

2018 Pre-Doctoral Grant Update

Laurel Sanders

In 1924, the United States Office of Indian Affairs began employing public health or “field” nurses in Native American communities around the country to provide federally recognized tribes with health education and preventative medicine. As federal authorities intended, these nurses monitored Native people’s health in their homes, visiting to persuade tubercular patients to enter institutions and extolling the value of hospital birth to expectant mothers. Historians such as Margaret Jacobs, Cathleen Cahill, and Jane Simonsen have found that female employees were integral to federal Indian policies, including the policy of forced assimilation, in the late nineteenth and early twentieth centuries. This conclusion holds true for the work of field nurses, but their experiences also provide a window to the healthcare choices made by Native patients, families, and communities. Through my dissertation research, conducted with the assistance of the AAHN, I am seeking to understand expressions of self-determination in health in interactions between Native communities and government field nurses. Health sovereignty is an ongoing issue for many indigenous communities, and this research can show how Native people exercised that sovereignty, or attempted to, during a period of widespread illness and poverty.

By the early 1930s, most field nurses were sending monthly narrative and statistical reports to their supervisors. These reports provide vivid descriptions of nurses’ everyday lives, from the regular logistical struggle of conducting home visits in remote areas to accounts of conversations, and often conflicts, with community members. Field nurses were representatives of the settler state, a state that, among other things, routinely removed children from their families into boarding schools founded on the goal of destroying indigenous cultures. Native people’s resistance to the advice of field nurses was often clearly grounded in experience with such policies. However, field nurses’ reports also reveal the complexity of interactions with patients and communities, particularly in the cases of the few nurses who were Native themselves. Native patients and nurses both contested and exchanged knowledge about health.

In addition to these revealing narratives, nurses provided monthly statistical reports. Two pages of statistics denote the scale of health issues on reservations and the division of nurses’ time. The reports describe attendance at classes, clinics, and the nurse’s office and explain who reported new cases. This information can show how Native people used nurses’ services, and, in combination with other sources, why they did so. I am currently holding a summer fellowship at the University of Iowa’s Digital Scholarship and Publishing Studio, and my work consists of building a dataset from those statistical field nurse reports, analyzing the information, and creating data visualizations to express the patterns that these records reveal. I am grateful to have had the time to collect a significant amount of this statistical data from archival sources.

Field nurses’ monthly reports are a rich source for understanding their work and Native communities’ reactions to it. The National Archives at Washington, DC houses an extensive series of these reports from all over the country, through the years 1931-1943. The support of the AAHN Pre-Doctoral Grant allowed me to make a lengthy visit to Washington and study the

entirety of the series, providing an understanding of changes and continuity in the field nurse program through shifts in federal policy, leadership, and global events. I deeply appreciate the assistance of the AAHN and the organization's commitment to this and other research that can illuminate the origins of modern health disparities.