I am writing this President’s Message shortly after attending the 3rd Agnes Dillon Randolph International Nursing History Conference at University of Virginia’s Eleanor Crowder Bjoring Center for Nursing Historical Inquiry. The conference was fantastic bringing together scholars from around the world and across the nation for two days’ worth of immersion in new research and intensive dialogue on and about nursing and health care history. The papers presented provided a substantial reminder and confirmation of the credibility, value and relevance of the nursing and health care history community. I am always impressed with the warm, supportive and intellectually vigorous environment existing at nursing and health care history conferences. It speaks to the strength of our community and augurs well for our continued presence as an active voice in national and international health care policy and affairs.

The vast majority of the Randolph attendees were AAHN members—and I put plenty of gentle (and not so gentle) pressure on those who were not to join! This speaks to the energy our members have when participating in scholarly conferences and contributing to disseminating new knowledge, a major purpose of the AAHN, and one which the Association continues to prioritize particularly as we approach our Annual Conference.

The 33rd Annual Nursing and Health Care History Conference takes place September 22-24, 2016 in Chicago, Illinois and is co-sponsored with the University of Illinois at Chicago’s (UIC) College of Nursing. The Local Arrangements Committee (LAC) under the talented leadership of Brigid Lusk and members Katie Corboy, Karen Egenes, Karyn Holm, Marie Lindsey, Rusty Lusk, Diana Marta, Kevin O’Bien, Laurie Quinn and Teresa Savage are busy making plans and arrangements to insure that the conference is the “Best AAHN Conference Ever!” Once more, the Abstract Review Committee received and evaluated a record number of abstracts. Thanks go to Jeannine Uribe, Abstract Review Chair and Committee members, Gerard Fealy, April Matthias and Ann Marie Walsh Brennan for their time and effort. Program Chair John Kirchgessner is working diligently on putting the scholarly program together and the LAC along with our able Kellen management staff will arrange an array of additional events aimed to please all. The pre-conference will feature a panel of three medical archivists who will discuss
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working with archives and highlight some of the rich resources in the Chicago area. The conference tours will be to the world famous Hull House and the Midwest Nursing History Resource Center. We are thrilled to welcome our Keynote Speaker Beatrix Hoffman whose talk is entitled “Nurses and the Right to Health Care.” The Friday evening reception, hosted by Dean Terri Weaver, will take place at the International Museum of Surgical Science on Lake Shore Drive and will continue the celebration of the 65th anniversary of UIC’s College of Nursing. As is the Association’s custom, the LAC is currently soliciting items for the silent and live auctions. We’re not certain yet who the auctioneer is as each year a surprise new auctioneer shows up at our conferences. I am certain whoever shows up will arrive in full Chicago style and convince us all to open up our wallets and buy a number of items which the lucky bidders will treasure forever or exile to the far corners of their closets, whichever the case may be. Please visit the AAHN website for information on how to donate items.

In a departure from our previous conferences, the 33rd Annual Conference will feature an expanded schedule with preconference activities taking place on Thursday followed by two full days of paper presentations on Friday and Saturday. The Association made this programming change based on member requests for more time to hear papers and engage in diverse activities intended to promote networking, knowledge and fun. The Thursday night activities will include a world premiere professional production on the life of Anne Zimmerman. As many of you know, Anne Zimmerman was for many years the Executive Director of the Illinois Nurses Association and a President of the American Nurses Association. Anne was also the AAHN Keynote Speaker the last time the Association held its conference in Chicago in 1994. A second activity will include film clips related to nursing. Please find more information about the conference schedule on the AAHN website which will continue to contain additional information over the next several months. We suggest strongly that you make your travel plans with the new schedule in mind. We also ask members to promote the conference energetically to colleagues and friends. As we all know, the AAHN holds fantastic conferences worth every minute and worthy of a large attendance—so please spread the word!

The Association continues to carry out a number of exciting activities. In December, Research Review Panel

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Hannah Metheny

AAHN Pre-Doctoral Grant Recipient
Research Update

Female Nursing during the Spanish-American War

I began this project trying to identify just how the American military went from utilizing a temporary nursing corps in 1862 to an institutionalized nursing corps in 1903. The answer, I suspected, lay in the wartime necessities of the Spanish-American War. However, scholarship on Spanish-American War nursing has been cursory at best, and the arguments are contradictory and teleological. Therefore, I chose to set aside previous theories and start fresh with the papers of the Army Nursing Corps at the National Archives. Especially important were the papers of Anita Newcomb McGee, the head of the DAR Hospital Corps, or DARHC—the organization which ultimately formed the nucleus of the Army Nursing Corps. McGee was a meticulous record-keeper, a pleasant change for someone used to working with patchy Civil War records, and her papers proved invaluable. Throughout the war, her office kept dozens of letters sent by nurses on the ‘front lines.’ McGee also kept a diary of her day-to-day work at the DARHC’s office in Washington. Finally, in the decades following the war, McGee wrote to many of the nurses and asked them to send her their recollections of their service, which many of them did with gusto. All this was preserved in the National Archives.

My research revealed that the formation of the Army Nursing Corps was anything but certain. No one intended these women to be a permanent addition to the army. The Surgeon General, George Sternberg, and many of his fellow officers in the Medical Department were too attached to the army tradition of using male nurses to seriously consider employing women on a permanent basis. Women were supposed to help supply an army that had been caught flat footed—in fact, most of the DAR’s work did not involve the DARHC, but instead focused on supplying the troops with food and clothes. Similarly, the strongest supporter of, and the head of the DAR Hospital Corps, McGee, did not entertain the idea of a permanent corps for months after hostilities broke out. Finally, the letters and recollections of DAR Hospital Corps nurses also reveal that the nurses themselves had no sense of themselves as a unit, or as a part of the military. Their loyalty was to the DAR.

These attitudes changed as a result of the Dodge Commission in late 1898. The commission, charged with investigating abuses by the War Department that resulted in a devastating typhoid epidemic, brought the role of professional female nurses in the military into the public spotlight, and it is in this context that the idea of a permanent nursing corps first appeared. Until that moment, female nurses had never considered the idea of serving with the army as a career, or the creation of a permanent nursing corps. However, inspired by the Dodge Commission’s proposals and their own army experiences, nurses began to feel a growing sense of professional unity. It took two years of hard work, lobbying and fighting within the nursing profession itself, but in 1901 Congress finally created the Army Nurse Corps (female).

At the center of the debate over whether or not female nurses should be a permanent part of the military was a debate over emphasis: were female nurses first and foremost women, or professionals? Even within the nursing profession there was disagreement over this. Ultimately, however, by emphasizing nurses’ professionalism over their gender, McGee and her supporters managed to calm most concerns about women serving in the military, and ensured the creation of the Army Nursing Corps.

This project is still ongoing. The records at NARA have given me a fairly clear sense of what the DARHC looked like from McGee’s perspective in Washington, but not as much from the perspective of the nurses in the Philippines or Cuba. Their attitudes towards their work, and towards Philippinos and Cubans, would be an interesting commentary on American imperialism. As a Civil War scholar, I am also intrigued by how these women drew on the work of their Civil War predecessors, particularly Dorothea Dix, whose name appeared more than I expected in the course of my research. The next step, then, is to find first-hand accounts of the nurses besides the ones preserved by McGee, as well as contemporary newspaper accounts, to try and formulate some answers.
Sarah Craig

AANH Pre-Doctoral Grant Recipient
Research Report

A Delicate Balance:
Employee Advocate or Industrial Peacemaker?
The Development of the Industrial Nursing Specialty, 1890-1925

Currently over 19,000 nurses practice in occupational health settings, comprising the largest group of health care providers dedicated to American workers. These groups of nurses work in occupational health settings, such as manufacturing firms. They promote healthy, productive workplaces, and individual worker well-being. Occupational health nurses provide extensive primary healthcare services to workers across the United States and deliver access to primary care for workers that according to the AAOHN, “focuses on promotion and restoration of health, prevention of illness and injury, and protection from work related and environmental hazards.”

This research analyzed the origins of industrial nursing, as envisioned by Lillian D. Wald and other Progressive Era nursing leaders. A case study of the industrial nursing role in a southern textile mill town in Greensboro, North Carolina between 1890 and 1925 provided for an analysis of the on the ground implementation of this nursing role. Building on prior research of industrial reform and corporate welfare work, this study followed the progress of the industrial nursing role from the national view of Wald’s work to the experiences of rank and file industrial nurses in the South.

In the early twentieth century, private industries adopted systems of corporate welfare, such as housing and health services in order to retain workers. Large textile mills provide examples of some of the earliest corporate welfare programs established for workers in rural regions of the South. In these mills a blurred boundary of “tension” existed between benevolence and the “subordination of workers.” Through one lens, businessmen established corporate welfare out of necessity, and through yet another, employers designed welfare programs to maintain workers’ faithful, dependence. Nurses practiced within these boundaries. This study examined economic and social influences that shaped that work.

Primary sources from elite nursing leader Lillian Wald and industrial nurses in the South described how this new nursing role addressed the health, safety, and productivity issues that plagued mass production industries. Overall, this analysis makes visible the importance of nursing and welfare interventions to improve the health of the population in industry. These interventions included health promotion, home visits, the autonomous treatment of minor ailments, domestic hygiene, child care, disease surveillance, social uplift, and industrial diplomacy. Data suggests that corporate welfare departments were good for business. Private benefit programs for workers kept government reformers out of private business, improved production, and delayed costly legislative labor reforms. Production needs and limited labor and health resources prompted companies to create company towns and welfare services around the mills and railroads. Corporate managers used their expertise or that of professionals, such as trained nurses, to identify health and social needs of workers. Evidence documents that while Cone Mills nurses practiced within the scope of company expectations, these nurses found ways to advocate for workers’ needs.

This case study for my dissertation is complete, but the work on this topic is still in progress. This study provided a foundation for my continued research on the development of the industrial nursing role. The original case study raised additional questions related to the work of industrial nurses. I continue to collect data regarding nurses in textile mills in the southern United States; however, I am also appropriating data related to Progressive Era industrial nursing in other industries. It is my hope that this collection of case studies and my eventual analysis may inform contemporary occupational health policy and practice.
The funding from the AAHN H-31 grant supported the data collection and preliminary dissemination of my dissertation. This included presenting a portion of my work at the annual meeting of the American Association of Occupational Health Nurses. At that conference I received excellent feedback from practicing occupational health nursing and interest and excitement for my analysis and preservation of their discipline. I am indebted to AAHN scholars and members for their expertise and guidance over the past seven years. I was first inspired to pursue a historical dissertation after attending and presenting at my first history conference. The support I received as a fledgling history student was enormous. The same network persisted throughout my dissertation journey. At each phase of my work I presented a piece of my analysis to the AAHN community at different conferences and received expert feedback and leads on additional questions or topics that should be explored as part of my work. I am so thankful for the willingness of AAHN faculty to sit down with me informally and talk history. I am thankful for the resources and opportunity that this grant and my membership with AAHN provided during my dissertation research.

Chair Rima Apple hosted a Talking History session called “Fundamentals of Grant Writing.” The session was lively, informative and highly relevant. As many of you know funding for research in general and history in particular is in decline. Yet sources do exist to which historians can apply and Rima identified several excellent funding opportunities and reviewed processes in which the aspiring grantee should engage to write the successful proposal. If you were unable to participate in the session a recording of it is available on the AAHN website (found under the What’s Happening column). The next Talking History session will be on May 25th from 12-1:30 PM eastern time and will feature a discussion of the state of the association which I will facilitate. We will e-blast more information on that session shortly.

Recently, we have sent out a number of e-blasts on exciting activities in which AAHN members engage such as Claire Chatterton’s talk to the British House of Commons and Julie Fairman’s and Brigid Lusk’s talks to various national and international groups. These events are important for members to know about not just for their informational value but also to recognize the many ways in which members bring the “Gospel of Nursing History” to the larger scholarly community and the general public. The only way we can advance and promote what we do as researchers and proponents of nursing history is to seize every opportunity to spread the word. We welcome hearing about similar events in which members engage, no matter how big or small. Just e-mail Andrew Van Washnova with the details at aahn@aahn.net.

I report on some changes to the Board of Directors. Publications Committee Chair Virginia Fitzsimmons resigned and Jonathan Hagood graciously accepted and was approved by the Board as the new Publications Committee Chair. Amanda Mahoney was appointed and approved to fill Jonathan’s position as Director, Member of Strategic Planning Committee. Both Jonathan and Amanda are well qualified to assume their new duties and we thank them for taking up these important positions on the Board.

This is my last message as the Association’s President. The fall 2016 Bulletin will carry a message from the new President who I predict will be excellent. I am taking this opportunity to acknowledge and thank so many who have helped me in the Presidential role, in particular the Association’s Executive Director for many years, Dave Stumph for his outstanding guidance during my tenure, current Executive Director, Andrew Van Washnova for his competence, patience and good humor and Member Services Coordinator, Paula DeViney who keeps the AAHN on an even keel. It really does take a village to operate an association such as ours and the AAHN’s village is rich with outstanding people. I also thank you the members for the support and help extended to me over the past four years. It has been an honor to serve as president, one which I enjoyed tremendously. The interactions I experienced with so many members who shared a common vision of the strength of the AAHN was inspiring. Your kind words, gracious encouragement and even the critiques were welcome and appreciated. I hope I have left the Association on a strong footing and look forward to the next year as past president.

Now, on to Chicago, where I hope to see as many of you as can make it!

Best,
Inspiration and Persistence
by Adrian Melissinos

Bulletin readers may recall the name of Joy Shiller as a contributor to this newsletter on four occasions, the most recent in the Fall 2015 issue for her article “Fifty Years Ago” about her nursing school experiences at Roosevelt Hospital in New York City. This time, however, she is the subject and not the author.

Joy is a nurse in the Pre-op unit at Methodist Hospital in Houston, Texas. We were unacquainted until she submitted her article last fall and it came my way as co-editor of the Bulletin. We came to realize we were in the same city and connected to the same medical center. She invited me to view her nursing history collection on display at Methodist Hospital and an interview was arranged.

She has been collecting objects of nursing history since her graduation from nursing school and her collecting escalated with the advent of the online auction. Her original interest was Florence Nightingale, a person of regard since Joy’s childhood and a writing assignment that piqued her curiosity in the “mother of nursing.” Additionally, her grandfather stimulated an interest in World War I that is reflected in her collection.

She made the decision to donate her materials to Methodist Hospital and received considerable support from Ann Scanlon, former CNO and Director of Nursing. Staff from American Art Resources donated their time to assist with the selection of materials and the written descriptions to be displayed. The Nursing Foundation for Educational Funds provided the display cabinets.

The display is located just off the main lobby of the hospital, cabinets on one side, framed materials on the opposing wall. Objects include a first edition of Notes on Nursing by Florence Nightingale, Red Cross World War I posters, an original newspaper report of the funeral of Florence Nightingale, and original sheet music and postcards from World War I. There are a nursing student’s class notes taken over 100 years ago and components of Red Cross uniforms. Joy reports that the favorite piece she has collected is a letter written and signed by Florence Nightingale, a piece of memorabilia that remains in her personal collection.

After all the years of effort, time, and investment, she is happy she made the decision to donate the materials now rather than later “while I’m still working here. I walk past here and see people enjoying it.” Her persistence in those online auctions has been worth it. The collection is a legacy for future nurses and for the public who find pleasure and understanding in the display of nursing history. Come see it when you are in Houston.

Calling one and all
AAHN members—If you are going to a professional meeting or conference and are willing to distribute AAHN promotional materials, please email David Stumph, Executive Director AAHN or Andrew Van Wasshonva at our management company. Their emails are: dstumph@kellencompany.com and avanwasshonva@kellencompany.com. Help us spread the word about the benefits of joining the AAHN!
Healing The Body And Soul From The Middle Ages To The Modern Day

Birkbeck, University of London, 15-16 July 2016

Convenors: Katherine Harvey, John Henderson and Carmen Mangion

In the contemporary Western world, religion and medicine are increasingly separated, but through much of history they have been closely interrelated. This relationship has been characterised by some conflict, but also by a great deal of cooperation. Religious perspectives have informed both the understanding of and approaches to health and sickness, whilst religious personnel have frequently been at the forefront of medical provision. Religious organisations were, moreover, often at the heart of the response to medical emergencies, and provided key healing environments, such as hospitals and pilgrimage sites.

This conference will explore the relationship between religion and medicine in the historic past, ranging over a long chronological framework and a wide geographical span. The conference focus will be primarily historical, and we welcome contributions which take an interdisciplinary approach to this topic.

Four main themes will provide the focus of the conference. The sub-themes are not prescriptive, but are suggested as potential subjects for consideration:

1. Healing the Body and Healing the Soul
   - Medical traditions: the non-natural environment and the ‘Passions of the Soul’.
   - Religious traditions (for example, the Church Fathers, sermons and devotional literature).

2. The Religious and Medicine
   - Medical knowledge and practice of religious personnel, including secular and regular clergy.

3. Religious Responses
   - Religious responses to epidemics, from leprosy to plague to pox and cholera.
   - Medical missions in Europe and the wider world.
   - Religion, humanitarianism and medical care.

4. Healing Environments and Religion
   - Religious healing/miracles/pilgrimage.
   - Institutional medical care (including hospitals, dispensaries and convalescent homes).

For more information please visit our website, at https://religionandmedicine.wordpress.com/, and follow us on Twitter @RelMedConf2016.
AAHN has begun to collect items for the live and silent auctions, so send in your donations! The auctions help support research grant funding for the H15 and H31 grants. Any and all items of nursing and health care history relevance will be accepted. Please send anything you wish to contribute to the mailing information below. In your package, please include a note with your name and contact information, a description of the item(s), and perceived value.

Thank you for your support!

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