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Abstract: *This historical overview is a compilation of information from multiple archival sources; it provides a perspective of the course of events contributing to the present nursing shortage among American Indians. The review begins in the late 1800s by identifying educational assimilation efforts, the role of field nurses and field matrons in introducing Western healthcare to American Indians, followed by examples of American Indian nursing programs and early American Indian nurses and their contributions, and concludes with information about current American Indian nursing programs and recruitment efforts particularly the Recruitment and Retention of American Indians into Nursing (RAIN) program, introduced in the 1990s.*

Key Words: *American Indian nursing history, minorities in healthcare, diversity in nursing education, recruitment and retention of American Indians into nursing*

A Brief Overview of the History of American Indian Nurses

In the ongoing effort toward assimilation of American Indians into the mainstream culture of the United States of America, cultural imposition occurred in healthcare provision. American Indian people were coerced to have their healthcare needs addressed by persons who represent a foreign culture of healing (i.e., Western healthcare), one that dismisses effective indigenous healing practices which have withstood the test of time, as many practices predate Western healthcare by several millennia. This lack of cultural congruence results in inevitable miscommunication and misunderstanding which impedes the accuracy of diagnosis and undermines adherence with recommended treatments. These factors combine to exacerbate the reluctance of American Indian people to seek Western healthcare intervention.

This dilemma is compounded by the lack of Alaska Native/ American Indians nurses found within Western healthcare settings. In the United States, American Indians and Alaska Natives comprise 0.8 percent of the general population, with only 0.3 percent of nurses sharing this same ethnic background; conversely, even though under 66% of the general population is White, more than 83% of nurses are White (U.S. Department of Health, 2010).

Through an examination of the development of American Indians nurses, this study–though not exhaustive–endeavors to provide insight into the current and long-term dilemma of the nurse shortage that exists among American Indian communities, with a particular focus upon the proportional shortage of nurses of American Indian heritage. Since there is no definitive history of American Indian nurses or their education available, documentation of the transition from traditional health care practices to Western health care practices among American Indian peoples is scant and scattered, as are records of the contributions of American Indian nurses.

The history review comprised searches of the National Archives, nursing school enrollment records, and internet searches. These searches were conducted using key words such as: American Indian/ Alaska Native, American Indian, and Native American nursing history; first nursing schools; and late 1800s military nursing. The results provided information about American Indian nurses' service to their country, individual American Indian nurses, and schools of nursing and nursing programs that recruited American Indians.

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EARLY ATTEMPTS OF ASSIMILATIO THROUGH ETHNOCENTRIC EDUCATION AND WESTERN HEALTHCARE

> *The Plains wars, it appeared, had been replaced by a new type of battle, a struggle for the hearts, minds, and souls of the next generation of American Indian leaders (Brudvig, 2005, p. 1).*

Field Nurses

Field Nurses were first introduced in 1873 as an attempt to involve American Indian women in promoting and introducing the Western healthcare model to the people who lived on reservations by dissuading them from using traditional healthcare and promoting the use of Indian Health Service hospitals (Abel, 1996). The belief was that acceptance would be more successful if the healthcare provider was from their own heritage. This was "a relatively peaceful way for the BIA to continue its work of assimilating Indians into white culture; they destroyed Indians' old habits and ways of doing things and replaced them with the white man's way" (Johnson, 2011, para. 1).

The foreign methods promulgated by the field nurses were met with great resistance. Compromise was the primary method the nurses employed to problem-solve when Western healthcare clashed with traditional healthcare. For example, bedside nursing in the home was discouraged. When Indian children required hospitalization, it was common practice for the child to be accompanied by their mother, who insisted upon remaining in the hospital together with her other small children for the duration of the hospital stay (Bahl, 1984). The Indian women wanted to be sure that Western health care did not negate the health practices and medicine provided by tribal medicine persons. By accepting the presence of the extended family, conflict in the provision of Western health care was assuaged (Brudvig, 2005).

Boarding Schools

An example of the "struggle for the hearts, minds, and souls" was the Carlisle Indian School in Carlisle, Pennsylvania which was established in 1878. Its purpose was to assimilate Indian children into the dominant culture. Many of these students contracted diseases, such as tuberculosis, and died while at the school. In an effort to combat illness, the Carlisle Indian School's hospital functioned as a pre-nursing training facility for American Indian female students while in high school. The students-in-training at the hospital provided basic care to their peers who were ill. Another purpose of the training was to prepare these American Indian women to enter schools of nursing upon high school graduation (Landis, 1996). When they returned to the reservations from boarding school during the summer months, these young American Indian women assisted the field matrons.

Shortly after the opening of the Carlisle Indian School, the Indian Child Removal Act mandated that Indian children must attend boarding schools (Jacobs, 2005). This mandate spanned the period of 1880 through the 1940s. Estelle Reel, superintendent of Indian education in the Office of Indian Affairs from 1898 to 1910, was an integral part of this movement. She brought change to Indian education through a standardized curriculum designed to prepare Indian children for particular types of vocations. Mastery would enable them to occupy the lowest rungs of society as common laborers (Lomawaima, 1996). The combined effort of field nurses working through Indian Health Services in hospitals on reservations and in mission school infirmaries produced a new generation of young American Indian men and women who were acculturated to accept Western medicine as a superior form of health care (Schreiner, 2005).

Field Matron Program

The field matron program was established by the Bureau of Indian Affairs in 1890 (Johnson, 2011). Originally, the field matron program employed White females to act as field agents in the acculturation of American Indians, since prior efforts employing the services of men had failed. The primary purpose of field matrons was to act as "agents of civilization" based on the premise that, if American Indian women were civilized, they would, in turn, influence the male members of the tribe to accept the Euro-American style of living.

The thrust of the field matron program was envisioned as a corps of White women who would "teach the duties and ideology of American womanhood via domesticity" (Schreiner, 2005, p. 4). Domesticity was a term that applied to a woman's place in the home, a type of vocation that could be taught and learned. The role of domestic women grew out of the Euro-American ideology that women, through their role as wives and mothers in the home, were the mainstay of civilization (Osburn, 1993). In essence, field matrons perceived themselves to be the preceptors of civilization. To promote and sustain civilization, another goal of the field matron program was to discourage boarding school-educated American Indian children, who had been removed from their families, from returning to their traditional way of knowing, which was viewed as savage (Jacobs, 2005; Schreiner, 2005).

> *American Indian field matrons conceded some value to traditional culture. As a result, they did not seek to destroy it. In addition, these native workers also embraced a longer view of change. They also were more tolerant of traditional practices and were more willing to praise the creative cultural adaptations that native women had already made (Brudvig, 2005, p. 15).*

Field matrons had no formal training as nurses. Field matrons were given a 10-point list that detailed their duties, one of which was provision of care to sick individuals. This care was taught from a Western ethnocentric perspective with no regard for American Indian traditional healthcare practices or medicine. The Indian women were trained in duties such as bathing, hygiene, and domestic housekeeping. Thirty years after the field matron program began, Indian Health Services replaced the field matrons with field nurses (Schreiner, 2005). The name field nurse was used to distinguish these nurses from nurses employed through the Public Health Service Department who graduated from formal nursing training. The field and public health nurses were White (Abel, 1996).

AMERICAN INDIANS AND NURSING EDUCATION

> *A Navajo nurse has a greater opportunity than a White nurse because she understands her people and their language (Esther Curley, Navajo, spoken at her commencement ceremony; Arizona Women's Heritage Trail, 2003, para 5).*

Table 1. American Indian Nursing School Graduates in the late 1800s

Graduation Year	Graduate Name	Tribe	Nursing School
1888	Elizabeth Weston	Sioux	Pennsylvania NTS
1888	Lizzie Spider Ree	Sioux	Pennsylvania NTS
Unclear	Josephine Barnaby	Omaha	New Haven NTS
1889	Allie Cornelius	Oneida	Hartford NTS
1890	Nancy Cornelius	Oneida	Connecticut NTS
1895	Lavinia Cornelius	Oneida	Connecticut NTS

Adapted from "Connecticut and the First Native American Trained Nurses: More Questions than Answers," by E. K. Herrmann, 2003, Connecticut Nursing News, 73(4) 7–8.

Nursing Schools

The year 1873 marked the establishment of the first three nurse training schools the United States: Bellevue Nurse Training School in New York; Connecticut Nurse Training School in New Haven; and Massachusetts Nurse Training School in Boston. Over the next ten years these schools graduated 600 nurses (Lasseter, 1999). However, these schools of nursing initially enforced admission standards that upheld racial discrimination by rejecting persons of color, as they were deemed to be of inferior intellect, lacking in ambition, and of low moral standing (Lomawaima, 1996). It was not until 1886 that the first American Indian names appeared in the schools' records (see Table 1; Herrmann, 2000).

Haskell

A search in the National Archives provided personal correspondence and field notes of early nurses. For example, through a search of the National Archives using "flu epidemic" as the key words, a letter was unearthed from an Indian woman who was serving as a nurse to flu-afflicted soldiers in Washington, DC. This letter describing conditions and colleagues was addressed to her friend at the Kansas Haskell School for Indians (Lutiant, 1918).

The enrollment records of some of the first nursing schools in the nation would be a task of monumental proportions to collect at the present time due to restrictions in gathering information from school records. Current standards mandate that the viewing and duplication of historical information from nursing colleges requires that permission be obtained from the respective tribal governance of each student as well as from the education institution.

Hamilton Archives of Hartford Hospital

The first American Indian women had been admitted to schools of nursing as a result of their experience at mission schools and because of the field matrons' reinforcement of Western methods of health care. In the Hamilton Archives of Hartford Hospital are two letters of support (Captain R. H. Pratt, superintendent, and Dr. O. G. Given, school physician) from the Carlisle Indian Mission School, recommending the admission of Nancy R. Cornelius to the nurse training program at Hartford, Connecticut (Herrmann, 2000). She was from the Oneida tribe of upper New York. Due to the scant information about American Indian nurses who participated in the early nurse training programs, it is unclear whether or not all the Indian women who attended the Carlisle Mission School were provided pre-nursing training.

Hampton Institute

In 1868, the Hampton Institute opened for newly freed African American slaves; in 1878 it opened its doors to American Indian prisoners of war; these young men were primarily educated to work as tradesmen. In 1891, the Hampton Training School for Nurses was started on the campus of Hampton Institute and admission was extended to American Indians. See Table 2 for a list of early American Indian nurses that attended Hampton Institute. This information was compiled by Dr. Jon Brudvig (1996) from the records at the Hampton Normal and Agricultural Institute (see Table 2).

INDIVIDUAL AMERICAN INDIAN NURSE CONTRIBUTION

Yellowtail knew that education could help Indians improve

Susie Walking Bear Yellowtail (1903-1981) graduated in 1923 from Boston City Hospital School of Nursing to become the country's first baccalaureate-prepared American Indian nurse. Upon finishing her education, she dedicated her life toward trying to eliminate health disparities in Indian country. A member of the Blackfeet Nation from the Crow Agency in Montana, Yellowtail became the first American Indian inductee into the American Nursing Association's Hall of Fame. (American Nurses Association, 2002; Minority Nurse, 2013; Women's History Matters, 2014).

Table 2. American Indian Nurses who attended Hampton Normal and Agricultural Institute: 1879–1924

Name, Last, First	Tribal Name (English translation)	Tribe
Anderson, Millie	Stakaka (Lady in Field)	Arikara
	Spouse	Hometown, State
		Fort Berthold Agency, ND

Field Notes: May 1909-1911.* Nurse. Studied nursing at the Evangelical Hospital and Deaconess Home in Bismarck, North Dakota. Files missing.**

Name (Last, First)	Tribal Name (English translation)	Tribe
Arrow, Hannah		Sioux
	Spouse	Hometown, State
	John Lovejoy	Flandreau, SD

Field Notes: August 1885-September 1888.* Homemaker. "Good house, educated children, graduate nurse." Files missing.**

Name (Last, First)	Tribal Name (English translation)	Tribe
Barnaby, Josephine		Omaha
	Spouse	Hometown, State
	John Von Feldon	NB

Field Notes: Arrived in August 1884 and graduated in 1887.* Entered a nursing program in New Haven, Connecticut. Nurse, A.M.A. missionary who assisted Mary Collins at Standing Rock, and teacher. Died in May 1915.

Name (Last, First)	Tribal Name (English translation)	Tribe
Bender, Elizabeth		Chippewa
	Spouse	Hometown, State
	Henry Roe Cloud	White Earth, MN

Field Notes: Arrived at Hampton Institute from White Earth, Minnesota, in September 1903. Elizabeth graduated from Hampton in 1907 but remained at the school to enter the post-graduate course in Domestic Science in 1908. Teacher in the United States Indian Service until entering a nursing school in Philadelphia. Elizabeth returned to Hampton 1914-1915 to enter a special course in Home Economics. Elizabeth left Hampton to teach at Carlisle Indian School in 1915. The Roe Clouds established the American Indian Institute in Wichita, KS. School matron and Sunday school teacher employed by the Presbyterian Board. President Franklin D. Roosevelt appointed her as a delegate to the 1940 White House Conference on Children and Youth. In 1950 Elizabeth was chosen Mother of the Year. Died on September 16, 1965.

Name (Last, First)	Tribal Name (English translation)	Tribe
Bender, Emma		Chippewa
	Spouse	Hometown, State
	Paul Kelly; ? Huff	White Earth, MN

Field Notes: November 1907-1912.* Emma became a trained nurse and worked in a sanitarium in Battle Creek, Michigan. Files missing.**

Name (Last, First)	Tribal Name (English translation)	Tribe
Broker, Mary Elizabeth		Chippewa
	Spouse	Hometown, State
	Joseph Hoffman	White Earth, MN

Field Notes: September 1908 until graduating from HI in 1911.* Mary later entered nursing school in St. Paul, MN. Red Cross Nurse during WWI.

Table 2 (cont.) American Indian Nurses who attended Hampton Normal and Agricultural Institute: 1879–1924

Charles, Ada Lily *Name (Last, First)*	 *Tribal Name (English translation)*	Cayuga *Tribe*
	 Spouse	Tonawanda, NY *Hometown, State*

Field Notes: October 1904-June 1906.* Returned to Hampton Institute in September 1920 and remained until May 1921.* Initially studied Home Economics, but soon entered the nurse's training program at Dixie Hospital. Became a nurse and worked at the Oakmont Sanitarium in Holcomb, NY.

Coleman, Nancy Mary Ellen *Name (Last, First)*	 *Tribal Name (English translation)*	Cherokee *Tribe*
	Ernest Sylvester Thornton (a Black alumnus of HI)]. *Spouse*	NC *Hometown, State*

Field Notes: September 1914 until graduating in 1917.* Nancy returned in 1918 for post-graduate work.* Assistant teacher of sewing and dressmaking. Nancy graduated from Dixie Hospital's nurse's training program in 1921. Housekeeper.

Conger, Alice Cora *Name (Last, First)*	Wacintankawin (Wants Much) *Tribal Name (English translation)*	Sioux *Tribe*
	John Kelear *Spouse*	Yankton, SD *Hometown, State*

Field Notes: October 1902-November 1903.* Left Hampton Institute due to poor health. Cook in various government schools and nurse.

Cordier, Angelique aka Angelique Miller *Name (Last, First)*	 *Tribal Name (English translation)*	Sioux *Tribe*
	W.H. Barten *Spouse*	Yankton, SD *Hometown, State*

Field Notes: November 1888-July 1891.* Dressmaker, nurse, and teacher in a Pine Ridge camp school.

Corn, Emma Gertrude *Name (Last, First)*	 *Tribal Name (English translation)*	Sioux & Negro *Tribe*
	Felipe Morejon *Spouse*	Pine Ridge, SD *Hometown, State*

Field Notes: October 1907 until graduating in 1912.* Emma remained at Hampton Institute to enter Dixie Hospital's nursing program. Emma pursued additional medical training after finishing her nursing studies at HI in 1915. In 1917, Emma graduated with honor from a special obstetrical course at Bellevue Allied Hospital, New York City. Social Worker.

Cornelius, Lavinia *Name (Last, First)*	Ojiji *Tribal Name (English translation)*	Oneida *Tribe*
	 Spouse	WI *Hometown, State*

Field Notes: November 1888-September 1893.* Graduated in 1896 from a nursing school in New Haven, CT. Nurse. In addition to private nursing, Lavinia was also a nurse in the government schools. She was Carlisle's nurse from 1915-1918.

Table 2 (cont.) American Indian Nurses who attended Hampton Normal and Agricultural Institute: 1879–1924

Charles, Ada Lily		Cayuga
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
		Tonawanda, NY
	Spouse	*Hometown, State*

Field Notes: October 1904-June 1906.* Returned to Hampton Institute in September 1920 and remained until May 1921.* Initially studied Home Economics, but soon entered the nurse's training program at Dixie Hospital. Became a nurse and worked at the Oakmont Sanitarium in Holcomb, NY.

Coleman, Nancy Mary Ellen		Cherokee
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
	Ernest Sylvester Thornton (a Black alumnus of HI)].	NC
	Spouse	*Hometown, State*

Field Notes: September 1914 until graduating in 1917.* Nancy returned in 1918 for post-graduate work.* Assistant teacher of sewing and dressmaking. Nancy graduated from Dixie Hospital's nurse's training program in 1921. Housekeeper.

Conger, Alice Cora	Wacintankawin (Wants Much)	Sioux
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
	John Kelear	Yankton, SD
	Spouse	*Hometown, State*

Field Notes: October 1902-November 1903.* Left Hampton Institute due to poor health. Cook in various government schools and nurse.

Cordier, Angelique aka Angelique Miller		Sioux
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
	W.H. Barten	Yankton, SD
	Spouse	*Hometown, State*

Field Notes: November 1888-July 1891.* Dressmaker, nurse, and teacher in a Pine Ridge camp school.

Corn, Emma Gertrude		Sioux & Negro
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
	Felipe Morejon	Pine Ridge, SD
	Spouse	*Hometown, State*

Field Notes: October 1907 until graduating in 1912.* Emma remained at Hampton Institute to enter Dixie Hospital's nursing program. Emma pursued additional medical training after finishing her nursing studies at HI in 1915. In 1917, Emma graduated with honor from a special obstetrical course at Bellevue Allied Hospital, New York City. Social Worker.

Cornelius, Lavinia	Ojiji	Oneida
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
		WI
	Spouse	*Hometown, State*

Field Notes: November 1888-September 1893.* Graduated in 1896 from a nursing school in New Haven, CT. Nurse. In addition to private nursing, Lavinia was also a nurse in the government schools. She was Carlisle's nurse from 1915-1918.

Table 2 (cont.) American Indian Nurses who attended Hampton Normal and Agricultural Institute: 1879–1924

Name (Last, First)	Tribal Name (English translation)	Tribe
Fremont, Henrietta	Heawe	Omaha
	Spouse	Hometown, State
		NB

Field Notes: August 1884-June 1887.* Nettie continued her education and graduated from Carlisle Indian School in 1894. Teacher, stenographer, and nurse. "Industrious."

Name (Last, First)	Tribal Name (English translation)	Tribe
Frenchman, Annie	Hojacinga	Winnebago
	Spouse	Hometown, State
	Levi St. Cyr	NB

Field Notes: September 1894-May 1897.* Housekeeper and nurse. "Not Levi's equal." "Gambled a lot."

Name (Last, First)	Tribal Name (English translation)	Tribe
Johnson, Eva Grace	Wehaneka (Second Girl)	Winnebago
	Spouse	Hometown, State
	Benjamin Gover; Thomas Mallory; Levi Dupuis	NB

Field Notes: October 1905-May 1909.* Eva entered the Battle Creek Training School for Nurses after Hampton Institute. Nurse and housekeeper. Eva also was actively involved in various religious and civic organizations, especially the Women's Christian Temperance Union.

Name (Last, First)	Tribal Name (English translation)	Tribe
Mitchell, Irene	Wayakapiwastewin (Good to Look at)	Sioux
	Spouse	Hometown, State
		Santee, NB

Field Notes: September 1916-May 1920.* Music teacher and nurse in the U.S. Indian Service.

Name (Last, First)	Tribal Name (English translation)	Tribe
Owl, Agnes		Cherokee
	Spouse	Hometown, State
	Daniel Madrano	NC

Field Notes: November 1910-May 1912.* Attended Carlisle and studied nursing at the Jefferson Hospital in Philadelphia, PA. Nurse.

Name (Last, First)	Tribal Name (English translation)	Tribe
Owl, Lula	Louisiana	Cherokee
	Spouse	Hometown, State
	J. F. Gloyne	NC

Field Notes: November 1907-February 1910; returned to HI in September 1910 and graduated in 1914.* In 1917 Lula completed her nursing studies at Chestnut Hill Hospital, Philadelphia, PA. She received an award for the most successful obstetrical work. Nurse. Lula served as a Red Cross nurse during World War I.

Table 2 (cont.) American Indian Nurses who attended Hampton Normal and Agricultural Institute: 1879–1924

Name (Last, First)	Tribal Name (English translation)	Tribe
Pierce, Elsa Bertha	(On the Other Side of a Rose)	Cayuga
	Herman Doctor (Spouse)	Cattaraugus, NY (Hometown, State)

Field Notes: September 1919-June 1922.* Elsa left HI in 1922 to continue her education in Watertown, MA. Nurse in Massachusetts.

Name (Last, First)	Tribal Name (English translation)	Tribe
Powdrill, Cynthia Ola		Pueblo & Negro
	Thomas Kiah (Spouse)	Ashton, KS (Hometown, State)

Field Notes: September 1910 until her graduation in 1915.* School Matron and domestic servant. Returned to HI in 1918 and entered Dixie Hospital's Training School for Nurses. Graduated in 1920. Homemaker.

Name (Last, First)	Tribal Name (English translation)	Tribe
Provo, Gertrude Barnes		Omaha
	(Spouse)	NB (Hometown, State)

Field Notes: October 7, 1908-November 30, 1908.* Gertrude left HI at her own request and expense because she objected to the school's racial composition. Later attended Carlisle and enrolled in a nurse's training program.

Name (Last, First)	Tribal Name (English translation)	Tribe
Simons, Eva Mae		Mashpee
	(Spouse)	Onset, MA (Hometown, State)

Field Notes: October 1906-June 1907.* Left HI early due to an illness. Eva later continued her education at Carlisle and completed a course in nurse's training in Philadelphia in 1916. Nurse in the United States Indian Service.

Name (Last, First)	Tribal Name (English translation)	Tribe
Smith, Florence Adelaide		Onedia
	? Jackson (Spouse)	WI (Hometown, State)

Field Notes: September 1910-October 1912.* Florence left HI's academic program to enter Dixie Hospital. Adelaide became a nurse in the United States Indian Service after completing Dixie's nursing program in 1915. She later moved to the Salvation Army House in Los Angeles, CA.

Name (Last, First)	Tribal Name (English translation)	Tribe
Smith, Susan Marie		Oneida
	Nio John Lauer (Spouse)	WI (Hometown, State)

Field Notes: October 1909-May 1912.* Susan was a 1915 graduate of the Wisconsin Training School for Nurses. Nurse and homemaker. Died on November 2, 1918.

Name (Last, First)	Tribal Name (English translation)	Tribe
Spider, Lizzie		Sioux
	Charles Ree (Spouse)	Crow Creek, SD (Hometown, State)

Field Notes: November 1879-September 1881.* Lizzie completed nurse's training at the University of Pennsylvania

Table 2 (cont.) American Indian Nurses who attended Hampton Normal and Agricultural Institute: 1879–1924

Hospital in 1888. Government school employee. Died in 1893.

St. Martin, Susie Thelma		Chippewa
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
		Chippewa County, WI
	Spouse	*Hometown, State*

Field Notes: October 1910 until graduating in 1914.* Susie studied nursing in St. Paul, MN, after leaving HI. Nurse in a government hospital. Susie also worked as a Red Cross nurse in France during World War I.

Stevens, Addie	(Green Feather)	Winnebago
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
	Thomas Boucher	NB
	Spouse	*Hometown, State*

Field Notes: October 1883-June 1887; November 1888-June 1892.* Addie continued her education at Westfield Normal School in Meriden, NH. She finished her nurse's training in 1917. Laborer and president of a garment workers' union in Lebanon, New Hampshire. Addie later returned to the Winnebago Agency and found employment as a nurse. In 1924 Governor Charles W. Bryan appointed Addie as the Maternal and Infant Welfare Nurse for Indian Reservations in the state of Nebraska.

Stiles, Lottie Rose	Yellow Wisa or Bear Woman	Arikara
Name (Last, First)	*Tribal Name (English translation)*	*Tribe*
	? Hosie	Fort Berthold, ND
	Spouse	*Hometown, State*

Field Notes: October 1897-October 1900; October 1901-June 1903.* Lottie later graduated from the Carlisle Indian School in 1908. After leaving Carlisle, Lottie studied nursing at the German Hospital in Brooklyn, New York for a short time. Domestic servant and homemaker.

Note: HI: Hampton Institute.
*These are the years of enrollment in an educational institution.
** Supporting documents were missing from this nurse's files, which serve as verification of participation in the nursing education program (i.e., evaluations, clinical rotations, tribal enrollment, immunizations, etc.).
Adapted from "Hampton Normal & Agricultural Institute: American Indian Students (1878–1923)," by J. L. Brudvig, 1996, available at http://www.twofrog.com/hampton.html.

From 1930 to 1960, Yellowtail traveled to many reservations documenting health care injustices and problems that American Indians faced. She witnessed the forced sterilization of Indian women without consent and Navajo mothers walking to the Indian Health Service hospital as far as 20 miles away–carrying their sick children the entire distance (American Nurses Association, 2002, Minority Nurse, 2013). These incidents were fought by joining and being appointed to health advisory boards which in 1962 resulted in her receiving the President's Outstanding Nursing Health Care Award. In the 1970s, she was appointed to President Nixon's Council on Indian Health, Education and Welfare and the Federal Indian Health Advisory Committee.

Even though there are more American Indian Nurses who served, the individuals identified below are representative of American Indian nurses who have willingly provided service for their country. The "military nursing late 1800's" internet search brought up a newspaper article that mentioned four Lakota nurses affiliated with the American Congregation of Sisters in Fort Pierre, South Dakota: Susan Bordeaux (Rev. Mother M. Anthony), Ella Clark (Rev. Sister M. Gertrude), Anna B. Pleets (Rev. Mother M. Bridget), and Josephine Two Bears (Rev. Sister M. Joseph). These women received their training in the Hospital of American Sisters under the guidance and training of Reverend Francis Craft. Upon completion of their training, they were sent to work on a reservation in Fort Berthold, North Dakota. When the Spanish American war broke out in 1898, Craft was instrumental in gaining permission from the War Department for them to provide nursing services to wounded and ill soldiers. Consequently, these four nurses travelled to Florida and Georgia and were later transferred to Havana, Cuba in order to serve as Army nurses, based on the assumption put forth by Craft that, as American Indians, they would be "more suited to endure the harsh conditions of war" (Ewens, 2006; Finnicum, 2001, Graf, 2002).

The first American Indian nurse to serve in the American Red Cross (n.d.) during World War I was Ruth Hills Wadsworth, a Mescalero Apache. In War II: Julia Helen Nashannay Reeves, a member of the Potawatomie Indian Tribe of Crandon, Wisconsin trained at the Pennsylvania Hospital in Philadelphia, Pennsylvania and upon graduation served in the Army Nurse Corps. As a 2nd Lieutenant, she was assigned to 52nd Evacuation Hospital, one of the first hospitals activated. Upon discharge, she used the GI bill to attend Simmons College in Boston, Massachusetts, graduating as a public health nurse. She returned to active duty with the Army Nurse Corps during the Korean War (U.S. Army Medical Department, 2013).

FIRST AMERICAN INDIAN SCHOOL OF NURSING

> *Native American women enrolling in the nursing program at Sage Hospital had to overcome intolerance from both Anglo and indigenous communities and face personal obstacles, such as their own suspicion of western medicine and fear of physical contact with death. The nursing students at Ganado were separated from the security of their families, plunged into an alien environment, and forced to compromise or even abandon their cultural traditions and beliefs (Burden, 2009, p. 22).*

In 1930, in response to epidemics of influenza, typhoid fever, and diphtheria, the first accredited three-year nursing program on an Indian reservation, Sage Memorial Hospital School of Nursing in Ganado, Arizona, opened its doors to enroll two Navajo women, Ruth Henderson and Charlotte Adele Slivers (Means, 1956; Trennert, 2003). Three years later, they became the first graduates of the fledgling program, which went on to graduate American Indian nurses from more than 50 tribes. The success of the program was attributed to a high school feeder program at the hospital which prepared students to enter the nursing school. A reputation for excellence enabled Sage Memorial to attract students from foreign countries, including Spain, Mexico, Cuba, China, and Japan. Due to lack of funding and an increased emphasis on university nursing education, after 21 years of operation, the last class graduated in 1951, (Trennert, 2003, Upvall, 1996). Then, in 1993, like a phoenix arising from the ashes, the first reservation-based baccalaureate nursing program was begun on the same site by Northern Arizona University.

Recruitment and Retention of American Indian Nurses

The Department of Health and Human Services (HHS), is responsible for providing Federal health services to American Indians and Alaska Natives (AI/AN). The mission of the Indian Health Service (HIS) is to raise the physical, mental, social, and spiritual health of AI/AN. The IHCIA authorizes the IHS to administer programs that are designed to attract and recruit qualified individuals into health professions needed at IHS facilities. The programs administered are designed to encourage AI/AN to enter health professions and to ensure the availability of health professionals to serve AI/AN populations (Roubideaux, 2013, para. 2).

Although there is recognition among nurse leaders in the US that a culturally diverse workforce would better serve the diverse population of individuals, there has been little progress in recruitment and retention of a diverse student nursing population in schools of nursing (American Association, 2015). American Indian nursing students continue to trickle into schools of nursing that are away from the reservations; others attend associate degree nursing programs developed within tribal community colleges such a Salish Kootenai College in Montana, Sisseton-Wapheton College and Oglala Lakota College in South Dakota, and the College of the Menominee Nation in Wisconsin.

More often than not, these schools, despite the best intentions, had difficulty blending Western healthcare with traditional healthcare beliefs and practices. Often nursing programs for American Indians were started prior to having developed support programs that would provide students with the educational skills necessary for success. Even with these programs, the demand for enough American Indian nurses to staff hospitals and clinics in Indian communities was not being met.

In response to these issues, the Health and Human Services Department developed programs such as the American Indians into Nursing programs to increase the number of American Indian nurses available to deliver healthcare services to American Indian and Alaska Native (AI/AN) communities. These grant-funded programs are designed to develop recruitment, educational support, and enhancement programs for American Indian students. Tribal colleges and universities that have nursing programs can apply. Schools that have benefitted from this endeavor by reaching out to American Indian students include the University of Oklahoma, Oglala Lakota College, South Dakota, Arizona State University, Montana State University, the University of Alaska, the University of South Dakota, and the University of North Dakota.

Recruitment and Retention of American Indians into Nursing (RAIN): 1990

> *Prior to RAIN (1990): 19 American Indian students graduated with a Bachelor's of Science in Nursing (BSN) from UND. Through Spring 2014: The RAIN Program has graduated.174 American Indian nurses with their BSN and 50 American Indian nurses with their MS (University of North Dakota, 2015, paras. 3–4).*

In 1990, due to the critical nursing shortage that existed in the Indian Health Service, four programs–Arizona State University (ASUN); Salish-Kootenai College Montana (PINE); and the State University of New York (SUNY); and the University of North Dakota (RAIN)–were funded to recruit and retain American Indians into nursing (Section 112). These programs were very successful. One in particular had phenomenal success and became a model for the nation: the Recruitment and Retention of American Indians into Nursing (RAIN) at the University of North Dakota in Grand Forks. The success of the program was elevated in 1992 to program status by passage of Senate Bill 2412 and the establishment of the Quentin N. Burdick Indian Health Programs at UND. This was largely accomplished due to the efforts of a coordinator and nurse mentor who was an American Indian herself, and who encouraged retaining cultural

identity, health beliefs and practices, and maintaining family and community relationships while developing the educational skills to provide appropriate cultural nursing care (Bosher & Pharris, 2009).

SUMMARY

It is apparent that the struggle to assimilate Western cultural healthcare values into American Indian culture has been an arduous undertaking that has been met with much resistance on both sides. Much of the resistance is lack of respect and acknowledgement that indigenous peoples had healthcare practices in place that had been implemented with remarkable success for centuries–even millennia–before the European conquest. Diseases that have been the scourge of American Indian people since the arrival of the White man include sexually transmitted diseases, measles, small pox, diphtheria, heart disease, cardiovascular disease, obesity, diabetes, and the list goes on and on. These were virtually unknown prior to first contact with Europeans (Zinn, 2003).

Since early attempts to teach American Indians proper health practices and treatments were ineffective when presented by men, it was hoped that women might have more success. When that did not prove successful, American Indian girls were educated and taught to assist in the assimilation process; however, it also met with limited acceptance (Schreiner, 2005). Upon the removal of American Indian children from their families by federal mandate to attend boarding school, they were denied their cultural roots and influence and only allowed to learn the alien culture's lifestyle, which assisted with the adoption of Western values and ways (Jacobs, 2005). As a result of a need to have trained women who would promote Western civilization within the American Indian nations, American Indian women were allowed to become nurses. These nurses became the "keystone of a bridge" connecting indigenous and Western culture; this expertise and authority with "modern medicine" provided an entrée, resulting in less distrust among the American Indian population than had been experienced with White healthcare envoys (Trennert, 2003).

The clash of cultural bias and values continues to impede the progress of American Indian individuals who aspire to enter into the nursing field. This is often evidenced through prejudice, false assumptions, and cultural traditional responsibilities. Prejudice maybe expressed in the assumption that Indians are lazy, irresponsible, immoral, and prone to alcoholism. Traditional cultural expectations that cause nursing students to struggle include the competing expectations of academic studies and work, juxtaposed with traditional cultural family and community obligations.

The RAIN program addresses the particular needs of American Indian students who strive to enter the field of nursing. It provides services that focus on the whole individual, attending to needs such as childcare, housing, hunger, transportation, illness, and homesickness, in addition to needs for academic tutoring and development of skills such as test-taking and academic writing (Charbonneau-Dahlen, 2015). Despite well-intentioned yet misguided attempts by some individuals, the government, and agencies, the long, tortuous journey toward culturally congruent healthcare for American Indian people has been guided by the efforts of strong, resilient, goal-oriented American Indian nurse warriors, whose legacy we honor as we go forward.

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