Oral History Interview with "Nancy," Pseudonym, conducted by Laurel Sanders, November 12, 2010. Informant chose to be interviewed confidentially.

INTERVIEWER: and I'll press record.

INFORMANT: Okay.

INT: Now, my first question is, what year were you born?

INF: 1939.

INT: Okay, yeah. I know you said it…all right. I'm going to ask you a few questions about your childhood, and where you grew up, and what your parents did for a living.

INT: Okay, where were you born?

INF: I was born in Hayward, Wisconsin. My folks were living at Lac du Flambeau, which is on an Indian reservation. So they went into town to have the babies.

INT: What tribe was that?

INF: That was a Chippewa, or Ojibwe tribe. My dad was working there as…he'd been a teacher and then he became educational field agent over an area. And that's what we were doing there.

INT: Okay, cool. All right, well, did you have any brothers or sisters?

INF: I had two sisters; one died when she was six years old.

INT: My goodness.

INF: and I don't have any memory of her, because she was the oldest. And then I have a sister Mary, who's four years older than I am.

INT: What did your sister die of, if I can ask?

INF: I don't…we really don't know, and it was days when they didn't do autopsies, and she was asthmatic, and she had an asthma attack. And whether there was underlying heart troubles or something, I just don't know.

INT: Okay. Well, that's actually one of my questions, if you or somebody you knew well was seriously ill as a child and what your family did, as far as going to doctors, or…

INF: I became ill when I was four; I got rheumatic fever. Scarlet fever and then rheumatic fever. And I spent about six months in bed. And there was a doctor; there's always been some sort of health services on the reservation. So there was a doctor, and he would actually come to the house, but there weren't a lot of facilities for anything else; if you were sick and needed to go to

the hospital you went to one of the nearby towns. And I was hospitalized there for a while. We had our tonsils out at the hospital, because everybody had tonsils taken out at that age.

INT: How long was your hospital stay then?

INF: you know, I really don't know. When I had the scarlet fever, rheumatic fever, I was there for a couple of weeks, I think, so…

INT: Were you old enough to remember any of it?

INF: I was, yes. It happened to be a Catholic hospital, and the nurses were all nuns, and I remember being in a ward with other children and I was in a crib, and I was pretty insulted. Because I was four years old and I was in a crib. And they brought in…to the little gal next to me, they brought her a hot dog. And I said to the nurse, I said, "I want a hot dog." I said, "I really like hot dogs." And she said, "You can't have a hot dog, you've got kidney trouble." I said, "I do not, I have heart trouble." So I think my interest in nursing and health care started way back then. I knew she was wrong.

INT: Well good for you. All right, yeah. So that and the tonsillectomies...was that the only experience you had with hospitals when you were a kid, or was there anything else?

INF: Mm-hmm. I think that was about it.

INT: What do you remember about doctors and nurses from when you were growing up?

INF: Well, again, early age…when I was…when I first got scarlet fever we were…what's the word? We had to stay in the house and we couldn't have company? My dad and sister had to actually move out. And I was supposed to be quiet and in bed and I didn't feel bad. So I was kind of all over the bed. Coloring, doing puzzles, and I remember the doctor coming in and shaking his finger at me and saying…and he was really mad, he was upset, "Do you want to die? Do you want to die?" And I can remember thinking, he's so upset, I guess I probably don't. Doesn't sound like a good thing to me. But for the most part, our health care as I grew up, if that's your question, was in the neighboring towns. Being that my dad was a government employee on the reservations. We didn't really take advantage of the health care that was there, unless it was a hardship to get to the nearby town or something, because we weren't really the people it was intended for. So we did most of our doctoring and dentists' and so forth in town.

INT: Okay. When you were quarantined…

INF: Quarantined, that's the word.

INT: So your dad and sister moved out, and your mom stayed?

INF: Mm-hm. Yeah, they always had a club for single government employees or teachers, whatever…and they always had a club, and my dad and sister had to move to the club while I was quarantined.

INT: So the health care you had was in other towns. But what was it like on the…is this still at the Wisconsin reservation that you were staying at?

INF: Most…I think…well, in every reservation I've been to had some sort of health care available. They didn't all have hospitals but most of them did have hospitals. And it was similar to teachers; all of those people were government employees brought in to staff the hospital and the schools, and some of them kind of had the missionary spirit and were there because they really wanted to help the Indian and they cared very much about what they were doing and got very involved in the community, and some of them were society's rejects that couldn't get a job elsewhere. So we always had quite a variety of personnel.

INT: Did your dad ever have to…

INF: Fire some of them. Yes.

INT: All right. So were there any medical professionals, or anybody in your family that was a doctor or nurse?

INF: Because we weren't around family, I didn't really know it until I got older and learned more about the whole family, but I had…one of my dad's sisters was a nurse. And had been an early nurse here at Cherokee. And then my mother's sister-in-law was a nurse, but I didn't know that for quite a while.

INT: Was your mother Cherokee as well?

INF: No, my mother wasn't Indian.

INT: So when any of y'all got sick, did your family ever try home remedies, or did you go to the doctor first thing?

INF: The doctor was kind of the last resort always, yeah. Yeah, we had lots of home remedies, and…and sometimes the Indian people would bring something over. Even like, when we moved here, one of my kids had a really bad sore throat one day, and the little neighbor boy came and brought yellow root and said, chew this, and…

INT: It worked?

INF: It worked. It absolutely worked, yeah.

INT: All right, cool. Awesome. So what was…the folks in the communities where you grew up, did they often use the government health care that was there, or did they use home remedies more themselves?

INF: I think probably home remedies were the first line of defense, and then, if that didn't work, they would come to the doctor. But they weren't real quick to run to the doctor.

INT: Did you know anybody growing up who was a practitioner of traditional medicine?

INF: Yes. Even here, still, yep, there is. They just…they don't talk much about it. That's something you're not supposed to do, so…you know, I mean…

INT: Oh, talk about it?

INF: The people who really are like medicine men or women, shaman, whatever you want to call them, they don't talk about it. And it's just kind of word of mouth that somebody gets to them.

INT: Can you tell me, do they tend to be men or women?

INF: Both. Both.

INT: About an even split, do you think?

INF: You know, I guess I really don't know how it was years ago. It may have been more men then, but now I think it's pretty even. Partly because the women live longer, so the older folks that are doing that, a lot of them are women because they live longer.

INT: Good point. So what were the different places where y'all lived when you were a child?

INT: Okay, I was in…at Lac Du Flambeau, Wisconsin, until I was almost six, and then we moved to Red Lake, Minnesota; that was also Chippewa or Ojibwe Indians. Then we moved to South Dakota. We went to South Dakota first. After Lac de Flambeau, we went to South Dakota, and they were Sioux. And then we went to Red lake, Minnesota, then we went to Northern Idaho, among the Nez Perce Indians [inaudible.] and then we didn't stay there long, because my dad said there wasn't much challenge, everything seemed to be going along really well, and he said, send me where I'm needed. So they sent him to southern Idaho, to Fort Hall Reservation, which was Shoshone and Bannock Indians.

INT: Okay. Interesting. Were there…what were the major differences that struck you, moving from place to place, or that…you remember from your childhood?

INF: Oh, there were probably more similarities than there were differences. Of course, their own languages were all different. So language was something, as a kid we seemed to pick up words pretty easily; it was fun to do. I'm, you know, not fluent in any of them, but it was fun learning to count, or, you know, learning some of the words. And of course, those were different with

every reservation. There were some differences in their ceremonies, but not everybody had their powwows. Some people had them much more often. When we lived in South Dakota, there was a rodeo every weekend. And there was…rodeos going on every weekend. When we moved to Northern Idaho, there were dances. White man kind of dances every weekend, which there weren't in any of those other places. My sister and I never ever got comfortable dancing white man kind of dances, because we never did it, you know. So there probably were more similarities than…the Sioux were great hand shakers. You know, you just didn't greet anybody without shaking hands. And it was the long, slow handshake. More so than the other places we lived.

INT: What do remember about your father's work, or difficulties he had in these different places, or successes?

INF: Well, of course my vision may be…I may be showing preference, but he was very successful in dealing with other Indian people because he understood just basic things like they don't have a big regard for watching the clock, or doing things according to the clock. You know, he knew that if they called a meeting for two o'clock on a Saturday afternoon, don't bother going until about three o'clock because they probably won't get started until four. And he knew that, and it didn't bother him. But it would bother other people that were used to watching the clock, and you know, "They said they'd be here at two o'clock," you know. And he was very diplomatic. He knew how to approach people, he had the soft, gentle way, and very respectful and he kept notes on everybody that came into the office to see him, he kept little index cards, so that he could keep up with what their problems were, or what they had complained about previously, or whatever. He was very diplomatic and very interested in the people. And he usually would start, like a men's chorus, or a community chorus, or we've had community bands…he loved music and he loved sports, especially baseball. And he would do things that helped the community together. Be together. Difficulties that he had…I can't really think of many; he spent a lot of time in the nearby communities trying to improve relationships, because whatever town was closes to the Indian reservation, there were always problems between the peoples. And he would spend a lot of time…he would always join whatever Rotary or Lion Club, or whatever, and he did a lot of speaking before these…before groups, and trying to improve relationships.

INT: Cool. Sounds like and interesting career.

[Phone ringing]

Do you need to answer that? I can pause the recording.

INT: Can you tell me about your own education? Like, as a child, and then high school?

INF: Okay…I went to whatever school…you know, wherever we were living. Kind of unlike my sister, and that's a whole 'nother story. My folks tried sending her to different schools…but

anyway. I went to school where we lived, except that when I became…going to be a junior in high school, my dad was a great believer in boarding school. He had gone…he had had the boarding school experience himself, and then he taught in boarding schools…and he felt like it was a great equalizer of mankind. And that it didn't matter whether you came from a rich background or a poor background, or whatever, you were…you basically were treated alike. And he thought that it helped you grow up a little quicker, and he saw a very positive side to boarding school, which… a lot of Indian people didn't have that experience. But he sent both my sister and I away to boarding school as part of our experience in acclimating to the world at large. And so my junior and senior year I went to…my folks were living in Idaho. And they put me on a train and sent me to Northfield, Massachusetts. And I had never been there, hadn't seen the place, didn't know anybody. My sister had been…not to that school, but to another school in Massachusetts before me. And she told me everything I needed to know about transferring train stations in Chicago, and where to stand and what to get my [inaudible] transfer ticket and all these details. And…so we both had boarding school experience before we went to college. And I went to Michigan State University, partly because another girl from Idaho wanted…another Indian girl wanted to go to college. And she said, "I'm not brave enough to go by myself. Can I go where you go?" And I had applied to school that were tops in Home Ec.; at one point I thought I wanted to study Home Ec. And so…it was Michigan State, Cornell, and Iowa. And the only school she got into was Michigan State, so the two of us went to Michigan State. But before I went, I decided I really wanted to be a nurse. Lucky for me, they had a nursing program.

INT: All right. What made you decide that?

INF: Well, I really always wanted to be a nurse. I knew from the time I was a little kid, I was going to be a nurse. But then my sister, who's older than I am, went…she first went to liberal arts college and then she transferred out to Idaho. She said, "I've got to find a way to make a living. So she majored in Home Ec. And it just was interesting, what she was doing, also interested me; we were both looking for a way to work among Indians, because we figured that was what we were supposed to do. And…I mean, it's really the main world we knew. And so she was studying Home Ec., and I know one summer she had to do a project during the summer, and she chose Indian arts and crafts. And because she didn't want to go alone, I went with her. And we went to this lady's house and we made all kinds of things. And it was just interesting, so I thought, well, I could do that. So I was going to study Home Ec., but then before I really got there, I thought, I really want to be a nurse.

INT: Cool. I forgot to ask earlier, was it a specifically Indian boarding school that you went to?

INF: No. It was not Indian.

INT: Okay. So how did your family feel about the decision of you becoming a nurse; did they like the idea?

INF: Yeah, they were fine with it. Turns out that the family on my dad's side, there's a lot of nurses, and I know at one time, you know, you could either be a nurse, a secretary, or a teacher. And that wasn't necessarily true as I came up. There were more choices than that. But nursing suited me, so…

INT: All right. I was going to ask, was it a respected profession at that time?

INF: Yes, it was, and really the reason I chose to go to a college program was…on the Indian reservation in Idaho, I spent quite a bit of time talking with and being around the public health nurses that were there. And they told me that the government was very much encouraging bachelor's degrees in their nurses. And that if I wanted to work for the government I would do better if I went to a school that gave you a baccalaureate degree in nursing. And so, you know, they said, if you want to work for the public health service, you're going to need that in the future. So that's why I went where I did.

INT: What do you remember particularly about those nurses, the public health nurses?

INF: Um…

INT: Any interesting stories?

INF: Anybody that was interested in health careers, they were very interested in helping you increase that interest and learning what you needed to know, and so forth; I remember when we lived in Red Lake, Minnesota, I was between the ages of nine and thirteen, and there's a hospital within the same block as our house. And I spent a lot of time at the hospital. At night, if you went in and they weren't busy, they'd show you all the specimens that were in the jars. This is what a gallbladder looks like, and this is what kidney stones look like, and I was just totally fascinated by all their jars. And then they had a fire in the hospital while we lived there. And they evacuated all the babies to our house. We had a screened-in porch and the weather was nice, and they brought all the babies, and there were probably six or seven of them. With all those little cribs were on our front porch, and I got to help with those. So they very much encouraged anybody they thought was interested.

INT: Were any of those public health nurses…were any of them Native?

INF: No, I don't think they were. I don't think I ran into any that were Native.

INT: Okay, so your training at Michigan State…where did you live at the time?

INF: After I finished college, you mean?

INT: During college, and then, was their further training?

INF: Oh, during college. Well, my parents were in Idaho. And so all those years I went away to school, I didn't get home very often. Christmas and summer, you know. Then when I went to

Michigan State, our nurses' program involved three of the four summers. So I didn't get home in those summers. And…so what was I supposed to answer?

INT: Oh, sorry.

INF: Where I lived?

INT: So did you live in a dorm?

INF: I lived in a dorm. Although the nursing program at Michigan State, we didn't have any medical facilities on campus, so we moved around; we would go to this town for med. Surg. And that town for pediatrics. I did two stints in Detroit, one for pediatrics and one for the public health nursing operation. And we were in Saginaw for Med. Surg. and OB, and we rotated in their state hospital and another town, so…

INT: So what was the breakdown between academic and practical training?

INF: They went side by side. We'd have so many day of class and so many days on the floor. But it was…you know, I had never really planned, ever, to work in the hospital, that didn't seem to be something that…that wasn't the reason I went into nursing, I had visions of myself riding a horse out and delivering babies out in the outback somewhere.

INT: All right, cool. Sounds pretty adventurous. All right, and…so then you met your husband?

INF: He was in my freshman English class, and we didn't really start getting acquainted well until the end of our freshman year; he had come out of the service and had never really intended to go to college. And so he wasn't really prepared for the academics that were required in college, and he's…he had to struggle, and he said, I don't have time or energy to date, or anything, he said, I've got to either work, or study. And he had…you know, he had to fund his own… he had GI Bill, but he also had to work. So we didn't really start dating, but once we did, we knew we were, you know, going to probably spend the rest of our lives together. And so…I, on the other hand, had come out of a boarding school that was a really good school, and college wasn't very hard for me. I remember chemistry had dropped…we started out with about a hundred and sixty kids in chemistry, and dropped to about eighty, but by the time we had the final exams, anybody carrying an average didn't have to take the finals.

INT: That's pretty nice.

INF: Thank you, Northfield School for Girls.

INT: So what were all the academic courses you took in your nursing degree? You've told me a little bit about…

INF: Well, I took all the college basics. So freshman, sophomore years were just like everybody else in college, taking humanities and social science and all those things. And then sophomore

summer, we started in the hospital. And then from then on, it was…we were on quarters, or terms, and every term, it was something different. Senior year we were back on campus for some of our subjects again. Wherever we went, the Michigan State teachers went with us. They weren't…you know, we didn't…it wasn't just the nurses in the hospital, because we had our own instructors.

INT: All right. And would you take classes on campus, or if you were doing this moving around that you talked about, would you take courses…

INF: In that facility. There was always a nurses' residence and classrooms.

INT: So did you live in the nurses' residence?

INF: Mm-hm.

INT: What was that like?

INF: Like dormitory living.

INT: What was it like working with older nurses or supervisors in the hospitals where you trained?

INF: The…students are almost always really welcomed because they relieve some of the burden of the care, you know. So the established nurses there were very helpful and not a problem; we were always…besides having our instructors there on the floor with us, we were also responsible to the head nurse, I mean we had to do…make sure that things were happening…she had to make sure that things were happening that were supposed to happen. And the other…the only problems we really ran into is...one hospital we were in also had its own nursing program, a diploma program, not a degree program. And there was always some feelings of competition between the two kinds of nurses, you know. And then, in one case, we worked with some nurses, they weren't students, they were nurses, from University of Michigan, and University of Michigan and Michigan State are archrivals in everything. And so they were real picky and kind of picked on us, but our instructors always were there to run interference, so it was fine.

INT: Can you think of a specific instance of the diploma and the degree nurses not getting along, or getting along?

INF: Well, the kind of problems that we would run into is our school made the point that we were there for education. We were not there for training; we were not there to staff the hospital. So we were there for education, and if there was something interesting going on, or that we needed to know, or it was time to go to class, we did what our instructors had us do. The diploma nurses, a lot of them, especially in the senior year, were pretty much taking care of the whole floor of patients. And they did a lot of working, like, afternoon shift and night shift. So…and one of the purposes of diploma nurses is to help staff hospitals; that's part of their

purpose, they're, if the hospital is running the program, they of course are going to have them help with the staffing. And so, like, we didn't work nights. And people would, [sigh], you know, "bunch of namby-pambies, they don't even work nights." You know? So there were those kind of problems, but they really weren't a big problem to most of us, but you could tell the feelings were there, you know.

INT: Okay. How were the older student nurses…how did they treat the younger ones?

INF: Well, we really didn't have much of that, because in our rotations…

INT: It was the same class?

INF: It was the same class, the same class would move on, and in some cases they would split us. Half would go to psych and half would go to peds. But we really didn't…we weren't rubbing shoulders with people on different levels.

INT: Well how was it at first? I guess you had been to the hospital and seen all the gallbladders in the jars, but…were there any things that startled you or interested you about your first practical nursing experiences?

INF: Oh, the summer we were sophomores, we went into the hospital for the first time, and oh, I took it so seriously. I just…I was very tense and very…wanted to do everything perfectly. And you learn the skills before you ever go in the hospital; you learn about body…for instance, body positioning. You know how you're supposed to align the various joints, and prop this knee up, or this arm up, or whatever. You learn all about body alignment and what's good, and then you go into the hospital, or, in a lot of cases, you start in a nursing home, with people who are…have had strokes or are crippled and they're all already bent in strange positions, and there is no such thing as perfect, there's no such thing as the ideal patient and the way they're supposed to lie. You have to learn to adapt. So, you know, you learn what's the best, and then you learn to adapt, and it took some doing for me to adapt, I wanted to do it just like when you're playing piano, I try to play every note that's on the music. Every chord. And sometimes you can't, your hands won't reach, or they've made a chord that's impossible for a human hand to reach. And you have to learn to leave parts out and adapt.

INT: Okay. Cool. Do you remember any male nurses training while you were doing that?

INF: There were no male nurses in our class. However, later on, I actually did…teaching some nurses. I did teaching of practical nursing, and we had male students. Poor things. [Laughs]

INT: Did they have a hard time?

INF: They had a hard time. I think the main difficulty with male students is that almost all the instructors are female. And so you have males who have to take direction from females. And

that's a problem for them. Wasn't any problem to give the instruction; it was a problem for them to do what they're told to do by another woman. And they thought they got away from mother.

INT: Do you remember any particular story about that?

INF: Not really. It was kind of a daily struggle. You know, they'd roll their eyes, or…it was kind of a daily struggle. But then they…if they really were motivated to do what they…you know, to stick with it, they got over it. They eventually got over it. We had a couple of student, when I was doing, teaching practical nursing, that had been medics in the service. And so their level of knowledge was pretty high. But it's not necessarily nursing knowledge. And they had to kind of back up and go back through fundamental steps…it was difficult for them, you know? They really were…but they were beyond that…but when you come out of the service, you don't get any credit in civilian life for what they've learned or what they've done in service. They have to start at ground level again, and that's hard. I felt sorry for them.

INT: Well, so what about your training did you most enjoy, do you think?

INF: Probably, truthfully, the camaraderie between the students and the instructors. Even though Michigan State's a big school, they hadn't had a nursing program for very long, I think we were…I forget if we were the sixth or the seventh class. And we went…when we…you know, not everybody that goes to school and wants to be a nurse gets into the program. And you had to be accepted into the program, and there were…and that depended on how many they put in the hospital units. So our…we went to the hospital with 32 students, and by the time we graduated, we had 20. And because we did all these rotations and stuff together, we really got well acquainted and had a good time together. I still get together with my nursing class. I graduated in '61. So we're talking a long time, and we still get together almost annually. Sometimes two years goes by before we get together. And not everybody's able to come every time, but we usually have, out of that 20 we usually have about ten. And…close group.

INT: Cool. So what were the ethnicities of the other nurses, were there any other Native folks?

INF: We had…when we started out, we had some black students. There's quite a bit of attrition.

INT: So this was in the late 50s, huh?

INF: This was…we graduated in '61. So late 50s, early 60s. There's quite a bit of attrition, but most of the students who left, left for…because of other circumstances. Either they found Mr. Right and dropped out and got married, or some of them changed majors, sometimes when you get to the hospital part of it, somebody will say, I really don't want to do this, you know? Or you change majors, or maybe funding at home fell through, or something, you know. So most of the attrition was not due to the scholastics of the program, really.

INT: So did you feel there was discrimination at all in that program?

INF: No. Not really.

INT: Okay. That's good. So did you have a uniform, as a…

INF: Oh, yeah. I still have one in the closet. Green and white checked starched dress, with a white pinafore over it, starched. And of course, white shoes and white nylons. There was a time, like when we were doing pediatrics in downtown Detroit, and we were in a section of town that was not too safe, we were told to wear our…the green and white checked dress out on the streets so we would be identifiable as a student nurse. They didn't want us walking those streets in street clothes.

INT: Huh. Did they think that you'd be less vulnerable to, like…?

INF: [inaudible] Couldn't wear the white pinafore, that wouldn't have been sanitary, but we could wear the green and white checked. And they actually had a limo service that would take us down to the bus stops, they preferred we do that, use the limo service. But sometimes we didn't.

INT: Okay. Well, you've told me a little about this, but what was the social life like for the students in the nursing program?

INF: I think, pretty much like any other college social life except that we were removed from campus quite a bit, so if your boyfriend happened to be on campus, you didn't see a whole lot of him until weekends. For the most part, we did not work weekends. So people would go back to Lansing on weekends, and most…well, I think, to my knowledge, there's been two divorces, but most everybody is with the boyfriend they had when we were in school. So the men all know each other, too. It's kind of fun.

INT: Cool. Well, what was your first job as a graduate nurse?

INF: Well, we stayed in Lansing because [omitted] had one more year of school. And I took a job at one…they had three hospitals in Lansing. And I took a job at the smallest hospital, worked on the med. Surg. Floor, and then I did that for a year, and then the school asked me to come help instruct. I was like the second instructor for some of the freshmen courses. So I did a little of that, and then…you know, i was pleased to be asked, and I enjoyed the teaching part of it. And then…but then [omitted] finished school and we moved away.

INT: Okay. So what were the other jobs after that that you had?

INF: Mostly in the hospital; either Med. Surg, post-partum…I always worked part-time. [omitted] always wanted me to work part-time. He said, you need to keep your finger in it, it's the best insurance policy we could have. He said, if something happened to me, you could go to work full-time Monday, you know. So it was a struggle once the kids started coming along, because I had two children, and it's hard to find a babysitter that will be very dependable and will be there when they say they will be, so what we finally ended up doing is I would work

when he was home. So I worked weekends; I worked every holiday for years. But then he was home for the child care; that worked out pretty well, so mostly, at that point in time, I did hospital work.

INT: So did you not end up doing much public health nursing?

INF: [laughs] It's funny, because I went to school to prepare to work among Indians. And then I met [omitted], married [omitted], lived in Michigan, was not around Indians for fifteen years, until we came down here because of my parents' health. And so I didn't do…I did some relief public health work, but mostly I worked in hospitals, did some in-service, that's kind of like you're responsible for education of other nurses in the hospital. You call it being an in-service instructor. So, like, new nurses coming, in you help them get acclimated to the jobs and where their problem areas are and so forth. I did that, and we always lived in fairly small towns, and so you just…there was always a job available, you could…I also did some relief public health for one summer, and then when we moved up to [inaudible] in Michigan, I was working in the hospital part-time when the director of nurses who was in on…said, told me the local community college was trying to start a nursing program, and did I have any extra time and could help work on the application. She said, we've got a committee, but we're all busy people and we don't have time. And the people at the college don't know nursing. They don't know the difference in the levels and the training and the education involved. So I went out and volunteered my services at helping do some of the paperwork in the application. And that worked into way more than I ever anticipated.

INT: Just a lot of work?

INF: Well, we put together an application for a practical nursing program, and it was a three-county community college. And pretty soon the ladies from the state board of nursing were going to come up and tour the hospitals that were going to be used. Did I want to go with them? I said, sure, hadn't even been in two of the hospitals. And then had to go down to Lansing, which was quite a distance, go down to Lansing to meet before them, and would I go with the Dean, and I said, sure, I'll go with you. Well, all of a sudden we had permission to start the program, and he said, "You'll be our director." And I said, oh, no, uh-uh, I've got kids at home, I can't do that, d-da-da. He said, well, you're not going to put this much work into it and let it fail, are you? So to make a long story short, I stayed there through four classes or practical nurses. And the Lord sent me another angel. I had no experience in teaching practical nursing and writing course descriptions, and, you know, college didn't prepare me for running a program of nursing. But another, older lady had been in a…teaching in a practical nurse program and then moved to the area where we were, and she knew all these things that I didn't know. And together, the two of us started a nursing program. And it was just…you know, it was….it went really, really well. We didn't have anybody fail state board exams out of those first four classes. Everybody passed, we…it went well. So that was kind of…in a way, that probably, in a way,

was the highlight of my nursing career because when you take care of somebody in the hospital, you have the satisfaction of helping them feel better, get better, whatever. But when you're teaching nursing, you've probably got way more influence on health care delivery than you do have taking care of individual patients. And there comes a point in that year when it finally begins to come together for the student. Practical nursing is a one-year program. About twelve months. And they've taken, you know, a little bit of nutrition, they've taken anatomy and physiology, they've taken all these pieces, and then all of a sudden, about the ninth month, it becomes…it starts to all come together and they go, oh. I see. Oh, *that's* what…you know. And it's….that was just truly, truly a delight to see them blossom.

INT: So that…at that point, you definitely had a lot of authority. Did you still feel that way in hospitals when you were working with doctors?

INF: It's just, it's different.

INT: Or, sorry, maybe I should be asking, what was it like working with doctors?

INF: Well, nurses, by definition and by law, work under the direction of a doctor. So you do take direction from the doctor, but you also are totally responsible if something is inappropriate. You're responsible for your own actions. So if he orders a medicine that's the wrong dose or the wrong medicine and you give it, you are very much liable. But you know, it just really wasn't ever a problem. Most of the doctors were…they knew what they were doing, and we carried out their orders, so to speak. Once in a while, if you had a new doc, especially in a small hospital, they have come out of a big hospital setting where maybe a lab is available all during the night, you know, you can call for a blood test in the middle of the night. But when you get in a little hospital that means you've got to call the person who's on call to do that lab. And so, sometimes, you have to help them get adjusted to how you do things at the small hospital. So you just say, you know, that isn't going to work. You know, we don't do it like that here. Can we wait till morning? So forth, so working with doctors wasn't really a problem.

INT: Were any of them women, the doctors you worked with over the years?

INF: Very few. More later in life, like right now, there's a lot of female doctors. Locally. But not when I was working, there weren't many. There were a few, but not many.

INT: So, these years when you were working as the director and in hospitals, what were the perceptions of Indian people there?

INF: Well, I really wasn't around Indian people, not until we came down here.

INT: What did people…non-Indians think about them, though, in these places where you worked?

INF: [laughs]

INT: If there weren't any?

INF: Well, one place I lived, I lived upstairs of this building. And, let's see, there was a beauty shop down below, and somebody said… I don't even know how the word, "Indian" even came up. But she said, "The only good Indian is a dead Indian." And I can remember reacting to that by saying, "Well, I don't know, I was really proud of my dad." And that girl just about swallowed her tongue, you know. She was really upset that she'd said that. But so many times, especially in the town closest to a reservation, the only Indians that the people notice are the ones that are…are or were drunk on the streets, or problems to that community, or whatever. A lot of that isn't so anymore, luckily, so, I don't know, it hasn't been a big problem. When you're the only Indian…like it was pretty well known that I had Indian blood or was part Indian…my last name before I was married was [omitted]. And so people say, where does that come from. And so you say, oh, well, you're Indian, well, most people, if you're the only Indian, it's kind of…it stands you apart, but most people are very interested in you. And it actually kind of gives you an edge. I remember when I went to work at this community college, the president of the community college said, let's see, [name omitted], you're a female, you're an Indian…he was talking off the things that were going to make the college look good, you know, he said, you're a female, you're an Indian, are you sure you're not a veteran? Said no, I'm not a veteran. So being an Indian, for the most part, when you're the only Indian, is kind of a wonderment or a mark of distinction.

INT: Okay. That sort of relates to one of my questions, like, were there instances where you ended up explaining things to people about Cherokees or other Indians…what kind of curiosity did you encounter?

INF: Well, still do, for instance, locally…

INT: I mean, obviously, I'm asking you questions. [Laughs]

INF: Locally, there's still a lot of misunderstanding. I'm doing it now, not even thinking about it. I live half in the white world and half in the Indian world, and half…I mean, that's kind of been my life. But Indians, particularly here, don't do eye contact. That's not a good thing. You know, in the white world, that's how you tell if somebody's trustworthy and telling you straight and, you know, an honest, upstanding person. But here, you don't look at somebody in the eyes. And that...you know, that's not well understood; I've had people in Bryson City say, oh, they never look at you. No, they don't, because it's kind of like a dare, or you know, like sometimes they tell you you don't…you should never stare down a dog or a bear. Because of…you know. So they don't; they'll shift their eyes. So, well, people will say, that shifty-eyed Indian. Well yeah. That's the way we do it. So I have to remind myself sometimes which world I'm working in right now; do I look in the eyes or don't I?

INT: Have there ever been any…do you ever feel like you've had difficulty switching back and forth in other instances? Besides just the eye contact thing?

INF: Well, time is another one of them, you know. And Indians have the best sense of humor; they'll kid each other and themselves about their lack of paying attention to the clock. Everything is on Indian time. You do it when you get ready, you know? You do it when you want to. You don't do it because you were supposed to do it at eight o'clock.

INT: Sounds all right. [Laughs]

INF It's called Indian time, you know, and, "what time will you be here?" "Oh, when I get ready." You know? And that causes difficulty in some circumstances, like if you're an employee of Harrods and you don't get there on time, that's a problem. You know? But that's…it's also a relatively new…well, it's not really new, but Indians here aren't real obligated to go by the clock, you know, you do it when you get ready. As a nurse here…

INT: Yeah, that's kind of what I was wondering, was when in professional situations have you kind of had to deal with this?

INF: As a nurse here you…one of the things…well, time is something we all just kind of understand, that you might not catch them home even though they said they thought they'd be home. You just have to, you know, kind of work around that. But there are times when they don't…well, let's see, from a professional standpoint, what I'm trying to say is that people generally here don't volunteer information. They don't walk into the doctor's office, the clinic, the diabetic clinic, the eye clinic or whatever and say, these are my problems, this is what's happening, you know, what do you think, Doctor? They don't do that. They come in and sit, and the person that's the caregiver has to ask the right questions. They will answer anything you ask them. You know, if you ask them who's the father of the baby, they'll tell you. But they aren't going to volunteer anything that you don't ask. So you have to become quite skilled in asking. And I myself find that a little hard because it feels a little bit like being nosy. You know, or being curious, and there is a difference between being curious and doing it therapeutically, you know, but I've had to work on that. Not being afraid to ask questions.

INT: So do you feel like…over the course of your career, have non-Indians treated you differently than they would other Indians because you're a nurse?

INF: No, I don't think so. The very fact that I don't look particularly Indian…back when the name was [omitted], it was more noticeable, but not really. And I think because I've always lived with one foot in each world, I don't think it's ever been…it's not a problem for me.

INT: Okay. In good or bad ways?

INF: Both. Both in good or bad ways.

INT: Okay. Do you have any memorable stories from your early work? Anything surprise you? Did your training prepare you for it pretty well, you feel like?

INF: When you go to a college program, there's a lot more emphasis on theory rather than hands-on. For instance, at the time I went to school, there were nursing programs that were teaching nurses to do IVs. You know, put the needle in the vein and so forth. We were taught how to monitor IVs, how to make sure that these things were safe, dripping like they were supposed to drip, and this was before there was all this machinery to do it for you. But we were not taught to put IVs in. And we used to fuss with our instructors over that. "We're going to have to do that when we get out of here!" she said, "well, then you learn how to do it the way your employer wants you to do it. But we are not teaching how to do IVs." So there wasn't a lot of emphasis on doing. Doing doing doing and getting real proficient at doing some of these things. Supposedly we were taught enough knowledge so that we could figure it out. To, you know…I'm not saying this well. But that even if we hadn't, for instance, irrigated a colostomy, that we knew enough about how it was, how it worked, what it was, so forth and so on, that we could figure out the mechanics of managing the bag of water and whatever we needed to do. Rather than making sure we'd done it ten times before we left. And in some ways, now, the fact that I taught in a practical nurse program; some of those practical nurses, in one year, learned more of the hands-on stuff than we did in four. Five years, actually. But again, the university program wasn't particularly preparing you to be a hospital nurse. So, I don't know, there's lots of ins and outs and pulls and so forth.

INT: What would it have been preparing you for? Did most of the graduates have their eye on a particular area of nursing like public health nursing?

INF: Public health, psych nursing, teaching…a lot of them did not work in the hospital per se, on the floor. There were some that worked in surgery, some of my classmates worked in surgery, but generally speaking kind of in leadership positions as opposed to the hands-on stuff.

INT: And was that the advantage of getting a university degree, to go more into leadership positions?

INF: Yes, and I think nowadays, it's a step even higher. You know, back when I was going to school there weren't many that were going for master's level. And now there's lots of them at masters; Western Carolina has a master's program. So it's kind of a stepping stone. There was a feeling way back when I was in school that we were going to end up having one-year nurse, a two-year nurse, and then one with a baccalaureate degree. And that there would be different levels. Well, that never really came to be. All those three people kind of do pretty much the same thing in a hospital. In a hospital setting. Not in other settings, always. For instance, in our university program, we had public health nurses, and a lot of nurse… a lot of diploma programs didn't have public health nursing. You know, because they're preparing to work in a hospital. I might just use as an example, when I came to Cherokee, we came to look after my parents, and they had a campground which we needed to take over because their health was poor. And so I came and I thought, I need a job that gives me every weekend off, and summers off, so that I can do campground. Now where am I going to find a job like that? Well, the elementary school nurse position was open when I came. My aunt happened to tell me about it. And she said,

"That would work really well for you." Every weekend off, every holiday off, every summer off, I said, wow. So I applied for it, well, I applied for some other things too, but I applied for it and was told, you probably won't get it, because you are an outsider. Even though I have local ties, you know, I hadn't lived here, I wasn't born here. You probably won't get it; there are ten applicants, you're not local, nobody knows who you are, and you probably won't get it. Well, for whatever reason, I don't know, I got it. I became the elementary school nurse. And I walked into a situation where the nurse before me had pretty much worked out of her…she sat at a desk, and the supplies were…like Band-Aids and cream and stuff were in the desk. She wasn't real mobile, so she did most everything…kids sat on her lap, and she took care of their ouches and stuff with what was in the desk. And I walked in, and I thought, okay, I've got to have a…in a hospital, you have to have a clean area; you have to have a dirty area, where you bring in stuff that has been used, or whatever. You've got to have a clean area, you've got have a dirty area; I was going to be passing some medicines, kids that were either on antibiotic or Ritalin or something, you know. Quite a few kids on medications. And you've got to have a place to set those up, you've got to have permission slips, you've got to have a locked cupboard, you've got to have… and there was my dad saying, you need to keep a record on every kid. And I said, "Good idea." So basically…I had never been a clinic nurse, or I had never worked in a school, said…but I knew what needed to happen. So part of my counter to the left of the sink was the dirty area, this was the clean area, don't put anything dirty there. You know, you've got that background, that you just figure it out. That's kind of what I was saying before. I did that for nine years until the funding ran out. It worked out just so well, it was meant to be.

INT: The funding for having a school nurse ran out?

INF: It was funded by a program called Follow Through, there's Head Start, and Follow Through was federal funding to follow through what Head Start started. And Follow Through was for kindergarten through third grade. And there was a whole program; there were parent workers…people that visited the parents. There were four or five of them. And anyway, they paid for the school nurse. They paid for the Follow Through nurse position. And then because you were in the school you were pretty obligated to see third through sixth…fourth through sixth also. So, Follow Through money eventually ended.

INT: What was the transition like, then, I mean besides setting up the nurses' office and so on. From working other places to coming down here and working at the elementary school.

INT: [laughs] First day I worked, I think I missed like the first two days of school by the time they decided I had the job and I went in. And they gave me an aide to help me. And I said, "Where are our health records?" And she said, "We don't have health records." She said, "The office has records that have their immunizations and stuff." But I said, "Well!" No records. And she said, no, and I said, Okay. You're going to have to help me make some records and some lists. I said, "Who in school has seizures?" You know? Who in the school is diabetic? Who in the school is…da-da-da-da-da, you know? And bless her heart, she's been there for years, she

knew all this, you know? So we made these lists, and we started making records, and…but I remember also, the little nurse's office was here and the kindergarten rooms were all to the right. The little kindergarten kids, all scared to death anyway because school had just started, they went all marching by to go to the lunchroom. And I looked at all those little faces and I thought, oh, I'll never be able to tell them apart. I'll never be able to tell all these kids apart. But it didn't take long, you know, before you did. All those little brown faces. [Laughs] I thought, I'll never be able to tell them apart, but I did.

INT: Well, and what was it like living here after you'd been gone…how many years were you gone?

INF: Well, I had never lived here.

INT: Okay. Because you were born in Wisconsin, okay.

INF: I had visited here, so, you know, I was familiar with what the town looked like and all. I had visited here twice before I had…well, more than that before I moved here; my folks had come down '62, ,and we came in '76, so…it wasn't really different from other places I'd lived. It was a small community, I've…I was used to small communities. There are things that are kind of unique to small communities. Everybody knows everybody's business, and as long as you have nothing to hide or try to hide it, there's no problem. And I had lived in tourist areas before; there's a difference between rural America and tourist America. And this is a touristy town, you know? As was the place we lived in in northern…in Ross Common [?] Michigan. There's a difference…there's a different flavor to the town that has lots of tourists. And I was comfortable.

INT: Keep talking, I'm just checking this.

INF: I was just going to say, I was comfortable, it went fine, of course we had family goings-on and campground, we were busy people. It was fine, yeah. It's wasn't a hard adjustment.

INT: All right. Well, did you do any other nursing work down here?

INF: After my nine years at the elementary school, and the funding ran out, they actually did refund…the tribe decided to fund the nurse position. But I was not sure they were going to, and I wasn't comfortable with that. And by the time those nine years were over, my parents had died, the campground had closed…so I could work full…different than I was working. So I applied for a public health position, they called it community health. But they called…the lady who was in charge of it asked if I wouldn't like to come up and work with her. So I put in an application and I became an Indian Health Service employee full-time. So then I did what is really public-health nursing for six years, I had a little four-wheel-drive vehicle and I ran all over this reservation, and really enjoyed that. It's kind of, really, what I had envisioned doing originally, you know? And most of my work…most of it had to do with an older segment of the

population. Partly because most…many of them were diabetic and so they have health problems connected with that. And a lot of the homes at that time did not have telephones, and cars were somewhat limited. So getting people to and from appointments and so forth…doctors were always sending me out to find out why they hadn't come. It might be pre-natals that weren't keeping appointments, it might be older folks that were supposed to have had surgery or something and they didn't show up, and, you know, I was to go out and find out what was going on, and medication supervision was another major problem. And I just really enjoyed it, and I enjoy working with people and I think people know that. And the public health nurses were also responsible for an eye clinic. And I'm still doing eye clinic, although in a little different capacity than I was then. So I get up to the hospital, I work every Tuesday. And I work about a good ten-hour day, sometimes twelve. And I love it because you get to see everybody, you know? How's grandma doing, how's that baby doing, you know.

INT: Was there anything that surprised you about that work, doing it for…really the first time?

INF: Well, the surprises were more kind of the situations you run into. For instance, I went to see a man. Doctor said, he's not taking his meds right and we don't know what the problem is. So I went out to see him, and he had a condition where he needed to take a lot of enzymes in order to digest food. His body didn't have the enzymes, and so he was taking something like 26 pills a day. And he had to take some of them two hours before a meal, thirty minutes before a meal, after the meal, two hours after the meal, I mean it was crazy, he was taking medicines, I don't know, six or eight times a day. He had these big bottles of pills, and the pills were all big pills. I went out to see him and told him, you know, I've come to talk to you about your medicines. And so he brought all his bottles out, and I wrote in big…thinking that sometimes the vision is such that they can't see the print on the little bottles. So I would write on the side of the bottle, you know, BREAKFAST. Well the first thing I did is I came back to the hospital to the pharmacy and I said, you have got to help me figure out how to do these, he…this is not possible to do well. Too many pills, too many times a day. So they were able to help me categorize them, you know. Now we can get it down to maybe five times a day instead of eight times a day, or whatever. And some of them were sort of duplicated and that could be changed. So they changed…between the doctor and the pharmacist, they changed some of the things. Got it a little more organized. I wrote in great big black felt tip markers on the bottles when he was to take them, breakfast, lunch, dinner, supper, whatever. Made the second visit, and that wasn't going real well. I didn't know what the problem was. But we kind of revamped again, and I was…we'd pre-pour medicines a lot, in little containers, but these little containers wouldn't begin to hold all these things. So I was doing it with bottles. Made the third visit, and when I got there the third time, the man said to me, "You want to see my drivers' license?" And I thought, do I want to see your driver's license? And I saw there was the car in the yard. I said, "Did you just get it," and he said…oh, this man was about my age. Fortyish something. I said, did you just get it, and he said, "Mm-hm. And I said, is your picture on it? I'm thinking, why is he so proud of this driver's license, you know? It has your picture on it? Mm-hm. I thought,

this is really interesting, I wonder why…so I said, yeah, I want to see it. So he hands me his driver's silence and I look down where the signature line is, and there's an X. Can't read. All right. So everything we had done with BREAKFAST, LUNCH and SUPPER in felt-tip pens didn't mean a thing.

INT: Wow. So what did you do then?

INF: So this was on the third visit. I finally found out what the problem was. You know, he didn't say, I can't read those bottles. I don't know what you're writing on there. He didn't...you know? He showed me his driver's license.

INT: Oh, and that was intentional, you think?

INF: That was intentional. So that I could see that he didn't read or write. And so then we went to color-coding. We somehow worked out a color-coding system, you know. Yellow was for the middle of the day and black was for night and you know. But those are the kinds of things you have to do. Three visits before I found out he didn't read or write. No wonder he wasn't doing his meds right, you know? There was another man I went to see…I actually went to see his mother. And he was…I'd say he was forty-five years old too. He said, "Would you fix"…every time I'd get ready to leave, I'd say, "Is there anything else I can do?" Because if you don't ask, they aren't going to say it. So I'd say, is there anything else you need or I can do? So he said, "Could you mix my insulin syringes?" And I said sure. Said bring me your bottles and your syringes. And I looked, and he had to mix his insulin, two different kinds, in this syringe with these little bitty markings. And he couldn't see. I said, "How?"…I'd seen him at the eye clinic and I knew how poor his vision was. I said, "How are you doing this?" And he said, drawing himself up full [inaudible] says, "The best I can." He couldn't see what he was doing. So then, you know, there every week I went and filled his syringes for the week. That kind of stuff, you know. But like I said, they don't…venture, they don't put it out there before you, you have to stumble on it. Or ask the right questions.

INT: Okay.

INF: That house was neat as a pin. And he and his older mother lived there, very old mother. She was really old, and I said, who does all the housework? I do. I said, "Who does the cooking?" He said, "I do." I said, "Who does the laundry?" I do. And I said, is your mom able to do anything? Mm-hm. He carries water. And I said…they mix the he and she's up. He carries water. I said, "Why does he carry water?" Said, he doesn't know about faucets. Doesn't know about…they had running water. Their kitchen was as fine as mine, you know. And he said, he goes to the stream and gets water to come and do dishes.

INT: The 'he' and "she," is that a language thing?

INF: I think so, yeah.

INT: That's interesting. The pronouns are different in Cherokee or something?

INT: I don't know what the reason for it is, but he is the she. [Laughs]

INT: Hm. Cool stories. Got any other ones?

INF: They might pop in in a minute, but…anyway, I loved doing public health nursing, and I was well suited to it. It was what I envisioned doing from the very beginning.

INT: And how long did you do that?

INF: I did it for six years. And at the end of six years, my grandchildren were being born. And they lived…at that time, they lived three hours away, and I wanted to be free to be Grandma, and run the roads, so, you know…my daughter was trying to work and get kids for immunizations and so forth, so I decided that I wanted to be freer.

INT: So let me get the timeline right on this. You moved to Cherokee in '76, and then you were an elementary school nurse until when? Or a Follow Through nurse.

INF: I started in on the tenth year, when that funding ran out, and the tribe decided…

INT: So '86, and then you were a public health nurse from then until '92?

INF: '92. Mm-hm. You're good.

INT: I can do math! [Laughs]

INF: Yeah, my grandson was born in '92, that's…

INT: So how does working in these other situations compare with working with the Indian Health Service? ….As far as bureaucracy is concerned, as far as…other comparisons?

INF: I don't think there's too much difference. Indian Health Service generally pays better. You know, that's a nice perk. And then Indian Health Service has another group of employees they call Commission Corps. It's like being in the service; they actually have uniforms and ranks and so forth. They get paid even better. But you are…whoever's in Commissioned Corps is theirs to do with…if they need you in Alaska, you go to Alaska. If you're needed at the Gulf oil spill or something, you go there. So, you know, I wasn't Commissioned Corps. But we have some people that are Commissioned Corps. And I have continued to work even after I quit full-time work. I…[omitted] and I took turns…there was a high school nurse that went off to school mid-year. [omitted] and I finished out that year…we'd spell each other, so we covered it for the five days a week until school was out. Job Corps…up here, there's a federal job corps…had a nurse that got sick, and she was the second nurse, part-time nurse. And so I filled in. I worked about a year and a half until it was decided she wasn't going to be able to come back, and I didn't want the position forever, you know? I was just being helpful. And I was still working the eye clinic.

So after they decided she wasn't coming back, they hired that position, which, I mean, that was fine with me. So I've worked at the high school, worked at the job corps, and I still work at the eye clinic. I run people to the doctor in Asheville often. We have a church with a lot of older folks that, you know…

INT: Is that necessary a lot? Going to the Asheville hospital instead of…?

INF: In almost any specialty. It fluctuates, you know, for a long time the dermatologist… you had to go, pretty much, to Asheville, but now they have one at Sylva. So it fluctuates some, but these people that started with a dermatologist in Asheville are still going there. But neurology…Cherokee hospital brings in some contract doctors just like the eye doctor comes from Asheville, one day a week. So they bring in, like a GYN doc, an orthopedic specialist and so forth, but for some things you still go out. For neurologists or something, heart doctors, you go out.

INT: So what's the comparison between the public health nursing that you were an observer to as a teenager, I guess, and the public health nursing that you did here?

INF: Where I was…in Idaho, when I particularly got interested in and talked with the public health nurses, they ran kind of like a little clinic, and they did home visits, but there was no hospital. There was no regular doctor. We weren't too far from…I think we were fourteen miles from the nearest town. So anything of a consequence went into [inaudible].But here we've got our own hospital including beds, inpatient and outpatient. It has a large outpatient clinic, it has a dental office, and…

INT: So there was a wider range of problems that they dealt with, maybe?

INF: Mm-hm. Right.

INT: Do you think they…the cultural sort of situations that you were dealing with would have been different for them? I mean, I know it's a different tribe, and however many years later?

INF: Different places that we lived…

INT: I'll try to figure out what I'm asking; I'm sort of wondering this…on the fly.

INF: There were different stages of acclimation to the white society. Like when we lived in northern Idaho, there were things that weren't… I don't know what the word is. For instance, there was an Indian church and a white church, same denomination, I won't say what denomination. But I thought that was real interesting. But the town was pretty acclimated into society in general. Kids took tap and ballet in town…there were, like I say, white man dances every weekend, you know. There was a movie theater. It was much more like living anywhere. But then you'd go…

INT: Than living in Cherokee?

INF: Cherokee's very acclimated. It's very integrated and acclimated and, yeah. A lot of people call it the…what's the right word? I'm having trouble thinking of the word. The country club of Indian reservations. [Laughs] Some call it. Just to give…you know, there's lots going on, we now have movie theaters and a casino, you know. So people like to come here, like the public health people like to come here; it's not remote, it's not out in the outback somewhere. But now, Fort Hall, Idaho, and the Dakotas, there's so little, they have so little, they have no particular way of earning money, as a tribe. There may be some casinos, nowadays, but back then there was just nothing. There was…they were just a dependent society. There was just no way of earning money. Now, Red Lake, Minnesota, at the time we lived there, had its own fishery, and they shipped…they commercially fished the lake and they shipped fish out to Chicago every day, they had a lumbering industry, they had their own sawmill, it was doing really well, now after we left, sometime after we left those things all went out, and now they're coming back again. But, you know, some reservations just are poor, poor, poor. And others are doing real well.

INT: All right. Well…I may have sort of asked you this in another form before, but how do you think people in those places then felt about the doctors and nurses who were government employees compared to how people in Cherokee now feel about health care folks? …are there a lot more Cherokees working in health care professions now?

INF: Oh, yeah. There are. We have several Cherokee doctors. They're not all working here, but…I'm thinking…three, four…one is a surgeon in Sylva. One is a doctor in the hospital up here. Both of those are females. There's a pathologist at Waynesville, she's a female. Becky [inaudible] has an orthopedic surgeon son in Minneapolis…so there's a lot more Indians that are health professionals than there were. But in the past…back when I was growing up and all, I think when people really needed the health professionals, I don't think they resented them or didn't want them to touch them or whatever. When they really needed them, but they didn't come until they really needed them.

INT: And is it different now, do you think?

INF: Yeah. Yeah. The emergency room runs like an outpatient clinic, much to the…and that's true nationwide, you know? But people got a headache today, or a bad cold, whatever, don't think anything of it, go to the emergency room and getting some help. But I remember, particularly in South Dakota, they wanted the women to go to Rosebud to have their babies, there was a big hospital at Rosebud. So they wanted them to go, like two, three weeks before their due date. So it'll be a sure thing, well, you aren't going to find women who are going to go…you've got little kids at home and stuff, and they're not going to go two or three weeks to someplace they don't know people and wait to have their baby. So they would wait till the very last minute, and then Chamberlain hospital would have to take them; Chamberlain didn't want them, but would have to take them. And so we've had people lying on our couch in the house moaning and groaning because they're going to have their baby any minute. We've had people with

severe injuries come to the house. Partly just because my dad could make things happen, you know. He could get them a ride or whatever it was they needed, so…

INT: All right. So, did health care here change when the casino came? How do you think it might have changed?

INF: The casino has had many positive effects, and I am really pleased that it has. Prior to the casino coming, hardly anybody had health benefits as a benefit of working, a fringe benefit. Even when I worked for Follow Through at the school…Follow Through was federal funding, it was decent pay, but it didn't have…it had a life insurance policy with it but no health benefits, because, quote, you don't need them, you've got a hospital here that will take care of you. So now people have choices, where before they didn't have choices. You know, this was the only choice they had, was to go up here to the hospital. Now, people have health insurance and they can take their kids to the pediatrician in Sylva, if they want to. They can take themselves to a doctor if they want to, and they do. They can go to the dentist of their choosing. They have the health benefits that they never had before. Even a lot of the full-time jobs here didn't have them. And so that's been a very positive effect, that they have fringe benefits. It's also meant that they've had to…used to be, if you had an appointment at the diabetic clinic, you go to the diabetic clinic, and you're apt to be there, truthfully, three, four hours, by the time they cycle you through the different stations. And same with the eye clinic, you can expect to be there three hours. Well, Harrah's doesn't let you do that. You know, if you're working today, you're working today. If you don't show up, or go to the doctor, you get points, you know. So it's changed the work ethic of the community pretty much. People are now doing it like they're doing it in Boone. You know, you try to do it on your day off, or you try to get that appointment at a time that's convenient for your work schedule, or whatever. Whereas before, we never had to do that, or whatever. So it's been a…it's had positive effects on work ethics although not everybody loves it. [Laughs] you know? You can't be late; you've got to watch the clock. You can't come dragging in ten minutes late for your work shift. [Laughs] you can't leave early, you know? It's the real world.

INT: [laughs] I haven't got any room to talk on that particular issue.

INF: [laughs] You might have a little Indian blood.

INT: [laughs] I'm supposed to, actually, I don't know. We don't know much about that part of the family. Okay…well, I think we've covered a lot of what I wanted to talk about. We were talking about doctors…I remember reading that the second Eastern Cherokee to become an M.D. was a woman. Do you think there's any particular reason for that? Was it just in the fact that it was in the eighties and…

INF: Um…

INT: Have women gotten more or less opportunities here over the time that you've lived here?

INF: …I guess I really don't know how to answer that. I was mentioning who we had…doctors, you know. In Sylva, here…most of those are women. The one, the orthopedic surgeon is a man. Dr. Queen in Sylva is a man. I think…Cherokees….it's always been a matriarchal society. I think it has something to do with that. The fact that women have always been strong and right up front…and been looked up to. Been included, as opposed to being subservient and pushed down. Maybe they also have….there's a woman pediatrician, too, in Sylva…maybe they have more…I guess what I really want to say, but I hate to say it, is that women seem to get it together better than our men do. My mother was quite a historian. And she would defend the Indian male, because a hundred years ago, a hundred and fifty years ago, they didn't work. They had war parties; they hunted, when they needed food. They sat around the fire and solved the weighty issues and discussed…they did not hold down a job and work and bring home everything that was needed for the family to survive on, unlike the Caucasian man for the most part. The wage-earner, you know, the bring-home-the-bacon guy. So men in Indian society have been looser-knit somehow, not so much today but 25 years ago, it wasn't unusual to go down the road and see fellows in their twenties, thirties out shooting baskets, you know, somebody's got a hoop up alongside the road. And they're…or they're sitting on the bridge swinging their legs, you know, and it seems like women have to get it together. They've got kids that depend on them. They're the caregivers, maybe, to the aged parents. They've got to get it together and they've got to get out there and get the bills paid and so forth. Whereas the men are a little behind on that, and I…you know, everybody listening to that is going to think that sounds a little strange, but it's also historical, the men…

INT: Makes sense.

INF: That's how the man functioned. He didn't punch a clock, he didn't…the women did a lot of the farming. You know, they did a lot of the hold-it-together work. And even now, a girl may have her little wild time as a teenager, and she may have a child young or marry young and probably move on to somebody else yet…but the women will go to work and get the bills paid and do what they have to do to keep home and family together. And the men may come and go. Or different…she may have a different boyfriend after a while, or whatever. And it's…I don't really mean to downgrade the man because of it but I just think it's historical. So the women, have maybe, I don't know, a little more drive. A little more, you know, I can do this; I've got to do this.

INT: Well, some of the books I've read for this project, I definitely sort of…I can definitely see some connections with what you're saying.

INF: You know, I look at the women, even of today, and the first child, oftentimes grandma ends up raising that child because it came when the woman was young, and Grandma helped with the child and kind of takes the child into the home. But then the woman gets smarter and gets it together, and she has more kids, and she raises those kids for the most part. Pays the bills, gets the job, you know. When we first came here, [husband's name omitted] noticed, you know, he

saw things through different eyes than I did. He said, "The men are all riding. The women are driving." Now, in Michigan, it was the manly thing to do to be behind the wheel, you know, and the woman sat over here. Came to Cherokee, and the woman is driving the vehicle, and the guy's riding. And [omitted] said, "What is this?" and I said, "Well, first of all, he's probably lost his license, she's got hers, and that car, you can better believe, is in her name." So somehow that all ties in. It doesn't sound very nice, but it's true. Matriarchal society.

INT: Okay. Interesting. Let me see…on my little list…I didn't entirely anticipate asking all these questions, but we may get to it. Let me see how long I've got you. Well, this may be a kind of awkward question, but during your public health nursing here in Cherokee, did you ever feel like you were having conflicting ideas to…like home remedies, or people's…or traditional medicine or anything like that? Or did any of that interfere with your work? Or did it complement it?

INF: I think it complements it. I think very definitely it complements it. I would never discourage somebody from drinking a tea, putting a poultice on…as long as it doesn't hurt something, now the one time that I was kind of horrified or appalled, is…a fellow told me, "Got rid of my cataracts." I said, "You did?" Now, you and I know that the cataract is a cloudy lens behind the colored part of the eye, back in there.

INT: [laughs] I didn't, but I'll take your word for it, being…

INF: Yes, there's a little sac. And in that sac is the lens, like a camera lens, but it's behind the colored part of our eyes. And I said, "You did? How'd you do that?" And he told me that he'd used some herb and he put it on his eyes, and he said, "I just peeled it off. Just peeled those cataracts right off," and I'm like, [gasp].

INT: What did he peel off, do you think? What part of…?

INF: I don't know, I don't know what he peeled off, but I was kind of horrified. And I said to him, "we need to talk a little bit more about those cataracts, and I said, "They're back…you can't peel them off on the outside." He said, "You can't?" And I said, "No, they're inside the eye." He said, "Oh, I wonder what I did?" And I said, I don't know, but don't do that again. That was the only time that I can think of that I was kind of horrified by what they did. But the common things of using bull nettle in a necklace on a baby when they're teething, hey, that's fine. If that helps, that's fine. A little tea, when the baby's really fussy, that's…and teething, you know, those things, I have no problem at all with that. And part of the reason I don't have any problem with it is most of our medicines…not most of them, but many of our medicines come originally from plants anyway. So who's to say who knows or who's the smartest? So there aren't too many things that I've come across that have been done that horrify me; that's probably the only one that scared me. Scared me for their health. There are other things that I just…I love to hear them. I love to hear it…somebody was talking about a colicky baby. And they said, "Well, you know how to fix that." Said, "No." I just wish I'd written all this down. Because, you know, I

learned lots of little bits and pieces but I…okay, if the baby is colicky…if it has its night and day mixed up, is what it is…if it has its night and day mixed up, it wants to sleep all day and stay awake all night. You wait till the moon is full, and you let the baby go to sleep, and during the night, when it's asleep, you turn it around. And it'll fix it.

INT: Did you ever end up trying it? On the grandkids, or something?

INF: No, I never had the opportunity to try it. [Laughs] You can bet I would have, you know I would have tried it, if…but what harm can it possibly do, you know? So anyway, there's lots of little things…what'd I hear the other day? Sinus troubles. Breathing in mistletoes. Putting mistletoe in a pan, heating it on the stove, letting it make fumes, and then breathing those fumes. And it'll fix your sinuses. You know, stuff like that. What could it possibly hurt? You know, I'd try it. So there is a PhD doctor, he's not an MD doctor, he's a PhD, and he's from here. Both he and his son come and give classes to people who come in for this, it's not local people. But he talks about Indian medicine, he's supposedly researched a lot and whatever and…but it's all so tied with talking about wholeness and, you know? But I just don't see any harm unless you're going to take your cataracts off. That's the only thing that scares me.

INT: Well, was there ever a time when you saw something in action and thought, gosh, that works really well, or, that's a good idea?

INF: There have been different poultices for drying out infection and stuff that I think are very…they're good. This chewing of yellow root for sore throats. I think there's a lot of it out there that's good. And, you know, I wouldn't worry about it. My dad ran into a situation one time where an Indian medicine man tried to fix somebody and their appendix ruptured. He said, "From now on, if their side hurts, I send them to the white doctor." [Laughs]

INT: Goodness. Wow, okay…well, what do you see as being the major changes in nursing over the course of your career? What defines the change?

INF: Well, I think the major change has been the dependence on and the use of mechanical devices. You know, and I'm not saying that that's bad. It's kind of like going from writing a letter by hand to using a typewriter or computer. If it makes things easier and more accurate, then fine. But I'm glad that I'm not starting nursing now. You know, everything has machinery with it. And people get really dependent on that. And kind of lose sight of…I've looked at people and I'll say, boy, he doesn't look good. There's something really wrong. And the next day you find out that he was in the emergency room and he fell over, or something, you know. They've kind of, in a way, lost that ability to…they've become dependent on machinery, is what I'm saying.

INT: The sense that you had, of, this person is sick?

INF: Mm-hm. You know, "Gosh, you're cold and clammy," or, you know…no. [Laughs] but you know, the powers of observation, and not just depending on the machinery or whatever to tell you what's wrong, you know. That's probably the biggest change in nursing. The things that were predicted to happen, in regards to the diploma, the two-year, the bachelor's, those things, I mean, there were people that agonized over all that and were just afraid of their future or afraid of the future of nursing. None of that's happened. You know. There's need for all those different levels. If you…like my sister, she went into nursing at…she started about age 38. She was…had been a teacher, for years. And she said the preparations and the take-home stuff was just killing her. She said, I want to work in a hospital, work my shift, and when I'm done, I'm done. Somebody else takes over. And so she went back to school, and went to a diploma program in a hospital in Denver, and became a nurse. And absolutely loved it, but her goal was to work in a hospital, do her eight hours of work, enjoy it, you know, but then leave it in somebody else's hands and go home. That was her goal. And it worked out really well for her. The neat thing about nursing is that there's all kinds of things to do. Maybe in a little community, you may not have all that much choice. But you can work with the sick, you can work with the well, you can work with the mentally ill, you can work with children, you can work with adults, you can work with older adults, you know, you…there's just all kinds of things you can do. So, you know, if kids aren't your thing, then you don't have to do kids. So that's the neat thing about nursing, is that there is such variety. No always available in one little town, but, you know, somewhere. If you want to go…there's variety, and there's jobs, and it really doesn't matter, the background of your training. It really doesn't matter. It didn't make any great difference in my salary, ever. The only thing it made a difference is that that was why I became the director of that nursing program instead of the experienced nurse. She was a diploma graduate without a degree. I had a degree. I was younger than she was, but boy, we were a good team. [Laughs]

INT: Well, cool.

INF: We still are in touch, her birthday's today, as a matter of fact.

INT: She walked through that door and said, "I hear you're looking for some help," and I said… I was trying to write course descriptions, and I said, "I don't know how to do this." And she said, oh, nothing to that [imitates sound of scribbling pen?] you know, just put it all down, and…and then we both taught classroom, and we both went to two different hospitals with half of the kids. Half of the kids, half of the people, some of them were a little old. Some of them were young. Some of them were smart but dumb and some of them were dumb but smart. [Laughs]

INT: [laughs] I suppose I know what you mean by that.

INF: Well there was one gal, you know, who could just pick up medical terminology, she could spell everything right; she could…the classroom part was a breeze. Open safety pins, crib sides down, you know, common sense, mm-mm. Not...you know? And then there's the little gal that

just does everything right at the bedside, she is so sweet, she just does everything right, she's so tenderhearted and so kind, and can't take tests. You know? So, anyway. That was a good stage, too.

INT: Well, would you …if you were starting your career over again tomorrow...

INF: Absolutely.

INT: [laughs] All right.

INF: Absolutely. I went to school when they were really fussy about who got into the nursing program. The director kind of handpicked. And we were fussy. When we did this practical nurse program, we were fussy, and we said, if we don't want them taking care of us, if we were to get sick, they're out of here. And it's not real easy to get rid of those ones that test really well and get all these A's, but leave the crib sides down and open safety pins and wipe their nose on their uniform [laughs] you know. It's not easy to get rid of them, because you've got this objective part and this subjective part. But we tried to get rid of them before they ever got out, you know, if they were bad. I had one guy…I don't know if you want to put this on there, but I had one fellow that wanted to get into nursing…

INT: Should I turn this off?

INF: Yeah.