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Development of an Interdisciplinary, Undergraduate “Healthcare and the Holocaust” Course

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Abstract

Background:

In 2023 the Lancet Commission on medicine, Nazism, and the Holocaust released its report including historical evidence, implications for today, and recommendations for teaching its content in health professional programs. Health professionals were instrumental in formulating and implementing policies that led to the murder of millions of Jews, Sinti and Roma people, people with disabilities, people with psychiatric illnesses, and political prisoners. Learning about and reflecting on this history can benefit health professionals as they develop a sense of professional identity and embrace their disciplines’ respective codes of ethics.

Course Design:

The history of the involvement of healthcare professionals in the crafting and implementation of Nazi policies is typically not addressed in health professional educational programs. Therefore, in concert with the release of the commission’s report, the Lancet Commission Teacher Training Fellowship Program was established. From November 2023 – November 2024 authors of the report mentored a dozen educators from health professional programs from around the world to teach this content. Mentors and fellows spent a week in Vienna visiting historical sites, met online monthly, and then reconvened in person at a symposium at Cedars Sinai Hospital in Los Angeles. I was one of the fellows gaining factual knowledge and learning pedagogical strategies to teach this history. As part of the fellowship, I developed an undergraduate, interdisciplinary honors course called “Healthcare and the Holocaust” that will be offered at my university for the first time in spring 2025.

Outcomes:

A sixteen-week interdisciplinary, undergraduate course was developed with the following course objectives: 1. Explain the concept of Nazi ideology as applied biology. 1a. Articulate the role of eugenics in the development of Nazi policy and programs. 2. Describe social/political/economic/professional factors that contributed to the participation of healthcare providers in the mass atrocities of the Holocaust. 3. Describe the ethical rationalization German healthcare providers used to justify participation in forced

sterilizations, ghettoization, killings, and human experimentation. 3a. Compare the ethical justification of modern public health initiative to those used by German healthcare providers under Nazi Socialism. 4. Examine ways in which healthcare providers resisted initiatives of the Third Reich. 5. Formulate an opinion about whether healthcare involvement in mass atrocities can happen again – articulate a rationale for that opinion.

Course requirements will include four reflection papers, engagement, and a final presentation in which students present a topic of interest to them and link it to course material. Course materials will include the Lancet Commission Report and a variety of open access resources.

Implications:

In this interdisciplinary course we will explore intersections of medicine, nursing, economics, propaganda, public health, politics, social policy, ethics, science and technology, law, racism, and ableism. A primary aim of the course is to have students develop an appreciation for the ways in which this history continues to reverberate here in the United States today.

At the time of this abstract submission the course has not been offered. The course will be offered January-May 2025 and I will have outcomes to share in October.

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Teaching Care: Creating and evaluating a nursing history curriculum about Black nursing and healthcare

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Abstract

Purpose and Background: The Teaching Care curriculum seeks to broaden the public's understanding of Black nurses' contribution to history and health care by creating a curricular library of lesson plans, built from primary archival sources and oral histories, to engage students in middle school, high school, undergraduate nursing and graduate nursing education. This project builds on a project (*Mapping Care*), which created digital portal dedicated to making existing history and new oral histories of Black nursing more accessible to a wider audience. *Teaching Care* integrates these primary historical sources and resources into engaging lesson plans.

Course Design: Experts in education and history were recruited to guide and review the formation and content regarding the *Teaching Care* Curriculum. A total of 23 lessons (8 for nursing students, 8 for HS students and 7 for middle school students) were developed, aligning with relevant educational standards at each level. Each lesson plan contains suggested readings, contextual guides for faculty, and the opportunity to engage with primary historical sources through a variety of modifiable activities that instructors can choose and adapt to their own classroom. A total of 14 educators from middle, high school, and nursing schools were recruited and agreed to test the curriculum in their classrooms.

Results: Preliminary data analysis of 98 nursing students indicates positive learning experiences. The majority (91%) agreed that the lesson was engaging, well-organized and facilitated learning; agreed that learning about the history of nurses is important (92%); and felt more connected to the nursing profession after completing the lesson (82%). Furthermore, 72% expressed a desire for additional lessons of this nature in their coursework, and 86% believed instructors should incorporate the lesson in future courses. Among students of color (n=39), 89.7% felt the lesson enhanced their understanding of their own community's history (56.4%) or of communities facing similar struggles (33.3%).

Conclusions / Implications: Overall, the results suggest that the lesson effectively increased student awareness of health inequities and historical injustices in nursing. The strong engagement and student support indicate its value as an educational tool for fostering critical discussions on race, healthcare disparities, and advocacy within nursing curricula. Final evaluation data from students and instructors was incorporated into the

lesson plans, and they are now freely available for secondary and post-secondary educators at https://mappingcare.digital.uic.edu/page/lesson-plans.

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Guess Who's Coming to Dinner? Having Fun Teaching Nursing History Research to Senior BSN Students

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Abstract

Guess Who's Coming to Dinner? Having Fun Teaching Nursing History Research to Senior BSN Students

PURPOSE AND BACKGROUND - In alignment with the current BSN essentials and the importance of evidence-based practice (EBP), nursing research is included in the BSN curriculum. However, nursing history is rarely covered in the same curriculum more than the occasional superficial mention. Furthermore, nursing history research is often omitted from discussion in the entry-level nursing research course. An opportunity arose to combine interesting elements of nursing history within a course discussion on qualitative research design and its various approaches.

COURSE DESIGN AND IMPLEMENTATION - NURS 403/403H *Introduction to Nursing Research* is a 3.0 credit course that meets twice per week over a 15-week semester. One of twelve learning modules (Module 8) focuses on nursing history research as explored through a descriptive or qualitative perspective. Following a general overview of nursing history research methodology, and introduction to two historical groups of nurses (1941 Pearl Harbor bombing, 1918 influenza pandemic), students were assigned to a small group of 5-6 students for an in-class collaborative learning activity. Each group was randomly assigned to one of fifteen historical American nurse leaders and challenged to explore that nurse leader's background and contribution to nursing. Based upon this acquired background information, the group developed ten questions they would like to ask their assigned nursing leader at a shared meal. Each group then took turns sharing their efforts with the class, including justification for the questions.

RESULTS/OUTCOMES - Course evaluation ratings of the entry-level nursing research course were always acceptable in the past but not extremely high. Students preferred their more "clinical" courses and saw themselves as future staff nurses more so than future nurse researchers. However, this collaborative, small group learning activity was immensely popular and noted in a positive way on course evaluations at the end of semester. Student completion rates for NURS 403/403H course evaluations were higher than in the past. Students talked about this learning activity outside of the course/classroom to other students and faculty. Per student input, it was a highlight of the nursing research course.

This novice learning activity will be included in future NURS 403/403H course implementation.

CONCLUSION/IMPLICATIONS - It is unfortunate that multiple priorities compete for inclusion in the entry-level BSN program, often preventing students from developing an appreciation and foundation for nursing history. A simple, innovative, and entertaining concept for a collaborative group learning activity triggered interest in both nursing history and nursing history research. It also contributed to the development and approval of an undergraduate nursing history seminar course as a future elective course offering in the upcoming BSN curriculum revision.

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From tradition to innovation: how nursing education was formed in interwar Czechoslovakia (1918–1938)

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Abstract

Historical Background: The education of healthcare professionals was historically based on traditional practices, experience, and learning from more experienced professionals. The opening of the first nursing school in London initiated activities aimed at the professional training of nurses in the Austro-Hungarian Empire. In the Czech lands of the monarchy, the first nursing school was established in Prague in 1874, but it had only a short existence (Mánková 1934, 77). After this first Czech nursing school was closed in Prague, individual clinics trained their nurses for many years (Kafková 1992, 16). It was not until the early 20th century that more intensive efforts were made to establish a nursing school again. In 1916, a Czech two-year nursing school was opened in Prague, along with a German nursing school intended for the German-speaking population (Kutnohorská 2010, 67).

Historiographical Literature: The history of nursing education in the First Czechoslovak Republic only began to be studied in more detail after the fall of the communist regime in 1989. Until then, textbooks contained only brief information about nursing education in the interwar period, while greater attention was given to earlier historical periods.

In the 1990s, the results of smaller studies were published, particularly by authors M. Staňková and V. Kafková. In the first decade of the 21st century, J. Kutnohorská also focused on research in nursing education.

As part of a large-scale research project, we devoted much of our study to examining nursing education in interwar Czechoslovakia. This period was crucial, as it marked the field's professionalization, partly due to the implementation of acquired international experience.

Methods: This study is based on a historical analysis of Czech periodicals, documents, and archival records related to this topic. Primary sources for this study were obtained from the Slovak National Archive in Bratislava and the National Archive in Prague. Historical books

and journal publications from the digital library Kramerius of the National Library of the Czech Republic were also analyzed.

Results: When the new Czechoslovak Republic was established, there was one Czech and one German nursing school. Developing nursing education was not an easy task for the new state. First, it was necessary to create new legislative regulations that addressed both the education of nurses and the implementation of healthcare services.

Since hospitals and other institutions providing nursing care required qualified diploma nurses, additional state and religious nursing schools gradually emerged during the 1920s and 1930s. It is important to emphasize that religious nursing schools founded during the First Republic continued to train nurses for their profession even after World War II (Toth et al. 2024, 757). By 1937, eleven nursing schools had been established in Czechoslovakia. The total number of graduates from these schools in 1937 was 1,991 (Ošetřovatelské školy v ČSR 1938, 51).

Conclusion: The state recognized the need for a qualified nursing workforce only gradually, even though trained nurses were essential for providing high-quality and professional care. Cooperation with foreign nurses was particularly beneficial for Czech or Czechoslovak nurses.

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Imperial Recruitment and Colonial Labor: Nigerian Nurses' Pathway to Training in the UK, 1940-1960

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Abstract

Between 1940 and 1960, British nursing institutions actively recruited Nigerian students as part of broader imperial labor strategies to address post-war healthcare shortages. This research examines the recruitment process, revealing how British institutions leveraged colonial ties to attract Nigerian applicants while reinforcing racial and professional hierarchies. Also, this study interrogates the motivations behind these recruitment efforts. It argues that rather than purely benevolent, these initiatives were driven by economic necessity and colonial control, shaping the professional trajectories of African nurses within British healthcare.

Historical scholarship on nursing migration and labor in the British Empire has largely focused on Caribbean nurses in the post-war period, leaving African nurses underexamined. Scholars have explored nursing education and labor policies, but few studies address how recruitment mechanisms functioned within the African colonial context. This research contributes to this gap by situating Nigerian nurse recruitment within the wider framework of imperial labor exploitation, post-war reconstruction, and racialized professional hierarchies. It also contextualizes the impact of the National Health Service (NHS) Act of 1948, which intensified Britain's reliance on Commonwealth labor, including West African nurses. By focusing on recruitment practices rather than solely on migration narratives, this research offers a new perspective on how labor systems were structured to maintain colonial dependency.

This study employs archival analysis and historical methodology, drawing on over 300 individual case files of Nigerian nursing applicants from British training institutions between 1944 and 1951. These primary sources, housed in the UK and Nigerian archives, include application materials, correspondence between colonial officials and hospital administrators, and recruitment advertisements targeting Nigerian students. The study also incorporates policy documents and governmental reports to assess the shifting institutional frameworks of British nursing education.

Findings reveal that British recruitment strategies were disorganized, inconsistent, and often exploitative, reflecting broader colonial labor practices. Nigerian applicants encountered vague admission criteria and bureaucratic hurdles, indicating that recruitment was largely reactive rather than systematically planned.

This research contributes to a more inclusive history of nursing migration by centering Nigerian nurses within broader discussions of race, labor, and professional mobility in the British Empire. It underscores the exploitative and reactive nature of imperial labor policies, demonstrating how Britain's post-war health system relied on colonial subjects while maintaining systemic inequalities. For contemporary nursing research and policy, these findings highlight the longstanding impact of racialized recruitment and labor stratification, offering historical insights into ongoing disparities in global nursing workforce distribution. By recovering these hidden narratives, this study expands the discourse on migrant nurses, positioning Nigerian nurses as critical yet overlooked agents in the development of Britain's post-war healthcare system.

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Saving Babies, 1890 -1975: Centering Nursing Practice in the Histories of the Boston Floating Hospital, the Seattle Children's Orthopedic Hospital, and Operation Babylift

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Abstract

Purpose: Using three historical case studies, this panel will explore nurses' roles on the Boston Floating Hospital (1894-1927), in the Seattle Children's Orthopedic Hospital (1907-1920), and during Operation Babylift (1975) in the Vietnam war. In it, we "reimagine nursing's place" in these missions to save young children, arguing that nurses' competent, collaborative, and compassionate care was central to their success.[1] To date, most reports of these institutions or events focus on the scientific and medical achievements that were made, the charitable contributions of the public, or the dramatic support provided by the military, with little attention given to nurses.

Methods: The studies used traditional historical methods and numerous primary source material. For the Boston Floating Hospital, sources included annual reports, photographs, scrapbooks, correspondence, and autopsy reports located in Tufts Archival Research Center, as well as newspaper articles of the era. Those for the Seattle Children's Orthopedic Hospital included the Children's Orthopedic Hospital Collection at the University of Washington's Allen Special Collections Library as well as journal and news reports of the period. Sources for Operation Babylift included the Army Nurse Corps Collection at the U.S. Army Medical Department Center of History and Heritage and published primary source material from individuals involved in the humanitarian mission.

Results: The Boston Floating Hospital, a boat operating on Boston Harbor each summer from 1894-1927, provided sick babies an escape from Boston's fetid slums in the hopes of reducing high infant mortality from "cholera infantum." The fact that the hospital employed

only *graduate, trained* nurses was key to the experiment's success. Nurses were also central to the story of the Seattle Children's Orthopedic Hospital (COH), as were wealthy, civic minded women. As specialization advanced in the surgical treatment of children's infirmities, so did the expected skills and knowledge of the nurses. Children's diagnoses featured tuberculosis, infantile paralysis, and birth defects – some of which had limited treatment options except for fresh air and good nutrition. Even as COH's first patients were cared for in a convalescent home, the first nurse practice act was fortifying professional nursing in the state. And in April of 1975, nurses played a crucial role in Operation Babylift, which aimed to evacuate thousands of orphans and refugees of the Vietnam War to Western countries for adoption. Throughout the dangerous mission, military nurses provided essential care and unwavering support to the children: managing health assessments, administering vaccinations, and addressing immediate medical needs during the flights and upon arrival in host countries.

Conclusions: As evidenced in these three case studies, nurses have been pivotal in delivering essential care to marginalized pediatric populations, providing critical treatments and compassionate support. This legacy underscores the profession's enduring commitment to health equity and advocacy for underserved communities. Today, as nurses confront challenges such as resource constraints and systemic inequities in care access and quality, these historical precedents serve as a reminder of the profession's capacity to take the lead in advancing care for all children.

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Nurse Educators' Experiences Teaching History: A Call to Action to Use Trauma-Informed Pedagogy

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Abstract

The American Association of Colleges of Nursing published The Essentials: Core Competencies for Professional Nursing Education requiring educators to include history in nursing education curricula.[1] The AAHN Position Paper: Nursing History in the Curriculum explains that studying history serves as pedagogy, providing a 'distanced' space to explore sensitive topics.[2] In response, educators are introducing a variety of histories into their classrooms to address a range of topics. Because learners have diverse backgrounds and experiences, we cannot predict which histories learners will perceive as sensitive and that may elicit a trauma response. This presentation, inclusive of a panel of nurse educators sharing their authentic teaching experiences, is a call to action to use trauma-informed pedagogy (TIP) when engaging learners with history.

Trauma-informed approaches date back to the early 1990s when researchers investigated the detrimental impacts of adverse childhood experiences on physical and mental health.[3] The effect of this landmark study has not only informed healthcare practices, but also learning environments recognizing today's prevalence of trauma among learners and the need to prevent re-traumatization in higher education.[4] TIP utilizes six principles as foundational tenets in higher education: 1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality; 5) empowerment, voice and choice; and 6) cultural, historical, and gender considerations. As educators and historians engage audiences with historical contexts, the sixth consideration must first align with the former principles. TIP prevents the risk of re-traumatization while holding a safe space for all.

Five nurse educators at the University of North Carolina Wilmington School of Nursing piloted the University of Illinois Chicago Teaching Care Project lessons in their in-person

undergraduate BSN and online graduate FNP-DNP courses.[5] The Teaching Care Project aims to highlight both the historical and contemporary contributions of Black nurses and their lasting impact on health care. Each educator incorporated one to four lessons covering topics such as structural racism, political advocacy, and health inequities. The educators engaged diverse learners with the oral histories of marginalized Black nurses to gain knowledge about the significant role Black nurses have played in improving the health of Black communities, the impact of structural racism and systemic inequities, and the vital role of political advocacy for nurses to address health disparities and health equity. Furthermore, the students gained valuable insight into ongoing challenges and opportunities in health care. Through a structured question and answer panel facilitated by the two presenters, these educators will share their experiences engaging learners with these lessons through the lens of TIP.

Nursing history in the nursing education curricula is essential to prepare students for contemporary nursing practice as outlined by the AACN Essentials and the AAHN Position Paper. History has the potential to provide a 'distanced' place to explore sensitive topics; however, topics that elicit a trauma response are unpredictable, yet commonplace, for learners in higher education. This is a call to action for nurse educators and historians to implement TIP when engaging audiences with nursing and healthcare history to ensure a safe learning space for all.

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We Paved the Way: Black Women and the Charleston Hospital Workers' Campaign

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Abstract

Purpose and Background:

This presentation will be based on my forthcoming book, *We Paved the Way: Black Women and the Charleston Hospital Workers' Campaign*, which is scheduled to be published on October 15, 2025. Hundreds of African American women hospital workers forged a movement in Charleston, South Carolina that led to a strike that erupted, in 1969, at the intersection of the local Civil Rights and Labor movements of that era. In 1968, hospital workers, all Black and mostly female, at Medical College Hospital of the University of South Carolina and Charleston County Hospital workers began to organize around issues of low wages, racial discrimination and the lack of union representation after the unsubstantiated termination of five nurse's aides and licensed practical nurses. By 1969, African American women already had an extensive history of grassroots civil rights activism. Organizing hospital workers in general lagged in comparison, organizing women in the healthcare industry, particularly women of color, was an even slower process. The Hospital Workers' Campaign narrative highlights the fact that African American working-class women were critical to struggles for access and equality in healthcare.

Methods/Course Design/Implementation Plan

Oral History is one of the key methodologies I employed in this research. I use interviews that I conducted along with interviews conducted by other scholars as the foundation for this project. I also use newspaper coverage of this moment to create a timeline for the movement. I use Black women's activism as the framework to explore the movement that emerges at the crossroads of civil rights and labor.

Results/Outcomes

I aimed to bring women to the foreground of this movement by shedding light on several of their stories. It became clear that a number of these healthcare workers didn't see themselves as activists nor did they want to be associated with movement once it was done. That is due, in part, to the fact that many became activists out of necessity in the moment and felt no ties to the movement afterward. It was also because these hospital workers and the movement they forged were viewed as blemish on state and local history. Shedding light on their experiences proved to be more difficult than anticipated.

Conclusions/Implications

The Hospital Workers' Campaign narrative adds to the ever-expanding discourse on African American women's experiences in general and their activism, in particular, by highlighting the intricacies and significance of the contributions of working-class Black women on the front line in that moment, how their experiences shaped key aspects of the movement and shed light on the distinct nature of Black women's activism. The working-class Black women who took on a major portion of Charleston's healthcare system in the late 1960s were a beautiful mix of grace and grit.

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The Nurses Must Get Paid: A Historical Review of Select Cases in Which Nurses Fought for Wage Equity in the United States, 1920-present

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Abstract

Purpose and Background

According to Dr. Pam Cipriano (International Council of Nurses 2022) “Caring professions like nursing are often regarded as ‘women’s work’ and therefore are undervalued and underpaid or even unpaid. Fair pay is critical to recruiting and retaining the nursing profession”(para. 4). Nurses as individuals and as part of collectives have looked to judicial remedies to confront wage disputes. Often, nurses seek legal remedies as a last resort after exhausting all remedies for the situation at the organizational level.

Methods

This paper uses the human capital theory and critical theory to analyze pay equity matters that nurses have faced from 1920 to the present. A case review of 4 legal proceedings was conducted. An analysis was undertaken of this limited number of cases to emerging themes. Archival data from period newspapers was reviewed. Court records, transcripts, and briefs were reviewed when available.

Results/Outcomes

Nurses have faced challenges with being fairly and equitably paid for the work that they have performed. In Jamme v. Riley (1923), an Application for a Writ of Mandate requiring the State Controller to draw his warrant in payment of salary as Director of the Department of Examinations and Certification of Nurses was filed at the Supreme Court of California. The court found that Ms. Jamme had to be paid regardless of what was laid out in the budget. Ms. Jamme was elected as the National League for Nursing Education president in 1920. (“Nominations for general offices made by nurses” 1920).

In Elwell v. University Hospitals Home Care Services (2002), Wendy Elwell filed suit against her employer, alleging Fair Labor Standards Violations because they did not pay her overtime wages. Initially, the case was found in favor of her employer. On appeal, the denial of liquidated damages was reversed.

In Ramirez vs. Snapnurse, nurses filed a class action lawsuit against Snapcare, now Snapnuse. The travel nurses were recruited to come to FL, and once they arrived, they were not paid for orientation and training. The company was ordered to pay each nurse $500 for training.

(Johnson 2024).

In O'Leary v. Humana Insurance Company (2021), "Humana agreed to pay $11.2 million to end claims that the health insurance company denied a group of nurses overtime pay by misclassifying them as exempt employees. A Wisconsin federal judge approved the deal with Humana, and more than 200 nurses were reached, securing a $36,000 average payment for each nurse involved in the suit (Indest 2021 para. 1).

Conclusions/Implications

Powerful nurses have used their voices to seek justice as individuals and as part of class action lawsuits to seek wage equity. The intersection between legal and nursing history is an area that requires further scholarship, as the legal implications of court proceedings regarding wage equity in nursing often have far-reaching effects with the potential to impact how throughout the United States are paid by their employers in the future.

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80 Years of Collective Nurse Power: How the California Nurses Association Shaped U.S. Nursing History through Labor Organizing

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Abstract

Purpose and Background: The purpose of this paper is reflect on the history of nurse labor organizing in the United States by focusing on two critical moments in the pioneering history of the California Nurses Association (CNA): the first U.S. organized nurse labor contract negotiations in 1945; and, the 1995 CNA convention vote to become an independent labor union, and end its affiliation with the American Nurses Association. There is little published on the history of U.S. nurse labor organizing, though nurses have been critical actors in the U.S. labor movement. This paper recounts two essential stories of U.S. nurse labor power, and celebrates over 80 years of U.S. nurse union organizing.

Methods: This essay examines the dynamics of U.S. nurse labor organizing by the California Nurses Association at two pivotal historical moments in 1945 and 1995. The archives of the California Nurses Association at the University of California at San Francisco, the California Digital Newspaper Collection, and research/archives of Kaiser Permanente and National Nurses United were all accessed and reviewed for this paper.

Results: Organizing as a nursing workforce was a lengthy, challenging process for the California Nurses Association. Meeting minutes and short newspaper reports cannot do justice to the multifaceted decision-making behind the U.S. nursing's first collectively bargained contract in 1945 or the 1995 convention at which 92% of members present voted to create an independent organization dedicated to nurse labor organizing.

Conclusions: To claim their labor power as workers, the California Nurses Association redefined what it meant to be a nurse, and challenged predominant social and professional expectations of a feminized care-workforce. The courageous firsts charted by the California Nurses Association provided a path forward for other U.S. nursing unions to advocate for themselves and their patients. Organized nurse labor in the United States has claimed many victories since 1945, which have had–and continue to have–a positive impact on the trajectory of the U.S. healthcare system.

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Public Health Workers and Federal Indian Food Policy, 1924-44

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Abstract

Purpose and Background: A sinister rumor about a public health nurse circulated among Navajo women in 1938. The nurse and a home economics teacher, employees of the United States Office of Indian Affairs, visited communities weekly to instruct women in mainstream, Euro-American methods of cooking and cleaning. Why? Used to devastation and exploitation from the settler state, the community came to believe that the nurse and teacher were preparing Navajo women to be drafted and sent to China to cook for soldiers in the Second Sino-Japanese War.1

Though there was no such plan, nutrition and food culture were both intertwined with United States federal goals and official Indian policy, especially as it related to public health. There is a great deal of scholarship on Indigenous starvation within settler colonialism, and on the ways in which the settler state, having seized Native nations' land and means of subsistence, used rations as a tool of coercion. Less studied is the role of nutritional education as a form of cultural assimilation, and of resistance to those efforts.

My presentation addresses the role of food in U.S. federal policy as it related to Native nations' public health, during a two-decade span covering policies of assimilation and reorganization. My research concerns the U.S. Office of Indian Affairs' field nurse program, which, starting in 1924, employed public health nurses in health education and preventative care within many Native American communities.

Methods: My work draws on documents of the U.S. Office of Indian Affairs (OIA) held in the National Archives, as well as state and tribal government records and oral histories. This presentation centers on evidence from Office of Indian Affairs' field nurses' monthly reports, as well as other OIA documents detailing a "victory garden" program in Native communities during World War II.

Results: The heyday of the field nurse program spanned two eras of federal Indian policy: assimilation, through which the United States engaged in cultural genocide; and reorganization, or the Indian New Deal, which made halting and contradictory steps toward cultural tolerance and support of Native self-government. I find that field nurses' work illuminates the public health dimensions of this policy shift; while they often used the language of science and professionalism to perpetuate cultural assimilation, their records reveal Indigenous resistance and, sometimes, accommodation to Indigenous priorities.

Food traditions were one battleground for these forces of contradictory federal policy and Native agency.

Implications: Food sovereignty is now a vibrant movement in Indigenous communities, encompassing both the revitalization of food traditions, increasing self-sufficiency in Native nations' food production, and public health efforts addressing the diabetes epidemic. My research provides a view of similar struggles as they played out in the 1920s, 30s, and 40s, thereby uncovering some of the deep roots that have led to the food sovereignty movement.

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“Healthy Bodies are a Prerequisite for Healthy Minds,” Addressing Health Inequities for Rural School Children in Virginia; The Greene County School Based Primary Care Nursing Clinic, “Greene Cottage” 1993 - 2008.

“Healthy Bodies are a Prerequisite for Healthy Minds,” Addressing Health Inequities for Rural School Children in Virginia; The Greene County School Based Primary Care Nursing Clinic, “Greene Cottage” 1993 - 2008. Bridget A. Houlahan PhD, RN
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Abstract

Purpose and Background:

During the 1990’s, rural children in Virginia received little to no health services when compared to their more prosperous city counterparts. They suffered from health ailments that with nursing care could have been ameliorated. The purpose of this research was to examine the first School-Based Primary Care Nursing Clinic in the Commonwealth of Virginia and how this novel, fully funded enterprise provided comprehensive primary health care for the children of Greene County who would otherwise have gone without. The study investigates how place, race, culture, and socio-economic status impacted families’ attempts to receive health services.

In 1993, Greene County was a medically underserved area. Poverty was prevalent with the per capita income in the bottom 10% of Virginia Counties. Many children had chronic health problems, and 529 children were included in the special education population. Families did not have the financial resources or insurance to seek health care for their children. Those that did had to seek pediatric services in Charlottesville, Virginia, a 60-mile round trip posing financial burdens due to transportation costs and loss of wages with parents missing a day of work.

Motivated that “healthy bodies are a prerequisite for healthy minds,” Graduate Nursing Students at the University of Virginia conceived the idea to establish the “first of its kind” School Based Primary Care Nursing Clinic. Collaborating with their Professor, Dr. Doris Glick, they obtained grant funding to implement the project. Greene County Schools’ Administration demonstrated their commitment, including an on-site building for the clinic.

Methods/Course Design/Implementation Plan

Traditional historical methods with a social history framework. Primary Sources: Oral history Dr. Doris Glick, Doris Glick Collection at the University of Virginia School of Nursing, Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, Virginia Health Care Foundation Papers.

Results

Students received much needed health services including diagnosis and treatment of acute illness, case management and referral for complex chronic health conditions, access to health promotion programs including immunizations, counseling, and health education. Identified problems included difficulties with financial support and scarcity of trained nurses.

Conclusion/Implications

Rural school children continue to experience significant health disparities when compared to their more prosperous suburban counterparts. Funding and nursing workforce shortages persist as challenges. Fundamental concepts of school-based nursing steadfastly provide a framework for providing much needed health services for contemporary school aged children. Understanding the challenges from the “Greene Cottage” Clinic can inform the creation of school-based primary care clinics to meet the unmet health care needs of rural school children today.

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The North Carolina Textile Mill Village "Settlement House" Experiment

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Abstract

Purpose and Background:

In the early 1900s, industries adopted systems of corporate welfare, such as housing and company stores, in order to control workers. Textile mills provide examples of the earliest corporate welfare programs established in rural regions of the South. Through one lens, businessmen established corporate welfare out of necessity, and through yet another, employers designed welfare programs to maintain workers' faithful, dependence. Scholarship on corporate welfare provides insight into the roles of welfare workers. Tone examined the motivation for creating corporate welfare programs. Mandell builds on Tone's foundational research to analyze female welfare worker's roles and relationship with corporations. Mandell identified this tension in welfare workers' mission and the goals of the company during the Progressive Era. Hallett examined trained nurses, in Lancashire textile towns between 1950 and 1970. Hallett highlighted tension between autonomy and agency of the industrial nurses' role, and those interests of the organization. She suggested that trained nurses in resisted this tension of employer expectations and found, "a sense of autonomy and independence in their role." The historiography of corporate welfare lacks extensive exploration of nursing and social secretaries in southern mill villages. Building on prior research of industrial reform and corporate welfare work, this research explores the role and influence of the social secretary on industrial nursing in North Carolina textile mill villages from 1908 through 1925.

Methods

This historical analysis of corporate welfare, social secretaries, and industrial nursing used primary and secondary sources to contextualize and consider how women in the roles of social secretaries and nurses were often positioned as both caretakers and agents of corporate control. The analysis interrogates the tension between the benevolent nature of these roles and the potential for exploitation, particularly in relation to working-class mill villagers. Primary sources included archival sources from: the University of North Carolina Southern Historical Collection Cone Mills Corporation Records including weekly nursing reports and social secretary files; and East Carolina University Lucy White Papers. Through this approach, the study aims to illuminate the complexities of early industrial welfare systems in N.C textile mill villages.

Results/Conclusions

Social secretaries were employed to enforce company policies and promote a sense of loyalty among workers and their families in the segregated southern mill villages. This effort discouraged union activities. Social secretaries described training experiences in Northern settlement houses prior to assuming full responsibility of welfare departments in North Carolina mill villages. Social secretaries were deeply embedded in a paternalistic management structure and acted as agents of the company to maintain social and cultural order. Industrial nurses managed obligations to welfare department middle management, the complex needs of village settlement families, and the directions of company physicians.

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Visualizing the Past: The Chicago Nurses of World War I

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Abstract

Purpose and Background: Much has been written regarding the military and medical accomplishments of the U.S. forces in Europe during World War I. This research adds to existing literature by analyzing the formation, experience, and impact of four U.S. base hospitals, all staffed by nurses and medical volunteers from Chicago and its surrounding suburbs. It also focuses specifically on the role and experiences of the nurses and their challenges navigating a highly patriarchal, bureaucratic system with little authority or preparation. As the U.S. prepared for possible entry into the First World War, hospitals and medical colleges throughout the country formed groups of personnel and equipment to open base hospitals in Europe. This was initially under the aegis of the American Red Cross, joining the U.S. Army upon America's formal declaration of war in 1917. Chicago formed four base hospitals--#11 from St. Mary's, St. Joseph's, and Augustana Hospitals, #12 from Northwestern University with nurses from Mercy, Wesley, Cook County, and Evanston Hospitals, #13 from Presbyterian Hospital, and # 14 from St. Luke's and Michael Reese Hospitals.

Methods: Using a combination of a social and military framework, primary source data was analyzed from several collections including the Midwest Nursing History Research Center at the University of Illinois Chicago, Rush University, Northwestern University, and the National Archives in both Silver Spring, MD and St. Louis, MO. Primary source data was validated and contextualized using published secondary sources regarding the medical activities of these units in World War I. Data was analyzed thematically and chronologically from base hospital organization through deployment, military service, and returning to Chicago following the war. Photographs, historic film, and professional actors were used to illustrate the research findings and packaged into a 28-minute documentary.[1] Funding for this project was received from the Pritzker Military Museum Foundation.

Results: The experiences of the nurses from the Chicago base hospitals were both typical and unique to their specific roles. By deploying with other nurses with similar backgrounds and experiences, nurses were able to rely on each other during challenging times. Nurses often worked in sub-optimal conditions with little sleep, battling illnesses, injuries, or mortal wounds of their own as they sought to stabilize and heal the thousands of soldiers under their care. The lack of official rank or authority for female nurses within the military

could be problematic, especially for chief nurses tasked with organizing and overseeing nursing care for thousands of patients.

Conclusions: This research analyzes the impact of both place of origin and place of deployment, and its impact on the experiences, roles, and struggles of Chicago nurses serving abroad during World War II. Through the creation of a documentary, additional primary source photographs and film augment its dissemination and accessibility to both academic and non-academic audiences.

[1] The presentation will include clips from the documentary; it is not the intention of the author to show the entire documentary during the allotted presentation time.

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"Navigating Crisis: The Role of Local and Foreign Nurses in World War I Palestine"

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Abstract

Purpose and Background:

This study explores nursing in Palestine during World War I from three perspectives: local Jewish nurses and foreign American and British nurses under Ottoman rule. It examines nursing activities amidst war injuries and epidemics, focusing on the few individuals who remained in Palestine despite the complex political environment. This includes representatives from enemy nations, such as the American Colony in Jerusalem, which operated four military hospitals for the Ottomans, and the Nazareth military hospital run by British nurses. The study also delves into the tense relations between Ottoman authorities and Jewish locals, particularly in the realm of medical care.

Methods:

A historical analysis approach was used, relying on primary sources such as letters and official records from the period. Secondary sources were also incorporated to contextualize and support the analysis of interactions between nurses and Ottoman authorities.

Outcomes:

The research reveals that nurses played a pivotal role in bridging the gap between the local government and their communities. Despite a challenging political and social landscape, these nurses provided essential medical care and support. The American Colony in Jerusalem and the British-run Nazareth military hospital are highlighted as key examples of foreign involvement in local healthcare. The study also sheds light on the complex relationships between Jewish locals and Ottoman authorities, especially concerning medical care.

Conclusion:

By detailing the work of local and foreign nurses, the study argues that they acted as crucial mediators between the local government and their communities. It offers insights into managing healthcare during the turbulent final years of Ottoman rule in Palestine and emphasizes the role of nursing in bridging divides and maintaining healthcare services during times of crisis. Both foreign and local nurses contributed to the creation of a lasting healthcare infrastructure.

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Hollywood and the construction of nurses' identity

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Abstract

Purpose and background: Hollywood movies are an underutilized source for historians of nursing. Historians and sociologists commonly interrogate popular media such as Hollywood cinema for aspects of popular culture.[1] From its earliest years, Hollywood used the character of nurse to propel melodrama, to sell sex, and to document health history. For historians, these movies are valuable artefacts for historical research.

Methods: Primary sources for studying these films abound. Through the internet and various streaming services, nurse-related films are readily available for study and classroom use. Pressbooks, such as those held by the Media Historical Digital Collection at the University of Wisconsin, present the publicity ideas of production companies. The vast collection of digitized newspapers and magazines can be searched for advertisements and reviews and contemporary and historical discussions of images of nursing in films. The analyses of Sandy Summers and other recent media critics demonstrate how the portrayal of nurses in contemporary popular media affect popular image of the profession.[2] The 1931 Warner Bros.' "Night Nurse," starring Barbara Stanwyck, Joan Blondell, and Clark Gable, provides a significant case-study of the potential for historical research.

Results: "Night nurse" presents a sharp contrast between the stereotype of a white, "flighty," fun-loving nurse and the serious, conflicted health-care practitioner which highlights the positive and negative images in popular culture. Contemporary practitioners were acutely aware of the potential of films to attract or distract from the profession of nursing and nurses complained about the portrayal of their profession in such cinematic productions. Their criticisms provide a window into the concerns of rank-and-file nurses of the period.

Conclusions: The discussion of "Night nurse" makes evident the value of careful historical attention to Hollywood films. Though nurses decry the manipulation of the image of nursing, the films should not be dismissed as incidental. Close historical analyses of films disclose how nurses are represented in popular culture. Using films historically and recognizing how they were received in their own time can give us a clearer view of nursing's historical positions.

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The Power of HIV/AIDS Care History: Student Reflections Align with the AAHN History Framework and Influence Professional Nurse Identity and Role Development

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Abstract

In 2021, the American Association of Colleges of Nursing (AACN) published The Essentials: Core Competencies for Professional Nursing Education requiring nurse educators to include history in nursing education curricula.[1] The Essentials were published at the height of the COVID-19 pandemic while pre-licensure nursing students were expressing anxiety related to uncertainties in the clinical setting. In response to the AACN history requirement and students' anxiety, 5B, an award-winning documentary describing nurses' and patients' experiences during the HIV/AIDS epidemic in the 1980s, was included in a pre-licensure leadership course.[2] Students viewed 5B in class and were instructed to write a one-page, informal reflection while watching the documentary. The objectives of the assignment focused on nurse safety and barriers to drive change in the clinical setting. The reflections were used to guide in-class discussion. The reflections extended beyond the assignment objectives with elements aligning with the potential of the documentary as described in AACN's 5B Trailblazing Innovation tool kit.[3] The richness of the reflections prompted qualitative analysis. The purpose of the analysis was to explore the influence of nursing history in nursing education curricula on nursing students' professional identity and role development.

Following Institutional Review Board approval, 30 students completed a demographic questionnaire consenting to include their written reflections in the study. Most of the students self-identified as White, non-Hispanic, female, and straight/heterosexual; however, the sample does include students diverse in race, ethnicity, gender, and sexual orientation. Deductive thematic analysis was completed using predefined themes derived from the American Association for the History of Nursing (AAHN) Nursing History Framework.[4,5] The Nursing History Framework includes nine categories within three major purposes for studying nursing history for contemporary nursing practice: Pedagogy (forges identity, shapes thinking, provides safe space); Evidence (bears witness, gives voice, dispels myths); and Explanation (provides context, explains present, provides lens for future). Researchers independently extracted quotes from the reflections and placed them within

one or more of the framework categories. Then together, they reached consensus on the alignment of the quotes with the categories and identified themes within each category.

The students' written reflections support the nine categories within the three purposes of AAHN's Nursing History Framework. Significant written reflections, in content and number, aligned with each of the nine categories. Several themes were identified within each of the categories.

Analysis of the nursing students' reflections written while viewing an HIV/AIDS documentary align with the AAHN's Nursing History Framework. This one history-focused assignment positively influenced the students' professional identity and role development. The reflections and in-class discussion addressed professional nurse attributes, role responsibilities, and a diverse range of contemporary nursing practice issues ranging from hospital visiting policies, personal protection, and health policy. The analysis demonstrates the power of history to influence professional identity and role development of the nurse and supports the AACN's requirement to include history in nursing education curricula. Most students indicated on their reflections that this documentary should continue as a course requirement, further supporting the inclusion of history in the curricula for contemporary nursing practice.

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Nursing Education in the United States and the Influence of Teachers College, Columbia University: An examination of efforts to increase the diversity of the nursing workforce through new educational models-the Associate Degree Model and the Regents External Degree Model

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Abstract

Purpose & Background

This paper explores the influence of the Teachers College (TC) Department of Nursing Education from its inception in 1899 until the recent closure of the last nursing program in 2023. Particular attention is paid to the groundbreaking and research based associate degree model (ADN) established in 1952 with the stated goal of increasing the nursing workforce, moving nursing education of nurses from the hospital based system into the US system of higher education, graduating these students more quickly (in two years), with less expense, and to respond to the repeated calls for a more diverse nursing workforce. The Regents External Degree Program, a remote model established in 1971 and currently known as Excelsior University, will also be examined and the role this program played in producing a more diversified nursing workforce.

Methods

The historical descriptive approach is used to examine archival records at TC as well as the Orange County Community College and Excelsior University records. Primary sources include records and photographs accessed at these archives as well as reports to the Kellog Foundation. Secondary sources include journal and newspaper articles and published interviews with Montag, McManus and Lenburg, all TC educators with remarkable influence on how we educate nurses in the United States (US).

Results/Outcomes

The advent of graduate nursing education began with the efforts of two Canadian nurse educators, Nutting and Steward, in 1899 at TC. Students flocked to the school and by 1947 there were more than 1000 students enrolled. The cadre of faculty developed there graduated and dispersed throughout the world. The ability of the nurse leaders at TC

reflected by their productivity and influence is remarkable. The development of the ADN model by Montag and later the development of the Regents External degree program spearheaded by Lenburg produces an uncountable number of registered professional nurses. The development of the current ONE program, an online doctoral program in 2018 at TC further emphasizes the ability of TC nurse educators to think outside the box and innovate in the world of nursing education where resistance to new ways of doing is great.

Conclusions/Implications

An examination of the ADN model and the Regents External Degree Program for nurses showcases how the progression in nursing education evolved and provides insights into future possibilities. The milieu at TC and the power of the educators there are the context in which this occurred. Future research into the continual need for a larger, more educated, and more diverse nursing workforce benefit from this examination of past efforts and the consequences, both intended and unintended. This research fills a gap in the data about how new models were developed and how these models are still influencing the education of nurses and includes the continuing controversy both within and outside of nursing.

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Fiscal foresight: Boston Training School endowment at 100 years

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Abstract

Purpose and background

The year 2024 marks 100 years since the leaders of the Boston Training School for Nurses formalized an endowment with a deed to its affiliated hospital. Its intent was to directly benefit student nurses through teacher salaries, classroom equipment, scholarships or other needs directly related to the education of student nurses. Although the deed was made in 1924, this story starts much earlier. Its origin can be attributed to one of the key Nightingale principles, fiscal independence, upon which the school had been founded in 1873. Although accountings and outcomes are quantifiable, the vision and efforts of nurse leaders to remove financial barriers to sustaining a first-class nursing school have not been fully recognized. This paper traces the challenges of establishing an endowed fund through the leadership legacies of Sara Parsons and Sally Johnson, school superintendents 1910-20 and 1920-46 respectively. Their activities to establish a nurse-originated and nurse-led fund, their tireless and at times discouraging efforts to secure donations, their relationships with the alumnae association and hospital leadership, and their commitment to the fund's original intent are described.

Methods

This research relies on traditional historiographic methods and a transformational leadership framework. Numerous primary sources found in the Massachusetts General Hospital School of Nursing Collection in Massachusetts General Hospital Archives and Special Collections including annual reports, newsletters, deed of gift and amendments and accounting records were analyzed. Secondary sources include published histories by Sara Parsons, Sylvia Perkins and Karen Wolf, as well as Nightingale's principles of training schools.

Results/outcomes

The first reference to a fundraising circular can be traced to 1874, with the first donation to the endowed fund in 1914 attributed to Sara Parsons. Parsons' commitment to the quality

and autonomy of the school is shown through graduation addresses, letters to graduates and hospital leadership, traveling for fund-raising and establishing a dedicated endowment committee. The decision to transfer the fund to the hospital trustees in a 1924 deed to be managed and invested by them, a decision made by Sally Johnson, was key to its future fiscal success. After closing the MGH diploma school (1873-1981), the endowment fund transferred its proceeds to the MGH Institute of Health Professions School of Nursing complying with its original intent. The fund continues to support a portion of the operating expenses at the school.

Conclusions/Implications

This research describes the transformative leadership qualities exhibited by Parsons and Johnson in their abilities to launch, grow and carefully manage an endowed fund that is now over 100 years old and stays true to its original intent of educating student nurses. Their commitment to autonomy for the school, the tenacity of their efforts, and capacity to inspire donations proved successful in overcoming considerable social and financial barriers. Telling the story of the endowment through the leadership efforts of Parsons and Johnson not only resurrects their legacy, honors their vision and demonstrates their careful judgment and stewardship, but shares challenges not otherwise appreciated.

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“On the Sick List”: Fur Trade Health Care and Confronting the Absence of Nurses

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Abstract

1. Purpose and Background

As the fur trade in British North America spread westward and northward, the employees of various fur trading operations took on extraordinary risks to their health. In an environmentally hostile and isolated area where they needed to be self-sufficient, they faced increased risks of injury while undertaking manual labour.[1] Northern traders faced other winter-related afflictions, such as snow blindness.[2] Travel between posts also posed hazards, such as drowning in rapids.[3] Exacerbating the situation, the rigorous work environment combined with malnutrition due to lack of rendered employees more susceptible to disease. While recovering from these ailments in these remote locales, fur traders did not have the benefit of nurses to aid them in their recovery.

However, not all trading posts were remote from colonial settlements. The King’s Posts on the north coast of the St. Lawrence estuary were interconnected with Quebec City by the nineteenth century. This paper considers the implementation of healthcare at the King’s Posts in contrast to trading posts in subarctic Canada. By examining Hudson’s Bay Company (HBC) records, the paper explores the role of HBC men in filling the role of nurses. Additionally, it considers whether Indigenous women in the North carried out functions similar to that of nurses.

2. Methods

My paper will examine HBC post journals, correspondence, and account books. Post journals provide day-to-day insights into the nature of injuries and illnesses, how long individuals remain on the “sick list,” and measures taken to expedite recovery. They can also provide insights into reinjuries, indicating whether employees returned to work too quickly. Journals also provide insights into whether climatic conditions and/or malnutrition were factors in an individual’s illness. Correspondence can provide broader insights into the health situation within a specific region. Moreover, correspondence discusses the spread of epidemic diseases among the Indigenous populations. Finally, account books detail the medical equipment, or lack thereof, located at the respective trading posts.

3. Results / Outcomes

There were differences in the application of medical practices between the subarctic trading posts and the King’s Posts. Due to its proximity to more established colonial settlements, the King’s Posts were better equipped with medical supplies than those of the subarctic. Additionally, there were more settler women available in the vicinity of the King’s Posts in order to fill the role of nurses. Conversely, Indigenous women would have effectively functioned as nurses at the subarctic posts. Finally, climate and malnutrition were less likely to have a detrimental impact on HBC employees’ health in contrast to the subarctic.

4. Conclusions / Implications

Despite the dangers of the fur trade, caring for sick and injured fur traders has been long ignored in the historiography.[4] Moreover, my work draws attention to individuals – be they HBC men, Indigenous women, and settler women – who tried to function as nurses in an unofficial capacity.

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Health Monitoring in Early Nineteenth-Century: Health Inspections and Quarantine in New Brunswick, Nova Scotia, and Prince Edward Island

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Abstract

Purpose and Background

Before Canadian confederation in 1867, the colonies of British North America were independent operators with their own government assemblies that enacted regulations on visitors to their territories. This paper will examine these regulations, how they were enforced, and by whom in the early nineteenth-century Maritimes (New Brunswick, Nova Scotia, and Prince Edward Island). This period, one of significant population growth and immigration, was also a time of increased government centralisation and concern surrounding infectious diseases.

Methods

There has been limited medical historiography of the region during the colonial period, with the exceptions of *Surgeons, Smallpox and the Poor: A History of Medicine and Social Conditions in Nova Scotia 1749-1799* and *Epidemics, Empire, and Environments: Cholera in Madras and Quebec City*.[1] The focus on Quebec City, in this case, is representative of an overwhelming focus on Central Canada (Quebec and Ontario) in Canadian historiography, which neglects the Maritimes. For the early nineteenth century, local histories focus on the cholera and smallpox epidemics between the 1830s and 1840s in Saint John, New Brunswick. Saint John, a port city on the Bay of Fundy, accepted 150,000 Irish immigrants between 1815 and 1867.[2] The quarantine station on Partridge Island, in Saint John harbour has also received limited historiographical attention.[3] We will utilise these secondary sources and the primary sources of local newspapers and the British North American Legislative Database (https://bnald.lib.unb.ca) to examine health monitoring in the three colonies. Primary sources also highlight the role played by ship pilots in conducting inspections of incoming vessels.

Results/Outcomes

Our research shows the depth of health monitoring in the three maritime colonies in the early nineteenth century. Before the late nineteenth-century public health revolution,

quarantine was the only tool available for local officials to stop the spread of epidemic diseases. The role of pilots as health monitors underscores how these individuals were not only navigators with vast knowledge of local waterways but were trusted by colonial officials to determine whether ships' passengers and crew could come ashore.

Conclusions/Implications

This paper showcases how three colonial assemblies viewed the importance of health monitoring during a time of change in immigration and wider medical understandings of infectious diseases. While the three jurisdictions had the same end goal – to prevent the spread of diseases to local populations – they reached this goal in different ways and by deputising different groups of people, such as pilots, as representatives of the state.

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3

Count Backwards from Ten: The Use of the Ether Cone in Civil War Era Anesthesia

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Abstract

Purpose and Background:

At numerous Civil War sites and with most Civil War Medical reenactment groups, the copper or metallic ether cone is often portrayed as the method for the administration of ether and/or chloroform to patients during surgery. One must first educate the public that anesthesia was available and was used, and to disprove the incorrect myth of "bite the bullet" as fabricated by Hollywood films. The American Civil War occurred in 1861-1865, a time of minimal and questionable medical, surgical, and nursing care for wounded soldiers. This research looked at the questions: was anesthesia used, what forms were used, and most importantly, how was it administered? What was the role of the nurse?

Methods:

The research began with oral questions on this topic for historical experts in collections and archives at a national museum of significance. The research then advanced to primary published sources – the words of the physicians, hospital stewards, and nurses of the time period who were actually conducting surgery or assisting in surgery and/or teaching surgery to other less experienced practitioners.

Results:

Numerous primary sources identified ether and chloroform in use since the 1840's and as being readily available during the Civil War. Tens of thousands of wounded soldiers underwent the amputation of an arm or leg successfully with chloroform or ether. A minimal number were operated on without the benefit of anesthesia due to shortages and there were only limited deaths documented due to anesthesia use. The poor patient outcomes that did occur were usually the result of infections and/or hemorrhage, and not

due to anesthesia. The administration of ether and/or chloroform was usually accomplished using a cloth ether cone and not a metallic one. The instructions on how to create this cloth ether cone were identified and the reasons not to use a metallic one were discovered.

Conclusion:

Most Civil War era surgery occurred with the effective and safe use of ether and/or chloroform, produced successful patient outcomes, but was accomplished with a cloth ether cone, not a metallic one. There were advances in the use of anesthesia for other purposes, research and development in a newer and more efficient administration device, and variations in the personnel who administered anesthesia. The first documented nurse to administer anesthesia was identified.

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12

From TheirStory to Our Story: The Use of an Innovative Oral History Platform for The Study of the First Generation Nurse Practitioners.

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Abstract

Purpose and Background: Historically, oral histories have engaged interviewers and narrators in face-to-face interviews using equipment such as audio or video recording devices (Ritchie). As the pandemic placed restraints on direct contact, researchers became dependent on systems such as Zoom which often proved cumbersome. This presentation will discuss the use of an innovative platform, TheirStory, designed to collect remote oral histories (Ellis). The platform was used with the Massachusetts first generation Nurse Practitioners Project (MFGNP).

The development of TheirStory offers oral historians an efficient approach to record video and audio interviews and to transcribe, edit, and preserve them as digitized. The platform supports rapid transcription, editing, and preservation of interviews in multiple formats. An AI component identifies key points within each interview and also allows interviewers to excerpt portions of interviews for writing and video productions.

Implementation: Planning for the MFGNP in 2022. A coordinating group of early NPs formed to discuss and plan the project. Massachusetts was the site of the second NP program in the country and became a major site for NP education, innovations in practice as well as research on the evolution of the role (Yankauer). Because the cohort of early NPs is aging, there is an urgency to record the voices and experiences of first generation NPs. The coordinating group selected the TheirStory “Platform. The platform allowed the group to set up remote interviews. A “snowballing” technique along with a list of graduates from NP programs was used to identify potential interviewees. A set of interview prompts was established and the interviewers were trained on the platform. Oral history narrators were asked to give their oral permission and to sign a deed of gift to the archives. Transcripts were reviewed and edited to assure accuracy.

The interviews are being readied for archiving in a local university. The coordinating group has begun preliminary analysis, identifying key themes such as a combined career of

education and practice, new models of NP practice that expanded access to previously underserved groups, NP leadership, challenges, opportunities and legacies.

Results/Outcomes:The TheirStory platform facilitated the project's implementation and over 45 individual interviews have been collected to date. An agreement with a university to provide the digitized interview video and/or transcripts was coordinated with TheirStory. A preliminary analysis revealed that the early expansion of NP programs across the state was influenced by the efforts of a few key NP educators. The majority of early NP graduates were engaged in both practice and education. The early NPs developed strong models of NP practice in community settings, such as home care, schools, long-term care and homeless shelters. A number of early NPs went on to become leaders in NP organizations in-state and nationally. The NPs described having mixed support from both physicians and nurses. Despite this, all interviewees expressed great pride and satisfaction in their careers.

Implications: The TheirStory platform facilitated the project's implementation, data collection, analysis and archiving. The project themes further underscore the NP contribution to health care and nursing.

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21

A New Era in Healthcare: The Birth of a Modern Health System in the First Czechoslovak Republic (1918–1938)

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Abstract

Historical Background: In 1918, one of the most significant reorganizations of the political map took place in Central Europe, where successor states replaced the Habsburg monarchy. Among them was the Czechoslovak Republic, which, during the 1920s and 1930s, became one of the most democratic states in the Central European region. The establishment of Czechoslovakia was accompanied by a significant democratization process, which went hand in hand with widespread modernization in virtually all areas of state life, including healthcare. Thus, 1918 also marked the beginning of developing a modern health system with all its components.

Historiographical Literature: Despite its significance, the comprehensive history of Czechoslovak healthcare has received limited attention in Czech historiography. The first complete monograph on this topic was published only in late 2024, led by the author of this paper, as a result of a five-year interdisciplinary and inter-university research project. (Toth et al. 2024). The primary sources for this study include this monograph and a wide array of archival materials from Czech and Slovak institutions.

Methods: This paper is based on a historical analysis of archival records from Czech and Slovak archives, as well as published primary sources, including the Collection of Laws and official statistical publications from the Czechoslovak Republic, obtained via the digital library Kramerius of the National Library of the Czech Republic.

Results: A key discontinuity between the Habsburg monarchy and the Czechoslovak Republic was the latter's immediate establishment of an independent health ministry, whereas, under Habsburg rule, no single authority managed healthcare affairs. Rapid responses to urgent public health challenges defined the initial post-war years. Once modern healthcare's political and institutional foundations were in place–including a structured healthcare system and medical care organization–preventive measures could be developed, particularly for early disease detection (Toth et al. 2024, 1191–1198). By the mid-1920s, the Czechoslovak healthcare system began systematically addressing serious chronic diseases, with a notable increase in diagnosed cancer cases in the latter half of the decade (SPRCS, 1920, 1925, 1928, 1932; SRRCS, 1934, 1938). Among the system's achievements was completing a national network of healthcare facilities essential for

quality medical care. Additionally, given the multinational nature of the First Czechoslovak Republic, healthcare services were available in the native languages of significant national minorities. This linguistic accessibility was crucial in ensuring effective communication between patients and medical staff, strengthening trust and enhancing patient-centred care (Sb. z. a n., 1918–1938).

Conclusion: The First Czechoslovak Republic marked a clear departure from the Habsburg model through centralization and the state-led development of a modern healthcare system. This system improved medical care infrastructure and ensured linguistic accessibility, acknowledging the country's diverse population and reinforcing a holistic approach to healthcare (Toth et al. 2024, 1191–1198).

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22

Beyond Borders, Beyond Disciplines: Unraveling the Complexity of Healthcare History Through Interdisciplinary Research

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Abstract

Historical Background: In Czech historiography, the comprehensive study of Czech (Czechoslovak) society through the history of its modern healthcare system and the role of individuals within it remains underexplored. This history begins in 1918 with the establishment of the First Czechoslovak Republic on the ruins of the socially and politically rigid Habsburg monarchy. This aspect has not been sufficiently addressed despite a broader shift from a modernist "top-down" approach to a postmodernist "bottom-up" perspective. A significant breakthrough came with a five-year interdisciplinary and inter-university research project led by the primary author, resulting in a more than thousand-page collective scientific monograph.

Historiographical Literature: This research is based on archival sources from approximately fifty Czech and Slovak archives, including the National Archives of both countries, which had not previously been studied on this scale. A database containing 100,000 images of archival documents provided the foundation for the monograph: Tóth, Zdravotní systém první Československé republiky v kontextu národnostního a sociálního složení – centrum vs. periferie (The Health System of the First Czechoslovak Republic in the Context of National and Social Composition – Centre vs. Periphery). České Budějovice: Tomáš Halama 2024, 1,231 p.

Methods: This study employs a historical analysis of archival records from Czech and Slovak archives and published primary sources, including the Collection of Laws and official statistical publications from the Czechoslovak Republic. Key digital sources include the Kramerius digital library of the National Library of the Czech Republic.

Results: While the political and social aspects of nation-states have been well researched, the development of modern healthcare systems and the role of individuals within them have not yet been comprehensively examined. This research highlights the necessity of an interdisciplinary approach in historical healthcare studies. Integrating the history of

healthcare, including nursing, with political, social, and linguistic perspectives deepens our understanding of healthcare's role in shaping national identity and state-building, particularly in the complex multicultural and multilingual society. This extensive interdisciplinary research by history, economics, and nursing experts requires new managerial and scientific leadership. The challenges lie in integrating diverse scientific disciplines and processing the vast amount of archival material that must be identified, categorized, and analyzed. Similar research projects involve thousands of documents, each examined through the lens of its respective discipline.

Conclusion: This study highlights the critical role of interdisciplinary research in understanding modern healthcare systems within broader political and social transformations. Based on a comprehensive, thousand-page monograph, it provides new insights for both academic discourse and practical applications in healthcare policy and management.

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32

A Call to Examine If Academic Tradition Has Become a Barrier to the Advancement of Nursing Education

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Abstract

Abstract

A Call to Examine If Academic Tradition Has Become a Barrier

to the Advancement of Nursing Education

Purpose and Background:

To examine and have a discussion with the audience about how nursing education's historical development contributed to the theory-practice gap and recommendations for how nursing leaders can continue their vital historical role of advocating for the advancement of the nursing education.

Until the 1950s, nursing education was based in hospitals where nurses learned clinical skills. As the profession sought greater autonomy and professionalism, nursing leaders moved nursing education into the collegiate setting, enabling nursing to develop into a highly respected discipline. Academic institutions emphasized publication of empirical research for retention, tenure, and promotion (RTP). As nurse educators conformed to academia, that did not recognize the value of clinical practice, it led to a theory-practice gap (Roberts and Glod 2013). Nursing educator, scholar, and clinician became three separate roles, creating a barrier for highly qualified faculty who wanted to continue practicing clinically (Honig et al. 2013).

Methods / Course Design / Implementation Plan:

Over time, Nursing developed a unique body of holistic knowledge beyond the traditional biomedical model. According to (Boyer 1996), Nurses often engage in the scholarship of discovery, teaching, integration, and application endorsed by the AACN (1999), that generates valuable empirical, aesthetic, ethical, personal, and

emancipatory knowledge (Chinn and Kramer 2013). Collaboration between clinically and research-focused faculty can bridge the theory-practice gap and promote innovative partnerships (Limoges et al. 2016).

Results / Outcomes:

Some institutions have developed joint educational and practice roles that share services and costs. Hilton et al. (1997) developed a customizable system to quantify the value of a unit of time, spent teaching or engaging in clinical practice, that equally recognizes faculty productivity in educational, administrative, and clinical roles. Other institutions have implemented clinical tracks for faculty (CTF), which provide access to evidence-based practice experience and improve student transition into practice (Lee, et al. 2007).

The literature also recommends recognizing diverse forms of scholarship in RTP criteria. Paskiewicz's (2003) developed a model that highlights the strengths of both the educator and practitioner roles. Hilton et al. (1997) developed a system that uses TVMs, or the ratio of the value of a unit of time spent teaching to the equivalent time spent in clinical practice to recognize the time faculty engage in clinical practice as part of their workload requirements.

Conclusions / Implications:

A paradigm shift is needed in nursing education, where nursing leaders who understand nursing's historic fight for professional autonomy and continued progress advocate for changes in RTP criteria and workload expectations to support the needs of a practicing profession. Recognizing the unique expertise and needs of faculty who practice clinically will advance the profession by creating more inclusive and holistic nursing knowledge and addressing a significant theory practice gap in nursing education.

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30

“That she may have the preference of being re-entered”: Port communities, nurse recruitment and seniority at Haslar Naval Hospital 1756-1794.

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Abstract

“That she may have the preference of being re-entered”[1]: Port communities, nurse recruitment and seniority at Haslar Naval Hospital 1756-1794.

Purpose and Background:

This paper builds on previous work on the connection between local port communities and eighteenth-century naval hospitals. It provides further insights into hospital administrators’, physicians’, and surgeons' adherence to Sick and Hurt Board regulations, which state that those longest in service should remain in the hospital.[2] Examining how nurses were recruited and the seniority system that operated in these hospitals illustrates the connections between Haslar Naval Hospital and local communities.

Methods

This paper's primary sources are the minute books the Haslar Naval Hospital Physician and Council, held at the UK National Archives (ADM 305/1-11) between 1756 and 1794. Until 1795, when the structure of the hospitals was changed by the Sick and Hurt Board, Physician and Council – an administrative body composed of the head physician, two surgeons, the hospital steward, and agent – ran the hospital. Physician and Council typically met weekly. However, during times of high patient numbers or when there was significant disruption in the day-to-day running of the hospital, they could and did meet more often. These minute books will be supplemented with correspondence between Physician and Council and the Sick and Hurt Board, as well as pay list records, which record the staff of the hospitals and their pay monthly. Pay list records have been extensively used in previous research to track the careers of individual nurses and other women labourers at both Haslar and Plymouth naval hospitals.[3]

Results/Outcomes

The minutes of Physician and Council showcase how hospital administrators wanted to recruit from the port communities of Portsmouth and Gosport. This desire to employ locally was driven by the preference to employ wives and widows of sailors and by the recognition that the hospital was in a symbiotic relationship with the port communities. While the hospital may have been a new institution, opening in 1755, the ties between the port communities and the provision of naval medical care were long-standing, starting with Sick Quarters in private homes in the late seventeenth century.[4]

Conclusions/Implications

This research shows the similarities in seniority structures between eighteenth-century British naval hospitals and twentieth-century nursing unions. Meanwhile, Haslar's recruitment efforts situate the hospital within local communities and demonstrate the importance of word-of-mouth in recruiting for nurse vacancies.

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40

Resilient Nurses Rock the Boat: Redefining What it Means to Be a "Good Nurse"

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Abstract

Purpose and Background

The nursing profession has long been influenced by a culture of conformity and oppression, where strict adherence to established norms, unquestioning obedience to authority, and subservient behaviors often take precedence over individual autonomy and critical thinking. This cultural paradigm, still prevalent within and beyond the nursing profession, has resulted in chronic workplace stress, burnout, moral injury, and a lack of innovation within the discipline. Throughout history, nursing has seen courageous individuals who have "rocked the boat" by challenging the status quo to lead radical change and advance the profession. This presentation invites attendees to explore the evolution of nursing through the lens of resilience, considering how we can redefine what it means to be a "good nurse" for a more agile, inclusive, and dynamic understanding of professional identity in nursing.

Methods

The methodologies underpinning this work include Stephens' Model of Resilience, which draws heavily on the narratives of Holocaust survivors, and Freire's Model of Liberation. We will explore the connections between resilience, sense of purpose, moral courage, and the dynamics of oppression and liberation as they relate to professional identity. Attendees will delve into the historical development of nursing roles and the influence of enduring perspectives on modern professional practice, with suggestions for promoting positive disruption of the oppressive cultural paradigm to fully optimize professional quality of life. The target audience includes nursing professionals, nursing faculty, nurse leaders, and nursing students, all aiming to encourage critical thinking, ethical decision-making, and advocacy for change. The interactive presentation will feature discussions and

reflective exercises to engage participants in contemplating the evolution of nursing’s professional identity.

Outcomes

The findings from this work highlight the significant impact of fostering a resilient mindset to effectively liberate nursing from the oppressive structures that continue to challenge our advancement as a profession. Historically, nurses who advocate for change and question oppressive cultural norms have played a pivotal role in driving innovation and improving the overall healthcare environment. We propose that these individuals are our guides to true professional identity, one that includes a willingness to "rock the boat."

Implications

The implications emphasize the urgent need to redefine what it means to be a "good nurse" in today's healthcare environment. This redefinition marks a pivotal moment in the history of nursing, calling for a radical overhaul of policies and practices within both nursing education and practice settings. By embracing non-conformity and advocating for change, nurses can disrupt the oppressive cultural paradigm that has historically stifled critical thinking and innovation. This new perspective fosters a more agile, inclusive, and dynamic understanding of professional identity in nursing, ultimately leading to improved outcomes for both nurses and patients.

24

NP-SPEAK: An Oral History of Nurse Practitioners Sharing Personal and Professional Experiences and Knowledge

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Abstract

The nurse practitioner (NP) role emerged in the 1960s amid rising healthcare costs, increasing medical specialization, limited access to care, and a growing chronically ill and elderly population. Influenced by the women's and civil rights movements, nurses sought to expand their clinical skills and collaborate with physicians to improve healthcare access for underserved communities. Historians including Julie Fairman, in her book *Making Room in the Clinic: Nurse Practitioners and the Evolution of Modern Health Care*, investigates the history of NPs and their contributions to healthcare in the U.S.[1] Other scholars, including Dominique Tobbell, Rita Seeger Jablonski, Barbara Brush, and Elizabeth Capezuti have chronicled the evolution of the NP role, changes in educational requirements and the fight for expanded scope of practice.[2] Additionally, interviews of several nurse practitioners in the NP movement conducted over the past two decades, have captured perspectives on role expansion, professionalization, and the fight for reimbursement development.[3]

While the NP movement has been well-documented, the contributions of NPs of color (NPOCs) remain underexplored.[4] NPOCs have played a crucial role in addressing healthcare disparities and expanding services in marginalized communities, yet their experiences, leadership, and challenges are often missing from historical narratives. The NP-SPEAK (Nurse Practitioners Sharing Personal and Professional Experiences and Knowledge) oral history project addresses this gap by documenting the experiences of NPOCs who graduated between 1960 and 2000. This study adds new perspectives by centering their voices, offering a more inclusive and nuanced history of the profession.

Methods

This study employs an oral history methodology. Utilizing a chronological life-history interview guide, the NP-SPEAK project focuses on NPs of color who graduated from NP programs between 1960 and 2000, capturing their lived experiences, perspectives on healthcare access, and reflections on their roles as advanced practice nurses. This project will further interrogate how race, gender, and structural inequities shaped NPs of color's

professional trajectories and influenced the NP movement. Primary and secondary source materials, including photographs, program documents, and newspapers, will supplement the oral histories to contextualize participants' narratives within broader historical and structural developments.

Results:
Preliminary findings indicate that NPOCs navigated systemic barriers, including racial discrimination, limited mentorship opportunities, and inequitable access to advanced education. However, they also played a pivotal role in expanding healthcare access for marginalized communities, advocating for culturally competent care, and challenging structural inequities in the profession.

Conclusions and Implications:
This study contributes to nursing history by amplifying the voices of NPOCs, addressing a critical gap in scholarship on the nurse practitioner movement. By documenting their experiences, this research not only preserves an overlooked chapter in nursing history but also informs contemporary discussions on diversity, inclusion, and equity in advanced practice nursing.

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[4] Nurse practitioners of color include nurses from the following racial and ethnic groups: Black, Hispanic/Latine, Asian, Native Hawaiian and Pacific Islander, and Native American/Indigenous.

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The History of St Anthony Hospital in Denver, Colorado

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Abstract

Purpose:

The purpose of this presentation is to present a history of St Anthony Hospital in Denver, CO.

Methods:

In 2011 the hospital moved to its new location, approximately 7 miles west of its original location. In preparation for the move, I was tasked with cleaning out the educational building (the former residence hall of the hospital's school of nursing). I found two boxes of documents and photos related to the history of the hospital and its school. In order to learn more, I consulted records at the main branch of the Denver Public Library and the convent of the Sisters of St Francis in Colorado Springs. As word spread that I was looking into the history of our hospital people began giving me additional photos, documents, and artifacts.

Results:

The story begins in Germany in 1863 with the establishment of the Poor Sisters of St Francis Seraph. In 1875, in response to chancellor Bismarck's Kulturkampf, six sisters were sent to Indiana to establish a convent. In 1883 the Union Pacific railroad built a hospital in Denver and needed staff. Bishop Machebeuf persuaded six sisters to come from Indiana to staff the hospital. In 1887 four more sisters were asked to come to Colorado to establish another hospital in Colorado Springs after a train wreck overwhelmed a nearby railroad clinic. In 1890 the sisters decided to begin fundraising to build their own hospital. They appealed to railroad workers and visited mining camps and saloons to raise money and broke ground in 1891. The hospital opened in June 1892. It was built next to Manhattan Lake, a lake with an interesting history itself. The chapel was so close to patient rooms that they complained of being wakened at 4:30 with prayers, a problem solved by a 1901 expansion. Two horse drawn wagons served as ambulances. The hospital continued expanding and established a nursing school in 1919. In addition to being in "good health, medium height and weight, good character and personality" admission criteria included a battery of tests, some of which I will share. A famous nursing theorist graduated from the school in 1948 before it merged with a local college (that also has an interesting story of its own). In 1960 a series of incendiary fires in the hospital was investigated by the famous

Pinkerton detective agency. In 1972 the hospital established the first hospital-based air ambulance program in the country. In 2011 the hospital moved to its current location. All that remains is the former residence hall, chapel, and parking garage.

Conclusions:

St Anthony is the patron saint of the poor, lost items, and those who have been uprooted. The sisters who established this hospital faced tremendous adversity but were steadfast in their commitment to establish their own hospital to serve their community. The history of the hospital intersects with the state's dangerous railroad and mining history and Denver's explosive growth following the silver boom.

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The Dynamic Trio of Nursing Education: Dock, Robb, & Nutting

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Abstract

Purpose and Background:

As nurse historians and nurse educators we usually recognize Florence Nightingale as the Mother of Nursing and as the founder of nursing education in England. Who are the founders of nursing education in the United States?

Methods:

A review of modern secondary sources of nursing history was undertaken to find the nurses that had the most significant and lasting influence on nursing education in the United States in the late 19th and early 20th centuries. After identifying the names of potentially significant nurses, secondary and primary sources were consulted to find the accomplishments of those figures and their lasting impact on nursing.

Results:

Three major figures were identified: Lavinia Dock, Isabel Hampton (Robb), and Mary Adelaide Nutting. A list of accomplishments related to nursing education was created for each. After comparisons, lesser figures were eliminated from consideration to arrive at the most significant trio.

Conclusion:

These three nurses were instrumental in founding and reforming nursing education in the late 1800's and early 1900's. Their schools remain the top in the nation. Many of the changes they introduced are still in effect today nationally. The associations they founded still play a significant role in nursing and nursing education. Their books are still valued. Together they are the Dynamic Trio.

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7

Nursing History and Health Promotion

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Abstract

Purpose and Background:

The redesign of the undergraduate nursing curriculum has allowed for the creation of this course Nursing History and Health Promotion, which lays the foundation for nursing history, theory, and health and wellness in nursing education. The importance of nursing history has been emphasized for over 100 years by the National League for Nursing, and continues today through the American Nurses Association, AACN (Standards I & VIII),[1] and the Quality and Safety Education for Nurses Initiative.[2]

Methods / Course Design / Implementation Plan:

This foundational, introductory course explores the history of nursing and the fundamental concepts of healthcare delivery, wellness, and health promotion. Students will review, discuss, analyze, and describe key historical events and basic healthcare principles, using primary sources to connect with the past and appreciate nursing's significant contributions to the profession over time. The course follows a chronological structure, offering insights into the history of nursing and health promotion to highlight the transformation of healthcare practices and the role of nurses in various historical contexts. Examining historical events such as the Crimean War, the Civil War, World War I, the 1918 Flu Pandemic, World War II, and the COVID-19 pandemic highlight the expansion of healthcare practices and the role of nurses in shaping health promotion and illness prevention. Developed in collaboration with the School of Nursing, University Curriculum Committee, and the History Department, this course fulfills the General Education requirement for History. The framework guiding the development of this course is the Quality and Safety Education for Nurses framework for meeting the challenge of preparing future nurses.[2]

Results / Outcomes:

By exploring historical events, students will learn the importance of self-care and health promotion during challenging times like wars, pandemics, and disease outbreaks. Integrating nursing history with health promotion, and self-care provides a robust understanding of contemporary practices within a historical context. Weekly readings and resources are designed as interactive lessons on historical events, figures, and nursing's key role in these events. Student learning is assessed through various methods, including creating a historical infographic timeline, comparing the Civil War contributions of Clara Barton and Walt Whitman, analyzing Spanish Flu primary sources, writing a paper on the experiences of two World War II nurses, and participating in weekly discussion forums to deepen their understanding of nursing history and health promotion. Feedback from course evaluations will provide continuous quality improvement and revisions to the course.

Conclusions / Implications:

Offering a course on nursing history and health promotion highlights nursing's vital role in healthcare throughout history. Students will be able to reflect on the nurse's role, responsibilities, and the evolution of practice for the nursing profession. Learning about influential nursing historical leaders, students will appreciate the impact of the nursing profession in the provision of patient centered care. As one student noted, "Nursing needs a history class to help understand the profession for building mastery. It helps me understand why the work we do is so essential when you look at the evolution of the profession over time."

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Recipes and Remedies of Midwives and Families in Historical Appalachia

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Abstract

Purpose and Background: Midwives have provided care to women and families since the beginning of time. Early midwives had little training but learned their craft from experienced women. This study examined the use of herbal remedies and recipes by rural Appalachian midwives and families. Examination of the recipes and remedies of midwives and families helps us to better understand how women and midwives cared for families. The historical timeframe is 1200s-2000s.

Methods: Documents from the Archives of xxxxx were reviewed. Both written and oral materials were evaluated. The materials were evaluated through a lens where racism was predominant in everyday life for some midwives and families and through a lens framed by a superstitious belief system that was common among midwives and families of this time in rural Appalachia. The purpose of this research was to understand how midwives and families used recipes and remedies for healing and health promotion and how racism and/or superstition may have impacted their actions. Analysis was completed using content analysis. Two researchers independently reviewed the materials and then compared and contrasted identified themes. Individual themes were sorted and categorized into four main themes.

Results: The four main themes included:

- Recipes for Specific Uses
- Control of Recipes & Remedies
- Environmental Issues
- Spiritual, Religious, & Philosophical Considerations

Conclusions / Implications: Remedies and recipes are passed down as part of the oral tradition. Midwives and women have a variety of recipes and remedies for various conditions, including those that arose from superstitious beliefs. Sharing recipes and remedies for common ailments has a social component among families

and healers in rural Appalachia. However, the distribution has historically been curtailed dependent on who had access to the content and who had the resources for distribution. There are environmental issues that relate to the use of recipes and remedies and there are spiritual, religious, and philosophical considerations.

The results of this project help us to better understand how midwives and families in Appalachia have contributed to better health and healing through the use of recipes and herbal remedies. This helps us to better understand health and health care among Appalachian families and to better understand Appalachian society and how they worked to fix ailments, promote health, and cure disease.