reported that Indians living on the Morongo Reservation suffered from "many causes of diarrhea," and that she was "anxious that the water used for domestic purposes be examined."[60] Her concern about the water at Morongo led government officials to conduct a chemical analysis of it, finding that the water had 8 parts in 100 and 10 parts in 100 of *B. coli* (a protozoa, parasite), which officials believed came from free-roaming cattle. As a result, the agency ordered wire and posts so Indians could fence their water sources and keep cattle and horses from surface water.[61] Field nurses expressed similar concern about the food, nutrition, and vitamins of Native American children within the Mission Indian Agency. During the Christmas of 1931, nurse McClintock used her own money and "bought several boxes of grapefruit, and divided them among the Morongo Indians."[62] This was only one specific incident when a nurse recorded her concern and acted on it without permission of agency officials. Other nurses may have used their money as well, but their official reports are mute on this point, perhaps because the agency and medical supervisor did not support the nurses in their endeavors to act beyond the official scope of their job descriptions. During the 1930s and 1940s, nurses witnessed a change in traditional diets from rabbits, squirrels, deer, desert bighorn sheep, weewish (acorn mush), seeds, mesquite, cactus, agave, yucca, and many other plant foods to more beans and tortillas.[63] Nurses did not comprehend the significance of this dietary change, but they advocated a more varied diet. Indians spent more time working on farms and ranches; therefore, they had less time to devote to hunting and gathering, a circumstance that harmed Indian health.

Nurses often encouraged Indians to eat more fruits and vegetables. As late as 1945, field nurse Mary K. Wolking noted that "the average diet of the Indians has gradually become more varied and well balanced, in contrast to the usual 'beans and tortilla' meals of the old people."[64] Perhaps this is true, but as late as the 1950s, Chemehuevi elder Benitez and Cahuilla historian Anthony Madrigal stated that most Indians still ate only two meals a day, primarily of beans and tortillas, because this was all they could afford.[65] Nurses continually talked about good nutrition to children, parents, and grandparents, and they provided pamphlets on the subject. Nurses also showed slides to schoolchildren depicting nutritious diets. However, they never recognized that the invasion and settlement of California destroyed many Native food resources that had nourished Native bodies for many generations. Nurses never noted the fact that Indians no longer had access to ancient hunting and gathering areas or the fact that cattle, horses, sheep, and other livestock consumed Native foods, destroying habitat. Dietary changes placed the health of Native Americans in jeopardy, because Indians ate a limited diet that was non-Native in origin and unhealthy for American Indian people as well as biologically inferior for consumption compared to nutritional Native foods. Field nurses and agency doctors attempted to replace Native diets with "civilized" foods that required agriculture or cash money, but these foods did not have the nutritional value of Indian foods for the bodies of Indian people—particularly the bodies of pregnant mothers, infants, and children.[66] From 1924 to 1948, infants died primarily of pneumonia, gastrointestinal disorders, and malnutrition. Between 1922 and 1928, twelve infants within the Mission Indian Agency died of malnutrition. Malnutrition and poor diet made children more susceptible to foreign pathogens and infections of all kinds. During the 1920s and 1930s, Indians lost their use of traditional food resources that had spiritual as well as nutritional value to Indians. Field nurses seemed oblivious to all of this in spite of the fact that they touted a "scientific" view of health but could not see the ill effects of invasions, intrusions, and settlements.[67]

Field nurses directed much of their attention regarding nutrition toward expectant mothers, new mothers, infants, babies, and young children. These nurses believed that the modern mother should use advances in science to enhance the health of their babies. For nurses, formula represented modern science; they believed the man-made mixtures to be superior to breast milk. Field nurses gave mothers specific instructions and the formula to "enhance" newborns.[68] In March 1939, Dr. Cordua and the field nurses under Wolking planned a visit to "several Indian mothers to impart information on changing of the formulas for their small babies." In 1942 and 1943, field nurses reported that Indian mothers living on the La Jolla, Pala, and Puama reservations had a strong "understanding of nutrition" particularly in reference to infants. "There has been a marked increase in their desire to feed the 'baby canned goods and vegetables', that they have learned about in our baby conferences."[69]

Field nurse R. Siegel believed that the "results are plainly evident; the babies [*sic*] nutrition is very good—their flesh firm and their health of the

best."[70] According to this nurse, Indian mothers desired information about formulas and other diets that would benefit the health of children.[71] By 1946, Wolking concluded, "the majority of the Indians have improved a great deal in regard to the nutritional problem, especially in the diet for preschool children and the infants." She was especially gratified that the prescriptions for formulas provided by the nurse at baby conferences were "gladly used by the mothers."[72] The nurses also encouraged mothers to provide their families with a "varied, well balanced diet for all age groups," and by 1946, many Indian mothers could afford to purchase a variety of foods because men and women worked off the reservation in defense plants and agriculture where they made more money than in past years.[73] Indians joining the military service sent money home that also supplemented family incomes, making it possible to buy more processed food and grow small vegetable gardens. Purchases of processed foods bought at markets and trading posts did not have the nutritional value of traditional foods, which put Indian children and adults at risk for heart disease and the development of type 2 diabetes. Native consumption of processed foods contributed to the rise in diabetes as well as those deaths resulting from man-made degenerative diseases such as cancer and heart disease.[74]

In addition to their concerns about housing, water, and food, field nurses continually asked for shoes and clothing for Indian children. Throughout the years from 1928 to 1948, field nurses recognized that small children on reservations needed more and better clothing. During the nineteenth century, Indian people had made their clothing from leather, processed skins of deer, bighorn sheep, rabbits, and woven plant materials.[75] However, after the United States took Indian homelands and habitats, Indians had fewer materials from which to make clothing. White settlement and development depleted Native animal populations, and Indian people began trading for and buying cloth. Indians in Southern California highly valued processed cloth from which they made clothing and other items, and they used cloth as a means of exchange and gift giving.[76] Contemporary traditionalists among the Native populations of the region still give away cloth at important events, including funerals and memorials.[77] However, because cloth had to be purchased from local merchants, Native Americans had to have cash to buy it. Most Indian families were poor and used their cash resources for food and other essentials. Thus, they often wore discarded clothing provided by churches and relief organizations. Pauline Murillo pointed out that all of the children on her reservation wore used clothing brought to them by social workers. Pauline's mother, Martha Manuel Ormego Chacon, altered the clothing, adding puffed sleeves and lace collars. Still, many Indian children depended on non-Natives for much of their clothing, and in times of great need, they had to make do with what others gave them.[78]

During the Great Depression, these sources of clothing proved unreliable, and nurses began asking the Office of Indian Affairs to provide Indian children with clothing. In January 1937, Supervising County Nurse Wolking reported that "the children on some of the Reservations are very much in need of sweaters and coats."[79] Superintendent John W. Dady asked Esther

Adamson to "continue your efforts to secure sweaters, coats, and any other clothing needed from the Surplus Clothing Commodity Division."[80] However, District Medical Director Dr. J. F. Worley felt that the nurses should pay attention to health issues and not concern themselves with such matters as clothing for children, in large part because he believed that clothing and housing "should be taken care of by the Indians themselves." He argued that "there is no reason for their not providing sweaters and coats for children," and that the Indians should pull themselves up because "it hardly seems right to pauperize them in this way when work is available."[81] The records are silent on whether Wolking asked churches or relief agencies for help.

Regardless, the issue of clothing emerged again in April 1939, when Wolking asked the superintendent of the Mission Indian Agency, John W. Dady, for funds to purchase "a small amount of clothing to use in emergencies." Wolking had been through all this before, but she pushed the envelope, trying to prod the Office of Indian Affairs into providing clothing for the needy Native children. Dady responded by asking the field nurse to provide "an estimate of the cost" and "a list of the clothing." He announced that he would "be glad to submit the matter to our Washington Office with a request that it be authorized to purchase the clothing."[82] When officials in Washington read Dady's request, they informed him in a handwritten note at the bottom of his own letter that the "true purpose of the nurses is not to give aid but medical advising. It seems [at this] time to be inadvisable to confuse that purpose."[83] Not knowing that the request had already been denied, Wolking asked Dady to consider her list of clothing. She asked for six blankets, cotton shirts, and wool shirts. She also requested nine knit gowns, nine flanette gowns, and seventy-two flanette diapers. Wolking estimated that the total would be $23.70, but she never received the funding.[84]

The Office of Indian Affairs never convinced Wolking and other nurses to limit their work to health.[85] Like so many field nurses, Wolking had a relatively broad view of Indian health and a larger spectrum of understanding when dealing with issues affecting the health of Native children within the Mission Indian Agency. Her concern was based, in part, on the fact that in April 1939, a child died. "In one home," she lamented, "it was discovered an infant did not have proper clothing to keep it warm." As a result, Indian parents "reported that the child needed clothing and gave that reason in accounting for its death." Most Indians within the Mission Indian Agency lived below the poverty level, and they simply had little money to spare for clothing, coats, and blankets.[86] The lack of clothing affected Native American health, and field nurses understood the connection while bureaucrats in Washington did not.

Field nurses advanced the health of children by holding clinics on reservations. They spent twenty years offering baby conferences, little mother classes, and baby clinics on several reservations of the Mission Indian Agency. Two months after arriving on the Morongo Reservation in 1928, McClintock announced that since she had become familiar with the people and land, she learned that Indian "mothers are asking for prenatal instructions and for pamphlets on care and feeding of children."[87] Field nurses and agency doctors focused on infants and babies because of the "high infant mortality."[88]

To address infant mortality, nurses initiated baby clinics during the late 1920s and early 1930s in Banning, Hemet, Indio, Los Angeles, Morongo, Riverside, Soboba, and Torres-Martinez. Still, the field nurse complained in 1932 that there were "so few babies under a year old in my district now that I can not make much of a showing [of] baby work."[89] In 1932, the Mission Indian Agency hired two field nurses to work among the Cahuilla, Cupeño, Kumeyaay, and Luiseño people of San Diego County, and the nurses immediately and continually emphasized "the importance of information concerning the expectant mother."[90] At first this was "part of the health education program" that stressed "the importance of physical examination and the necessity for medical supervision throughout pregnancy."[91] Over time, the nurses and Native communities lowered the number of infant deaths that were the result of (in order of importance) pneumonia, gastrointestinal diseases, malnutrition, infectious diseases, heart diseases, tuberculosis, accidents, and other causes. During the six-year period, 1929 to 1935, the Indians of the Mission Indian Agency suffered a total of sixty-five infant deaths, or an average of 10.8 deaths per year. During the four-year period, 1943 to 1947, that number dropped to thirteen infant deaths, or an average of 3.2 deaths, a marked decline that resulted from the collaborative health work of Indians and nurses with the assistance of medical doctors and hospital employees.[92] To help in the decline of infant deaths, nurses worked closely with pregnant women and new mothers. Declining infant deaths indicated that the work of Indians and nurses to address infant mortality had been successful.

Field nurses encouraged expectant mothers to eat a healthy Western diet, "dwelling on the foods that protect the mother's health and provide essential needs for the growth of the child." Nurses did not consider the consumption of Native foods important to expectant mothers and their unborn children. However, they emphasized varied diets for pregnant women, mothers, and children. According to nurse Wolking, "It is by repetition of facts that we hope to get more mothers to accept medical care" and advice.[93] Field nurses traveled thousands of miles, visiting many families to discuss prenatal, postnatal, and baby care, using words and instructions to convince mothers that Native Americans should use "scientific care of the newborn child."[94] Through science, the field nurses expected to prevent and cure disease among Indians by making early diagnosis of health problems affecting infants and preschool children. By the end of the 1930s, the nurses held regular conferences and clinics to examine children, provide advice to mothers, and arrange to correct the "defects" they found in children. The well-baby clinics contributed to fewer infant deaths including those dying of pneumonia, the primary killer of infants. The number of infant deaths caused by pneumonia declined from an average of fifteen between 1929 and 1935, or an average of 2.5 deaths per year, to nine deaths between 1943 and 1947, or a slight decline of 2.25 deaths per year.[95]

In addition to working directly with mothers and their infants, babies, and small children, field nurses spent a good deal of time working with schoolchildren of all ages. During the 1920s and 1930s, nurses "taxied" children to school, particularly boarding school, at Sherman Institute in

Riverside, California, and St. Boniface Indian School in Banning, California, in September and brought them home in June. They also "spent a great deal of time chasing up these absentees." When McClintock initially took her post as field nurse, the Indian office expected her to find and return truant children, even though she was "not suppose [*sic*] to go into schools, except by request." Still, "whenever these children have been sent home from school," she once wrote, "I have been expected to see that they get back." She warned the Office of Indian Affairs that the Indian children outsmarted school administrators because "Native children wanted to be sent home for wrong doings. Indian children often disliked attending schools, and to be sent home was 'a pleasure, not punishment.'"[96] Some Indian children ended up in court, and a judge in one case sentenced a truant boy to "be taken to the road-camp for not keeping his probation."[97]

However, most of the field nurses' work relating to schools involved health initiatives. Nurses gave lectures at the schools to Indian and non-Indian children about hygiene, sanitation, and disease prevention, illustrating their talks with glass slides showing microbes, tubercular patients, and instructions on the proper cleansing of their bodies and teeth.[98] Nurses also examined children for "defects." They battled "sore throats, indigestion, cuts, impetigo, sores," and other maladies among Indian student populations.[99] Nurses gave shots and vaccinations to children at the schools to prevent smallpox, diphtheria, whooping cough, and other childhood diseases.[100] By 1939, the field nurses reported that most Indian parents asked for shots, believing that they prevented sickness and disease among their children. Indians had been associated with field nurses for more than a decade, and Indian adults and children had learned a good deal about the Western cause and prevention of diseases from non-Native teachers, health care providers, and tribal elders. Indians shared this information with others, using their own agency to combat illness brought to their homelands by non-Indians. Field nurses brought this knowledge to Native people, but Indians spread the words and ideas that altered the course of Indian deaths caused by infectious diseases and other maladies. Field nurses immunized Indian children, and their work touched many lives, lowering the number of deaths caused by infectious diseases.[101]

While dealing with schoolchildren, field nurses often treated them for impetigo, scabies, earaches, tonsil inflammation, and tooth decay. Nurses commonly reported dealing with cases of chicken pox, mumps, measles, pneumonia, influenza, smallpox, and colds. They made a special effort to reduce the number of cases of trachoma through examinations, clinics, and surgery. On one occasion, a nurse reported assisting in eye surgery on three children with trachoma at St. Boniface Indian School.[102] Cahuilla elder Katherine Siva Sauvel recalled that while she was in school in Palm Springs, nurses and a doctor scrubbed the inside of her eyelids with a detergent or antiseptic medicine using an instrument that looked like a toothbrush. The brush scraped the soft tissue inside the lid with a solution designed to fight trachoma, a process known as grattage.

During the same visit at the St. Boniface Indian School, the doctor and nurse performed tonsillectomies on nine Indian children. Nurses also

identified those children who needed eyeglasses, and they made arrangements to have the children examined by an ophthalmologist and fitted for eyeglasses if necessary. Field nurses arranged for Indian children to have their tonsils removed at the Soboba Indian Hospital, and they often served as ambulance drivers, taking children to and from hospitals and sanatoria located as far away as Phoenix, Arizona.[103] Most of the patients referred to Phoenix had contracted tuberculosis, which was a scourge among Southern California Indians and Indian people living throughout North America. During the tenure of McClintock, she reported only a few cases of tuberculosis among young people. In May 1928, a few months after arriving on the Morongo Reservation, McClintock stated, "Tuberculosis does not seem to be any more prevalent than among the mexican [*sic*] or white populations of that section," but a year later, she complained that facilities for hospitalizing tuberculosis patients near the reservations were "still lacking."[104] Furthermore, the health division became so alarmed with the number of tubercular cases that they asked the State Chest Clinic to visit the St. Boniface Indian School where "all the children were ex-rayed [*sic*]" in addition to "thirty-one young people from the Morongo."[105] By the mid-1930s, nurses in San Diego, Riverside, and San Bernardino counties recognized far more cases of tuberculosis, particularly among young people, and they made a concerted effort during the 1930s and 1940s to educate Indians about the contagious bacterial causes of tuberculosis, the importance of quarantining patients, and the necessity of follow-up exams for family members and friends associated with tubercular persons.

Field nurses became closely involved with tubercular children during the 1930s and 1940s, and their emotional attachment to the people is evident in their reports. In December 1932, McClintock wrote, "One child was either fortunate or unfortunate enough to have enough trouble in her lung to be admitted to the Tuberculosis Sanatorium in Phoenix, Arizona." The Office of Indian Affairs had established an Indian sanatorium at the Phoenix Indian School; the nurse speculated that the Indian girl taken to Phoenix would "receive the proper treatment to make her a strong well child" as well as enable her to "start her first year in school." In the same report, the nurse stated that another girl with tuberculosis had been "taken to the Soboba Sanatorium from the Soboba Hospital," while yet another "boy was transferred from his home to his aunts [*sic*] in San Diego County that he might have better health advantages and schooling." On her automobile trip to Phoenix, McClintock "took a boy that he might make the final arrangements to have his little sister brought home after life would leave her little body." The nurse noted that the girl had been "a sweet child" and wondered if Native parents could ever "be persuaded before it is too late to forget their selfish love, and spare the child temporarily instead of eternally."[106] Throughout the years, Indian parents willingly gave up their children so they could be isolated and treated at the sanatorium. Without the use of streptomycin, which was not in widespread use until the 1950s, nurses and Indians worked together to isolate and treat tubercular patients and lower the number of deaths caused by tuberculosis. The average number of deaths of Indians within the Mission Indian Agency declined from thirty-four between 1925 and 1927 to three between 1943 and

1946. During the same time periods, crude death rates dropped from 415 to 99, a dramatic decline before the use of antibiotics.[107]

Field nurses became so adamant in their position that all children with tuberculosis had to be sent to a sanatorium that on a few occasions nurses enlisted the help of law enforcement officers on the reservations to uphold their rulings. Indian policemen helped force tubercular patients to be examined and, if found to have active tuberculosis, removed to the sanatorium. On a few occasions, Indian policemen forced parents—however gently—to turn over their children to health officials for transportation to a sanatorium. According to Dr. R. B. Snavely, field nurses notified the health division of the Office of Indian Affairs about active cases of tuberculosis among children, and the Indian Office gave "preference to the hospitalization of open, active cases of tuberculosis." However, in 1939, the Office of Indian Affairs began a new program "of admitting children to the sanatorium when the Mantoux test is positive for a period of time sufficient to make a thorough and careful study of the individual."[108] While in the hospital, health care providers checked the child's sputum to determine if he or she had active tuberculosis, and they referred all "suspicious and active cases" to Dr. Alex Lesem who read the x-rays and determined if the child should be committed to a sanatorium. Native American parents loved their children dearly, and they did not want to give them up to white health providers. Most likely, Indian parents did not want to surrender their children because of their fear of losing them, the negative experiences they generally encountered when dealing with white people, a lack of trust, and the knowledge that some Indian patients taken to sanatoria never returned home alive. For the benefit of their children, parents generally gave up their children to the nurses and sanatoria.[109]

Sometimes Indian children returned home to the reservation after being confined to the sanatorium, but other children died in tuberculosis hospitals where officials might bury them far from their families and homes. As for field nurses, they endeavored "to get the patients in at once for we find that Indians are traveling from one reservation to another and especially do they mingle and live in very close contact with each other during fiestas."[110] Perhaps equally important to the nurses, health officials insisted on checking and rechecking people with whom active tubercular patients came into contact, especially children.[111] After 1939, field nurses made a major effort to check and recheck children, parents, relatives, and friends of tubercular patients and to hospitalize those who tested positive for the disease. This became the key to tubercular control within the Mission Indian Agency, and this developed over time with the cooperative partnership of Indian people and Western medicine with the nurses in the forefront of the initiative. The result of the effort proved to be a decline in the number of deaths from consumption, the foremost disease among people of all ages.[112]

Nurses reported their concern about the spread of tuberculosis among children when in 1942, Nurse Wolking reported that a Mr. A had returned home from the hospital to the Manzanita Reservation while suffering from an acute case of tuberculosis. He "died about a week after his arrival" home, and Wolking wrote that his return home jeopardized the health of his children and

others, saying "as there are now many more contacts," including the man's two children who "were exposed, as they were living and eating in the same house." The funeral of Mr. A further threatened the health of children and adults. The traditional funeral held for Mr. A brought many people into contact with the tubercle bacteria. The large gathering brought relatives "from all the other reservations," and they "remained with the family for several days."[113] Field nurses argued that the funeral tradition of Indians of the Mission Indian Agency "spreads the disease and does nothing toward the betterment of living conditions." The assembly of many Indian people, including children, to pay respects to the deceased and the family was an age-old practice among all the tribes of the Mission Indian Agency of Southern California. The all-night sings were (and are) an important tribal ceremony held in the region, and one that brought many people together to share food, conversation, songs, prayers, and news. Nurses feared that funeral and memorials of the dead, offered a year after the death, brought too many Indians into contact with bacteria and viruses.[114] Whenever possible, field nurses "brought in several families of contacts to tuberculosis cases, or suspicious cases of tuberculosis, to the San Diego Tuberculosis Association for examination."[115]

Although the number of tuberculosis cases and deaths within the Native population of the Mission Indian Agency declined in the 1940s, field nurses remarked about tuberculosis far more in the 1940s, perhaps because they felt that they had better control of the disease. As early as 1943, Wolking remarked that nurses had "arrested tuberculosis cases, and also the contacts to tuberculosis cases" because nurses had taken contacts "into the Chest Clinic."[116] By 1948, the last year for which data is available regarding nurses within the agency, the nurses quickly isolated tubercular cases and enlisted the support of the Tuberculosis Association's mobile x-ray unit to isolate possible tubercular patients. During the 1940s, nurses concentrated their health initiatives among Indian children to prevent them from contracting tuberculosis and isolating suspected cases.[117] However, the last entries in their reports of June 1948 show that two tuberculosis cases had been identified and isolated on the Pala Reservation. Field nurses sent one of the children to the Phoenix sanatorium. The other child "was a baby, from the same home, hospitalized at the San Diego County Hospital as a tuberculosis meningitis suspect."[118]

The documents are unclear as to whether these children lived, but the correspondence and reports of the field nurses confirm the fact that nurses worked with diligence and action in order to advance the health of Indian children and reduce deaths. During the tenure of McClintock, Western medicine offered by field nurses included great concern for assimilation, but after her retirement, future nurses focused primarily on the health of Indian people.[119] During their twenty years among the Indians of Southern California, field nurses addressed a wide range of diseases, cases, and health conditions affecting Indian health. They worked closely with American Indian people and communities. Without the involvement of Southern California Indians, nurses could have failed in their mission to curb deaths and improve the health of Indian children. The nurses were professionally trained public-health-service nurses, and they concentrated their efforts on health issues by visiting parents,

offering well-baby clinics, examining schoolchildren, giving vaccinations, assisting surgeries, dispensing medicine, isolating tubercular patients, and numerous other duties. Field nurses left a permanent mark on Southern California Indians, and some tribal elders, including Pauline Murillo, Martha Chacon, Joe Benitez, and Katherine Sauvel, remember the work of the nurses in a positive light. When McClintock first arrived on the Morongo Reservation, she reported she had "at least one consolation in all my trials and tribulations." She stated, "One old man on the reservation told me that if I die he will cry for three days."[120] The nurses received high praise for their efforts, but they did not turn the tide of Indian health by themselves. Indian families on all the reservations worked in partnership with the nurses to effectuate a decline in children's deaths, including infant and fetal deaths (7 premature deaths from 1922–47; 21 stillbirths total). Their work together changed health among Indian children for the better, as they used Western medicine to complement traditional medicine. Indians and nurses worked collaboratively to ensure the health of Indian children between 1922 and 1948.[121]

NOTES

1. In September 1999 the author visited informally with Martha Chacon and Pauline Murillo at California State University, San Bernardino, when the San Manuel Band of Mission Indians hosted a group of students to help them learn about California Indian people and culture.

2. The author attended the one-year memorial service for Martha Chacon on 30 March 2001, where he spoke with George Murillo regarding Dr. John Evans.

3. Lewis Meriam, *The Problem of Indian Administration* (New York: The Johnson Reprint Company, 1971).

4. Clifford E. Trafzer, "Tuberculosis Death and Survival among Southern California Indians, 1922–44," *Canadian Bulletin of Medical History* 18 (2001): 99.

5. Records of field nurses, Mission Indian Agency, National Archives, Pacific Southwest Region, Laguna Niguel, CA, Record Group 75 (hereinafter cited as MIA, NA, PSWR, RG 75).

6. Birth registers and death registers, MIA, NA, PSWR, RG 75.

7. To date, the author has analyzed only the statistical data dealing with tuberculosis among American Indians of the MIA based on death registers. MIA, NA, PSWR, RG 75.

8. Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore, MD: Johns Hopkins University Press, 1994), 247–48; *The Sherman Bulletin*, 15 May 1918, 23 September 1914, 6 April 1910, 26 November 1913, Sherman Indian School Museum, Riverside, CA. *The Sherman Bulletin* was the school newspaper.

The author has made a statistical analysis of deaths based on data found in the death registers, MIA, NA, PSWR, RG 75. The analysis includes using the raw data about causes of death (and infant mortality) and creating moving averages to smooth out the rough data. The data indicates that during the 1930s and 1940s there was a decline in deaths caused by infectious diseases for children because of the health work of nurses and the efforts of Native American communities to support Western health

endeavors and accept public health measures.

9. *The Sherman Bulletin*, 15 May 1918; *Native American*, 28 December 1912, school newspaper of Castile Indian Industrial School, Cumberland County Historical Society, Cumberland, PA.

10. Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1998), 6–7, 128–29, 178–79.

11. Clifford E. Trafzer, "Medicine Circles Defeating Tuberculosis in Southern California," *Canadian Bulletin of Medical History* 23 (2006): 485–89.

12. Katherine Siva Sauvel interview with author, 29 December 2002, Native American Heritage Commission, Sacramento, CA.

13. H. J. Warner to Commissioner of Indian Affairs (hereinafter cited as CIA), 11 May 1928, box 25, MIA, NA, PSWR, RG 75.

14. Jean A. Keller, *Empty Beds: Indian Student Health at Sherman Institute, 1902–1922* (East Lansing: Michigan State University Press, 2002), 14–19.

15. Soboba Indian Hospital, MIA, NA, PSWR, RG 75.

16. Dorothy Ramon and Eric Elliott, *Wayta' Yawa': Always Believe* (Banning, CA: Malki Museum Press, 2000), 376–77; Katherine Siva Sauvel and Eric Elliott, *'Isill Heqwas Waxish: A Dried Coyote's Tail* (Banning, CA: Malki Museum Press, 2004), 24–29.

17. Statistical reports, field nurses, 1928–47, MIA, NA, PSWR, RG 75.

18. Trafzer, "Medicine Circles," 491–92.

19. Richard Carrico, *Strangers in a Stolen Land: American Indians in San Diego, 1850–1880* (Sacramento, CA: Sierra Oaks Publishing Company, 1987), 32–33, 84–91.

20. Michael Tsosic interview with author, 28 April 2006, Colorado River Indian Reservation, Parker, AZ; Ramon and Elliott, *Wayta' Yawa'*, 582–83; Sauvel and Elliott, '*Isill Heqwas Waxish*, 37–40.

21. Warner to CIA, 11 May 1928.

22. Florence McClintock to W. B. Wells, 10 January 1931, box 6, MIA, NA, PSWR, RG 75; C. L. Ellis to CIA, 25 May 1928, MIA, NA, PSWR, RG 75.

23. McClintock to Wells, 10 January 1931.

24. Ellis to CIA, 15 May 1928.

25. Warner to CIA, 11 May 1928.

26. Ellis to CIA, 15 May 1928.

27. Ibid.

28. McClintock to Wells, 9 October 1930, box 30, MIA, NA, PSWR, RG 75.

29. McClintock to Ellis, 21 June 1930, box 6, MIA, NA, PSWR, RG 75.

30. McClintock to Wells, 9 October 1930.

31. At its peak, the MIA housed American Indian people from twenty-nine reservations. In the late nineteenth and early twentieth centuries, the Mission-Tule Agency once included Indians living at the Tule River Reservation in the Central Valley of California.

32. Report of Florence McClintock, Department of Health, Riverside County, March and July 1928, box 6, MIA, NA, PSWR, RG 75; McClintock to Wells, 1 April 1930, MIA, NA, PSWR, RG 75.

33. Report of McClintock, March and July 1928, box 6, MIA, NA, PSWR, RG 75.

34. Nurses inconsistently recorded their miles traveled each month, but the recorded documents provide a range of miles traveled from roughly 1,000 to 3,500 miles.

35. R. W. Burchfield, ed., *The Compact Edition of the Oxford English Dictionary*, vol. 1 (Oxford: Oxford University Press, 1971), 510.

36. James Carleton to Lorenzo Thomas, 6 September 1863, Records of the Army Commands as found in Clifford E. Trafzer, *The Kit Carlson Campaign: The Last Great Navajo War* (Norman: University of Oklahoma Press, 1982), 231.

37. Ibid.

38. McClintock to Ellis, 21 June 1930.

39. McClintock to Wells, 18 April 1931, box 6, MIA, NA, PSWR, RG 75.

40. Ibid. With the exception of nurse McClintock, other nurses rarely commented on Native American culture in their reports, except to denigrate shaman and cultural beliefs in spiritual medicine, which they felt got in the way of Western, scientific medicine.

41. The nurses' monthly reports and correspondence indicate that not one of them made the connection between traditional Native beliefs about disease causation and illness suffered by individuals and families. McClintock wrote that such beliefs were superstitious, but neither McClintock nor the other nurses considered that for Indian people within the MIA, violations of trial laws or witchcraft were plausible and realistic causes of illness and death.

42. Donald Bahr best analyzes cultural beliefs affecting health within Native American communities. Although he focuses on the Tohono O'odham, his analysis fits the beliefs of all the tribes of Southern California, not in detail, but in reference to spirit medicine and staying medicine disease known within specific communities and caused primarily by violations of tribal law or negative medicine perpetrated on individuals. See Donald M. Bahr, "Pima and Papago Medicine and Philosophy," in *Handbook of North American Indians*, vol. 10, ed. Alfonso Ortiz (Washington, DC: Smithsonian University Press, 1983), 195–99.

43. McClintock to Wells, 30 November 1930, box 6, MIA, NA, PSWR, RG 75.

44. Ibid.

45. Ibid.

46. Bahr, "Pima and Papago Medicine and Philosophy," 195–97; McClintock to Wells, 5 July 1932, box 6, MIA, NA, PSWR, RG 75.

47. McClintock to Wells, 8 January 1932, box 6, MIA, NA, PSWR, RG 75.

48. McClintock to Wells, 8 May 1932, box 6, MIA, NA, PSWR, RG 75.

49. Pauline Murillo interview with author, 7 September 2000, San Manuel Indian Reservation.

50. McClintock to Wells, 8 May 1932.

51. McClintock to Wells, 17 June 1932, box 6, MIA, NA, PSWR, RG 75.

52. McClintock to Wells, 6 June 1931, box 6, MIA, NA, PSWR, RG 75.

53. Trafzer, "Tuberculosis Death and Survival," 103. In 1922 the MIA recorded a census of 2,801 men, women, and children in the agency. In 1946, the officials recorded a population of 3,039 people.

54. Sauvel and Elliot, *'Isill Heqwas Waxish*, 51–52.

55. Warner to CIA, 11 May 1926, box 25, NA PSWR, RG 75.

56. Ellis to CIA, 4 March 1929, NA, PSWR, RG 75; Joe Benitez interview with author, July 2000, Cabazon Indian Reservation.

57. Murillo interview; Pauline Ormego Murillo, *Living in Two Worlds: The Life of Pauline Murillo* (Highland, CA: Dimples Press, 2001), 165–68.

58. McClintock to Wells, 17 June 1932.

59. Death registers, MIA, NA, PSWR, RG 75.

60. McClintock to Wells, 17 June 1932.

61. McClintock to Wells, 5 July 1932.

62. McClintock to Wells, 8 January 1932.

63. Sauvel and Elliott, *'Isill HEQWAS WAxish*, 37–38, 48–51.

64. Report of Mary C. Wolking, July 1945, box 9, MIA, NA, PSWR, RG 75.

65. Benitez interview.

66. Report of Wolking, July 1945; for the significance of diet, see Clifford E. Trafzer, *Death Stalks the Yakama: Epidemiological Transitions and Morality on the Yakama Indian Reservation, 1888–1964* (East Lansing: Michigan State University Press, 1997), 3, 80, 94, 97, 99, 127, 130, 134, 140, 189, 197–99.

67. Reports by nurses are absent of understanding or discussion of the importance of the American invasion, reservation system, and destroyed Native economy on the ill heath of Southern California Indians.

68. Wolking to John W. Dady, 9 March 1939, box 8, MIA, NA, PSWR, RG 75.

69. Ibid.

70. R. Siegel, Annual Report for Papa, Paima, and La Jolla Reservations, 1942–43, box 9, MIA, NA, PSWR, RG 75.

71. Ibid.

72. Mary C. Wolking, "The Nurses' Narrative Report," January 1946, box 9, MIA, NA, PSWR. A review of all the field nurses' monthly Native reports from 1928–48 indicates only one mention of a "diabetic who needs considerable attention." Before World War II, diabetes does not appear to have been a problem among the Indians of the MIA. See McClintock to Wells, 9 February 1932, box 6, MIA, NA, PSWR, RG 75.

73. Wolking, "The Nurses' Narrative Report."

74. Ibid. Also see, Trafzer, *Death Stalks the Yakama*, 2, 71, 88, 105–6, 201–4.

75. Sauvel and Elliott, *'Isill Heqwas Waxish.*

76. Ibid.

77. Murillo, *Living in Two Worlds*, 176, 180–81.

78. Ibid., 42.

79. Wolking to Dady, 12 January 1937, box 7, MIA, NA, PSWR, RG 75.

80. John W. Dady to Esther Adamson, 13 January 1937, box 7, MIA, NA, PSWR, RG 75.

81. J. F. Worley to Alex Lesem, 15 January 1937, box 7, MIA, NA, PSWR, RG 75.

82. Wolking to Dady, 11 April 1939, box 8; Dady to Wolking, 13 April 1939, box 8, MIA, NA, PSWR, RG 75.

83. Ibid.

84. Unknown author to Dady, 12 May 1939, box 8, MIA, NA, PSWR, RG 75.

85. Wolking to Dady, 12 May 1939, box 8, MIA, NA, PSWR, RG 75.

86. Ibid.

87. Wolking to Dady, 11 April 1939.

88. Report of McClintock, 28 May 1928, MIA, NA, PSWR, RG 75.

89. Warner to CIA, 27 February 1929, box 25, MIA, NA, PSWR, RG 75; Report of McClintock, April 1928, box 6, MIA, NA, PSWR, RG 75; McClintock to Ellis, 21 June 1930.

90. McClintock to Wells, 5 August 1932, box 6, MIA, NA, PSWR, RG 75.

91. Wolking to Dady, 14 August 1937, box 8, MIA, NA, PSWR, RG 75. Information on baby work is also from John W. Dady to CIA, 31 May 1939, box 25, MIA, NA, PSWR, RG 75.

92. Wolking to Dady, 14 August 1937.

93. Death registers, MIA, NA, PSWR, RG 75.

94. Wolking to Dady, 14 August 1937.

95. Radio broadcast transcript for KGB, 14 August 1933, box 25, MIA, NA, PSWR, RG 75.

96. Death registers, MIA, NA, PSWR, RG 75.

97. McClintock to Wells, 22 August 1930, box 6, MIA, NA, PSWR, RG 75.

98. McClintock to Wells, 15 May 1931; McClintock to Wells, 17 June 1932.

99. "Germs: Seen and Unseen," slide L55069 and "Germs of Fact and Fancy," slide L55068, California Museum of Photography, University of California, Riverside.

100. McClintock to Wells, 22 August 1930.

101. Warner to CIA, 27 February 1929.

102. Numerous monthly reports and correspondence of nurses in the record from 1928–48 verify this important relationship between Indians and health care providers.

103. McClintock to Wells, 27 March 1931, MIA, NA, PSWR, RG 75.

104. Between 1928 and 1948, numerous documents testifying to the nurses' use of automobiles as ambulances and taxis. The automobile proved invaluable to all nurses. Elinor D. Gregg provides the only extensive first-person testimony of the importance of automobiles in her work among the Lakota people in the 1920s. See Elinor D. Gregg, *The Indians and Nurses* (Norman: University of Oklahoma Press, 1965), 38–41, 50–52, 60–66.

105. Warner to CIA, 11 May 1928.

106. McClintock to Wells, 28 March 1931, box 6, MIA, NA, PSWR, RG 75.

107. McClintock to Wells, 18 December 1932, MIA, NA, PSWR, RG 75.

108. Trafzer, "Tuberculosis Death and Survival," 99.

109. R. B. Snavely to Mary C. Wolking, 9 February 1939, box 8, MIA, NA, PSWR, RG 75.

110. Snavely to Wolking, 9 February 1939; Wolking to Dady, 21 February 1939, box 8, MIA, NA, PSWR, RG 75.

111. Ibid.

112. Mary E. McKay to Sallie Jeffries, 25 October 1939, box 25, MIA, NA, PSWR, RG 75.

113. Death registers, MIA, NA, PSWR, RG 75; Trafzer, "Tuberculosis Death and Survival," 99.

114. Report of Wolking, May 1942, box 9, MIA, NA, PSWR, RG 75.

115. Report of Wolking, August 1942, box 8, MIA, NA, PSWR, RG 75.

116. Report of Wolking, May 1943, box 9, MIA, NA, PSWR, RG 75.

117. Report of Wolking, January–March 1948, box 9, MIA, NA, PSWR, RG 75.

118. Report of Wolking, June 1948, box 9, MIA, NA, PSWR, RG 75.

119. Report of field nurses, 1941–48, MIA, NA, PSWR, RG 75.

120. McClintock to Wells, 7 November 1930, box 6, MIA, NA, PSWR, RG 75.

121. Premature and stillborn deaths are found in an analysis of death registers, MIA, NA, PSWR, RG 75.