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HELPER WOMAN:
A BIOGRAPHY OF ELINOR DELIGHT GREGG

BY

JACQUELINE S. PFLAUM, MPH, MS

A DISSERTATION PRESENTED TO THE
FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING
UNIVERSITY OF SAN DIEGO

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
DOCTOR OF NURSING SCIENCE

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DISSERTATION COMMITTEE

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ABSTRACT

HELPER WOMAN: A BIOGRAPHY OF ELINOR DELIGHT GREGG

The intent of this investigation was to conduct an extensive study of the life and character of Elinor Gregg (1886-1970) in order to identify the contributions she made to professional nursing and to humanity. Nurse, educator, administrator, beloved relative, and friend, Elinor Gregg was an outstanding person whom nurses today might well emulate.

Historical method provided the context for the study. Data were collected from the National Archives; National Library of Medicine Historical Section; Nursing Archives at Mugar Library, Boston University; Nursing Archives at Simmons College; National Headquarters of the American Red Cross; Archives of Colorado College; and Archives of the University of New Mexico. Additional biographical information was collected through interviews with surviving relatives and friends who were closely associated with Elinor Gregg during her lifetime. Findings were presented in the form of biography.

The conceptual framework which guided this study was an integrative model of life span development by Baltes and colleagues. Throughout the investigation Elinor Gregg's opportunities, activities, and responsibilities were analyzed and integrated with the Baltes model to illustrate the lifelong nature of Elinor Gregg's development.

After graduating from the Waltham Training School for Nurses, Elinor Gregg worked in a variety of pioneering roles including industrial nurse, private duty nurse, and nurse superintendent before serving with the Red Cross in France during World War I. Following the war, she continued in the service of the Red Cross as the first Public Health nurse with the Bureau of Indian Affairs on the Rosebud and Pine Ridge Reservations in South Dakota. Based on her performance, she was promoted and relocated in Washington, D.C. where she reorganized the hospital nursing service and established the public health nursing division in the Bureau of Indian Affairs. She presented her vision and affected change in the Bureau without becoming discouraged.

Findings revealed that Elinor Gregg had a great sense for practical values, was scientifically progressive, demonstrated an inquisitive mind and a good sense of humor, and worked with untiring energy. The study of her life teaches us about nursing leadership and a lifetime of development.

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November 1996

University of San Diego

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I am indebted to many other people whose guidance, support, and encouragement made the completion of my dissertation possible. My thanks to colleagues who provided the professional incentive and support in my education and career in the pursuit of this degree. Thanks to Dr. Tina DeLapp, Interim Director of

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ABBREVIATIONS

AD	Autographed document
ALS	Autographed letter signed
ARC	American Red Cross
©	Copyright
ca.	<i>circa</i> , about, approximately
ed.	Editor(s), edition
et al.	<i>et alia</i> , and others
D	Document
ibid.	<i>ibidem</i> , in the same place
n.d.	No date
NLN	National League for Nursing
no.	Number
sic	Intentionally so written
s.v.	<i>sub verbo</i> , under the word
TD	Typewritten document
TDS	Typewritten document signed
TL	Typewritten letter
TLS	Typewritten letter signed
TMs	Typewritten manuscript

INTRODUCTION

The purpose of the study was to explore the life of Elinor Delight Gregg, a distinguished public health nurse, from her birth in 1886 to her death in 1970, with a major emphasis on the years 1907-1939. In the time frame of 1907-1939, Elinor attended nursing school, developed her career as a public health nurse, joined the American Red Cross, and served the Bureau of Indian Affairs as Supervisor of Nurses for 15 years. Elinor's professional life encompassed a time of unprecedented change and challenge in American life, which were reflected in American policies towards women, the nursing profession, and society as a whole. This study of her professional life is presented as a model of development.

Without a study of history and its illustrious figures, contemporary professionals risk a kind of rootlessness and parochial thinking.¹ Nursing history provides a worthwhile perspective to investigate current issues and problems which confront society and the profession. Nurse scholars have advanced the premise that greater use of historical inquiry will enhance the discipline's progress toward a more global perspective, will facilitate our understanding of the present, and will assist in problem solving for the future.² Indeed, a sense of history seems appropriate as a prerequisite to a professional mentality.³ A guide to the future may become clear as the lessons of the past are revealed.⁴

The person is presented and revealed in biography. Biography, as historical inquiry, helps to understand a person in the context of time. An individual's contributions and connectedness to colleagues may be illuminated in historical research. Palmer urged that interested nurses be encouraged to write vignettes about early nurse leaders whose stories have not been told.⁵ Noel advocated the writing of the biographies of nurses she considered "our nurse women worthies."⁶

In general, lacunae exist in our understanding of the lives, thoughts, achievements, and contributions of early nurse leaders. In particular, little is known or has been written about the life of the nurse leader, Elinor Delight Gregg. Nurse, educator, administrator, aunt, beloved relative, and friend, Elinor Gregg was an adventurer whom nurses today might well emulate. The unabridged history of this early twentieth-century nurse teaches us much about nursing leadership and the role of professional women within the family throughout a lifetime.

Conceptual Framework

The conceptual framework which guides this study is an integrative model of life span development by Baltes and his colleagues.⁷ The integrative model is not a specific theory, but an orientation to the study of behavioral development. The focus on comparative developmental psychology implies that multiple dynamics are involved in the production of ontogenetic and evolutionary change.⁸

There are four themes inherent in this model. First, developmental processes which may begin at any point in life differ in their duration, impact, and termination.

Developmental processes may begin at times other than at birth, during childhood, or early adulthood.⁹ Second, not all developmental processes follow a straight line, as has been implied by stage theorists such as Erickson and Piaget. Some developmental processes are curvilinear, i.e., they may be important both very early and late in life, but not in mid-life. For example, one generally has more potential leisure time without work and child-care responsibilities in childhood and elderhood than in middle adulthood.¹⁰ Third, developmental processes begin at various ages, increase to a maximum level and decline slowly, if at all, as long as the individual is healthy. Fourth, there is considerable variation between individuals in development. This variation increases with age, particularly in adulthood and elderhood.¹¹

Development is pluralistic in that it begins at different points and follows different courses, depending on the questioned aspect of development. According to the integrative model, three general influences are identified. These influences conjointly shape the pattern of change of individual lives. The general influences are listed below:

1. Normative age-graded. Biological and sociocultural influences that are clearly linked with age, such as physical maturation during childhood or typical events during adulthood involving the family, education, and occupation.
2. Normative history-graded. Environmental, cataclysmic, and social change influences that affect most members of a culture. Their effects may differ on persons who are younger or older at the time of the event;

examples include war, depression, major epidemics, discoveries, and societal experiences or experiments.

3. **Nonnormative.** Significant events that affect a particular individual, but not all people; examples might include accidents, winning a lottery, religious conversion, and divorce.

The impacts of these three general types of influences interact over time, differ among individuals, and vary for different behaviors.¹²

A key assumption of the life span orientation is that personal development is a lifelong process which varies within historical and cultural contexts. Substantial and consequential changes in behavior can occur at all points in the life span from birth to death. Life transitions are viewed as a major vehicle for development. No single period, whether infancy, adolescence, or elderhood is of primary importance for the study of development and no special state of absolute maturity is assumed. Instead, substantial and lasting age-related changes occurring at all points of the life span are considered to be developmental processes.¹³

The study of development from a life span perspective also involves deliberate consideration of the social context within which development occurs.¹⁴ To understand, explain, and optimize the changes that a woman such as Elinor Gregg might have experienced during adulthood, one must consider not only the events of her own life, but also the nature of the society within which those events occurred. Each society provides a unique setting for change in the physical environment, the economic climate, the political system, and the character of major social institutions. The

personal development of an individual inevitably reflects these features. Development may be understood from a life span orientation as a process of individual transformation occurring in a changing and varied world.

The framework was articulated by Baltes as an optimal choice to provide structure and organization to the study of Elinor Gregg's life. It is of significance that the Baltes model incorporates the contextual nature of development and, specifically, of a historical time line that intersects the lifeline. The motives articulated by Baltes are consistent with the aims of a biographical investigation of the life of Elinor Gregg.¹⁵ Throughout the investigation, the opportunities, activities, and responsibilities which were fulfilled by Elinor Gregg were analyzed and integrated with the Baltes model to illustrate the lifelong nature of her development.

Research Questions

Preliminary research questions were formulated to guide the inquiry into Elinor Gregg's life. These questions encompass Elinor Gregg as a person and as a nursing leader through her professional career. Further, the design of the questions incorporated two levels of historical explanation cited by Berkhofer: the descriptive level (who, what, when, where, and how) and the interpretive level (why).¹⁶ To pursue the greater biographical question of who was Elinor Gregg, the following questions were developed.

1. What were her familial and educational backgrounds? Why did all seven of the Gregg children make significant contributions to society?

2. How did her education and early experience contribute to her style and work?
3. Why did she choose the profession of nursing?
4. What influenced her successful relationships with American Indians and Alaskan Natives?
5. What enabled her to become a leader? Did she achieve her position as a result of political maneuvering, through the intervention of mentors, or because of her unusual talents and abilities?
6. How were her ideas influenced by the nursing profession's development?
7. How did major societal or universal events such as World War I, the Great Depression, the New Deal, World War II, the Cold War era, and the status of women impact her life?
8. Why is she recognized as a formative force in Indian Health?
9. What events, issues, and trends were successfully and/or unsuccessfully encountered by Elinor Gregg?

Data Collection

Resources for the collection of data relevant to this research were obtained from the National Archives, the National Library of Medicine Historical Section, the Nursing Archives of Mugar Library at the Nursing Archives at Boston College, the National Headquarters of the American Red Cross, the Nursing Archives at Simmons College, and the Archives at the University of New Mexico. A wealth of data was

provided by the professional and lay literature. Secondary sources provided data on related historical topics. Additional biographical information was collected through interviews with surviving relatives who were closely associated with Elinor Gregg. Data analysis involved organizing, integrating, and synthesizing the assembled material into a logical progression. Findings are presented as a biography, the study of the life of Elinor Delight Gregg.

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CHAPTER I
FAMILIAL ORIENTATION

The Gregg Family

Consideration of a life assumes the examination of ancestry. So it is with Elinor Gregg. "To forget one's ancestors is to be a brook without a source, a tree without a root."¹ With this Chinese proverb, James Bartlett Gregg II, the father of Elinor Gregg, began an unpublished autobiography, which he titled "A Happy Lifetime." He described that he was a Scotch-Irish New Englander, descended from Captain James Gregg, the founder of Londonderry, New Hampshire. The Captain's story began before 1700 in the town of Ayrshire, Scotland when he was a tailor with a shop. As a young man, the Captain fell in love with Janet Cargill, already betrothed to someone else. The day before her wedding, they eloped to Northern Ireland. In Ireland, the "tailor became a bleacher of linen, and in due time amassed a tidy little fortune."² (See Appendix I for *Ancestors of Elinor Gregg*.)

In the years 1718-1720, because of poor economic, political, and religious conditions in Ulster, Ireland, hundreds of men and women emigrated from the north of Ireland to Massachusetts.³ Perhaps as part of that emigration, James and Janet Gregg sailed to Boston and then settled in Nutfield, New Hampshire. Four years after they arrived, the name of the settlement was changed from Nutfield to Londonderry, after the Northern Ireland community. By that time, James Gregg was serving the

community as an elected member of the New Hampshire assembly. He received the title of Captain in recognition of the settlement's defense against Indian attacks. It was written that these Londonderry men "were leaders among men wherever they chanced to be."⁴ Captain James Gregg died on 10 March 1758.

Table 1. Gregg family chronology from James Gregg to Elinor Gregg

James Gregg	b.1673 Ayrshire, Scotland	d. 1758
m. Janet Cargill		
William Gregg	b.1700 Londonderry, Ireland	d. (?)
m. Janet Rankin		
Hugh Gregg	b.1720 Londonderry, New Hampshire	d. 1771
m. Sarah Lesley		
Samuel Gregg	b.1764 New Boston, New Hampshire	d. 1835
m. Lydia Bartlett		
James Bartlett Gregg I	b.1808 New Boston, New Hampshire	d. 1848
m. Mary Bartlett Bailey		
James Bartlett Gregg II	b.1846 Medford, Massachusetts	d. 1922
m. Mary Needham		
Elinor Delight Gregg	b.1886 Colorado Springs, Colorado	d.1970

In the line of paternal descent from Captain James Gregg, Elinor belongs to the seventh generation. Captain James Gregg had five children. His son, William, born about 1700, married Janet Rankin and had seven children.⁵ The second son of William Gregg, Hugh Gregg, was born between 1720 and 1725, married Sarah Lesley about 1746, and died in New Boston in 1771. He had four children.⁶

Hugh Gregg's son, Samuel Gregg, of the fourth generation, was born in New Boston, New Hampshire, in 1764 and died in 1835. He married twice and had six children by his first wife, Jane W. Wilson. After her death, he wed Lydia Bartlett and in 1804 they had one son, James Bartlett Gregg.⁷

James Bartlett Gregg, a fifth generation Gregg and Elinor's grandfather, was born in 1808 in New Boston, New Hampshire. In 1844 he married Mary Bartlett Bailey and in 1846 James Bartlett Gregg II, Elinor's father, was born in Medford, Massachusetts. James Gregg I was struck down and killed by a train when his son was only two years old, and Mary took over her husband's business, a 'West-India goods store,' as grocery stores were then called. The business prospered under her management, but tragedy struck again when the store burned to the ground two years later.⁸ Mary subsequently opened a boarding house with the assistance of her aunt. In spite of the loss of her husband and the grocery business, she was intent that her son would receive a fine education. As early as age five, he demonstrated an interest in reading and learning:

On the Christmas evening preceding my sixth birthday, I attended a Christmas tree celebration at the home of my uncle, Dr. Samuel Gregg. . . . After the distribution of the presents on the tree, one of my grown up cousins asked me, 'Well, Jimmie, did you get what you wanted?' With childlike frankness I answered 'No!' 'What did you want?' was inquired. I answered 'A dictionary.' The extraordinary longing of a five year old boy naturally occasioned much mirth and was told doubtless by my amused and proud mother to her friends. The mother of the little girl whom I had daily led to school, when she heard of it, said 'If that boy wants a dictionary, he shall have one.' So on my sixth

birthday I received from Mrs. Washburn the first birthday gift that I remember, a sheepskin bound copy of Webster's abridged dictionary which served me for many years. . .'⁹

Demonstrating his love for education, James Bartlett Gregg is quoted as saying:

One winter when I was perhaps twelve years old there was among our boarders, a man named Kame and his wife. He worked in the tin-shop. He had been for a time in the Methodist Academy at Wilbraham, Massachusetts. Prompted doubtless by his reminiscences of those years, he started in our boarding house a small literary society at whose meetings papers were read, debates held and declamations given. I was encouraged to write a composition for one of the meetings. I have it still. It was very brief. Its subject was 'Education.' I remember one sentence. 'Education is a good thing and I am bound to have one.'¹⁰

So interested in reading, James' "ambition was to go to college and some day in some way, earn my living and perhaps win fame by pen."¹¹ Elinor's grandmother, Mary, enrolled her son in Phillips Andover Academy in 1860. Later, they moved to Cambridge, Massachusetts, so that James could better prepare for the Harvard University entrance examinations. He passed the exams and went on to study at Harvard, graduating in the class of 1866.¹² For four years following his graduation from Harvard, James taught school and three years later entered Andover Theological Seminary and became a Congregational minister.

The roots of James' theological leanings were grounded in his childhood. The Massachusetts community of Medford in which he lived had only 3,749 inhabitants, yet it supported seven churches including two Congregational churches of which the Greggs belonged to the most established one. When a group from the church decided

to secede and form a new church over disagreements regarding anti-slavery sentiment, Mary Gregg chose to remain in the old church which was both theologically and politically conservative.¹³

In his unpublished autobiography, James Bartlett Gregg II, who had lost his own father when he was two, described happy memories of his paternal Uncle Alexander. Like his own father, Alexander had been a captain in the militia and was commonly known as Captain Gregg. He was prominent in local politics and, during the administrations of Presidents Pierce and Buchanan, held an undisclosed official position in the Custom House. He also served one term in the Massachusetts legislature in 1840 and two terms as Justice of the Peace. He was clearly a role model to his brother's fatherless child, spending time with him every week and serving as a father figure for him. James recalled:

I eagerly awaited his coming and never thought of leaving the parlour during his stay. Whenever I read or hear the injunction of the apostle James, 'pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their afflictions,' I always think of my Uncle Alexander and his unfailing visit on his brother's widow and me, her fatherless child.¹⁴

James Bartlett Gregg II also spoke fondly of another paternal uncle, Dr. Samuel Gregg. He was a homeopathic physician, the first in Massachusetts, and the first president of the Massachusetts Homeopathic Medical Society. James wrote, "In a Triennial catalogue of Dartmouth, I noticed not long since, that of ten Greggs whose names were contained therein, seven were physicians."¹⁵

The Needham Family

Needham is the family surname of Elinor's mother, Mary Needham Gregg.

While there is a wealth of information regarding Elinor's paternal lineage, material about Elinor's maternal heritage is less well developed. Elinor's niece, Nancy Sippell, supplied the following information about the Needham family history which was compiled by Elinor's maternal uncle, Charles Needham. Charles Needham sent this information to Elinor's mother, Mary Needham Gregg, in a letter dated 12 May 1919:

I send you herewith some notes relating to father's life and ancestry. They are an abridgment of the manuscript which I made soon after his death, and for which I had made memoranda prior to that event after conversation with him. Papers that he left and conversation with uncle James and aunts Mary Ann and Lizzie also helped me somewhat. Of course I made use of my mother's recollection of events subsequent to 1847. In so far as he rose above mediocrity in his mental qualities, he exemplified the force or forces which the philosophers have termed 'mutation.' In what is called decision of character he far excelled his father and all his brothers and sisters. John Ayres used to say that he was an extraordinary man because the blood which would have gone to his lost leg was diverted to his brain. If that were true we should find many superior men among cripples, and perhaps statistics show it. But a knowledge of Edgar Needham's early life shows that he was determined to rise in life no matter what the discouragement might be.¹⁶

Charles Needham told his sister, Mary Needham Gregg, that he had used the Dictionary of National (British) Biography to piece together his father's probable heritage. Based on what he learned from that book, Charles Needham made the following diagram of descendants from 1680-1780:

Samuel Needham; school teacher in Norfolk.

Peter Needham, b. 1680, d. 1731; rector of church at Stanwick.

Unknown generation with unknown given names.

John Needham and Mary Weston; residents of London.

Hugh John Needham, b. 1780, d. 1861.

Edgar Needham b. 19 March, 1813, Battle, England, d. 9 March, 1873.¹⁷

The only conclusive evidence about the family lineage begins with Elinor's great grandfather, Hugh John Needham, born on 9 May 1780 in London. Because his parents were very poor, he was sent at age ten to live with his paternal aunt and uncle, Mr. and Mrs. Cleves, on a farm near Battle in Sussex County. The Cleves, having no children of their own, adopted Hugh John Needham. When he reached adulthood he managed the farm, inheriting it after the death of his aunt and uncle.¹⁸

In 1812 Hugh John Needham married Mary Butler. Not long after his marriage Hugh John Needham was 'converted,' as he termed it, united with the Methodists, which was disapproved of by almost all his relatives. By a stroke of bad fortune, he became liable for the entire debt of a deceased Methodist minister because of his ties to the church. In an attempt to pay off that debt, he sold his farm and became a dependent farm steward. He also served several months in debtors' prison. Following his release from prison he found employment as a manager of farms.¹⁹

Mary Butler Needham died in 1818, leaving four children, including Edgar, the oldest born on 19 March 1813. After their mother's death, the children were separated; the boys were taken care of by a housekeeper and the girls were sent to live with other relatives. Despite the loss of his mother, Edgar Needham began school at an early age and was able to read by the age of five. Thanks to the assistance of his

paternal uncle, William Blackman, who lent Edgar books and paid his tuition, Edgar was able to go to a boarding school at the age of nine.²⁰

Edgar Needham continued his education until 1825, when Hugh John Needham suffered considerable farm losses in his livestock from foot-rot, a contagious disease prevalent among sheep. After repeated requests from his sons, they gathered their possessions together for a departure to America. They embarked from the port of Rye on the ship William Shaw on 7 March 1829, and arrived in New York on 15 June 1829. From there they went to Cincinnati where Hugh Needham Gregg operated a small dairy farm while his sons looked for work in town.²¹

Edgar, then 16, wanted to become a pharmacist, or, using the English phrase, to become 'a chemister.' However, he was unable to find any openings in that field. One day after he had been looking for employment of any kind, he sat down near a stoneyard to rest. The proprietor, Daniel Robinson, came out, and within a relatively short time invited him to learn the stone cutters' business. The next day, Edgar's father bound him as an apprentice for four years.²²

In 1833 Edgar remained in Cincinnati when his father purchased a farm 80 miles away. Although he worked long hours Edgar read, studied, attended lectures, and made every effort to improve and discipline his mind. When he became a journeyman he invested all his savings with some other persons in cut stone. They took the stone down to New Orleans where it was sold at a loss. He then worked as a stone cutter in New Orleans and traveled buying and selling marble. He spent much of his leisure time studying French, architecture, and other subjects.²³

In July 1835, Edgar went to Portsmouth, Ohio, to supervise the quarrying and sawing of stone to be sent to New Orleans. He became very interested in the new field of first aid, largely due to the great number of injuries sustained by cutters in the rock quarries. He even convinced his employer to offer a course on first aid for the employees. This proved to be lifesaving for Edgar Needham when he lost his left leg. At that time, in addition to the loss of his leg, his partner in New Orleans was murdered and the warehouse room clerk sold their marble and took the money to Florida. Also, his father sold the farm and his brothers were once again without steady employment. At the age of 23, he faced a gloomy future minus a leg. But Edgar Needham was not a person to lose faith.²⁴

In late 1835, he learned there was a marble business for sale in Louisville, Kentucky. With financial help from his father, he leased the stone yard. He then enlisted the entire family to assist him in building up a small but secure business. By the end of 1842, Edgar had paid his debts and entirely controlled his now profitable business. From 1842 to 1844, he had established himself enough to serve in the Common Council of the city, taking a leading part, and was recognized as a man of good judgment.²⁵

He married Mary Ann Greenaway on 17 July 1838. She gave birth to four children: William, Lucy, Hugh John, and Samuel. Mary Greenaway Needham died in 1845 immediately after the birth of her last child. The children were cared for by several relatives after her death. Edgar married Sarah Smith, his second wife, on 24 August 1847. Together they had seven children: Charles, Fanny, Mary, George,

Henry, Harriet, and Edward. Elinor's mother, Mary Needham, was born in Louisville in March, 1852.²⁶

In June, 1845 Edgar attended an antislavery convention in Cincinnati. Although not a formal delegate to the convention, he could speak intelligently about the subject. He made a speech that boldly declared his hatred of slavery. It was so violent in tone toward those who supported slavery, that by the time he reached Louisville a very excited crowd threatened to tar and feather him. He became very involved in the Republican party and later eschewed his views on slavery in an antislavery newspaper, the Examiner.²⁷

Over the years his stone business grew and prospered, even weathering the great financial panic of 1857. There is evidence that he attended the Republican convention in 1860 when Lincoln was nominated. The Civil War began the following spring in 1861. However, Louisville was a recruiting station for the southern army, and all men of northern sympathies were alarmed for the safety of their lives and property. Therefore, Edgar sent his wife and the younger children to Madison, Indiana while he remained at his business. Much of the money due him could not be collected and there was great concern that he would be financially ruined, but this did not happen. In the autumn of 1862, the Secretary of the Treasury, Salmon P. Chase, appointed Edgar Needham as Assessor of Internal Revenue, an office recently established by Congress. By 1863, Louisville was safe enough for his family to return. Over the next several years, his knowledge of revenue law increased markedly, and he was recognized as the ablest revenue lawyer in the country. He died on 9 March 1873.²⁸

In a 1970 biographical sketch of Mary Needham Gregg, her son, Richard Gregg, wrote:

She took quiet pride in the fact that her father was one of the only three people in Kentucky before the Civil War who voted the Free Soil (anti-slavery ticket) in elections. That made him so unpopular in Louisville that he had to move his family across the river into Ohio, and he could visit them only on weekends. Twice he was warned that a mob was waiting for him at the dock in Louisville on a Monday morning to tar and feather him when he disembarked, so he got off the steamer at the landing just before Louisville and came into the town by the back road. So mother knew something of what it is to live by principle, and she approved of that way of living.²⁹

The Needham family valued music. Mary inherited a good voice and the family's love of music. She attended high school in Ohio at the Oxford Seminary for Women. Edgar Needham then provided her an education at the New England Conservatory of Music in Boston where she was trained as a teacher.³⁰ It was there that Mary Needham met and later married James Gregg in 1874.

Elinor's brother, Richard, wrote the following about Mary Needham Gregg's interests and personality:

She loved art and beauty. She retained her love of music but was too busy with the household to sing by herself. In Colorado Springs outside the church, the only organization that she belonged to was a group of ladies who met once a month to look at reproductions of famous pictures and discuss them. She was fond of carefully examining embroidery and lace. She told me once that when she and Father began married life together they agreed that they would have on the walls of their house only reproductions of beautiful pictures by famous artists. The only exception to this rule that I can remember was a large wall map of the United States that hung in the bedroom where Don and I slept.³¹

The Needham/Gregg Family

As the 1880s began, reconstruction and recovery of the South from the effects of the Civil War were considered complete and the country prepared to move in new directions. It was a period of relative peace and prosperity. The nation's network of railroads mushroomed, facilitating the western movement of a growing population of European immigrants. The discoveries of gold and silver in California and Nevada, as well as additional discoveries in Colorado and Alaska, created a rush to the west.³²

During this time, James Gregg II was called from Hartford, Connecticut to the First Congregational Church of Colorado Springs, Colorado.³³ He recalled later that upon returning from a trip to Boston he found a telegram waiting that said "would you consider a call to Colorado Springs?" He admitted later that he did not know there was such a place as Colorado Springs, where or what it was. However, malaria was endemic in Hartford in the early 1880s and Elinor's father did not consider it a fit, healthy place to bring up a family. So he accepted the call in 1882.³⁴

When the Greggs left Connecticut they had three children: James, Jr., Faith, and Donald. In Colorado, Marjorie and Richard were born before Elinor, the sixth child, was born on May 31, 1886. Elinor's younger brother, Alan, was born in 1890.³⁵

All the Gregg children manifested outstanding intellectual abilities. All pursued education after graduation from high school. Elinor's oldest brother, James Edgar Gregg, followed in his father's footsteps, going to Harvard and Andover Theological Seminary. He devoted much of his life to the education of Blacks at Hampton Institute in Virginia.³⁶

Faith Mary Gregg, second among her siblings, taught kindergarten for a few years before she married Farwell Bemis, a wealthy Boston merchant. Faith was the only Gregg daughter who adhered to the Victorian ideal of womanhood, forgoing a career and devoting her entire life primarily to marriage and family. Like her mother, she had seven children. Elinor's sister, Marjorie True, graduated from Radcliffe and subsequently taught at Buckingham School in Cambridge, Massachusetts. Like Elinor, she never married. She was very involved with activities of the church and the extended Gregg family.³⁷

Elinor's other three brothers also graduated from Harvard. Donald became a psychiatrist, and later was the director of the Channing Sanatorium in Brookline, Massachusetts. Richard graduated from Harvard and Harvard Law School. After a few years in practice as a lawyer, he turned to social reform, spending some years in India as a disciple of Mahatma Ghandi. Alan, the youngest brother, became a physician and the most famous of the Gregg siblings. He served as a vice president of the Rockefeller Foundation, where he devoted much of his career to improving medical education.³⁸

Alan and Elinor frequently corresponded throughout their lives. Their mutual involvement in the health field undoubtedly contributed to common interests. Alan Gregg commented that he knew from a young age that he and his siblings would have to succeed intellectually, "I didn't have a free choice."³⁹ This lack of free choice prompted them to become involved in the professions, providing a lifetime of service in the fields of nursing, law, medicine, the ministry, and education.

Two of Elinor's nephews related what had been told to them as they were growing up:

All of them had an interesting trait or streak running through them except for Faith who contributed by raising a family of seven. All of the others have been actively involved in one way or another in social service - minister, couple of doctors, a philosopher . . . two sisters, one of whom was deeply religious . . . and she spent a large part of her later life in South Tamworth, which was a relatively poor section of New Hampshire . . . and she did a lot of good works in the local neighborhood. And then Aunt Elinor who elected to go into nursing.⁴⁰

Elinor's nephew reflected:

Another common streak was all of this social service, at one time or another, was directed to mostly dark skinned people. 'My mother called it the little brown brother complex.' What she meant by this was that at one time or another all of the Gregg brothers and Elinor related to mostly dark skinned people. Uncle Jim went down to be president of Hampton in Virginia, and Uncle Don took a tour in the Philippines at one point. Uncle Alan was involved not only just in social service as far as blacks were concerned. He spent some time in Brazil early on. . . . Aunt Elinor with the Indians, Uncle Richard in India.⁴¹

Colorado Springs

General William Jackson Palmer, who founded Colorado Springs in 1871, envisioned that this Colorado community would attract culture from the eastern states. He facilitated this dream by building a railroad from Denver and then building the city within full view of Pikes Peak. Palmer intended that the town should be the most attractive place for homes in the west; a place for schools, colleges, literature, science, and first-class newspapers.⁴²

The railroad and the land companies gave substance to the development of southern and western Colorado. The new community of Colorado Springs was advertised as an environment for the well-to-do. Membership was open to anyone of good moral character with teetotaling habits who could afford a hundred-dollar land certificate plus the additional purchase price for a lot and permanent buildings. Colorado Springs lived up to its mission as a utopia for the upper class and gained prominence as a resort center, becoming one of the West's most fashionable resorts in the 1880s and 1890s, where individuals could find a eastern culture and refinement in a western environment.⁴³

Colorado Springs was set on a lofty plain, broken here and there by flat-topped hills. Jack pines with their tawny trunks and stiffly tufted branches were scattered over the brown slopes. The air was exhilarating. The elevation above sea level rose in places as high as 8000 feet. The sun was hot and the shade was cool.⁴⁴

Although the Greggs had little money, they were accepted as one of the town's good families because of Elinor's father's education and standing in the church. Colorado Springs was a socially conscious community where a good name and family connections could almost compensate for a lack of wealth. For instance, the most important social event of the year in Colorado Springs for young people was the annual Christmas party given by General Palmer. Alan Gregg recalls "we were poor enough behind the scenes, but we were asked to the parties just the same. . ."⁴⁵

The church prospered under James Gregg II's leadership. He made himself a power for good in a large community and had considerable influence in the national

councils of his church. He was active in the maintenance of the local public library and the work of the Y.M.C.A. Pastor Gregg became a member of the board of trustees of the Chicago Theological Seminary, President of the Rocky Mountain Harvard Club, Chairman of the Colorado Springs School Committee, a 25 year member of the Colorado College Board of Trustees, and received an honorary doctorate of divinity there.⁴⁶

The parsonage at 9 East Dale, where Elinor Gregg lived her early years, was a rather imposing two-story gray wooden house. It was square and had a pillared front porch. Its large yard, surrounded by a low fence, was turned diagonally. The windows on two sides of the house, instead of only one, gave a view of the mountain range and Pikes Peak.⁴⁷

The house had four large rooms on the first floor and four on the second floor. The living room had no less than eight windows, making the front side of the room almost entirely glass. According to the nearly universal fashion of the town, there were no blinds on any of the windows within or without. "As there were very few cloudy days in the whole year we could have as a family what will be seen as an abundance of sunshine and fresh air."⁴⁸ According to James Bartlett Gregg II, Mary Gregg was wont to say:

That the indispensable necessities of childhood are the four elements, earth, air, water, and fire, and it will be seen that our children grew up amply supplied with these essentials of health and happiness. They have brought thus all of them to their later years the splendid physique which they possess and which has conduced so much to their buoyancy and success and usefulness. We saw through all the

years that followed abundant reason to be glad that we had removed from the malarial air of the Hartford of that day to the wholesome invigorating mountain air of Colorado Springs far inland and 8,000 feet above sea level.⁴⁹

The clean air of Colorado Springs was important to Elinor throughout her life as she chose to spend much of it in the West. She settled for her retirement in Santa Fe, New Mexico which is similar in altitude and climate to Colorado Springs.

The Gregg children defined their home life. Indeed, the Gregg yard became such a gathering place for neighborhood children that the parsonage was often referred to, in jest, as the "Gregg Orphanage."⁵⁰ The children played games such as steal sticks, pom-pom-pullaway, and run-my-good-sheep-run, while Mrs. Gregg sat by the window, busy with her sewing. If there was any need to restore order, she just tapped on the glass with her thimble.

The major concern of the Gregg family was education. The household was purported to have regularly recurring academic exercises. The atmosphere of the household was a scholarly one, yet warm with affection. Education was planned and modified to meet the distinct drives and aptitudes of the seven children. The theme of education continued to be a force throughout the lives of Elinor and her siblings.⁵¹

The Importance of Education

The first twenty years of Elinor's life were spent in Colorado Springs, where she attended grammar school (1895-1901), Cutler Academy (1901-1905), and Colorado

College (1905-1906).⁵² Elinor began her formal education in the Colorado Springs public school system. Elinor wrote in her vitae:

I may be wrong on these dates as I have no written record and was kept out of school one year during grammar school. . . . The courses of study were the usual ones prescribed by the institution at the time. . . . Certificates were not given at that time.⁵³

Elinor's absence from school was confirmed in a letter from James Bartlett Gregg II to a cousin of his:

The four younger children are at home. Marjorie is in the second year of her preparatory work for college. Richard in the 7th grade is in public schools. Elinor who is 13 & as tall as her mother we are keeping out of school this year. Alan who is 8 is also at home learning to read with his mother.⁵⁴

Later Elinor continued at the Cutler Academy, a preparatory school associated with Colorado College. An introduction to Cutler Academy demonstrated the high expectations for the students entering the academy:

Still we must concentrate our best effort toward raising a standard of excellence in classroom, athletics, literary societies, etc., as will attract to our Institution that class of young men and women who desires the best education to be had, and who aspires to be in and represent the best preparatory school in the West.⁵⁵

Elinor was a member and president of the Philo Society in her senior year. The society was organized as a means by which young women could improve themselves in literary and musical lines. They read works of Robert Louis Stevenson, Nathaniel Hawthorne, and William Shakespeare. Two or more of the girls led the meetings, reading aloud, while the other members of the Society occupied themselves

with sewing or embroidery. After a book or story had been completed, a short discussion often took place.

We have found our meetings very interesting and the reading has been very much enjoyed. We have parliamentary drill at our social meetings, when we all come just to have a good time. Informal teas and dances are frequently given which are thoroughly enjoyed. One of the most enjoyable features of Philo is the Philo Play. It is given twice a year by the members of the Society.⁵⁶

The four year curriculum of the Colorado Academy preparatory school included Latin, English, and math every year with Bible lessons in the first year, Greek in the second and third year, physiology in the second year, natural history in the third year, and elementary physics and chemistry added in the fourth year.⁵⁷ In a letter to her older bother, Elinor commented on her course of study:

Our exams come this week. . . . I am only taking Latin and English and Botany. I did take second year German for awhile but it was an extra and took so much time that I finally dropped it.⁵⁸

Elinor attended Colorado College for one year. Although there are no direct references to her specific curriculum, the curriculum identified for freshman students included the following:

Freshman year

Mathematics A (1) A (2) A (3), 4 hours.

English B, 3 hours and one of the following groups:

1. Greek, Latin, and German or French.
2. Greek, German or French, and Science.
3. Latin, German or French, and Science
4. German, French, and Science⁵⁹

Each subject in the above four groups was held three times a week. The course in science had to be chemistry, physics, or biology. Elinor wrote in her vitae, "The year of college was the usual first year excepting that I did not take the prescribed mathematics."⁶⁰

Physical training for the young women was also a requirement of the curriculum. Special exercises were planned for those whose health did not permit them to enter the general classes. Dark blue suits with short skirts and gymnasium slippers were required. Opportunities were given for out-of-doors work.⁶¹

Sending a family of seven children to college was a remarkable achievement, especially since the salary of a minister at that time was \$3,000 per year. In Alan Gregg's biography, *The Difficulty of Giving*, his mother's money management skills were credited for keeping the family solvent.⁶² Richard Gregg also wrote of his mother's management skills:

I don't know how or why, but Mother owned the house and lot just south of the big lot and house where we lived on Cascade Avenue. Mother rented the house to the south, called the 'The Kennebec,' so that brought in some income. Then after Don had gone East to college, Mother moved the big house to the east side of the big lot so that it faced on Dale St., and sold the remaining land at the corner of Cascade Ave. and Dale St. These two real estate operations together with the rent from the Kennebec and some mortgaging made possible the execution of their plan for college education for most children.⁶³

However, James Bartlett Gregg II could be a victim of his loyalties:

He was a man with one rather peculiar characteristic found frequently, I believe, in those who come of Scottish stock - what I could call corporate loyalty. It is relative to clan behavior, clan thinking and feeling. As far as

Father was concerned anybody who was Scotch-Irish, a graduate of Harvard, or a Congregationalist, had special access to his sympathy and was to be trusted. He would lend them money without hesitating. Father was an absolute victim of his loyalties, and they were very deep.⁶⁴

In his biography, Alan Gregg recalled that the only falling out he can ever remember his parents having related to money. His father bought a book that his mother did not consider completely necessary. She berated him for spending money on books, and when he responded in an annoyed state:

. . . she fell on him like a ton of bricks for she was a forceful person. I remember Father's argument quite clearly. How am I going to be the intellectual leader of my church if I can't buy books? Mother's answer was, It doesn't matter what you think about that. There are two libraries in this town and we must make the grade.⁶⁵

Money was a recurring issue for the family during their tenure in Colorado Springs. In a letter from Elinor to Donald, dated 1 May 1908, she wrote:

Father and Mother feel that they can't come away till they sell at least two of the three pieces of property they own out here thereby relieving themselves of several hundred dollars interest on mortgage. . . You don't realize how it is to sit down to the same table full of people seventy-five times a month. If there were any money to spend I could be quite happy. But as every penny counts, I can't feel at liberty to ask people to meals often.⁶⁶

Elinor's brother, Alan Gregg, recollected, "There was a great deal of worry about finances. Father wore his winter suit all one summer, because that would save thirty-five dollars."⁶⁷ Yet, life in the Gregg household was comfortable. In spite of the lack of affluence, the Greggs had domestic help in Colorado Springs. Elinor's brother, Richard, spoke of his mother's relationships with two individuals who worked

for the family for a number of years. "Mother inspired trust, liking, and devoted loyalty in Fanny Smith, the good old Irish maid, who stayed with us for many years, also in the cook, Lizzie Castle, and her successor."⁶⁸ Other pieces of family correspondence reveal that the Greggs had domestic help.

Our new Fanny seems quite a good helper. She is young and strong and fairly capable though quite countrified in her manners. She comes from Kansas. But we are fortunate to have her.⁶⁹

In a letter to Faith, Elinor's mother made the following comments about additional domestic help:

I have got in the kitchen an old colored woman who was slow but sure, for a few days and for the dinner I secured Carrie Johnson a very capable Swedish maid who makes a business of waiting-and she cooked the dinner and served it all right.⁷⁰

Other clues about the early years of the Gregg family can be gained through an examination of family correspondence. Elinor was born into a devoted and nurturing family. Demonstration of loving concern and close family ties were evidenced in a series of letters from the Alan Gregg collection, written by several of the children to one another as well as to their parents.

In letters written from Mary Gregg to her son, Alan Gregg, on 9 May 1909 and again on 12 June 1909, Mary refers to Alan as "our own dear youngster."⁷¹ Writing to Faith Gregg Bemis, her oldest daughter, Mary Gregg wrote, on 7 May 1909, "Mother and Father love you beyond any words can tell. . . ."⁷² There was much correspondence between the various children and their parents. Many of them were

signed, "Your loving son, Your loving daughter, Your loving sister, Your loving brother."

In an interview, Elinor's great-niece, Mary Misch, related the following anecdotes which are a clear indication that there were some family jokes. Elinor reminisced about a time that they had revarnished the toilet seat. Her father, who didn't know about it, sat down, was reading, and when he got up to leave he couldn't get up. She recalls that he was screaming and yelling because he had locked the door. So the rest of the family had to put a ladder outside, climb up, and go into the bathroom window. They actually had to remove the seat from the rest of the toilet and have him soak it off.⁷³ He always laughed about that.

The other incident involved a Sunday in church when one of the boys put some money in the collection plate and immediately took out some change. James Bartlett Gregg II, who watched his children vigilantly, immediately descended the pulpit and made the unnamed son return it. After the initial consternation of their father, the rest of the children had great fun telling this story for years to come.⁷⁴

Yet, in spite of the appearance of a very close-knit family, there may have been some parent-child conflicts, at least of Elinor and Alan with their mother. This was exhibited in some of the correspondence between Alan and his sister Marjorie, as well as in Elinor's correspondence. In an interview with Nancy Meem Wirth, Elinor's great-niece, she too suggested that the relationship of Elinor with her mother may have been one tinged with conflict.⁷⁵

In a letter written by Mary Gregg to Alan, dated 21 January 1908, there is some evidence of the expectation she held for her daughters, Elinor and Faith:

La Grippe has been very prevalent so we are just taking our turn with other people and must not complain. I have been very thankful that I had two tall, capable daughters to take care of me.⁷⁶

There was also some indication that Mary Gregg was not the only one in the family who believed the role of the youngest daughter was to take care of aging parents. In 1908, Alan Gregg, reflecting a male attitude toward women, wrote the following to his older sister, Faith, who was living in the Boston area:

Don't you think Elinor had better be at home next year? Mother isn't as active as she was. If she would lead a happier life here than at Waltham, I say Colorado Springs.⁷⁷

However, Elinor, like many women born in the 1880s and 1890s, was exhibiting initiative and increasing levels of independence. The same era witnessed the opening of new types of institutions for women, the women's colleges. New occupations opened up to women, especially in business, medicine, and education. When the nineteenth century came to a close, five million women were employed. Furthermore, these women had a wider array of occupations from which to choose.⁷⁸

Yet in each of these instances, liberation was only part of the story. The women of this time primarily focused their attentions on notions of purity and prudence. A very special ideology defined women's proper social roles in narrow and restricted ways. Ideas that may be labeled virtuous womanhood dominated their lives, closing off opportunities, fostering a sex-stereotyping of jobs, and ruling out options.⁷⁹

For several years Elinor lived with a dilemma. On the one hand, her parents strongly encouraged a lifestyle for Elinor very much like her mother's, focused around family, home, and church. On the other hand, Elinor preferred to live independently and pursue a career. In this era, marriage and career for women were mutually exclusive states, and Elinor ultimately opted for the latter.

There is no indication when Elinor first demonstrated an interest in nursing as a career choice; however, apart from teaching, nursing was one profession deemed acceptable for a young woman of Elinor's social standing. In an interview with Elinor's great-niece, Mary Misch, she related that she believed that nursing was actually chosen for Elinor by default.⁸⁰ Elinor had related a story to Mary Misch recollecting that she had overheard her parents talking about sending one of the girls away to college since they could afford to send only one daughter, after paying for their sons' educations. Elinor knew that it would not be her, that it would be Marjorie. She pursued nursing because she had two requirements; she had a good back and she was healthy. Years later in Stratford-on-Avon, when asked by a journalist what made her take up nursing as a career, Elinor smiled and said, "a weak mind and a strong back, my dear."⁸¹

It was well understood in the family that Marjorie was the 'smart one,' Faith was the 'beautiful one,' and Elinor was the 'plain one' or sometimes referred to as the 'one with a strong back.'⁸² As early as 1908, Elinor wrote the following to her brother Donald:

As Father has probably told you I am out at Austin Bluffs lending my strong right arm to keep in order Mrs. Anwry's three young boys.⁸³

The reference to Elinor's being the 'plain one' has been expressed by all family members interviewed. To further illustrate, Elinor's nephew, Richard Gregg, related the following story: When Elinor was visiting the Alan Gregg's home in Big Sur in the 1950s, their friend, Nicholas Roosevelt, was also visiting. They were all having cocktails and Elinor had occasion to pick up some heavy object.

Nicholas Roosevelt said, Elinor, don't pick that up. Allow me to help you out. Think of your back. And Aunt Elinor said, God gave my elder sister good looks, my second sister brains, and me a strong back.⁸⁴

Little insight can be gained from Elinor's early years as to her feelings for the opposite sex. On her seventeenth birthday she wrote to her brother, Donald, "It seems very queer to be seventeen because you know now I can go to dances and evening swarries if I want to."⁸⁵ Alan Gregg, who wrote sketches of all his siblings, wrote about Elinor, "victimized by crushes," although there is no explanation as to what he meant.⁸⁶ Mary Misch commented that Elinor told her that she had several crushes but did not elaborate.⁸⁷

Nurse's Training

Elinor first attended Waltham Training School in Waltham, Massachusetts during 1906.⁸⁸ However, for reasons that remain unclear, whether she became ill, homesick, or was summoned home, she returned to Colorado Springs at the end of the year.

Waltham had been founded because there was a great need for nursing service and a great lack of acceptable nurses. It offered a vision that the institution must provide opportunities "to aid the people of the community and at the same time broaden and enrich the training of the nurses."⁸⁹

It was this practical relation of the student nurse's work to the needs of the community, the effort to fill every community need of nursing with acceptable service, that was perhaps the most striking characteristic of the training.⁹⁰

By 1894, the course at Waltham had been extended from two years to two and a half. In 1895, the course was again extended by half of a year. In 1901, another half year was added, and finally in 1903, the course was lengthened to a full four years. Both juniors and seniors received theoretical instruction in medical, surgical, and obstetrical nursing from the doctors. For the juniors this work was preliminary, the underlying principles being taught in their courses. For the seniors the emphasis was on the practice of the art. Practical experience was obtained in the hospital wards, in districts, on obstetrical call work, and in private duty. For nurses who planned to work in the hospital after graduation, more hospital experience was provided, while for future private duty nurses, half of the time doing casework during the training was considered acceptable.⁹¹

Training included experience in the homes including obstetrical calls, assisting the doctor at births. Each student was expected to assist in at least ten or more first calls, at which the nurse stayed only until the baby arrived and the mother and baby were

made comfortable. In addition, the student was to have two or three additional obstetrical cases, where she stayed on as long as care was needed.⁹²

When Elinor entered Waltham in 1906, two full years of hospital experience were not available. Although the amount of hospital work in the Waltham program increased as time went on, the two years required by the state was not met by Waltham until 1914 and two consecutive years hospital service were not implemented until 1921. Only the pressure of state registration requirements for nurses finally forced the implementation of two years consecutive hospital work.⁹³

The conviction that it was better to break the hospital service with service in the home was never lost. Technical knowledge of disease and methods of cure can all be gained in a hospital, but it is in the home, surrounded by anxious members of the family, that the pupil learns to value life and to appreciate the curative power of love. These lessons are more easily learned before she has held her headnurseship and so are more valuable in an early stage of the training.⁹⁴

This controversy obviously affected Elinor, as is demonstrated by the fact that although she completed the program in 1911, she did not take her state boards until 8 April 1913.⁹⁵ She received her registration in Massachusetts on 16 May 1913.⁹⁶ This meant that Elinor had practiced nursing for two years before she was granted registration. During the intervening years, she held positions as a private duty nurse and industrial nurse in the Waltham area.

During World War I, her training at Waltham continued to present problems when she applied to work with the Red Cross, because the Red Cross sought to refuse membership to Waltham graduates, until Waltham changed its curriculum to be

consistent with other schools. In minutes from the regular meeting of the Trustees of the Waltham Training School held 13 June 1917:

Dr. Fuller gave an account of the controversy between the School and the Red Cross authorities in regard to the eligibility of our nurses for the Red Cross Nursing. . . It was reported that the School Faculty had unanimously voted to amend no change in the curriculum and to continue the course at present.⁹⁷

In the minutes of a follow-up meeting:

Dr. Fuller reported that the Red Cross controversy had been satisfactorily settled soon after the June meeting. Miss Parsons had said that her committee was ready to admit the Waltham graduates to membership in the nursing service of the Red Cross.⁹⁸

Years later, in a letter written to her brother, Alan, on 19 March 1927, Elinor reflected on the Waltham controversy in the larger context of whether or not advanced training for nurses was a good idea:

As to Waltham, that issue is solved now or else I couldn't hold my present position. Waltham reserved the right to send nurses into private family duty during the third year under supervision. The American Nurses Association were right in thinking that the practice as it prevailed in Waltham was wrong - I know one nurse who after 6 months of hospital experience did 28 months of private duty and finished with 3 months of senior hospital duty, 2 of which were in the operating room - she was a good housekeeper and lady's maid up in Weston and Lincoln for Dr. Worcester most of the 28 months or so, a rotten hospital ward nurse for 7 months. . .⁹⁹

In spite of these comments, her experiences in this nontraditional program certainly seemed to have influenced her later career path in public health. She had been prepared early to work in settings outside of the hospital, and, after practicing in a variety of settings, she eventually chose the public health arena.

NOTES - CHAPTER I

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CHAPTER II

CAREER TRAJECTORY

Early Career

Following graduation from Waltham Training School in 1911, Elinor went to work as an industrial nurse for the Boston Manufacturing Company in Waltham.¹ This type of employee health service was consistent with those being developed in mills and industries throughout New England. The first industrial nurse, Ada Steward, also a Waltham graduate, was hired by the Vermont Marble Company in 1895 to do home visiting for sick employees and their families. By 1910 there were 66 firms employing graduate nurses.²

The Boston Manufacturing Company, a spinning mill, was founded in 1813. It was America's first modern factory, not because it first put the processes of carding, spinning, and weaving under one roof as has often been stated, but because it first put all these processes to work by power.³ The Boston Manufacturing Company prospered and the influence on Waltham was tremendous. Its financial resources resulted in the creation of Waltham's first fire department, second church, schools, roads, and many other improvements. The company also sponsored several semi-public cultural organizations, such as the employee library and the Rumford Institute.⁴ The company changed the town from an agricultural to a manufacturing community.

The success of this factory ultimately led to its demise as other manufacturing companies imitated it and eventually Waltham became a backwater hard hit by competitive importation of cheap cloth from the South. By 1880 the firm was so shaky financially that the directors found it necessary to reorganize. A new corporation undertook the management of the mills, but retained the old company name. From this time on, the company struggled to survive even with the manufacture of new fabrics, such as rayon, which sold well. The firm's machinery was old and out of repair. New capital was needed as was modernization; production was continued until the spring of 1929, when the stockholders voted to discontinue business. The mills of the corporation were sold to several small companies. The Boston Manufacturing Company, which had done so much to create the textile industry of New England, ceased to exist.⁵

During her tenure at the company from 1911 to 1913, Elinor was responsible for developing a nursing service combined with social and recreational activities. While little additional information has been found regarding Elinor's specific duties, nurses were generally involved in visiting the sick, doing health teaching, staffing clinics, and working with the young women employees who were usually housed at the mills.⁶ Elinor spoke of her work at Waltham in a letter to her brother, Alan:

. . . I had planned a very pleasant vacation for myself but was obliged at the last to postpone it indefinitely because I have now the prospect of having a room in the mill and so I am going to stand by and watch the fun and take a hand in it too here and there. It is rather satisfactory in many ways just now and I am going to stay at this job if it proves itself worth while in the next few months. I

hope I can put it over Mr. R. T. Lyman and get what I want going here and if so I will stay a year or so and put the job on its feet and then tackle something different. I don't care at all about staying put if the job runs along in good shape and if I leave a few finger marks on it for the next fellow.⁷

Following her employment as an industrial nurse at Waltham, Elinor was employed for a period of six months as a private duty nurse during 1913-1914 somewhere in the Waltham or Boston area.⁸ In an interview with Mary Misch, Elinor's great-niece, Mary related that Elinor told her of experiences with at least one of her private duty patients:

She was a nurse to a woman who was a hypochondriac. One of her jobs was, when the woman traveled, to wash down the interior of the train compartment with undiluted alcohol. I remember that every time Aunt Elinor would tell me that story she would laugh and say, 'You know, really it [alcohol] doesn't kill germs.' She said she did all this for naught to satisfy her employer.⁹

Elinor experienced a period of unemployment sometime after leaving the Boston Manufacturing Company. She clearly revealed that it was not in her nature to be idle very long. Her comments related to seeking post-graduate work at Massachusetts General Hospital are the first evidence of Elinor's planning each move in her career. In an undated letter, possibly fall 1913, she wrote to her brother, Alan:

Just at the present moment Faith is strongly bent on California and she thinks of sending me and Gregg on ahead in October. . . . I plan to return to these parts in May and do heaven knows what. I feel like the rust on a steamboat of 1840 professionally but I am going to see what happens in the way of Post Grad work at the M.G.H. Be damned if I'll go into Social Service. I may have more brains for people than for anything else which isn't saying much but I'm eat [sic] if I'll go around with that little rosary around my neck . . . give me a job

that has a well tried educational or commerce value. Thank heaven I'm out of the clutch of Lymans!¹⁰

Later in the same letter she writes:

I weigh the enormous sum of 176 and miss a regular job like fury. It's frightfully hard to break in to a decent trot when there is nothing behind pushing you! I won't be able to stand more than six months of it. Thank heaven I don't have to be a Volunteer worker - I know of nothing so comfortable as a days pay and a good stout kick to it.¹¹

In 1914, from 1 May to 2 September, Elinor was enrolled in an institutional management course at Massachusetts General Hospital.¹² The hospital had instituted an administration course for graduate nurses in 1908 in response to the growing need for skills in this area. Up to this time nursing curricula did not prepare nurses to assume management positions. Superintendents of nurse training schools found it difficult to secure competent assistants and head nurses. This course proved to be a great service to nursing and the greater hospital world.¹³ As a result of obvious need, courses were developed for the purpose of preparing graduate nurses to become teachers in training schools and superintendents of nursing in hospitals. The aim was to attain uniformity in training school methods so that nurses graduating from a school connected with any general hospital would be similarly educated.¹⁴

After the management course, Elinor took a position in Cleveland, Ohio as Assistant Superintendent of Nurses at Cleveland City Hospital for one year (1914-1915).¹⁵ The Cleveland City Hospital functioned under the Division of Charities and Correction in the Department of Public Welfare for the City of Cleveland. It had the

main responsibility of providing care to Cleveland's sick and poor population. The hospital's primary sources of income were taxation and contract money from Cuyahoga County for the care of certain types of patients.¹⁶

During the year Elinor was employed by the hospital, a detailed study which analyzed the labor force was conducted by the Cleveland City Hospital School for Nurses. The study focused on organization, the duties and responsibilities of students and graduate nurses, and the method and plan of instruction and supervision. The report was forwarded to the city government with many recommendations which required a comparatively large increase in yearly expenditures for implementation. The city created the additional positions requested and appropriated the money necessary to fill them.¹⁷ This resulted in a new trend in hospitals: the employment of well-trained graduate head nurses in charge of each unit of the hospital.

The main Hospital has eight head Nurses in charge of 250 patients as compared with four under the old system. All of these are paid positions. It does not require a wizard to realize what all this means to the sick poor.¹⁸

The increase in the number of student nurses was anticipated which made possible two additional changes:

1st, the eight hour system (three shifts of nurses per day) which will result in greater happiness and health to the nurses and a correspondingly increased efficiency in nursing; 2nd, the number of paid female attendants in the observation department can be reduced gradually to a minimum, thus affording greater opportunity to pupil nurses to care for mental patients.¹⁹

Examination of hospital archival records revealed no specific references to Elinor's role in these changes. As Assistant Superintendent of Nurses, one would

expect that she was very involved in implementing these reforms. Further, there is no evidence that indicates why Elinor chose to stay in this position for such a brief time, except that she probably left to take a position considered to be a promotion.²⁰

Upon leaving Cleveland, Elinor accepted a position as Superintendent at Infant's Hospital in Boston in 1915.²¹ Infant's Hospital began in 1881 as the West End Nursery. It became closely linked and later merged with Children's Hospital. Its original purpose was described as ". . . the care of disease or alleviation of suffering in children under two years of age."²² By the time Elinor took up her work at Infant's Hospital, an entirely new hospital had been constructed on land between the Harvard Medical School and the Children's Hospital.²³ In archival material from Infant's Hospital, there are only brief references to the nursing staff.²⁴ In two annual reports, 1915 and 1916, Elinor is listed as the 'Hospital Superintendent.' At least four hundred sick babies were admitted during 1915 and almost eight hundred in 1916. Several of the infants were admitted for acute disease, but the majority had various chronic conditions.

An interesting program, directed by Infant's Hospital during Elinor's time, was the Wet Nurse Directory. A house was renovated for this program so that wet nurses could have a place to live while providing healthy milk to the ill babies. Opportunity was provided for the resident lactating women to learn personal hygiene, better care of their own babies, and light housework. Elinor likely oversaw this program which was cosponsored by the Ladies' Auxiliary Committee of Infant's Hospital.²⁵

Elinor was probably involved with the nurse training at Infant's Hospital. A post-graduate course of instruction for nurses was given by the hospital staff and a training school for 'nursing ward maids' was maintained by the hospital. The instruction for the nursing ward maids was primarily in the care and feeding of infants. In 1916, the hospital reported training 30 nurses and 28 ward maids.²⁶

According to the Infant's Hospital *Thirty-fourth Annual Report*, the medical staff was occupied with rigorous revisions in nursing methods employed in the hospital. The wards had been constructed after the larger open-ward model which was proving inadequate to isolate sick babies from one another. Many of the revisions implemented related to converting to a cubicle system where glass partitions between the beds cut down on the transmission of contagious diseases between babies. While no details were provided, the report suggested that a great deal of progress was made due to the cooperation of the nursing department with Elinor in charge.²⁷

From her work during the years 1915-1917, Elinor coined a phrase which stayed with her throughout her life. Whenever she completed a project, she would say, "Well, that baby's been washed," as reference to her experiences at Infant's Hospital.²⁸

World War I

During Elinor's time at Infant's Hospital, World War I began in Europe. President Woodrow Wilson struggled to maintain a policy of neutrality. However, with the advent of Germany's unrestricted warfare, the United States declared war on Germany on 6 April 1916.²⁹

During the period preceding World War I, the Red Cross Nursing Service had been made the reservoir of the Army and Navy Nurse Corps by a Congressional enactment and special regulations, adopted by the American Red Cross in 1905.³⁰ The official beginnings of the Army Nurse Corps itself occurred as a result of the Reorganization Act of 1901. This act authorized the formation of the Nurse Corps as well as making provision for the maintenance of a force of reserve nurses.

As Superintendent of the Army Nurse Corps from 1909-1912, Jane Delano facilitated enrollment of three thousand nurses into the Red Cross. Those nurses pledged their services in the event of war and became the first Army Nurse Corps reserve components. As early as 1914, Jane Delano, serving as director of Red Cross Nursing, actively, although silently, prepared for mobilization by organizing for a greater enrollment of nurses in the Red Cross.³¹

For several years prior to Congress' declaration of war, "fifty base hospitals linked to various medical schools in the United States were organized by the War Relief Board of the American Red Cross."³² A plan had been devised to have fully organized and equipped units of physicians and nurses ready for active service in time of need. Elinor Gregg became one of those Red Cross nurses in 1917 and served overseas in France until 1919.

Elinor was assigned to Base Hospital No. 5 in Boston, otherwise known as the Peter Bent Brigham Hospital Unit or the Second Harvard Unit.³³ A copy of her orders dated 6 May 1917 detail her assignment:

The following named Reserve Nurses, Army Nurse Corps, now at Boston, Massachusetts, after having taken the oath of office, will report to Major Robert U. Patterson, Medical Corps, U.S. Army, Commanding Officer, Base Hospital No. 5 (Peter Bent Brigham Hospital) Boston, Massachusetts, for assignment to duty: . . .

Carrie M. Hall, 6276

. . .

Elinor D. Gregg, 7558

. . .

By order of the Surgeon General:

Robt. E. Noble

Major, Medical Corps

Oath of office not to be executed before May 7, 1917.³⁴

Carrie M. Hall, who reported to duty on the same day as Elinor, served as Chief Nurse of Base Hospital No. 5. She received her nursing training at Massachusetts General Hospital and, following her graduation, became the superintendent of the Margaret Pillsbury General Hospital, Concord, New Hampshire. In 1912 she accepted the superintendency of the Training School of Peter Bent Brigham Hospital of Boston where she remained until she was ordered with the Peter Bent Brigham Unit into active service. In the war she served as Chief Nurse of the American Red Cross in Britain and in France.³⁵

As its director, Dr. Harvey Cushing organized the Peter Bent Brigham Unit. Colonel Robert Urie Patterson, formerly Chief of Quarters, was detailed by the Surgeon General as commanding officer of Base Hospital No. 5 after it was marshalled into the Medical Corps and foreign service. The personnel of Base Hospital No. 5 mobilized in Boston on 6 May 1917 and sailed from New York on the S.S. Saxonia

five days later on 11 May. Upon their arrival at Dannes Camiers, France on 31 May, they took over General Hospital No. 11, British Expeditionary forces, a well established British base of two thousand which was housed chiefly under canvas.³⁶

A base hospital included 265 personnel, with such subordinate administrative personnel as may be necessary and such Red Cross volunteers as may be authorized by the Director General of Military Relief, upon the approval of the Secretary of War. The personnel of a base hospital as originally authorized included twenty-three doctors (later raised to fifty), fifty nurses (later raised to one hundred), twenty-five nurses aides (never called), fifteen reserve nurses (later raised to twenty-five), and other personnel necessary to care for a five hundred-bed hospital (later raised to one thousand). The chief nurse of each base hospital, in consultation with its director, was delegated the selection of the nurses, the dietitian, and the nurses' aides. All members of the nursing staff thus selected were required to be enrolled in the Red Cross Nursing Services.³⁷

Harvey Cushing described the departure of the S.S. Saxonía from New York in his published journal:

Aboard S. S. Saxonía, waiting at anchor in the narrows while some new firemen are secured to take the places of six who vanished shortly before we left the dock - evidently preferring none to a salt-water job just now. It has been a hectic week. Word came from Washington Monday afternoon of a sudden shift in orders from Fort Hamilton to Fort Totten - some 30 miles apart - necessitating much telephoning and telegraphing to redirect our supplies already in route. Our rabble has been fully equipped and Lt. Villaret in five days of intensive drilling has transformed Fort Totten into a busy place with our Unit leaving this morning and the Columbia outfit under Brewer moving in.³⁸

There is no record of Elinor writing about the crossing. However, Cushing described the experience:

Saturday, May 12

We passed out of the narrows last evening with searchlights wigwagging and boring into the clouds. Patterson called a meeting in the saloon and introduced himself to officers and nurses and this morning we started on a purely military basis with 'Orders of the Day' posted - an office set up in the library - men on guard mount in the passageways, over the ammunition, etc. Calisthenics for the officers on the upper deck in the morning - the hour carefully arranged to coincide with that given over to the first-aid talks to the men, who, being indoors, are removed from the sight of our abominous and awkward selves as we are put through.

First boat drill this p.m. - rather a gruesome performance - all kinds of life preservers hanging on all kinds of people in all sorts of ways. The Captain, being the proud possessor of an inflatable waistcoat, finally appears and blows himself up for us. . . . An extraordinary monochrome evening, all bluish-gray - the ship, the sea, the clouds.³⁹

Sunday a.m. the 20th.

Wet, foggy, and blowing. One can somehow sleep fully dressed and wearing a cork life preserver, even with a snoring bunkie. Orders issued yesterday that life belts must be continuously worn. . . . Continuous wearing of life preservers is no joke and most of us have taken them off-but dragging them about is scarcely less irksome. The wireless today announces the arrival of the Orduna with Crile's outfit, and we are promised a convoy by tomorrow noon. It will be a welcome sight. Meeting with the inbound 'Frenchman' this afternoon makes it reasonably certain that we are in the Bay of Biscay. A shore bird - some kind of snipe - came aboard and made itself very much at home.⁴⁰

Thursday, May 31.

Camiers. Beginning to take over shockingly dirty, unkempt camp. Luckily about half of the patients have been evacuated before our arrival, leaving only

600 or so. Our first convoy of 200 wounded at 1 a.m., half of them 'sitters' and half 'stretchers' - systematically disposed of by members of the outgoing unit, with whom, naturally, we are not very popular. Each of our officers will be in charge of about 100 beds. What can they possibly do with daily notes of the cases?

Sunday, June 4th.

We are effectually wallowed up in the British Army Machine, and already Base Hospital No. 5 has completely lost its identity. Communication anywhere is nearly impossible; succeeded three days ago in sending home a cable requesting supplies and asking for an acknowledgment. None has come and there seem to be no way to get anything done - even to buy food for the mess - except through cumbersome channels. Little wonder people become inert and careless.⁴¹

With the British Red Cross' total strength of well over 40,000 trained and untrained women, the 600 American nurses who served in the British base hospitals at Rouen, Dannes Camiers, Etretat, and le Treport made almost no addition to the numerical strength of the British nursing forces. However, in the institutions they staffed, they occupied highly important positions along the southern line of British hospitals in France. Those 600 American nurses as well as surgeons cared for approximately 300,000 British and colonial soldiers. In addition, the arrival of these units in England and France during the early months of the United States' participation in the war contributed significantly to the morale of the British and French Armies.⁴²

As to the advantages of service in the British Expeditionary forces, nurses assigned to these units experienced none of the idleness and monotony which nurses of the American Expeditionary forces encountered during their first summer in the field. During 1917 and 1918, the British troops occupied important and almost constantly

active sectors of the western front. The American nurses assigned to the British bases shared many privileges accorded to the 'British Sister.' Julia Stimson, Chief Nurse of the American Red Cross in France, summarized them:

Advantages of leave: care during sickness at splendidly equipped Sick Sister's hospitals and convalescent treatment on the coast was given to the American nurse. Although the United States Army paid the nurses' salaries, the British put them on the same mess allowance as their own nurses and many were the hours during which chief nurses struggled with board at twenty-five shillings a month, laundry at six shilling a week, field allowance and other perplexing problems.⁴³

Of the ten thousand American nurses who served with the American and British Expeditionary forces in Europe during World War I, three were wounded in the line of duty. One of those was Eva Jean Parmalee, Elinor's colleague at Base Hospital No. 5. She described the air raid which brought the first mortalities to the Americans at Dannes Camiers:

On a bright moonlight night, September 4, came our initial experience with bombs. It was 10:30 P.M. and my two long tents were absolutely quiet. Our lights controlled by a central switch, had no sooner winked out than the siren of the cement factory blew its air raid warning. . . . Suddenly above us we heard the hum of the planes, saw a sputtering streak of sparks drop from the sky. . .

After a deafening report, I found myself in the ditch. The choking, sulphurous smell and the noise made me feel as if I were being stirred up in a great bowl of reeking gunpowder. Four more reports followed and I said to myself, 'we're done for - they're wiping us out!'

Then I heard the calls of the wounded, 'Sister - Sister!' I jumped up and flashlight in hand (for we clung to our lights) ran to the tent door. A glance

showed the nearest man to be bleeding badly. Doctors, nurses and men with stretchers were arriving . . . I crossed over to the other tent and found the whole front section had been blown up, beds, lockers, floor and all. Not a patient was in sight. Though wounded, however, they were all living and had been placed in other wards. . . . I escaped with two tiny face wounds and a black eye, though shrapnel had torn my skirt and apron and cut away my wrist watch so that only the strap remained.⁴⁴

From Dannes Camiers on 29 August 1917, Elinor wrote to her brother, Alan, in the United States:

As you know I have sent the money for a bicycle. It seems like an extravagance but really is not for one gets very stale with what goes on off duty and it would be great to have some means of locomotion. . . . I wonder if you will also get me a vest pocket Eastman Kodak film developing tank which does not need the absolute dark room.⁴⁵

A letter from Elinor to Wilder Penfield, the author of Alan Gregg's biography, reveals her recollections of the war written decades later:

I had gone across in May 1917. We had our first air-raid the 31st of May. It was for photographic purposes but our antiaircraft bullets came down with devastating connotations. We ran out of the tents to see the little silver fish sailing over. It looked about 2 inches long in the bright noonday sunshine. But when our antiaircraft bullets came raining down we beat it back into the tents only to find that bullets came through the canvas with considerable force. Nobody was hit but we plucked several shells out of mattresses. . . .

I was night supervisor all the month of November. I wore my rubber boots for 30 nights going from tent to tent. The brain cases, Dr. Cushing's main interest were in huts - The chest and other wounds were in tents. At first I had two 50 bed tents in the day time and in November 2000 beds as night supervisor.

In January, 1918 we moved out of the area up to Boulogne-sur-Mer into an old casino. This was comfortable but more dangerous because the casino was right across from the quay and that was an important target. I had two 50 bed huts on the beach filled with burned and gassed cases.⁴⁶

Elinor's brother, Alan, went to France as a physician with Base Hospital No. 1, the First Harvard Unit, and was located not far from her.⁴⁷ They were able to see each other a number of times while in France. Excerpts from some of the letters from both of them to family members follow.

Alan to his father dated Sunday, 4 November 1917, from Base Hospital 22 BEF (British Expedition Forces):

Elinor goes tomorrow. It's a great disappointment but of course I can get down to see her every week or so if work is . . . I am within easy distance of her if anything happens. I live in a Bell tent - much like Dr. Gardiners variety - out at the corner of the lot of officers' tents. It is conducive to brisk dressing and undressing and keeps me in at the mess.

During the evening, for squalls and winds come hurrying in from the Atlantic - at times we hear the rain on the beach - and it is cold practically. . . the result is cold hands and feet. I do not regret buying good clothes in England and plenty of warm clothes for the winter. Before the frigid weather starts I trust I shall be in a chicken house which is warm enough to live in during the worst of it. Beatrice is the name of the oil stove Elinor gave me and if it weren't for her I'd have been pretty cool already.⁴⁸

Again, compassionate Elinor looked out for others. The next week, Sunday, 10 November 1917, Alan wrote to his father:

Today I go in to see Elinor and I'll continue it when I've finished the trip tomorrow. . . . I've seen Elinor and she seems well suited in her new

surroundings. The town is far livelier and more unlovely place than when Carrol and I saw it in 1911. . . Then the fish market and the beach were the populous places - but now it is the officers club and the wharves, and the hospitals. I found E. at what was a decorous rather normal and severe hotel in times past, now Sister's quarters and we launched out on a shopping trip. I wanted some shoes - now 60 francs for low shoes made to order - and some light canvas to make a series of pockets in my tent wall to hide various belongings in handily. . . With much wandering about and 'French' help we found all this and in streets that were very dark and jostling with many troops and officers. We finally got to Cafe le Powste for supper. This took quite a while and we talked considerably till about 814. I left at about 9 - coaches filled with British officers, French officers, Sisters and a rare American and before very long hopped out and with my electric 'torch' found my way home in an extremely dark night. Everything in the way of traveling goes by written 'movement orders' so that its not like mere wandering around.⁴⁹

On 11 July 1918 Alan wrote to both his parents from an unknown location:

. . . I saw E.D.G. last week and she looked very well and was cheery and apparently contented, especially so after having had her leave.⁵⁰

Elinor's sister, Marjorie, was also in France during part of the war working as a volunteer in various canteens. She wrote to Alan on 3 February 1918:

Elinor is still at Boulogne I suppose. The last letter I had from her was an incoherent statement of uncertainty except where she waxed eloquent on the residue of War. I wish she'd come down here.⁵¹

Elinor was attached to a mobile hospital after her initial assignment, so she was moving from location to location during the war. There are various documents which reveal where she was at particular times in France. (See Table 2, page 61, and Appendix II, page 244.)

Table 2. Elinor Gregg’s locations in France during World War I

Dannes Camiers	31 May 1917	-	1 November 1917
Boulogne-sur-Mer	1 November 1917	-	8 March 1918
Vannes	10 March 1918	-	22 March 1918
Camp Pontanezen	23 March 1918	-	7 April 1919 ⁵²

Elinor wrote the following to her brother Donald’s wife, Barbara, about the leave she was able to take in the spring of 1918:

You see we have American leave in point of time but we travel on British movement orders and may go anywhere in France except the country where the American soldiers are on leave and into the War Zone. Now that Paris is in the War Zone we may be stopped on Paris leave. However, that does not prevent my having been there 48 hours already. You are always glad of any inch of joy that the government lets slip out inadvertently. . . .⁵³

The above letter gave a very newsy account of her travels to Paris, Evian, and Geneva. Elinor gave little insight as to her feelings about the war.

Years after the war, Elinor told her great-niece, Mary Misch, that she could not bear to eat sauerkraut after the war because once the front had advanced so rapidly that the medical station was placed in a town far from the supply depot. The supplies couldn’t catch up with them and the only thing in the town to eat was sauerkraut. They had only sauerkraut for ten straight days.⁵⁴

Throughout the war, Elinor continued to work in management, serving as both a head nurse and night supervisor in Base Hospital No. 5. Efficiency reports filed and signed by Chief Nurse Carrie Hall during the period June 1917 through 1918 revealed

that Elinor performed her duties, categorized by quality of work, general conduct, and general health, as good or exceptional.⁵⁵

One of the rare letters Elinor wrote to her niece, Alice Bemis, on 9 September 1918, described her experiences:

There has been so much to write about that I gave up in despair and didn't write to anyone in months. Also the fact that all our letters were censored in the command made me very uncomfortable. Now we can frank our own mail and though it makes us much more guarded it is much more comfortable knowing that only some permanent Base Officer will chance to see them.⁵⁶

Elinor went on in the letter to discuss in some detail the actual daily routine of the surgical ward:

. . . We have in the surgical ward rather the less severe type of case. Amputation now and then and compound fractures and through and through bullet wounds which are septic of course. Some more than others. There are 47 beds in the ward and we have two orderlies and 3 nurses counting the head nurse. You see that makes about 24 patients to each working nurse and orderly. I fill in all the holes that I can but there is considerable book keeping for H.N. the first thing in the a.m. which makes it difficult to manage. . . . There is certainly plenty that goes on here abouts - I love it every minute.

. . . The hours off are 2-5 and 5-8. It makes the working hours fairly short but of course we more or less lose them when the rush comes and in slack times there is not a great deal to do so that you don't enjoy your spare time as much here as you do at home.⁵⁷

Further, she commented on her relationships with the patients. It is evident that Elinor had much affection for the men for whom she cared:

There are a great many of the patients that I get very fond of and really miss a lot when we send them on to 'Blighty.' I have had lots of amusing letters and cards from them. I am keeping them to look at when I am eighty odd years. Just at present my pet is one Cook pvt. 17735 first Coldstream Guards. He is a dandy - a dental mechanic from Liverpool in private life - He has lovely blue eyes and a very cheery smile. He is fond of puzzles and books and I have had several spare minutes to play with him. He'll be coming back next spring I expect okay. How I hate to see them come back and yet I love to have them want to come back. I've a Scotch lad a barber. . .who is up the. . . I haven't heard from him for a long time. He is such a dear. I know he will be in a stiff time. He certainly is a live wire. He is a Lance Corporal which means acting corporal now but he was the company runner. . . . His first letter to me was as funny as anything I have ever read. I'll show it to you apres` la guerre.⁵⁸

Upon her return from France in 1919 and her subsequent discharge from the army, Elinor wrote:

After the First World War, I came home from Base Hospital 5 in France realizing that I must decide what kind of Nursing I wanted to spend the rest of my life doing. I had tried industrial nursing, training school supervising and hospital management and none of them really excited me.⁵⁹

Like the returning soldiers, Elinor identified that she had an "itching foot."⁶⁰

Chautauqua

Elinor remained with the Red Cross and served as a lecturer on the Chautauqua circuit, which gave her ample opportunity to travel.⁶¹ Immediately after the Armistice was signed, public interest in the United States regarding overseas service ran high. The Red Cross Nursing Service suggested to the Department of Publicity that Red Cross nurse speakers, nurses who had overseas experience, should be assigned to the

Chautauqua platforms to tell the war and peace story of the Nursing Service.

Chautauqua was a development of the University Extension idea. It was a community project by which American cities and especially towns and villages, too small or remote to attract lecturers and entertainers of national prominence, held a series of lectures and entertainments usually for a week's duration, which combined educational and entertainment features.⁶² Early in April 1917, the Radcliffe Chautauquas asked Jane Delano to assign a nurse to one of their circuits to speak on the general Red Cross military and health programs.⁶³

Elinor made inquiry into the Chautauqua circuit as early as 2 April 1919:

I am interested in the work as valuable to me in the practice of public speaking and as a good opportunity to bring important subjects before active minded people.⁶⁴

The reply she received indicated that most of the vacancies had been filled and she was encouraged to correspond with the Red Cross New England Division to pursue her interest in public health service.⁶⁵ The next correspondence is a letter dated 2 May 1919, revealing that she did get a job:

On your trip to Washington and return you should take advantage of War tax exemption as your expenses will be paid by the American Red Cross, a governmental agency of the United States. We are enclosing a few exemption certificates which you must fill in and present when you purchase your ticket.⁶⁶

The nurse speakers had little idea when they went to national headquarters in Washington, D.C. for the preliminary conference in May, 1919 of the nomadic summer which lay ahead of them, else the Red Cross troubadours of health might not

have taken the road with such fervor. The majority of the circuits took the nurses into isolated rural communities where barren soil yielded only a meager return for arduous labor. In these regions living conditions were primitive and the people of stoic and somber temperament. However, this kind of primitive living was something Elinor enjoyed. For three months, she traveled 'Circuit B' throughout the Midwest and Southwest, giving speeches on her war experiences and public health topics.⁶⁷

The itinerary for this adventure can only be called grueling with almost 100 stops in about three and one half months through the states of Nebraska, Colorado, Iowa, Wyoming, Kansas, New Mexico, and Missouri.⁶⁸ The Chautauqua group traveled by buses, cars, and occasionally by train. They stayed in small hotels and private homes. Elinor was paid \$75 per month for her services.⁶⁹

In her book, *The Indians and the Nurse* (1965), Elinor described some of the interesting incidents associated with Chatauqua. She indicated that previously she had no experience in public speaking but was to give the same speech ninety-two times in ninety-three days. She toured wearing the standard Red Cross uniform of white silk, a Red Cross nurse's cap, and the regulation white oxfords and white silk stockings.⁷⁰

In Genoa, Nebraska, when a bush pilot sold airplane rides for a dollar during her speech, the entire audience left the tent leaving Elinor alone on the platform. Then everyone returned and she resumed where she left off. In Durango, Colorado, where it was very hot, she made the mistake of interspersing too many references to blood, bombs, and mud and two women fainted. She had to go on with the speech while others cared for the fallen women. She commented that she didn't believe she sold

much public health nursing in these speeches except to herself. By the time she returned to her parents home in Brookline, Massachusetts, her appetite for travel was temporarily sated.⁷¹

Public Health Nursing

Preparing herself for the next challenge, Elinor made arrangements before she returned to New England from the Chautauqua circuit to take the course in Public Health Nursing at Simmons College in Boston, Massachusetts.⁷² The Simmons Program owed its inception to a four-month training course for visiting nurses developed in 1906 by the Boston Instructive District Nursing Association. By 1912 a course extending over one academic year was offered by the Instructive District Nursing Association in affiliation with Simmons College and the School for Social Workers. In 1916 Simmons opened the Department of Public Health Nursing and assumed the direction of the one-year program. Although not the first academic institution to create such a program, Simmons College was an early national and the first New England entrant into the field of training for nurses within an academic institution.⁷³

The course of study included principles of public health nursing, sanitary science, nutrition and household management, public health administration, social diagnosis and treatment, and hygiene. These courses were followed in the subsequent semester by field work as well as a second semester of didactic instruction which

included principles of public health nursing, sociology, rural sociology, community organization, psychology, principles of teaching, vital statistics, and public speaking.⁷⁴

Elinor applied for a Red Cross scholarship in the amount of \$600 for the entire academic year.⁷⁵ The scholarship was approved, obligating Elinor to work for the Red Cross after the completion of the Simmons College program.⁷⁶ Upon completion of the course, unsigned records sent to the Red Cross indicate the following about Elinor's performance:

Class work B+ A mature woman with great self assurance and executive ability . . .⁷⁷

Further the records list the quality of two months of general visiting nursing as:

fairly good . . . TB and contagious nursing 2nd in class. . . infant welfare work excellent . . .⁷⁸

Other comments indicate:

reliable, industrious, good judgment, plans and manages her work very well, good personality, well-educated, neat, refined.⁷⁹

Elinor finished the Simmons course in 1920. Because of the obligation to take a position with the Red Cross, Elinor went to work teaching home health nursing in rural New Hampshire. By this time she had acquired a Model T Ford runabout for \$500 so that she could provide services to families in five different villages. She visited her parents on weekends or her sister, Faith, in South Tamworth, New Hampshire.⁸⁰

As her mother wrote in a letter to her brother, Alan:

Elinor has accepted a position as a Red Cross public health nurse with her headquarters at the town of Rochester, New Hampshire, about ten miles away

from S. Tamworth. But with the use of a Ford 'tin Lizzie' so that she can spend each Sunday with us.⁸¹

This is the first reference found to Elinor's driving. She developed a lifelong love of driving, enjoying the autonomy and freedom of owning an automobile, often driving alone to the East coast from Santa Fe. Though there are no direct references to how early she learned to drive, given Elinor's predilection to be ahead of her time, it may have been while she was in Colorado Springs. It is of interest that, when she drove to South Dakota to begin her position on the Rosebud Reservation in 1922, she was accompanied by her brother, Richard, who did not drive. Her nephew, Michael Gregg, reminisces that his first memory of Elinor was in 1935 when Elinor came to visit the Alan Gregg family in Scarsdale, New York. Why he finds this so memorable is that Elinor was driving a very sporty coupe. Yet the Alan Gregg family had no car at the time.⁸² Since few women drove cars in the 1920s and there were few automobiles on the road, such an activity symbolizes Elinor's independence and pioneering spirit.

After several months in New Hampshire, Elinor considered the possibility of a more permanent position with the Red Cross. In a letter dated 10 September 1920, Anne Strong, Professor for Public Health Nursing at Simmons College, wrote to Elizabeth Fox, Director of Public Health Nursing for the Red Cross:

I have lately been talking to Miss Elinor Gregg in regard to her plan for work. Miss Gregg, you may remember, took our course in public health nursing last year on a Red Cross scholarship. She did very good work and is, I think, a woman of considerable ability. In disposition she is probably a little difficult to

work with. Her recent experiences have, however, modified this to a great extent, and in the right place I think she ought to do an excellent piece of work.

She thinks she might eventually like to teach a public health nursing course. With more experience and a little more preparation she might possibly do so with success. What she needs now, I think, is experience in general community work. I think she might be very well adapted to county work, and I feel strongly that she ought, after getting fundamental experience, to go on to greater executive responsibility. She will go to any part of the country, and her scholarship was granted by the National and not by any Division of the Red Cross she is under no obligation to any one section. I advised her to write to you also. I should be glad to do anything I can to fit her into the right place.⁸⁴

In reply Charlotte Van Duzer wrote on 20 September 1920:

In Miss Fox's absence I want to reply to your letter to her of September 10th concerning Miss Elinor Gregg. I have telegraphed her sister in Chestnut Hill for Miss Gregg's address we have an interesting position to offer in the Virgin Islands, about which Miss Butler, who is taking Miss Noyes' place temporarily and who is director of the department of nursing for the Foreign and insular division of the American Red Cross, would like to confer with her. Miss Butler and I were of the opinion that Miss Gregg's two year's experiences as an industrial nurse, together with her public health nursing course, good infant welfare record and foreign experience would perhaps compensate for her lack of actual experience in school nursing. She will at least have had the theoretical training in school nursing, and her native ability and force should enable her to apply it.⁸⁵

On 27 September, Catherine Holmes received a telegram from Elinor indicating that she was unable to accept a position with the Red Cross in the Virgin Islands. The telegram was followed by the following letter:

I have been hoping that I might not have to write this letter but as it is I'm afraid that I must explain my inability to fulfill my obligations of years work with the Red Cross. I am at home with my father who has had one or two slight shocks and is now breaking up mentally - I do not know just how things will turn and how soon I will be able to work again. As soon as that may be I shall go right into the public health work again. Certainly with the Red Cross - You see I do not want to break my contract permanently but I should be very glad if you could find it possible to release me for the time being - I may be able to do some part time work for the Boston Branch office or the new England Division during the winter. I shall keep in touch with the progress of work if possible and hope to be able to join you when I am again free from family duties. Hoping to hear that this postponement will not be considered a breach of contract. I hope that I will soon be able to rejoin the ranks - it is very difficult to settle down to private life constantly - a month or two is more than enough.⁸⁶

This letter reveals that Elinor was anxious to return to work and found it difficult to settle down after her experiences in Europe and on the Chatauqua circuit. However, she was obliged to remain at home that year to care for her father, who had become dependent due to progressive disease. As the youngest unmarried daughter, it was expected that she would be dutiful and remain home. No such expectations were placed on other members of the family nor were her brothers' careers interrupted by parental responsibilities.

In the early twentieth century, in choosing a life work of one's own, family obligations for young men were usually severed. In the choice of nursing for women, the severance from the family was rarely complete, for illness in a family member could always return daughters to the caretaker role, as it did for Elinor. The Red Cross continued to attempt to enlist Elinor to take positions. In September, 1920 they sought

her to work as supervising nurse for Vermont. However, Elinor was still unable to accept a position.⁸⁷ Family members' correspondence refers to James Bartlett Gregg II's health over the next several months. Elinor's mother wrote:

Poor dear Father, the ill turn which he had was much more than 'a nightmare'. I was wakened by a terrified loud groan from him and found him in a strongly rigid convulsion, very much like the one he had a year and a half ago . . . All the next day his speech was affected and he slept a lot. . . . I'm only grateful [sic] that Elinor and I can take care of him.⁸⁸

This was followed by a letter from James Bartlett Gregg II to Alan Gregg a few days later which revealed the nature of his illness:

The holidays are over. Our guests Faith Jr. Marjorie and Phyllis are gone and Mama, Elinor and I are settled down to our respective occupations and pleasures. . . . We, myself especially are leading very lazy and inactive lives. That does not apply to Elinor. . . . My general health is excellent-my appetite keen and hearty. An inability to walk seems to be all that is annoying. Elinor plans to meet Alan as he gets off ship from Brazil.⁸⁹

Elinor's father died in May, 1922. Elinor made arrangements for her mother to live with a nurse who took in several elderly women to room and board. A year later, from Rosebud, South Dakota, Elinor wrote of her mother visiting Alan in England:

Apparently mother is having the time of her old life in England. She really is having a very sporting time and it is extraordinary that she is so independent as to do it by herself - I think it is a perfect blessing that I picked up and left her to find out how much she could still manage herself if she wasn't thinking of her duty to be messing around the kitchen. All her economies were always theoretical. She never liked the messes and I knew it. I fancy that she always thought that she prided herself on being able to give up luxuries and yet could not quite make it at bottom and perhaps if she hadn't married would have had most of the comforts from her father. Well, let's give in to her now - She

really doesn't know how to get anything else out of us—curious fact but she never made a single child love her as she did father. Yet I fancy she thinks she loved her children more than father. I wonder.⁹⁰

This quote reveals resentment on Elinor's part toward her mother, whom she viewed here as ingenuine in her efforts to economize over the years. Elinor also indicates that her mother really was much more independent in the presence of others than she wanted her children to believe. However, Mary Bartlett Gregg probably would have been pleased if Elinor had continued to care for her after Elinor's father's death.

An ingrained attitude of perpetual daughterhood created conflict between a career and respect for parental authority. Elinor's first attempt to assert her independence from her parents began by entering nursing school and launching her career. However, with the exception of the year she lived in Cleveland, Elinor was never very far from her family in New England. A second effort toward independence involved serving two years during World War I in Europe and upon her return spending a summer on the Chatauqua circuit. She then enrolled in public health nursing school for a year, with an obligation to work for the Red Cross as part of a scholarship stipulation. The third break toward independence came after the death of her father when she settled her mother in a boarding house and moved to South Dakota. Elinor finally achieved the independence she had sought as she assumed a permanent position with the Red Cross.⁹¹

NOTES - CHAPTER II

1. *Dictionary of American Nursing Biography*, (1988), s.v. "Gregg, Elinor Delight."
2. Evelyn Smith Kersten, "Industrial Nursing from 1895 to 1942: Development of a Specialty" (Ph.D. diss., Columbia University, 1985), 14-21.
3. Kenneth Frank Maillous, "The Boston Manufacturing Company of Waltham, Massachusetts, 1813-1848: The First Modern Factory in America" (Ph.D. diss., Boston University, 1957), 2.
4. Kirsten A. Petersen, *Waltham Rediscovered: An Ethnic History of Waltham, Massachusetts* (Waltham: Peter E. Randell, 1988), 13-18. Rumford Institute was founded as a society for the purpose of mutual instruction in the arts and sciences. The society's name was attributed to Benjamin Thompson, Count Rumford of Woburn, England, who served as an officer of the British army during the American Revolution. Count Rumford, next to Benjamin Franklin, was the most remarkable American in scientific attainments of that time. The society met at the upper factory school house.
5. Maillous, "Boston Manufacturing," 154-164, 218.
6. Kersten, "Industrial Nursing," 14-21.
7. Elinor Gregg to Alan Gregg, ALS, 10 April 1912, Nancy Sippell Collection, Ann Arbor, Michigan. Mr. R. T. Lyman was one of the owners of the mill when Elinor was employed there and someone Elinor did not like.
8. Elinor Gregg, "Education and Training," TD, n.d., Elinor Gregg Collection, Box 5, Folder 19, Nursing Archives, Mugar Memorial Library, Boston University, Boston, Massachusetts.
9. Mary Misch of Arlington, Virginia, interview by author, tape recording, Washington, D.C., 1 November 1994.
10. Elinor Gregg to Alan Gregg, ALS, n.d., Nancy Sippell Collection, Ann Arbor, Michigan. M.G.H. referred to Massachusetts General Hospital in Boston.
11. Ibid.
12. *Dictionary of American Nursing Biography*, (1988), s.v. "Gregg, Elinor Delight."
13. Sara E. Parsons, *History of Massachusetts General Hospital Training School for Nurses* (Boston: Whitcom & Barrows, 1922), 151, 156.

14. Philip A. Kalisch and Beatrice J. Kalisch. *The Advance of American Nursing* (Philadelphia: J. B. Lippincott Company, 1995), 192-196.
15. *Dictionary of American Nursing Biography*, (1988), s.v. "Gregg, Elinor Delight."
16. Superintendent of Cleveland City Hospital, "Report to the Department of Public Welfare of the City of Cleveland," August 1914, MetroHealth Medical System Archives, Cleveland, Ohio, 1095-1215.
17. Ibid., 1193-1194.
18. Ibid.
19. Ibid., 1194.
20. Ibid.
21. *Dictionary of American Nursing Biography*, (1988), s.v. "Gregg, Elinor Delight."
22. Clement A. Smith, *The Children's Hospital of Boston: Built Better than They Knew* (Boston: Little, Brown, & Company, 1983), 113.
23. Ibid.
24. Infant's Hospital, *Thirty-third Annual Report, January 1, 1915 to January 1, 1916*, 4-31; Infant's Hospital, *Thirty-fourth Annual Report, January 1, 1916 to January 1, 1917*, 2-31. Both reports in Infants' Hospital Archives, Children's Hospital, Boston, Massachusetts.
25. Ibid.
26. Infant's Hospital, *Thirty-fourth Annual Report*, 8.
27. Ibid., 2-31.
28. Mary Misch interview.
29. Barbara Tuchman, *The Guns of August* (New York: Macmillan, 1962), 962.
30. Foster Rhea Dulles, *The American Red Cross: A History* (New York: Harper & Brothers, 1950).

31. Lavinia L. Dock, Sarah Elizabeth Pickett, Clara D. Noyes, Fannie F. Clement, Elizabeth G. Fox, and Anna R. Van Meter, *Official History of American Red Cross Nursing* (New York: Macmillan, 1922), 230.

32. Ibid.

33. Ibid., 453.

34. Surgeon General Major Robert E. Noble, Army Medical Corps, War Department, Boston, Massachusetts, TD, 6 May 1917, Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.

35. Dock et al., *Red Cross*, 452, 434.

36. Harvey Cushing, *From A Surgeon's Journal: 1915-1918* (Boston: Little, Brown, & Company, 1936), 102-112.

37. Dock et al., *Red Cross*, 334.

38. Cushing, *Journal*, 102.

39. Ibid., 103-104.

40. Ibid., 104-105. Dr. George W. Crile was the director of U.S. Army Base Hospital No. 4.

41. Ibid., 111-112.

42. Dock et al., *Red Cross*, 481.

43. Ibid., 483.

44. Ibid., 453, 697. U.S. nurses' salaries were \$60.00 per month for overseas service. Allowances for the British Sisters were considerably less.

45. Elinor Gregg to Alan Gregg, ALS, 29 August 1918, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

46. Elinor Gregg to Wilder Penfield, ALS, n.d., Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.

47. Wilder Penfield, *The Difficult Art of Giving: The Epic of Alan Gregg* (Boston: Little, Brown, & Company, 1967), 87.

48. Alan Gregg to James Bartlett Gregg II, ALS, 4 November 1917, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

49. Alan Gregg to James Bartlett Gregg II, ALS, 10 November 1917, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland. Alan Gregg's 1911 trip to Paris is confirmed, in a letter dated 20 July 1911, from Faith Bemis to Alan (ALS, Nancy Sippell Collection, Ann Arbor, Michigan). However, there is no mention made of anyone named Carroll.

50. Alan Gregg to James Bartlett Gregg II and Mary Gregg, ALS, 11 July 1918, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

51. Marjorie Gregg to Alan Gregg, ALS, 3 February 1918, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

52. Medical Department, Base Hospital No. 5, "Station List of Unit since Arrival in the American E.F.," TD, n.d., WWI RG120, Box 210, World War I Organization Records, National Archives, Washington, D.C.

53. Elinor Gregg to Barbara Gregg, ALS, 1918, Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.

54. Mary Misch interview.

55. American Red Cross, "Efficiency Reports," RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

56. Elinor Gregg to Alice Bemis, ALS, 9 September 1918, Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.

57. Ibid. H.N. refers to head nurse.

58. Ibid. 'Blighty' was the soldiers' term for returning to England. Cushing wrote about "five dozen Blighty" in his *Journal*, 292-299. Blighty also referred to in William Darvon Coningsby, *The Glory of the Trenches: An Interpretation* (New York: John Lyon Company, 1918).

59. Elinor D. Gregg, *The Indians and the Nurse* (Norman: University of Oklahoma Press, 1965), 3.

60. Ibid.

61. Ibid., 4.
62. Harry P. Harrison, *Culture under Canvas: The Story of Tent Chautauqua* (New York: Hastings House Publishers, 1958). 1-49.
63. Dock et al., *Red Cross*, 1053-1054.
64. Elinor Gregg to Clara Noyes, ALS, 2 April 1919, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.
65. Acting Director, Department of Nursing, American Red Cross, to Elinor Gregg, TL, 11 April 1919, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.
66. Acting Director, Department of Nursing, American Red Cross, to Elinor Gregg, TL, 2 May 1919, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.
67. Dock et al., *Red Cross*, 1054.
68. American Red Cross, "Standard Chautauqua Circuit B," TD, n.d., RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.
69. American National Red Cross, Accounting Voucher # 1560 to Elinor D. Gregg, salary and traveling expenses for summer 1919, D, n.d., RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.
70. Gregg, *Indians and Nurse*, 4.
71. Ibid., 3-4.
72. Elinor Gregg to Anne Strong, TLS, 1919, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.
73. Anne Strong, "Recommendations on Preparation for Public Health Nurses," TD, 10 December 1921, School of Nursing Records, 1902-1970 (1911-1958), RG 22.1, Box 2, School of Public Health Nursing, Simmons College, Boston, Massachusetts.
74. Ibid.
75. Elinor Gregg to Charlotte Van Duzer, ALS, 17 August 1919, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

76. Charlotte Van Duzer to Elinor Gregg, TL, 21 August 1919, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

77. American Red Cross, Bureau of Public Health Nursing, "Record of Student's Work: Elinor Gregg at Simmons College," TD, 31 July 1920, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

78. Ibid.

79. Ibid.

80. James Bartlett Gregg II to Alan Gregg, ALS, 15 June 1921, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

81. Mary Gregg to Alan Gregg, ALS, 15 June 1921, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

82. Michael Gregg, interview by the author, tape recording, Brattleboro, Vermont, 5 June 1994.

84. Anne Strong to Elizabeth Fox, TLS, 10 September 1920, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

85. Charlotte Van Duzer to Anne Strong, TLS, 20 September 1920, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

86. Elinor Gregg to Charlotte Van Duzer, ALS, 8 October 1920, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

87. Elinor Gregg to Catherine Holmes, TD, 27 September 1920, RG200, ARC Box 37, File 7558, National Archives, Washington, D.C.

88. Mary Gregg to Alan Gregg, ALS, 13 January 1922, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

89. James Bartlett Gregg II to Alan Gregg, ALS, 16 January 1922, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

90. Elinor Gregg to Faith Gregg Bemis, ALS, 1922, Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.

91. Gregg, *Indians and Nurse*, 5.

CHAPTER III

WORK WITH NATIVE AMERICANS

Nurse Cross Red

In her new life of independence, Elinor attained several names of endearment. She was known as 'Nurse Cross Red,' by the Sioux living on the Pine Ridge and Rosebud Reservations; 'Runs-Reckless,' by a friend in attribution to her driving skills; and finally 'Helper Woman,' again by the Sioux after she had spent time among them. Elinor finally met her obligation to the Red Cross by serving in the Bureau of Indian Affairs.

In 1922 the Bureau of Indian Affairs was under the direction of Charles Burke, who was interested in improving the health service among the Indians. Historically, the Bureau of Indian Affairs provided few services of any type to Indian people. Each commissioner had his own plan about how to address the indigenous Indian population. After the Indian wars and the removal of the Indians to reservations, the objective of integrating the Indian into American social structure was predominant. It was determined that exposing the Indians to missionaries would be positive. When it became evident that religion would not solve the problem of assimilating the Indians, education became the solution.¹

The Sioux nation was the focus of assimilationist policy. From 1890 to 1930, the Sioux nation was divided into six small noncontiguous reservations.² Cato Sells,

Commissioner of Indian Affairs, accepted without question the conventional wisdom which called for the allotment of Indian land and the destruction of tribal government. He took great pride in the program he launched in 1913 that emphasized Indian self-support by stock-raising and agricultural development.³

In 1890 the Bureau of Indian Affairs initiated a unique program that focused on Native American women. Through instruction in domestic skills and white cultural values, the Bureau of Indian Affairs hoped to transform Indian women into assimilation forces within their communities. The philosophy was that any good woman could teach all good women what every good woman should know.⁴

To implement this program, the Bureau of Indian Affairs employed a special group of female employees, the field matrons. As field matrons tailored their duties to meet Native American needs, they became involved in Indian health care as well as domestic work. Field matrons learned quickly that to assimilate Indians, they first had to save them from extinction. As a result, the domestic program became a health program as the field matrons tried to make their efforts relevant to the plight of the Native American women.⁵

The field matrons' effectiveness in handling routine reservation health needs and in their crusades against recurring epidemic diseases and against traditional medical care had as great an impact on their own program as on Indian health. Their work highlighted those areas that the Bureau of Indian Affairs failed to touch: the high incidence of trachoma, tuberculosis, and infant mortality in the Indian communities. Their efforts in these areas identified the field matrons as the most logical and likely

candidates to tackle those problems. Consequently, after the 1909 reorganization of the Bureau of Indian Affairs, the field matrons moved to the vanguard of new health initiatives for reservations, shifting their role from domesticity to health.

Changes in the scope and direction of the program reflected the political and social ideology of progressivism that dominated American life during the early twentieth century. Evaluation of Native American needs through the filter of the progressive ideology resulted in the restructuring of some programs and new interests in programs previously ignored, such as health. Trachoma, tuberculosis, and infant mortality initiatives illuminated many of the strengths and weaknesses of the field matron program. The matrons were effective advocates of better health care for Indians.⁶

With the involvement of the United States in the World War I, governmental expenditures for military preparedness drew funds away from domestic programs. The use of money and personnel for the war greatly impacted the ability of the Bureau of Indian Affairs to provide basic medical care to Native Americans. The corps of regular field physicians and nurses shrank by almost half, leaving a greatly reduced medical staff to provide care to the Indian population.⁷

When activists and policy makers worked to modernize the Bureau of Indian Affairs after the war, close attention was given to those programs that appeared to be antiquated and financially unsound. Scrutiny was focused on the field matrons. Evaluation of the program and its field record convinced many of the new administrators that it had outlived its usefulness. The Native American women needed

trained specialists in home economics and health care, not amateurs with good intentions.⁸

When Charles Burke became Commissioner of Indian Affairs, he made improvements in the medical programs a top priority.⁹ From his initial examination of existing programs, Commissioner Burke concluded that the time for programs like the field matron program had passed. By the 1920s the Bureau of Indian Affairs had incorporated some of the field matrons' health changes into its job descriptions. Commissioner Burke issued a document in 1922 entitled, "Qualification, Responsibilities and Duties of Field Matrons" which acknowledged the expansion of field matron medical work while also affirming the origins of the program.¹⁰

Commissioner Burke looked outside the federal government for help in upgrading the health program. Prior to his selection as Commissioner of Indian Affairs, Burke had chaired a South Dakota chapter of the American Red Cross and had been greatly impressed by public health workers from that organization. In March 1922, he turned to the American Red Cross for assistance and was frank in his discussions about Congress supplying expert health workers for the Indian Service. Burke seemed to be looking for replacements for the field matrons.¹¹

Charles Burke, who hired Elinor for her new position, had been prepared to accept assimilation unquestioningly. He served as a member of the House of Representatives from South Dakota and also as a member of the House Committee on Indian Affairs. Yet, his personal interests inclined him toward efforts to improve Indian education and health, areas that desperately needed improvement.¹²

Despite the war and postwar inflation, Indian Service appropriations had not been appreciably increased for a decade. In his annual report for fiscal year 1922, Burke wrote of the difficulties of attempting to administer the existing health programs without sufficient resources. Many things that should have been done had been deferred because of the lack of resources.¹³

Elizabeth Fox, Director of Public Health Nursing for the Red Cross, wrote a letter to Mary Cole, Director of Public Health Nursing, Pacific Division, 19 July 1922:

Commissioner Burke is anxious to have a study made and a picture drawn of a dozen or more Indian settlements in three or four reservations principally in Arizona but partly in New Mexico and Utah. He wants the nurse to start in the Jicarilla Reservation in New Mexico and from there go over to the Ute Reservation which is partly in Colorado and partly in Utah, then to a number of settlements with the big territory called the Navajo Reservation, then down south to the Pima and Papago reservations and wind up at Yuma. In all he seems to want her to cover all the reservations in Arizona and some in the neighboring states. . . . She herself will have to be someone who can make an intelligent survey, and see all there is to be seen, and gather and analyze and present the facts accurately, wisely and convincingly and also can formulate some sort of a plan to meet the needs for the future.¹⁴

On the same day Elizabeth Fox also wrote to Florence Patterson, a nurse studying the conditions on the Navajo Reservation, and explained more specifically Commissioner Burke's plan.¹⁵ In a subsequent letter dated 7 August 1922, she further discussed her hopes for the study:

So far as the Bureau of Indian Affairs is concerned I think there can be no doubt of their genuine interest and concern and their intention to use the data and other material obtained through this study to secure larger appropriations from Congress. Of course there is no way of predicting the action of Congress in the

matter. Even if Congress refuses at first to endorse the plans of the Indian Bureau which will be built on this study, they are sure to come around sooner or later, so it does not seem to me possible that the study will be made in vain. Of course considering the uncertainty of anything political I would not presume to speak with too great assurance about any piece of work undertaken for the government. It does seem to me, however, that this undertaking promises to bear fruit, and I believe it is well worthwhile.¹⁶

Also in August 1922, Commissioner Burke requested that two nurses go to Indian reservations in New Mexico and South Dakota. Augustine Stoll was chosen to go to the Jicarilla Apache Reservation in Dulce, New Mexico and Elinor Gregg was chosen to go to the Pine Ridge and Rosebud Reservations in South Dakota.

In a letter dated 21 October 1922, the assistant director wrote to Elinor:

Just bear in mind that the present Commissioner has the real welfare of the Indians very much at heart and is doing all he can to advance it as the work which you are about to undertake at his request justifies.¹⁷

Elizabeth Fox's advice to Elinor was, "See what you can do to give the Indians better health care and education." For a public health nurse it was a daunting task.¹⁸

In the foreword to her book, Elinor wrote, "When I told my mother that I had decided to take a Red Cross nursing job among the Sioux Indians in South Dakota, she sighed and asked why I wanted to bury myself in the wilds."¹⁹ Elinor's mother had done her pioneering in Colorado Springs and was happy to have returned to New England. She couldn't understand why Elinor found New Englanders stodgy and conventional; she considered Elinor a maverick. Elinor indicated that her mother, not

known for giving praise, often made a point with her children using a type of salty saying. On this occasion, she said to Elinor:

‘Well, you have one quality that may stand you in good stead.’ I, thinking that she was going to mention a good quality (I should have known better), said, ‘What’s that, mother?’ She replied quietly, ‘You have the courage of ignorance. It may be an asset.’²⁰

This is more evidence of the complex relationship between Elinor and her mother. Although a first response to this may indicate that this had been said in jest, given the other information about her relationship with her mother, it probably was much harsher.

Rosebud and Pine Ridge (1922-1924)

When Elinor reported for travel to her assignment she was told there would be no transportation furnished except that she could catch rides with other reservation personnel. Since she had her own Ford runabout, she decided to drive from Boston to Rosebud. She departed from New York on 27 October 1922 and arrived in Chicago on 15 November. From Chicago on, she was accompanied by her brother, Richard.²¹

Elinor Gregg arrived at the Rosebud Reservation in South Dakota in November, 1922. This was reported in the *Todd County Tribune* in a column called “County Correspondence By Our Steady Writers” (no bylines):

Miss Gregg, the Red Cross nurse of Boston, Massachusetts, came through Mission Wednesday to take charge of the Red Cross work on the Rosebud and Pine Ridge reservations. She is a nurse of long experience and has been identified with the American Red Cross for years, having served in France during the War.²²

Elinor herself commented on her arrival in the first of her reports to the Red Cross and the Bureau of Indian Affairs:

Owing to bad weather, I had to leave my car about 200 miles from the agency and proceed by train and stage in order to arrive the appointed day. I returned the following Saturday and Sunday and made the trip in good time considering the muddy roads.²³

Reportedly, there were seven thousand Sioux people on the Pine Ridge Reservation and six thousand on the Rosebud Reservation. The territory extended approximately ninety miles north and south and two hundred miles east and west along the South Dakota and Nebraska boundary lines.²⁴ (See Appendix II for *Map of Indian Hospitals, 1919*.)

In *The Indians and the Nurse*, Elinor wrote of her introduction to the Rosebud Reservation:

Rosebud Reservation in South Dakota in November did not live up to its name. Gone were the lovely wild pink roses that colored the plain in June. Pine Ridge lived up to its name both winter and summer. The rocky hills were covered with jack pines - very Japanese looking in effect. This countryside was infinitely more to my liking than the purlieus of South Boston where I had done Visiting nursing. It was better than other places I knew, Cleveland, Ohio, or the country area of New Hampshire, or the France of army days, but how had I come to my decision to take a Red Cross job among the Sioux Indians? I arrived at the agency, and looking at it as my home and working center, I was more concerned with the spirit of the group than with the physical details. . . . There I was; whether I liked it or not made no difference.²⁵

She was met by the superintendent, who was regarded as the boss and who administered a wide variety of services. Elinor suggested that it was like a totalitarian

state and the superintendent was often referred to as a czar. The helpers to the superintendent were a microcosm of government for, not by, the people. All employees were watched for any aberrations of conduct. A good employee was described as straightlaced, morally conventional, and sometimes narrow minded. To these employees, Elinor viewed herself as the new experiment, "they were regulars; she was an outlander, the Red Cross nurse from Massachusetts."²⁶ She described having feelings that those employees thought she would not and could not stick with it, expecting her to shrivel up and leave at any moment. But they would wait in vain, not knowing that she had spent the first twenty years of her life in Colorado with the same type of soft-coal stoves and kerosene lamps as found here.²⁷

Elinor demonstrated that she was always able to make the best of any situation. She regarded her entire experience on the reservation as an education. And, as was characteristic of Elinor's approach to education, this meant a hands on approach to learning. She set about on her orientation, making trips to the mission and government schools. She wrote a very lengthy report outlining her activities of the first two weeks. "It seems to be mostly talking and not much nursing."²⁸ Her very busy work plan and community assessment included several road trips to learn prairie geography, a conference with the doctor on general politics, conferences with field matrons, visits to various church missions, procurement of a Sioux dictionary, and examining children at the boarding school. Following her initial orientation, Elinor commented:

I must be content to let a good deal of real suffering go on until I can work out the wise way of handling the many problems of improving the living conditions and securing their cooperation.²⁹

Elinor also formulated a very detailed plan of procedures for the next several months, indicative of her organized approach to handling such a formidable challenge. This included inspections and physical examinations at as many schools in the district as possible, as well as sanitary inspections, home visits for nursing calls, and time in a central location for patients to come to her. She demonstrated a good deal of administrative savvy in her approach to make sense out of a very complex situation. She set relatively modest and realistic goals for herself. In one of her first reports, she commented:

There is some remarkably good foundation work laid to build upon. The Indians are in the habit of coming to the field matron for help on this reservation. They enjoy getting together in groups. They want to have the doctor as a usual thing. These things should be of help in group instruction and demonstration. We had a good clinic of twelve people with very little effort.³⁰

Elinor demonstrated sensitivity to the Indian people from the time she arrived in Rosebud. She organized her work in such a way that she would attend to the areas most isolated from physicians and care and most in need of nursing knowledge. Her earliest assessments indicated that infant and child welfare work, school nursing, tuberculosis nursing, trachoma treatment, and preventive work were most needed.³¹

Trachoma and tuberculosis were probably the most glaring health problems on Rosebud, as well as the other reservations. For fiscal year ending 30 June 1923, the Pine Ridge Superintendent reported:

The statistics of the Pine Ridge Reservation show that the three greatest menaces to the health of the Indians are infant mortality, tuberculosis, and trachoma. . . . It will be noted that the death rate from tuberculosis among the Pine Ridge Indians is about four times greater than in the greater United States.³²

Various treatments, such as copper sulphate pencil and some surgical procedures, were administered in an effort to contain trachoma. The copper sulphate pencil burned out the tissue on the lids of the eye causing significant scar tissue. Surgical procedures led to blindness in some cases. At that time it was believed that trachoma was caused principally by the inability of the Indian people to observe the laws of sanitation. Later it was learned that trachoma was caused by *Chlamydia trachomatis*. However, by that time, much damage, including blindness, had been done to the health of Indian people.³³

"The tuberculosis problem looms up unbelievably large. About all we do is bury them."³⁴ Elinor was so troubled about the lack of care for the tuberculosis cases that she decided to see if the South Dakota State Anti-Tuberculosis Society could be persuaded to put on a diagnostic clinic. They agreed to put on a two day clinic and, although it seemed fairly futile, Indians of all ages flocked to the clinic.

It was a true public health effort. The physician specialist listened to their chests and recommended certain ones for x-ray but they had no x-ray and the Indians would have to go to Pierre or to Winner; money would have to be

found. The net result was a lot of opinion about healed lesions, but of course it was really wasted effort as far as individual cases were concerned. I knew it, but it did seem worthwhile to get the state health people involved. How I longed for some definite information or technical knowledge that could be applied. The Indians needed food, fuel, and less exertion; they needed cleanliness and some knowledge of germs. All the things that had come slowly to educated white people, the Indians needed ten times as much. Soap and water were hard to come by; vitamins had not yet been discovered. The mothers used condensed milk for the babies' food, but there was no refrigeration other than the windows. Sanitation, that is outdoor toilets, were conspicuous by their absence.³⁵

In *The Indians and the Nurse*, Elinor related a story that was further reflective of her caring and sensitive nature:

I was troubled about the hospital having no games, books, or toys to amuse them. So I got some water colors, pencils, and paper from the school supplies and set them to making pictures for me; the boys drew rodeo scenes, the girls drew and painted flowers and landscapes. While it was permissible for the girls to draw flower pictures, there was an unwritten rule that the boys were diverted from other worthwhile pursuits if they were drawing. I believed that allowing the children to draw was not a subversive activity but one that endeared me to the children.³⁶

In her January, 1923 report, Elinor made an interesting observation that many of the children in the Rosebud Government Boarding School had strikingly poor posture:

The boys all imitate the conventional moving picture 'tough guy' and wild west here. The cattle country is just disappearing over the horizon and the youngsters love their gaily stitched high heeled boots, their spurs, bright handkerchiefs, felt hats, and chaporjoes (if that is the way to spell them. I have no dictionary). The big boys slouch horribly so of course the small ones do. Among the small boys there is a popular idea that if you are a cowboy you can't go to the hospital for treatment of wounds and sore etc. Therefore there are

twice as many boys to treat as girls and the sores are twice as dirty. Among the girls the poor posture is due to a certain attitude of shame which is part of modesty and that proper thing in a woman among strangers. They hang their head and answer in whisper or not at all. The result is a characteristic pose among the women that is hard to describe. The only hope is that they admire the posture of the white girl and that the bold ones dare assume it. The first step in Indian Feminism possibly!³⁷

One of Elinor's continuing concerns was related to her inability to speak the language:

I wish I could speak the language so as to get hold of the minds of the little children better. The hope is in those under 10 years and they scarcely know English by then. I am trying the Junior Red Cross in one school and I think that it is going to go.³⁸

As she continued her work on Rosebud, her reports were filled with ongoing comments about how much needed to be done and how little could actually be accomplished, primarily due to the lack of resources.

January has seemed a confused month because I have learned so much and found so much that can be done. There is so much yet to see and learn that I cannot stop to all that is staring at me waiting to be started.³⁹

And in her February, 1923 report she wrote:

This month I have kept track only of the tubercular cases and one little hearing case. The task of following up the other work is impossible. To leave all this nursing work incomplete, not followed, scarcely cared for with adequate means, grows more and more aggravating to my sense of justice to these people, though I realize quite the administrative difficulties. Yet they need the care and are responding to these beginnings so very well that I cannot help regretting that my job is so much analytical and so little intensive and detailed. I could use ten public health nurses tomorrow.⁴⁰

Her activities for this month as well as in subsequent months were often chronicled by entries in the *Todd County Tribune*:

February 22, 1923. Miss McArdle, Red Cross supervisor, arrived in Rosebud on the 12th and spent a few days with Miss Gregg, the nurse for the reservation. Miss McArdle advised that she has 23 Red Cross nurses in South Dakota and has to call on every one. She speaks very highly of Miss Gregg's work among the Indians and which we know is very deserved, as Miss Gregg is out in all kinds of weather and is very enthusiastic in her work.⁴¹

Her genuine concern, caring, and cultural sensitivity toward the Indian people, especially children, were evident. St. Francis Mission was about eight miles from the Agency. A few years before, the entire mission had been burned to the ground. The priests believed that the children had done it due to the rule that no Lakota language should be spoken by the children either in the school or on the playground.

The life of the children is well regulated, and the spirit is very cheerful. The continuity of service on the part of the sisters and fathers makes for a certain dignity and charm that is absent from the other schools. In many ways I could wish that the children were not herded together in such large groups. There are so many disadvantages to the child, though many economic advantages. There is more leniency about parents visiting in a church school, and never a day passed that some family was not camped just outside the fence. They sit patiently all day in the warm hall, waiting til the children get spare time. They bring all sorts of treats, as to food and candy that are not good for the children. But what is one to do? The prohibitive method in dealing with them never works. Substitution is the only way to get further.⁴²

Her sensitivity generated positive responses by March of 1923:

I may flatter myself, but I feel that I have begun to be felt as a help by the Indians. They have such a talent for organization, that they are more lenient with my inability to be everywhere at once.⁴³

They liked a cheerful smile as part of the sauce of life. And I liked their smiles too. They knew it and would ask favors of a ride or cod-liver oil for tanning hides, with ingratiating smiles. It was an exercise of wits, and they often won the contest. . . . I learned a great deal from my Indian friends. They liked me because I smiled and would listen to them with respect. Like all people subjected to massive direction, they read your intention from subtle signs of face or gestures that you were unconscious of. All these appreciations between us were part of what added spice to my life.⁴⁴

She went on to comment that Indians were very receptive to the sense of touch and not very receptive to mere words. "A hand on their shoulder got more compliance than talking."⁴⁵ She also demonstrated a capacity for humor and never minded being the source of curiosity which endeared her to the Indians. The following illustrates this:

The Indians traveled mostly in Studebaker farm wagons with a pair of horses. The wife sat beside her husband, the grandmothers and children in the wagon bed. I was laughed at because I sat beside the doctor when we made a call together. I learned later that it had a sexual connotation to the Indians. But they know I was unaware of this, hence the laughter.⁴⁶

Although many of the missionary people objected to the Indian dances as forms of bestiality, Elinor described the women's beaded-buckskin costumes and the men's skin breech cloths and painted bodies as perfectly decent.⁴⁷ She demonstrated an acceptance of the people and their customs which was unusual at the time. Elinor displayed an openness to new experiences which allowed her to gain confidence of the

Indians. Commenting further on the controversy surrounding Indian dancing she wrote:

I have been much interested by the recent controversy and the Indian dancing as here displayed. As usual wisdom lies in the middle course, I think. The emotional stress, and the excitement is intense, centres not on definite sexual ideas but a step removed on the idealism involved in giving, a pouring out of generosity, I suppose that this amounted to a community rite in the old days. Now, the idealism is often prostituted by those who see an opportunity for personal gain as the giving goes to individuals. The clever get the money, horses, blankets, shawls, beadwork, etc. by singing a song in praise of those who have the goods. The dance goes with the song in their honor. This giving will go the limit if allowed and families return home destitute.

All those interested in bringing the Indian into any degree of economic prosperity are bound to see the extremely deleterious affects of unbridled Indian dancing. On the other hand there is no reason why we should sacrifice in toto their idealism, their art, and the good of their ancient religion to our ideas of economic progress. One certainly cannot hold that our dancing presents a more socially valuable idea even though not economically demoralizing. At its worst ours is as destructive to our social structure as Indian dancing and these Indians know it. My personal opinion is that it would be of more value to limit the amount of give away with dancing than to try to forbid the dance.⁴⁸

On another occasion, she observed that with so many medicinal herbs known to certain old women, it seemed reasonable to avoid urging remedies they could not afford to buy. For instance Indian women frequently applied slices of dried puffball mushroom to certain lesions. The puffball must have been either an antibiotic or an astringent, for it apparently worked. She hesitated to discourage use of these traditional medicine because she could not furnish scientific replacements. But all of this was "Indian and therefore not desirable to approve."⁴⁹ From Elinor's perspective,

it was difficult to determine what policies to follow and when to urge “white techniques.”⁵⁰

The themes of being totally staggered by the amount of work facing her as well as the frustrations resulting from the inability to provide continuity of care appeared frequently in her reports to her supervisors. After she had been at Rosebud for approximately six months, she headed over to Pine Ridge to assess the conditions there. She found the living conditions to be slightly less primitive, but the enormous problems of tuberculosis and trachoma were everywhere and there was also an incredible occurrence of infected tonsils among the children. Whenever Elinor used the terminology ‘primitive,’ it was as an indication of the vast differences between the Indian world as compared to the living conditions she had experienced. There were no matrons and only an occasional temporary physician to provide medical services to these people.⁵¹

I find on Pine Ridge the same conditions that lead me to think that all the efforts should be put on the tuberculosis and eye problems. The teachings on cleanliness and proper food are the foundation work but the fact remains that the sick are getting no care and until this is remedied by some type of clinic or sanitarium that the Indians can and will patronize the task of good home supervision is hopeless without nurse and doctors. . . . One thing I am convinced of is that we will never succeed in getting sick Indians to go 1000 miles away from home to a hospital. It is hard enough to get them to come into our own hospital at Rosebud.⁵²

Commenting further on the visit to Pine Ridge, she wrote:

I am somewhat staggered by the job of starting work here. I think I am biting off more than I can chew in six months. I know so well that the greatest force

in health work is continuity and following up and putting through plans. That is even more true with the Indian than with the white. To the Indian, the white man's work is not so good as his bond. The Indian waits to see just how you will make good before he will traffic with you. I do not want to start what is not going to be carried on. I know that I could sail in here for six months, flap my wings, and talk and sail out with little done and nothing left to build on.⁵³

Rather than attempt to make bricks with straw, Elinor returned to Rosebud after two months feeling that if she concentrated her efforts in Rosebud, she might be of some value.⁵⁴

She made her first in a series of pleas for continuing her work with Red Cross funds. She believed that if the government was not able to immediately assume the nursing position it was important for the Red Cross to develop it more fully over the next two or three years. By then, the program would be sufficiently strong to be maintained.⁵⁵

In May, 1923 Elinor's ongoing concerns were reflected in her written report to headquarters:

During this month I have again and again quoted to myself the part of Alice in Wonderland where she is at supper with the Red Knight. He asks her if she will have some wine and Alice answers politely, 'Yes, thank you' and the Red Knight replies, 'There isn't any.' That is the effect of our tuberculosis survey. We say, 'Get a tent, don't sleep together, eat more food, live in the sunshine' and the Bureau says, 'no money for tents, too much traveling, plant your foods, no funds.' Both advice are right, just and proper! If we rationed all the tuberculosis cases we would have no rations left in two months and the type of rations would not do much toward helping the tuberculous. That these Indians have lived at all is a marvel to me, but they drag out a meager and monotonous existence and are costing a pretty figure for education only to die before they

reach thirty years of age. . . . At home one would have the charitable societies of all sorts to refer to. Here there is nothing. The usual state, county or national societies will have nothing to do with Indians. They are the responsibility of the Federal Government solely and there is apparently nobody who can get the congressional . . . awake to the existing conditions. . . . I am not joining the sentimentalists but I must say that I long for a little efficient personnel and a few social agencies. If the Bureau doesn't provide for any situation then there is simply nothing to be done.⁵⁶

Nevertheless, in spite of Elinor's frustrations she was involved in a great deal of work. One of the positive experiences for her was the Motherhood League. The purpose of this league was to increase the interest, knowledge, and ability of Sioux women as mothers. She was especially hopeful since the League's constitution and by-laws were going to be printed in Lakota. Elinor's enthusiasm for the Motherhood League is one indication that although Elinor was more sensitive to Indian people than many of her contemporaries, she remained a product of the time and the assimilationist approach.

The Motherhood League was very active when Elinor was at Rosebud. On 13 May 1923, the *Todd County Tribune* reported:

Motherhood League met Sunday, . . . at the home of Mrs. C. W. Soldier, chairman. They had an interesting meeting. The whole afternoon was taken up in talks, especially the one which Miss Gregg, Red Cross Nurse, gave us were very much appreciated. Women brought well filled baskets, and everyone who was present was well entertained. Miss Lucy Rogers, Emily Soldier and Mrs. George Decory were appointed to a committee to inspect the various homes once a month along sanitary and hygienic conditions.⁵⁷

Elinor wrote in her June, 1923 report:

The Motherhood League is gaining ground and the idea is taking hold. And there is constant demand for explanations of what we are trying to do. . . . the Indian women enjoy talking as much as the men. I can not decide whether the Sioux would rather talk or eat but anything which combines the two is irresistible.⁵⁸

Later in December of 1923, the *Todd County Tribune* reported, "The Rosebud Tribal Council met. The Motherhood League met for a two-day meeting at this same time. Miss Gregg gave a history of the Red Cross."⁵⁹ And on 7 February 1924, the *Todd County Tribune* reported:

Miss Gregg and Mrs. Jordan visited at the Famous Thunder homes, Saturday afternoon. Mrs. Famous Thunder is a full-blooded Indian with no education whatever, and yet she is a model housekeeper. She is in very poor health but you may call on her anytime and her house is always clean. She is a good example for the younger women. The Motherhood League held a meeting there and the topics for discussion at this time were 'Chicken House and Hog House.' The women ably discussed the subject. Miss Gregg also reported on the conference she held with Commissioner Burke while in Washington.⁶⁰

After the meeting it was only polite for the audience to come up and shake hands with the speaker:

Those who spoke no English just said, Hun, meaning good. Those who spoke English usually said thank you. But one woman said, thank you I sure do like your preaching. As my father was a Congregationalist minister, I thought how much he would have enjoyed that comment.⁶¹

By June, Elinor was relieved to have another visit from her supervisor:

We or rather I talked. I am afraid Miss McArdle finds me almost a monologue, it is so welcome a relief to have someone to take the part of intelligent listener

to one's problems. And the best of it is to have someone who will listen and then not do anything to mess things up.⁶²

Elinor's frustration again became evident in her writing:

We went to the Boarding School Graduation Exercises on Sunday evening. We saw the contrast in the various generations from grandfathers to babes in arms. It moves one to pity. One can scarcely help thinking, 'Lo, are the mighty fallen and the people imagined a vain thing.' Is this industrial age so great a blessing as we try to lead them to believe? 'For them it is adapt or die.' For those who adapt we have great praise.

I am too much occupied while in Rosebud to keep my head above water nowadays. The driving, over 1200 miles this month, the impossibility of finding channels which will take care of the cases as they could and should be cared for even in this primitive country, the lack of confidence of the part of the Indians themselves, all this helps keep me facing what seems a losing proposition. Without a more definite program on the part of the Indian Bureau in Washington I begin to doubt the practical value of my services. The superintendent has not the medical knowledge to organize the medical work and push it along. The doctor has not the administrative sense to cooperate with the superintendent nor has he the initiative to push the work through regardless who gets the glory. I suppose much of that sort of thing comes in every day's work but a touch from the Medical chief would be of so much help to the superintendent and would leave stimulus instead of a kick which is the result from all these lay communications of professional matters.

The question that troubles me is where to begin. I do so wish that the Bureau would consult the National Tuberculosis Association for administrative advice. I can't see why such important things should be left to the almost inevitable blunders of people unaccustomed to handling so complex a medical problem.⁶³

Charles Burke, Commissioner of Indian Affairs, wrote about concerns for the Indian people in the Fiscal Report for the year ending 30 June 1923:

Tuberculosis is causing much incapacity and death in every age group from childhood to old age and is the most discouraging and decimating disease with which we have to contend.

. . . there is need of more sanatoria schools for the children, a hospital for incurable patients suffering from tuberculosis, and another for adult curable patients. . . . A hospital school for crippled children is also a pressing need.

Cooperation in citing the accomplishments of the regular health personnel, mention should be made of the Red Cross nurses who have efficiently cooperated with us on the reservations at Pine Ridge, Rosebud, Jicarilla, Mescalero, Zuni, Navajo and in the jurisdiction of the two Pueblo agencies.⁶⁴

And in the June, 1923 report, Elinor wrote:

This report sounds as if my mind were more occupied with social problems than with nursing activities. After all, what is done effectively in nursing lines depends so much on the proper adjustment to the existing social structure that the thorough knowledge of the social structure should come first. . . . I've introduced the first chemical toilet to the Agency and a portable bath is my next step if the sewer is not put in. There is a remote chance however of a sewer connection.⁶⁵

This is reflective of Elinor's complex approach to any problem and evidence of her education and training in public health and sociology. She was very aware that health is inextricably linked to the social, cultural, and political structure of the environment.

However, Elinor's life was not merely confined to work. In *The Indians and the Nurse*, she described her social life as follows:

The social life at the agency headquarters was meager. After a day outdoors I was glad to hole-in and read or write letters and get to bed early. Sociability among the young married employees was confined to having supper together and playing pinochle. Occasionally I was included. Card games were officially

frowned on, but there was no other occupation to pass the evening except talking about each other or about our work. Radio had been discovered, but we had no receiving instruments, and there was no sending station nearer than Minneapolis. No cocktail parties and no dancing parties were thought of - magazines were not prevalent. There was no public library, so books were few and far between.⁶⁶

Elinor soon became very close friends with the superintendent of the reservation, James MacGregor, and his entire family. She continued to be friends with them throughout the rest of her life.⁶⁷ Elinor spoke fondly of James MacGregor:

Mr. MacGregor was a short, rotund man who enjoyed his biscuits and gravy; he was kind and understanding and really liked the Indians. . . . I enjoyed the friendly contact with his family. The children were bright and gay, with the parents devoted to them and to each other. Mr. Mac was very patriotic and proud of having a Red Cross nurse on the reservation.⁶⁸

James MacGregor called her 'Runs-Reckless,' an Indian family name, which he called her throughout their friendship. It was probably related to her driving about the reservation on her own.

Elinor had other friends and acquaintances who visited her or enjoyed outings with her, as reported in the *Todd County Tribune*:

June 28, 1923: Miss Patterson stationed in the southwest who is having her vacation is visiting Miss Gregg.

July 19, 1923: Misses Gregg and Post and Messrs. Davis and Larson and Mrs. Post went to White Lake Sunday evening and fished and enjoyed a picnic supper.

November 8, 1923: Miss Gregg went duck hunting Saturday returning Monday. The result of her trip has not been heard.

February 7, 1924: Miss Gregg arrived home on the second. We were beginning to think she wasn't coming back. The rest has done Miss Gregg good and now she has returned with renewed energy. The Indians have missed Miss Gregg very much and were very glad to see her.⁶⁹

By the time September came, Elinor was frustrated not only with the lack of resources but with the poor weather, constant wind, and horrible roads:

The transportation is very time consuming. The physical energy absorbed by bad roads and a worn out car is enormous. My differential parted company with my engine the other night five miles out fortunately on the main highway and I got picked up and rode home. I spent two hours digging off a high center. That means that the cart wheel ruts were deeper than they looked and the base of the car ploughed into the middle of the road, stuck and the rear wheels spun clear. You carry a shovel for this emergency and dig till the rear wheels again touch, then you dig till you can back out or fill in forwards. After this was done it was dark and I lost my way on the prairie and got in about ten-thirty having had two blowouts as a final endurance test. The next day goes poorly unless I can arrange to take it easy.⁷⁰

The courage of ignorance was beginning to ebb away. However, she weathered that crisis and continued in her work.⁷¹ Her experiences were frustrating, sad, and sometimes hilarious. Elinor had difficulties with transportation, yet she had the ability to handle difficult situations with resourcefulness and humor. The following describes Elinor's fortifications for any possible mechanical breakdown on the road:

In the trunk of my car I carried a lasso rope strong enough for a 1200 pound yearling, a trench shovel, a jug of water, a gallon of gasoline, a jack, tire tools, screw driver, wrench, a set of rubber patches for mending inner tubes, my visiting nurse's bag, a hunk of baling wire, and in winter a blanket for the radiator. And don't think I didn't use them.⁷²

She was very proud of one compliment she received from Mr. Presho, the mailman. It seems that, in March, when the mud was frozen until about noon, Elinor had gone to visit a woman dying of tuberculosis. She arrived at the home about nine in the morning and worked there until noon. By the time she headed home, the frozen mud had melted and luckily she got through a long puddle. However, the same couldn't be said for Mr. Presho:

Then I saw the mail truck behind me, stuck fast in that puddle. I got out my lasso and threw it to Mr. Presho; he hitched it to the bumper, and my little Ford had just enough power to pull him onto dry land. We stayed close together on the way back to the agency. After dinner, I went to the store for my mail, and just as I opened the door I heard this sentence - which I knew referred to me by the ensuing silence - 'She's as good as any Goddamn man!' quite an accolade from a South Dakota truck driver.⁷³

In *The Indians and The Nurse*, Elinor related a story about Commissioner Burke having sent one of his advisors to inspect the reservations. This advisor witnessed Elinor's talents handling an automobile crisis and was so impressed with her that he reported to the Commissioner 'that she would do.' Elinor did not realize at the time that she was being considered by Commissioner Burke as the first supervisor of field matrons and nurses in the Indian Service.⁷⁴ Elinor clearly demonstrated that she had become very adept at coping with the unexpected.

She continued her suggestions to the government based on her experiences with the people on the reservations. She believed that her home visiting program was probably the most successful of all her endeavors and believed that if the government

would buy cars for the field matrons they would be able to do a great deal more work.

This type of home visiting was chronicled in this anecdote:

Miss Gregg and Mrs. Jordon went out to St. Francis to visit a few homes. On their way back they stopped at the Foolish Elk home and brought little Henry Ford into the hospital for treatment and cure. Miss Gregg went to Omaha Saturday evening, taking Thomas at the Straight to an eye specialist.⁷⁵

Elinor very astutely made the following comments about her position as a Red Cross nurse versus a government employee:

I still think that it is a great asset to be with but not of the Indian Service. That is not because I think ill of the service but because it gives me a free hand to take hold of any problem at the root.⁷⁶

Later in her analysis of her first year of work in public health nursing services, she commented candidly on her status as being outside the system:

The great value of my being outside the governmental regulations is that I have no political significance. I have no pull and I have no fear for my bread and butter. This is important to the Indians as well as to the employees. To me the value of my work has been the development of my understanding of the problem. . . . Good public health nursing which embraces care of the sick in their homes and health education cannot be established without modern medical men and methods. Undoubtedly we need more doctors and better trained doctors.

It seems to me that there is a great obstacle to efficiency in the placing of a professionally trained man under the complete dictation of a layman. I do not uphold the 'I am first cousin to the almighty' attitude of many medical men. Their knowledge and service should be open to criticism, but not to complete control of a man at best only partially educated and too busy to study the problems thoroughly.⁷⁷

In a letter to her sister, Faith, on 7 August 1923, Elinor wrote:

I wish you could look in on my 'Red Cross Health Station.' . . . I've just heard from Washington that I'm to stay and work at Rosebud and not try Pine Ridge this winter. I'm glad because it was too distracting to try to run shows all the time - now I can really do a good job I hope here.⁷⁸

Washington finally listened to her concerns. Elinor began her second year full of plans for her nursing activities. In October, she was visited by her friend, Helen Bigelow, whom she had known for years. Subsequent to this visit, Helen wrote a letter to Elinor's mother, describing her impressions of Elinor's work:

I want to tell you of Elinor, her work and my delightful vacation with her. . . . She has become so popular out there that she is in demand on all sides and has to advise in first one situation and then another. The Indians appeal to her to act as a go between for them and the government. If they can't impress the superintendent with the necessity of their needs they go to Elinor and she intercedes for them, usually with success. The superintendent consulted her very often I noticed.

I think that she is one in a hundred who could do that particular job. The success of it lies in convincing the Red Cross and the government of what should be done for the health of the Indian and there are few public health nurses as I know them who have the ability to put the situation on paper who could or would endure the hardships. Elinor takes them all as part of the day's work and forgets them as soon as they are over. A blowout thirty miles from home at dinner time is nothing.

My mileage this month was 1365 so you can see the hours I spend on the road at 25 miles an hour. And that doesn't count for stopping and starting, etc. That is the part of the job that is quite pleasant in a way - it gives one lots of time for thinking and makes plenty of fresh air.⁸⁰

At the speed of 25 miles an hour, Elinor spent approximately 55 hours during the month just getting from one place to another, another indication of her commitment to get the job done.

Elinor had known for some time that the government was planning to abolish the field matron service and use the money for public health nurses. Since field matrons performed the only work comparable to public health nursing, she felt she should know what they were doing. Although she found the service poorly organized, she had empathy for these women. She found her coworkers a devoted group of people working for the benefit of the Indians. Elinor sympathized with the field matrons, admitting that they often worked in a vacuum because their superintendents ignored them and their efforts.⁸¹

Commenting on the field matrons, Elinor stated:

. . . without transportation at your command it is impossible to plan for adequate follow-up. It became a hit-or-miss program when Indians lived more than one mile away from the field matron. This was the situation at Blackpipe. Miss Ranch had no clinic room. . . . She could advise the mother to use sulphur ointment and wash the bedclothes, but there was no way that she could supervise the carrying out of her instructions. Poor woman, I felt sorry for her.

. . .

The second matron I visited was Mrs. MacDonald. . . . I enjoyed my visit with Mrs. MacDonald. She knew her Indians, had taught them to depend on her, and really carried out a program - come hell or high water.⁸²

In August of 1924, Elinor received a letter from the Commissioner of Indian Affairs offering her the position of Supervisor of Public Health Nursing. In his letter, dated 9 July 1924, he wrote:

One thing I particularly desired if it could be brought about was putting in the field women trained as nurses or in welfare work, to take the place of the present field matron force or such of them as are not qualified to perform the services that should be rendered. We were successful last year in getting a substantial increase in our appropriation for health, and the reclassification, which will make it possible to begin paying field matrons \$1200 a year and quarters. It is also our intention to provide them with transportation so that they can readily get about. The first step toward reorganizing the field-matron force is to secure a proper person as a Supervisor, and this is what prompts me in writing you this letter. In addition to the splendid record which you have to your credit in the Red Cross organization, we have been favorably impressed by what you have demonstrated and accomplished since you have been on the Rosebud Reservation. We believe you would be the right person to undertake the reorganizing and directing of our field-matron force, and I am therefore prepared to tender you an appointment as Supervisor of Field Matrons, at a salary of \$2400 per year.⁸³

As the Bureau of Indian Affairs made the decision to replace the field matrons with field nurses, it really confirmed that acculturation of the American Indian was no longer the primary policy. "Expertise, credentialism, and cultural pluralism triumphed over generalism domestic culture, and civilization."⁸⁴

Elinor accepted the position. On 13 August 1924 she wrote to Elizabeth Fox, Director of Public Health Nursing of the American Red Cross:

I am herewith offering my resignation from active service with the American Red Cross to accept the position of Field Supervisor of Nurses and Field

Matrons with the Indian Bureau, Department of the Interior. I have enjoyed my work with the Red Cross very much indeed. All my contacts with other workers have been a pleasure and a very real stimulus to my own work.⁸⁵

As a tribute to Elinor, the Indians held a dance for her and took her into the tribe. Prior to this, the Indians had called her 'Wicocujawankaipiosha,' 'Nurse Cross Red,' the woman who takes care of the sick.⁸⁶ Elinor's great-niece, Mary Misch, relates that Elinor was always pleased by the double entendre of the name as Elinor had freckles and red hair.⁸⁷ At this time they gave her the official name 'Helper Woman.' They had offered her the name of 'The Rosebud of Rosebud.' Because she did not feel much like a rosebud, she chose the more practical name of 'Helper Woman,' very much in keeping with her practical personality. In reflection she felt that the Indians were somewhat disappointed in her choice as they were very devoted to the wild prairie rose from which the tribe had gotten its name. She believed it would have made her more a part of the tribe if she had chosen the name Rosebud.⁸⁸

One of the reasons the Sioux were accepting of her was that she was not presumptuous or condescending in her interactions with them. She accepted them as they were, regarded and treated them as individuals. Elinor had an incredible opportunity to develop her abilities in a very demanding situation. She did so with grace, humor, and objectivity at a time when it was unusual to be culturally astute.

NOTES - CHAPTER III

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CHAPTER IV

LEADERSHIP ROLE

Top Drawer in the Bureau

In the fall of 1924, Elinor assumed her position as Supervisor of Field Matrons and Nurses with the Bureau of Indian Affairs in Washington, D.C. Her niece, Mardi Bemis Perry, recalled when Elinor told her family and particularly the children about her new position, she lightly referred to herself as the "top drawer in the bureau."¹ Soon after she arrived in Washington, Elinor wrote a letter to her brother and sister-in-law conveying her enthusiasm for the new position:

. . . I have some news to impart and am well recovered from a long spring of sticking to the idea that Rosebud would lead me somewhere - here I am with the berries - The berries may be gooseberries but the salary is better, the job entails travel, and the title is Supervisor of Field Matrons and Field Nurses for the Indian Bureau, Dept. of Interior - some Berries, Boys - No females to work with or for. The Queen Bee idea - my superior officer is the commissioner himself. That is a fair start at least. I have got most of what I wanted embodied in my powers and authority and duties. . . I have not begun to get all the threads in place. It is going to be jolly good fun when I do. - Of course it is what I hoped would happen . . . My first jump off is to Glacier Park, Blackfeet Indians, then all around Montana, Wyoming, and Kansas - Then the Dakotas and Minnesota and then Washington D.C. and congressional committees for funds for next year. Doesn't that sound gay?²

In spite of her enthusiasm, she exhibited ambivalent feelings. From Elinor's perspective this position would be a "shot in the dark."³ She knew little, if anything, about the workings of the Bureau or of Washington.

In Washington, Elinor stayed briefly at the Laura Dodge Hotel before renting a room at the American Association of University Women, which was located within walking distance of the Interior Office. At her new job, she was given a desk in a clerk's room because there was not any desk space in the Medical Division. In fact, neither the field matrons nor Elinor were paid out of medical funds but out of a fund called 'Industrial Work and Care of Timber,' a catch-all title. This meant the Medical Division could isolate her if they wanted to be obstructive.⁴

Robert E. Lee Newberne, the Medical Director and a gentleman of the old South, was against the Commissioner's plan of having public health nurses replace field matrons. He didn't think much of the nursing profession and would rather have the mature, hardworking practical matrons working for him. Elinor would later learn that Dr. Newberne may have become favorably disposed to matrons because of an experience with one of them several years before. When Elinor visited one of the field matrons, Lizzie Donnelly, at First Mesa on the Hopi-Navaho Reservation, she learned that Lizzie was a friend of Dr. Newberne's from the same home town, which may explain his feelings.⁵

Elinor soon learned that the Commissioner intended she be part of the office organization. Commissioner Burke ordered that her initials should appear on any letters that referred to nursing or field-matron work, although she was not always consulted

before letters were prepared. Elinor indicated that she chose not to object to this policy for at least her first three months on the job.⁶ In a letter to her mother written 12 August 1924, Elinor wrote:

It's a big job with lots of detail and the first year will all be learning. The more I see of Mr. Burke the better I like him.⁷

She commented further on her relationship with Commissioner Burke in a letter to her brother, Alan:

. . . I get on with the commissioner nicely. He tells me all about the horrid nurses he has had and I speak slightly of politics - He is gouty and has a temper on certain days so there is always a little excitement as to whether it will be pleasant or not.⁸

On the other hand, Dr. Newberne ignored her as much as possible, and was responsible for physically locating her out of the Medical Division. She was able to get some things done only by bypassing him and going directly to the Commissioner. After her retirement, in an address to nurses of the western branch of the American Public Health Association, Elinor discussed the relationship between herself and Dr. Newberne. "The top doctor didn't like trained personnel and we avoided and evaded each other like a couple of wild cats."⁹

The leaders of the various nursing services in Washington would become a great source of support for Elinor. She joined these leaders who included Julia Stimson of the Army Nurse Corps, Mary E. Hickey of the Veterans Hospitals, Clara Noyes of the Red Cross, Elizabeth Fox of the Red Cross Public Health Nurses, and Lucy

Minnegerode of the United States Public Health Service. All of these individuals had served in World War I. She commented in her first annual report:

This opportunity should be taken to mention that the Supervisor of Field Nurses has been given a most cordial welcome by the chief nurses of the Army, the Navy, the Veteran's Bureau, the Public Health Service and the Red Cross. They have been very kind in referring nurses to us, have offered helpful suggestions in planning and evaluating nurses work and been ready to forward nursing work for the Indians in ways that might be suggested by the supervisor.¹⁰

According to Elinor, it was Lucy Minnegerode who served as her mentor, initiated her into the finer workings of Washington, and offered her ongoing support and guidance.

She took me on as a neophyte. Although she could have been scornful of my ignorance, she was generous enough to give me her support and guidance. We had many good times together. We all had our problems, and the solutions varied, but we all needed the same elements of discipline, understanding, and hopes in order to give good care to the patient and loyalty to the medicos.¹¹

Elinor and Lucy remained friends until Lucy's death in 1935.¹²

Early in her tenure in Washington, Elinor commented that she would have found the work much more difficult if she had not spent the two years on the reservation. For her, sitting behind a desk was a trial in itself. She outlined qualifications for public health nurses within the Civil Service Commission. In order not to cause confusion with the Public Health Service, the Commissioner decided that the nurses in the Indian Service would be known as field nurses. Elinor was opposed to this because the title was too similar to that of "field matron."¹³ However, she was a

team player and able to collaborate constructively. She exhibited a natural instinct about how to assess new situations. Her strategy involved a thorough assessment of the new environment and establishment of positive working relationships before she initiated any major action.

Elinor was confident of her own worth, never self-aggrandizing, with little use for personal glory. She knew how to organize herself for maximum productivity and quickly instituted an active recruitment plan for nurses. Previously, all of the recruiting had been done by the Personnel Division which was overburdened with recruiting for all types of Civil Service vacancies. From Elinor's perspective, the core of the problem with recruiting was the fact that nurses were accustomed to being hired by a director of nursing. The letters sent out from the Personnel Division, even when signed by the Commissioner, did nothing to attract them to isolated positions on Indian reservations.¹⁴

The search for nurses, for both public health and hospital jobs, occupied a great deal of her time during the first year. In spite of the fact that she had been told at the outset that her responsibilities would relate only to field matrons and field nurses, it soon was evident that her responsibilities would extend to the hospital nurses as well. She was able to hire several nurses, but both doctors and superintendents preferred to hire nurses on a temporary basis because the Civil Service process was too cumbersome. In addition, the superintendents could save money with lesser trained personnel and the physicians often preferred to work with untrained assistants.¹⁵

In comparison to the other federal services, i.e., Army, Navy, Veterans, and Public Health Service, the Indian Service offered terrible working conditions: twenty-four-hour duty, no annual leave, and only eight hundred dollars a year salary for hospital nurses. No wonder it was almost impossible to hire nurses.¹⁶

In order to document the attrition rate, Elinor commissioned a study on labor turnover, completed with the cooperation of the Bureau of Labor Statistics. This was the first time that this type of study had been done in the Bureau. It showed an 800 percent turnover of nurses on the reservations during the previous year. The study would be conducted in each subsequent year during her time as director.¹⁷ The turnover rate eventually improved after several years.

Elinor set about achieving the primary objective of recruiting nurses on her own, writing articles in professional nursing journals, and speaking to groups of nurses, students or graduates, about work in the Indian Bureau.¹⁸ In her first annual report she spoke to the difficulties with recruiting:

During the past year the supervisor of field nurses had advised some fifty nurses of the proper channels for entering the Indian Service nursing service. None of these women have received appointments. This indicates that our methods of securing personnel are not satisfactory to the nurse.¹⁹

Elinor saw neglect in two important points. First, the Indian Service did not provide adequate information to prospective nurses in the Civil Service brochure and, second, the Civil Service should not have expected nurses to be available for work after waiting months for certification. Nurses, from her perspective, notoriously “sail close

to the economic wire,” meaning that they did not have a great deal of money and therefore they could not wait very long before taking a new position.²⁰

Good publicity, together with decisive weeding out of undesirables and quick methods of induction into the service, would solve 60% of our personnel difficulties. The remaining difficulty is our ungraded salary policy. We should certainly be planning to recommend raises in salaries and certain positions should command a higher salary. This cannot be done until more funds are available. The total number of nurses is insufficient. Essential new positions absorb the modest increment of funds allotted. It is hoped that this condition may be met within the next few years.²¹

One of the surprises that Elinor had after being in the Indian Service for a few months was the number of people who wrote the Commissioner about their discomfort with the way the Indian Service conducted its affairs. The amount of criticism aimed at the overall policies of the Bureau of Indian Affairs increased markedly during this period. Subsequently, the Brookings Institution was authorized to conduct an investigation of the Indian Service in 1925. The study, known as the Merriam Report, was highly critical of the system.²²

Elinor launched her own investigation of the system by traveling to the reservations. She thought that the most effective way to make her case, for more positions on the reservations, was to view for herself reservation conditions throughout the nation. Traveling to the field became her way of keeping in touch with the nurses, as well as a way for her to exercise her desire for travel on a regular basis. As much work as there was to be done in Washington, she did not want to get mired in the bureaucracy.²³

Beginning in the fall of 1924, she went on her first trip to reservations in order to determine the feasibility of setting up new field stations. Commissioner Burke suggested that in order to sell the superintendents the idea of replacing matrons with nurses, Elinor should explore the unique situation in each area.²⁴ Elinor's first field trip proved to be very enlightening.

Living conditions on the reservations were as primitive as those she had experienced in South Dakota. Many of the same problems existed. Elinor determined the need to build up reasonable hospital and medical facilities as the primary way to deliver better health services. She usually stayed five days at each location and made day trips to outlying districts. Reflecting on her travel:

If I had not had overseas service and known how much the human frame can endure, it would have been even more difficult to conjure up a vision of a good field service. The fact that I personally enjoyed primitive living made this field trip quite a lot of fun. I used to enjoy the look of amazement when the service employees gave away their feelings about a traveler from the 'Washington office' who could rough it with pleasure. Their attitude was, 'You couldn't and wouldn't endure this.' But they didn't want any sympathy. They prided themselves on their hardiness. I didn't offer them sympathy just admiration tinged with envy.²⁵

Over the next year she traveled to at least fifty different reservations, a monumental task for any one person. She encountered very dreary and similar circumstances on many of the reservations: lack of adequate hospital facilities, poorly trained personnel, inadequate housing facilities for nurses, and the ever present problems of tuberculosis, trachoma, infant mortality, and high injury rates. Excerpts

from field reports confirmed the problems:

I went to Chinle and found a shabby and derelict hospital which was a boarding-school infirmary with a no-account doctor and a stupid practical nurse, then up to Northern Navaho at Shiprock, stopping at Tohatchi, where a new doctor was in the first stages of bewilderment. . . . Up at Shiprock there was another rattle trap hospital--a wooden frame structure built as a tuberculosis sanatorium. The one nurse was trying to cope with an epidemic of measles among the school children. She had forty cases, some in the building and some on the porches, which were not glassed in but had only cloth curtains. The hot-water boilers had gone out, and the poor girl was about at the end of her tether. My sympathies were all for her, and I raised Cain with the superintendent and the weak, ineffective doctor, and in five days the boilers were fixed. . . . I went by car up to Pueblo Bonito, the agency headquarters for the eastern Navahos. It was the same story there - a ramshackle hospital, one nurse, and one doctor. There was no x ray, and the practice of medicine or surgery was archaic, to put it mildly. Warmth, food, and cleanliness and aspirins were the main attractions.²⁶

Southern Pueblo April 26 - May 7, 1925. It is impossible to expect the present field matron personnel to turn out effective health work. The history of the development of nursing work has always been through home nursing to hospital care. Curative work provides great leverage for educational work. If the main purpose of the field matron service is to advance and secure the health of the Indians it should be so organized to provide the best curative and education service in the homes. This can best be done by changing the type of personnel from the field matron to a trained nurse. In retrospect this first field trip to all the Navaho jurisdictions was very enlightening to me. Living conditions were very primitive. The problems were the same. . . . After seeing the hospitals I realized that building these institutions up was really a primary need to better health service. My familiarity with the Sioux of South Dakota led me to believe that the Navahos would be just as susceptible to kindness and good care as the Sioux had been.²⁷

Elinor frankly conveyed these concerns in correspondence to family members:

The reservation work continues to be very interesting but is rather appalling in that there is so much to be done and so little organization to do it with. The whole health scheme is very much behind the ordinary and accepted schemes of other organizations. The doctors are so very few and poor that the men in charge just take a chance on their own guess as to the degree of attention that is to be paid to any situation and life goes merrily on with the usual round of buck passing until it makes one very sick to think of all that should be done to make theories prove to be facts.²⁸

In her annual report she concluded:

In making so many hundred home visits and seeing the Indians in hospitals on some fifty different reservations, it is the opinion of the supervisor that good nursing service will 'sell' medical service to the Indian more than any other one factor. Inasmuch as the nurse sees the patient five times to the doctor's once, it is of very great importance to build up the quality and quantity of our nursing service. It is not suggested that the nurse is five times as important as the doctor, but that she is, in the mind of the patient at least, 50% responsible for the conditions surrounding his sickness and recovery. A good nurse can counteract poor hospital facilities, can counteract fear and distrust on the part of the patient and family. A good doctor can counteract poor hospital facilities, can counteract fear and distrust, but he seldom can counteract poor nursing.²⁹

Yet, little action was taken on her reports. In fact, Dr. Newberne actively resisted her efforts. He was instrumental in burying the report of the survey that had been completed by Florence Patterson on the reservations and making sure that it was never made public. The report clearly found the existence of poor facilities to care for the sick either in the home or in the hospital. Further, it indicated that public health nurses could be very instrumental in improving the health conditions given adequate

medical and hospital services, and finally, noting that the services of public health nurses are quite acceptable to the Indians.³⁰

Dr. Newberne advised Burke against the conclusions and the evidence presented in Florence Patterson's report. Elinor vowed at that time not to dabble in the politics of the organization and instead do what she called "stick to her knitting,"³¹ that is, recruit nurses by zigzagging her way through the Bureau of Indian Affairs. This approach seemed consistent with Elinor's practical nature because her overall leadership style was non-confrontational and she took a conciliatory approach to identify solutions and implement them.

When she returned to Washington she felt that she had "turned up more ground that I could hope to cultivate and certainly that I had a big piece of work on my hands. I was eager to know the rest of the problems."³² The first year she took a hands on approach dealing with all the personnel issues. However, she also learned that this was not particularly efficient and determined to address many of the issues with more clearly defined policies.

She set out again for another extensive field trip which would take her to Michigan, Wisconsin, Minnesota, Montana, and Washington. Excerpts from family correspondence reflected her field experiences:

I've been very busy and still am. The days are long and the evenings filled with desultory work. This job involves loads of talking-talking-talking. I would gladly go into a 'retreat' once a week for two weeks. That may be one reason that I find it so hard to sit down and write anything about my job. I'm fairly

sick of it when I get through with a day. I make 'em think but at considerable expense to my own mental equipment!³³

On 21 March 1926, she wrote to her mother:

I'm still at Fort Defiance and very badly bored with life. I'm 3 reports behind hand and must move on tomorrow if the weather holds I'm sick and tired of this moving and moving and moving 3 more years of this and I'll be ready to settle down forever and grow cabbages. Of course, this is only exclamatory and you must discount 50% but yet the difficulties of the situation are so many that one gets discouraged over the prospect of putting anything really good across. The Rockefeller investigator is out here over trachoma but I have me doubts if anything comes of it. I wish Rockefeller would take over the Reservations and then let the Gov't. stand around and see how things should be done medically so that the work would be ready for State health work in a short time. It is all so possible if only there were money at hand. 3 million could do it easily if it were properly and efficiently managed. Well forgive this tirade - .³⁴

In spite of the horrendous circumstances she discovered, Elinor continued to display a remarkable sensitivity for the Native American people:

I was very much interested in seeing this group of pueblos. They seemed to be more ancient than the Rio Grand villages. Situated as they were in a remote and difficult spot, withdrawn from their old-time enemy, the Navahos, the people, surprisingly, were very self-sufficient economically as well as psychologically. They made everything count, down to the apple seeds. As agriculturists they had learned to utilize every drop of moisture. A delightful water boy on a donkey brought up water to each house in the village, plying his trade all day long. This saved the women from going down the trail for water. The group organization was extraordinary. All did their part, and the tasks were assigned by the village governor. It was close knit and effective.³⁵

And in the following she reported:

Many of the patients, before they came to the hospital, had an Indian medicine man; sometimes they could pay for a 'sing.' The Navaho medicine man is really quite a psychiatrist. After the spiritual rites are satisfied, the Navaho is ready to try white man's care. One of the interpreters said to me, 'The Indians don't understand why the white doctors never ask about their dreams.' I replied that there were white doctors who were interested in dreams but we had none of them in the Indian Service. Thus psychosomatic cures are not so new after all. If one gets right with the spiritual forces, perhaps aspirin will work wonders. The antibiotics hidden in molds and the cortizone in herbs, we don't know much about.³⁶

Not all of Elinor's correspondence reflected problems or concerns. For instance, she sent the following note to her mother commenting on the humor of her accommodations in Milwaukee:

I had an amusing time in Milwaukee. I met some of the nabobs and begums but most of my amusement was with my landlord and her daughter. They were oddities but just as kindhearted as could be and we laughed at the world and had lots of fun. The landlady was a whiz on antique furniture and had a house full of junk that would have delighted you. And the daughter was a blue baby and got exhausted making beds and running up and down stairs so the whole thing of 'Town House' was mildly crazy but full of fun. All of us were as queer as Dick's hatband. Students, old maids, nurses, rich widows having a lawsuit, sales ladies of stocks in a marvelous new wheel for two. Life was just one degree queerer than in 'The Constant Nymph' - For a wonder I was sorry to leave though I could hardly stand some of the oddities - The Indian Service people are queer enough but so dull withal that I enjoyed getting pepped up a bit on the outer edge.³⁷

In a letter to her sister, Marjorie, there is further insight into Elinor's sense of humor:

. . . You can't tell me much about the Bible belt. I have spent two consecutive Sundays with missionaries of Mennonite Brethren from Kansas in services from 10:30 to 4. The other Northern Baptists and I made a mild assertion about

properly managed dances and the old gent blared forth that there was no such thing as proper dancing - it all stirred the passions and was wrong and full of sin. It couldn't stir his passion. He hasn't the juice of a dried persimmon but there are four children so I may be wrong.³⁸

In the following quote there is a sense of just how important the favorable climate and environment of the West may have been for Elinor:

Here in New Mexico with plenty of sunshine the cold is noticeable and not very much anyway. Though I puff a little after two flights of stairs, the general effect of the climate is so like Colorado that I feel much more like a human being here than in either Wisconsin or Oklahoma. . . . Here in Albuquerque the work is more or less at a standstill. The office has appointed no nurse and the whole job looks like a hopeless incubus of inertia and bureaucracy. The climate alone makes up for the impossible degree of impedimenta to an effective service. Of course I'm interested in the development but it isn't the pleasant straightaway type of effort that is most enjoyable.³⁹

The strain of this trip, along with the lack of action on the part of the medical director, was evident by the time she reached Fort Belknap, Montana. She reflected that with such poor hospital care available, it seemed futile to try to establish any public health nursing services. This proved to be an extremely low point in her career with the Bureau. She had lost much of her enthusiasm for the ongoing challenges.⁴⁰ Elinor shared feelings described as 'blue as indigo' with Lucy Minnegerode. What Elinor did not know at the time was that Dr. Newberne had died and the United States Public Health Service was loaning five medical officers to reorganize the Medical Division. When Lucy Minnegerode shared Elinor's letter with the new director of the Medical Division, Elinor was instructed to return to Washington as soon as her field

trip was completed.⁴¹ Elinor later remarked on this situation in a speech to the western section of the American Public Health Association:

In 1926 the old man of the sea died. Bless his kindly old soul. He was a kind hearted man but he had decided that the Indians were a dying race and that his job was to let them die as gracefully as the lack of funds would permit.⁴²

Reorganization

The Public Health Service loaned the Bureau a medical director, Dr. Marshall Guthrie. Elinor had her first experience of reorganization, which proved to be very positive. In a letter to her brother, Donald, she wrote of her new boss:

My new boss is named Dr. Guthrie of the U.S. Public Health Service - maybe you know him - the change came this spring and I've been shivering not knowing what would be the outcome. He has the right ideas and is making life hum in the medical service. I got more accomplished in 2 half morning sessions putting the field nursing on the map than I have in 2 years under Newberne - Lord, it is a relief!⁴³

Elinor moved into the ongoing operations of the Division. Dr. Guthrie was able to lobby for salary raises for nurses and doctors. He also developed a policy allowing vacations with pay and the creation of several more positions for both physicians and nurses.

Elinor had a great deal of respect for Dr. Guthrie, whom she described as quiet, firm, and someone who could identify difficult issues. She recalled one technique taught to her by Dr. Guthrie: "The way to deal with an uncooperative superintendent was just to draw a circle around him, isolate him. It took about two years to bring him

around, but he came! Smarting but outsmarted.”⁴⁴ Elinor’s professional life greatly improved. Her personal life was equally positive at this time.

My own life was rosy with work, progress and interesting. In 1926 I bought a little shack in Georgetown on the wrong side of the tracks. It was tumbling down, but with a mortgage I remodeled it and made it more livable. It was my first venture into the realm of property and paid off very pleasurably. I had a garden and a kitchen, and what more could I ask for after ten hours at a desk! I bought a car and was more contented with life.⁴⁵

Elinor was certainly in synchrony with the rest of the country, with her automobile. The roaring twenties were characterized by materialistic pursuits. Life was prosperous and this prevalent affluence continued until October, 1929 when the stock market crashed.⁴⁶

Further insight into Elinor’s life in Washington outside of the Indian Service remains limited, although interviews with her niece and nephew provided the following information:

She lived in a little tiny house in Potomac, 3245 Poe Street at the head of Potomac Avenue. Aunt El had it beautifully taken care of. I went in from Medera School frequently for lunch with her so we developed a camaraderie that was supportive. And she was supportive, and her advice was wonderful. I remember freshman year being not very happy with my roommate and she said, well, my mother went to boarding school, and she made up her mind to make a go of it. Make do even though she was rooming with somebody she wasn’t fond of, it was character building, so you stick with it. So I did.

That little house that she lived in, it was before any air conditioning had ever been invented, and it used to get so hot in the summer. Aunt El would drag her mattress out between the front door and the garden door where if any air was

moving it would be moving out of there. It was an absolutely adorable house. It had, I think, maybe two bedrooms upstairs and a living room, kitchen.⁴⁷

Her nephew, Judson Bemis, recalled spending time with Elinor in Washington:

When I was in high school boarding school, I spent a week visiting her in Washington. She was then in the Bureau of Indian Affairs. Department of the Interior, . . . She had a very small former slave house in Georgetown. So I spent a week in Washington. In between her duties, Aunt Elinor showed me around. It was great fun.⁴⁸

Ever since late 1925, Elinor had been planning a trip to Europe to visit her brother, Alan. Several pieces of correspondence between Elinor and her mother mentioned preparations for the upcoming trip.

I've had a letter from Alan recently in which he says that August or September would be the best time for him to arrange for a pleasant visit from you and me. That is later than I had hoped as it puts my vacation off till rather late in the year. . . . and if we are posed to make that European trip it means saving my pennies too. I want you to say quite soon if you want me to plan on August or September as that will materially affect my plan of work for this spring.⁴⁹

On 25 February 1926, Elinor wrote:

Will you please start looking up boats and so forth for the last week in August or the first week of September. I can count on 35 days in toto - I might squeeze in more. I'd like to know pretty soon now about the cost of passage and return and what we should allow per day. \$5.00 or \$10.00. I enclose a check which I wish you would keep as a nest egg toward the trip.⁵⁰

Elinor met her mother in New York in September, 1926, and they embarked on a voyage to Europe. Writing home on 17 September 1926, Elinor's mother commented:

We find the cottage next door a very comfortable one and Elinor Colorado is enjoying many privileges which she has long given up - Yesterday she felt like cooking and having hunted up an American grocery store in Paris and got some graham flour and Royal Baking Powder she treated me to some graham muffins. . . . of course I am not trying to see Paris at all completely. But next week I am planning a day at the Louvre and Luxembourg and Fountainbleau. And we expect to take a day to visit Chartres. We expect to sail for New York on Oct. 1st and if we are so fortunate as to meet with as good weather returning as when coming we shall give thanks and have a happy winter of retrospection. Please think of us both as very happy indeed and enjoying every minute.⁵¹

Unfortunately, Elinor's mother, Mary Needham Gregg, died unexpectedly in France.⁵² In his biography, Alan Gregg commented on his mother's death:

Mother had a glorious visit to Fountainbleau the day before and had insisted on coming to Paris to do some shopping with my sister Elinor. . . . Suddenly, while at the Galeries Lafayette, she felt dizzy and then very weak, and in only a few minutes was unconscious. . .

It was somehow natural and appropriate and beautiful that her motherliness took her on a long journey to see her children and her children's children, and that, in the happy enjoyment of doing this, the end came with merciful suddenness. It has been far easier for me also because, having lived away from her so long, I feel as though she were still alive but only absent. . . . It is awfully hard for Elinor to go home alone.⁵³

If Elinor was deeply distressed about her mother's death, it was not evident in her actions as described by her great-niece, Mary Misch:

Elinor told me about being her mother's body bag. Elinor went out and bought a nice hand bag and put her mother's ashes in it and when they got out to sea, Elinor opened the handbag and dropped the ashes into the ocean. It seems to me she wasn't very sentimental about the remains.⁵⁴

Commissioner Burke sent the following letter to Elinor in Paris on 7 October 1926:

I am in receipt this day of your letter from Paris of Sept 24. I note with regret the death of your mother and extend to you my sincere sympathy. I am sure this was a source of loss to you as it is with our mother. When one's mother is taken we lose our best friend no matter how long in the world. I note your intention to return here about the 20th when we will be glad to see you and have you back on the job.⁵⁵

As the years continued, Elinor accelerated efforts to actively recruit nurses as well as visit most of the reservations in an organized fashion. Unfortunately, many of her reports indicate problems similar to those that were described on her first field trip. For instance, excerpts from field visits to Oregon and Washington in March, 1927 read:

Separate transportation for the field matron is needed badly. . . . The other equipment is not adequate for field nursing work and a list was submitted to the superintendent covering these needs which it is thought can be met out of present funds. The work of the field matron could be directed into more productive channels and coordinated with the medical service better.

Port Spokane Hospital. The building is in bad condition, it needs paint, plaster and refinish of the floor. The construction is far from convenient. The halls are too narrow to pass where the four staircases come up. The wards are scandalously dark for the care of tuberculosis. The division of work is poorly planned.

Warm Springs. August 12, 1927. These people are not getting any nursing service worthy of the name either in their homes, in school, or in a hospital. The home conditions are very poor. Except for the simplest type of first aid work on the part of the doctor, the health work for the reservation rests in the hands of the school matrons and teachers, unorganized and almost non-functioning. This is not due to willful neglect or ignorance of what could be

done but to lack of trained personnel to carry out any program more intricate and far-reaching.⁵⁶

In the 1927 annual report, Elinor commented on the difficulties that continued to face the fledgling nursing service:

Last year the labor turnover was 98.4%: 110 separations from the service for 123 positions to be filled. This year the labor turnover is 123% - over a third higher - This is discouraging but on analysis there are tendencies which seem to point the way to remedy-the study of the nursing profession based on very far reaching sources of information is now being conducted by the American Nurses Association and we find that we share with other organizations in the general difficulties of a high nursing turnover but our turnover is out of all proportions when compared with other Federal services.⁵⁷

In this same annual report she made reference to several improvements that had taken place. For instance there were significantly more public health nurses working for the Indian Service and the quality had increased substantially. Further, there were better quarters, safer modes of transportation, and leadership developing among the physicians.⁵⁸

Elinor affirmed the critical nature of making field trips for the supervisor as a means of recruiting as well as a reminder of the extent of field problems. Elinor's field trips were a satisfying part of her position and a method for maintaining contact with the grass roots. She used these opportunities to make herself accessible to the nurses, to boost morale and to gather and disseminate information. While out in the field, she was able to solve many problems because of her great knowledge and field experience.

However, at the same time she made a very convincing case that the grueling travel schedule, which required the supervisor to be in the field for eight months and in the Washington office for only three months, was contributing to difficulties in policy making. Her objectives for the following year were:

The important points to attack the next year are more stable personnel, less hours of duty, better equipment, and more promptness in recruiting. . . . The needed changes could be made more rapidly if more funds were available. If a supervisory nurse could be attached to the District medical offices to stimulate recruiting to guide the field nurses in their problems of planning work and to interpret values to them and the other agency personnel, to guide their cooperative functions with State nursing and health activities and improve the nursing practices and hospital equipment at least twice a year.⁵⁹

When Herbert Hoover became President in 1929, Commissioner Burke resigned and Charles Rhoads was named as his replacement. Along with his deputy, Henry Scattergood, they brought a new style to the Bureau. They worked together to implement the reforms that had been recommended by the Merriam Report, a study done by the Brookings Institution. The Merriam Report recommended increased revenues to provide for increased services to Indians, advocated the development of increased public health nursing services, and also suggested that Indian people be educated to become teachers and nurses.⁶⁰ Reviewing the Merriam Report in *Public Health Nurse* in 1929, Elinor concluded that the Merriam Report contained much helpful criticism and valuable comparison. However, if the recommendations were going to be implemented, it would mean that a large appropriation would have to be secured.⁶¹

Over the next two years, improvements came about, and during the Hoover administration, Elinor wrote that they felt as if they “were cooking with gas.”⁶² Commissioner Rhoads was able to secure increased Indian Service appropriations for health education, health, and welfare at a time of a frenzy to cut the overall federal budget.⁶³ Many nurses were recruited and policies and programs were more fully developed.

There were plenty of obstructions to overcome, but with the help of good nursing personnel the policies became more evident and the procedures more orderly. By and large the nurses were happy. Of course, we got hold of one or two crackpots, but on the whole the nurses liked the Indians and the Indians liked the nurses.⁶⁴

Elinor commented further regarding her management philosophy and style:

I did not like to develop a ‘corps;’ white uniforms in the hospital, blue uniforms in the field, and white caps in the hospital, with black velvet strips for the head nurses, were customary but not regulation. I frowned on smoking on duty, but there was not much occasion to lay down the law on professional conduct.⁶⁵

Her management style did not extend to a great deal of direct supervision of the nurses. From her perspective they were all professionals. She saw her role as solving tangles and misunderstandings and making each nurse feel like a valuable member of the team. “It sometimes took a lot of patient listening to petty complaints and hurt feelings, but it was rewarding, on the whole.”⁶⁶

As a leader Elinor was not guilty of micro managing. In fact, once hired, she developed her assistants to deal with routine matters and primarily focused on policy issues. Elinor’s style was supportive, nurturing, and empowering for the nurses who

worked for the Bureau. This style of leadership was not at all in keeping with the management philosophy of the day.

Classical theorists such as Taylor and Weber were in vogue at the time and had a major influence on early nursing management. Taylor advocated the use of time and motions studies with decisions made from the top down. The scientific management movement concentrated on the physical environment to the exclusions of the social environment and human concerns. It was popular from the late nineteenth century until the 1930s.⁶⁷

Elinor's style was more in keeping with the human relations movement which became popular in the 1940s.⁶⁸ No one was more in tune with the social, cultural, and environmental issues related to the workplace than Elinor. She demonstrated a compassionate and common sense approach to leadership. She expended incredible efforts on behalf of her staff to obtain adequate housing, sanitation, equipment, and transportation, while at the same time demonstrating a remarkable ability to network with authorities.

An example of the way she encouraged the nurses and gave them the credit due them is given below:

I was most interested in your November report and in your letter of November 13. The fact that much of your work in November was remedial does not worry me, for I think it often is wise to build a public health nursing program on a foundation of bedside nursing. Your efforts at educational work, I am pretty sure, will be more warmly and attentively received after you have won the confidence of the Indians through some visible service to them. Then, too,

surely it is worthwhile to save a youngster from pneumonia and to help the sick people to recover.

You must not worry either because you do not do as much tangible work in a day as you did in Detroit. Your present undertaking is a very different one from that in Detroit and our work necessarily is on a very different scale. If you accomplish as much tangible work in a month as you did in Detroit in a week I shall think you have done wonders. . . .

. . . I am quite thrilled over the way the children are coming to your home for amusement. I think it is marvelous that you, and when I say you I mean you and Miss Carpenter, have won their confidence so quickly, and I think you are quite right in feeling that by getting them in the habit of coming to you, you are opening the way for planting many educational seeds as well as many play seeds in their minds.⁶⁹

In a report from Santa Domingo Indian Pueblo dated February, 1926, Augustine Stoll, a public health nurse commented:

Miss Gregg has been here and her experience with the Indians and her recent observations of work elsewhere made her a real help. We went over what we had done and discussed future plans. She said we had accomplished as much as she had expected under such unfavorable circumstances.⁷⁰

Elinor commented further on her role in the field as a manager:

In the field I had no administrative authority, only some administrative weight. Just how much administrative weight I had was an unknown quantity. When I was first appointed by Commissioner Burke, I was looked upon as his fair-haired girl, but that I did not make any effort to cash in on his interest in the nursing work surprised the old likes of Bureau employees. They became interested in training me in the accepted technique of office procedure. And I became very interested in implementing my own ideas of how to recruit nurses.⁷¹

Certainly her friend, James MacGregor, was interested in making sure that she was following the accepted technique of procedure. She had made herself invaluable to him. In a letter from James MacGregor dated 4 April 1933:

We have three field nurses besides the hospital staff and it would appear that such an important hospital or medical center would call for a visit from the Supervisor of Nurses. We do not want only assistant supervisors. You know, I am like an old Indian; when they come to the office even for an unimportant thing, they want to see the Superintendent, so, in this particular case, we do not want to see Assistant Supervisors but I want to see 'itancan.' . . . Now, my dear Runs Reckless, give us a break. You know what a hard job we have here and how much we need efficient help. You know how the Atayapi gets cussed and discussed. You know how the pejuta wicasa gets blamed for things he did not do. You also know that the Democrats are in power and that is not so good. I do not expect you to remedy this till you see this letter but surely you could come out here and look the situation over and as the ground work, I am writing an official letter to Doctor Guthrie.⁷²

The onset of the Great Depression found schools of nursing in a period of stress brought on by the overexpansion of schools and the continued exploitation of students in hospitals. The Depression impacted the profession of nursing to a greater degree than many other occupations. Private duty nurses were particularly vulnerable in the marketplace. The populace was unable to afford their services and many were left unemployed. At the same time, many hospitals were shut down. Many schools of nursing were forced to close their doors or to drastically reduce the numbers of their graduates.⁷³ The Depression actually served Elinor's efforts to recruit nurses very well. Personally, the Depression had little impact on Elinor's life:

The stock market crash in 1929 did not bother me; I skimmed through that without loss. I however had not been interested in making money and had not begun to save much out of my \$2,600 a year. I had enough to live simply and no responsibilities. I was so well and strong that the future of old age had not seemed to be looming very near. The years rolled on without disaster of any kind interfering with my personal plan of life.⁷⁴

Throughout the 1920s, Lucy Minnegerode spearheaded an effort to have U.S. Public Health Service nurses placed in the professional grade of Civil Service personnel. Existent policy recognized nurses on the same pay scale as orderlies and other hospital service workers; in other words, a sub-professional category. Many nursing organizations such as the American Red Cross and other government nursing services joined her efforts.⁷⁵ Elinor served as an ex-officio member of a special American Nurses Association committee which developed specifications for civilian nursing service in the federal government. Members of the committee included Clara Noyes and Major Julia Stimson. These nursing leaders thought that deleterious results would come from a classification of nursing as “sub-professional.”

It is felt that the morale of nurses in the service would be lowered by the proposed classification; that it will be increasingly difficult to attract the right type of nurse to the services. . . . At the present time the nursing profession feels that it is for the safety of the individual patients served and for the public health betterment of the communities that nursing should not lose status by being classed as ‘subprofession’. . . . The future of professional development of nursing would undoubtedly be weakened, . . . There are more than 200,000 nurses in the country whose standing at home is recognized as professional. Is it not unjust that the 3,000 nurses in the civilian nursing service should not be recognized as the equals of the nurses outside the service?⁷⁶

These forceful leaders were unable to convince congress to leave the nurses in the same classification as previously.

The New Deal

Franklin Delano Roosevelt was elected President in 1932, the first Democrat since Woodrow Wilson. He named Charles Ickes as Secretary of the Interior, who subsequently appointed John Collier, an Indian activist, as Commissioner of Indian Affairs. In a major departure from previous policies, John Collier directed the members of the Bureau to implement reforms that would preserve tribal community life and the Native American's land base. He espoused the notion of cultural pluralism.⁷⁷ As a settlement worker, Commissioner Collier had been influenced by the work of prominent sociologists who advocated the preservation of *Gemeinschaft* relationships,⁷⁸ or shared obligations noted within Indian cultures. John Collier proved to be a very controversial figure. The Indian Reorganization Act of 1934 was passed at his urging. This significant piece of legislation ended land allotment and encouraged tribal self-government.⁷⁹ Yet, historians have tended to qualify their praise of the New Deal Indian policy. They emphasize that the good intentions of Collier were undermined by his paternalistic attitude toward the Indians, by his naive and often romantic perceptions of modern Indian life, by his abrasive and authoritarian personality, and even by his general lack of understanding of Native American cultures and diversity.⁸⁰

From Elinor's perspective the New Deal swept into her office with fanfare. Within a few months of Collier's appointment employees within the Bureau began to

hear of the most recent approach to solve Indian problems: the anthropological approach. Collier was convinced that all employees needed education in the anthropological approach.⁸¹

This was to have repercussions on the nursing service which did not make Elinor happy. She described one such repercussion that occurred when a head nurse, after an amputation on an Indian, sent the leg over to the furnace to be burned. However, because of the new approach, it was determined that the leg had to be buried. The soil was hard and the leg was buried in a very shallow location, after which it was dug up by a local dog. The superintendent then determined that the leg would be burned after all. Elinor and the head nurse had a good laugh about it.⁸²

Elinor described John Collier as a small man full of big ideas who was always trying to conjure up new programs. He asked her to issue orders to the nurses to develop a program of birth control for the Indian women. When asked what kind of program he wanted, he suggested that the nurses recommend the latest drugstore technique which Elinor felt was ineffective. At this point in time birth control was still viewed as part of medical practice. Elinor refused to follow up on such a program because she believed that it was poor practice. She was firm in this decision and stuck with it. Mr. Collier never brought up the subject again.⁸³

Elinor really took quite a disliking to John Collier and his policies, and that dislike would be reflected in her correspondence and in the recollections of several family members. In a letter to Alan Gregg she wrote:

We have had our first major earthquake at the office and one of my friends Mary McGair got jolted out of her present position. I hear via subterranean routes that Mr. Collier aims to have the Rockefeller Foundation set him up in a permanent research advisory function on Indians when his job as commissioner stops. Let me advise you not to get burnt with anything so fast and loose as that boy - He is pretty much of a hot potato right now. Brilliant but erratic as hell. He'd double-cross his own grandmother - completely ruthless - will keep his toes in the fire forever and is vindictive. The way that he turned five people out just now makes one pretty sick.⁸⁴

Commissioner Collier directed a woman, identified as Miss Jean in Elinor's correspondence, to develop a school of nursing for Indian women. Sally Lucas Jean was a nurse and a leader in the development of health education. She served as health education coordinator for the Navajo division of the United States Indian Service.⁸⁵ Instituting a school of nursing for Indian women would have been consistent with the developing policies for increased Indian participation. Elinor was asked to write up the nursing protocol for such an operation and the Rockefeller Foundation was to be asked for the money. Since Elinor's brother, Alan, was a vice president of the Rockefeller Foundation she wrote him of her grave misgivings of this policy:

My notions of attack are not those of Miss Jean or Dr. W. Peter, our new Navajo Medical Director. I am not ready to turn loose a lot of untrained, semi-trained and poorly - native workers without adequate supervision. If we attack education of the ignorant by exposing them to the knowledge of the less ignorant and put our professional people (nurses in the main) to supervising the activities of the less ignorant we will I think undo most of the progress that we have made in giving increased high grade professional service to the Indian.

. . . The real problem we face is the improvement of the quality of care rendered by our own personnel and the correlation of public health practice with

the program of medical relief. I say improve the quality and variety of services of the professional group and the infiltration of knowledge and experience will do the rest in making the Navajo use and value what is available for him. We can only make him serve himself by carefully planned service not by making half-baked training the objective.⁸⁶

In spite of Elinor's reservations, many positive things did occur during the New Deal years. Services were improved and more clinics and hospitals were constructed.⁸⁷

Writing in her 1934 annual report, Elinor commented:

. . . Physically we are beginning to be well equipped. There is a general improvement in the quality of personnel since the depression, but we are still quite a long way from the traditions of service which are implied in the policy of Indian participation.⁸⁸

Elinor wrote positively about these changes in a letter to her brother, Alan, and his wife, Eleanor:

You are such a nice family to ruminate on and there is no doubt that it pays to get away from the grind even if you can't see my way through the maze and masses any better. At least you feel a little less like an empty bottle in the ocean with a hole in the cork. . . . The results of this week of work will spread over some year or two and I dread to think of the glorious confusion which will result when the social workers get going in every hamlet and town. Most of the counties have discontinued their nursing services in favor of a relief work director just out of college. The medics are kind of up in the air but in the long run I believe it will serve to weed out the poor grade of nurses and stabilize the notions of nursing service and the doctors will have to get into gear with social workers and the sw's will have to get into the medical picture in an orderly fashion. Hallelujah - administrative executive work is a gay life at this moment.⁸⁹

Elinor would later recant her earlier position regarding the education of Indians for nursing positions:

We think our present plans for steering promising Indian girls into accredited nurse training schools are working out. We have made a great effort to employ interested girls as ward attendants for a year between high school graduation and entering training school as a means of earning and saving money for training, and also to give them some opportunity to decide for themselves as to their choice of occupation.⁹⁰

Elinor's great-niece, Nancy Wirth, related an amusing story about Secretary Ickes during his tenure at the Bureau of Indian Affairs. It seems Secretary Ickes arrived at one of the reservations during the time Elinor was on a field trip. He was known as a bit of a curmudgeon and a real 'get things done' sort of person. He set about inspecting the reservation and when he returned the next morning he told her he was going to change some things, particularly that everyone would now begin work at eight o'clock in the morning. Elinor set him straight very quickly:

Mr. Ickes, you just don't understand the reservation. You don't understand what happens here. You're worried about regular hours; we work as long as we're needed. Sometimes we don't go to bed in epidemic times or something for up to a week. We can get along just the way things are. And we're not going to start at 8 o'clock, and besides, my bowels move at 8 o'clock every morning.⁹¹

In response to this Secretary Ickes told her to go on with what she was doing.⁹²

Alaska Under Her Jurisdiction

About this same time, the affairs of Alaska Natives were shifted from the Office of Education to the Office of Indian Affairs. The development of public health nursing in Alaska had occurred later and quite differently than in the rest of the United States. Much of that difference was closely linked to Alaska's status as a territory until 1959.

Gruening viewed the years from 1920-1930 as the era of indifference and unconcern in Alaska. In the rest of the U.S., the 1920s were lusty, expansive, and confident years. Alaska moved backward. The railroad, which was to have contributed to opening up the interior, suffered economic deterioration. Mining declined in the twenties and the military establishment was abandoned. The 1930 census showed Alaska with a virtually static population of 59,278 just 4,000 above the 1920 figures but below the 1900 and 1910 figures.⁹³

As the rest of the country experienced the worst depression in living memory, Alaska was set to experience a minor boom in terms of population growth. Roosevelt increased the price of gold in 1933 which spurred a mini mining boom. Next came the Matanuska colonization project. The intent was to give Americans from stricken agricultural areas an opportunity to begin again. It was also intended to stimulate population growth in Alaska and demonstrate the agricultural potentialities of Alaska.⁹⁴

Elinor indicated that she knew nothing of nursing in Alaska and, in a behavior that had become her style over the years, planned to make a field trip to Alaska to become more familiar with the services and operation there. She spent about one

month traveling from southeast Alaska to Nome to Barrow in the late summer and early fall of 1935. She wrote about the nursing service when she returned to Washington.

Most of the nurses, whether they worked for the government, the mission field or the American Red Cross, were completely isolated from one another and usually isolated from any medical services. They did health teaching, home nursing, and accomplished what they could in periods of epidemics and emergencies. They often covered sparsely populated areas as large as several states in the lower 48. The great degree of autonomy experienced by the group was in many respects largely due to the remoteness of the area.⁹⁵

Field nurses took on many of the prerogatives usually reserved for doctors. Following is a description of some of these nursing activities in a village of 120 persons:

The field nurse does a physical inspection of practically all the natives and sends her report back to the doctor at the hospital. She extracts teeth and does cement fillings. The dentist may be available the next year. And she goes over all the cases that the teachers have treated since her last visit. She gets the midwives together for lessons and teaches the mothers various simple nursing procedures. The teacher has help with her health education work and the older children are interested in first aid and anatomy and hygiene. During her visit she is the instructive visiting nurse. The immunizations are done and cases that should or must be hospitalized are arranged for. Yes, she takes lots of responsibility. Her diagnoses and treatments must be pretty well thought out because only a few of them will ever be checked by a doctor. I hear you exclaim, 'Diagnoses! Treatments!' But I see no alternative. The population is so scattered, the cost of travel so great, the need so human. A nurse doing a little doctoring or a doctor to do all the nursing - those are the alternatives. So often nowadays doctors are not trained to nurse, but the nurse is expected to step in as a medical assistant in more than a few situations.⁹⁶

Elinor gave the following description of the service, giving credit for its development to the nurses:

The nurses themselves created the nursing service. The idea of an itinerant nursing service developed locally as an expedient answer to cover more territory. The work has evolved over the last ten years and recently there has come to be a service with recognized duties and responsibilities as well as tasks associated with public health nursing.⁹⁷

According to Elinor, field nurses should be public health nurses with a lot of resourcefulness and knowledge about sickness. Minor surgical skills and obstetrical knowledge come in handy when the doctor is 100 miles away, it is 50 below zero and there are only four hours of daylight to travel by dog sled.⁹⁸

In addition to often being the only regular provider of health care, agency supervision was far removed from the field. Given the unusual organization of Alaskan health services, with much of it administered from Washington, D.C., the degree of autonomy this group of nurses achieved is not surprising. The presence of several agencies in the field created some confusion, eventually duplicating some services, but served to buffer field nurses from much encroachment. The lack of organization of overall services allowed these nurses a great deal of freedom to practice as needs of the population demanded.

Living in Washington, Elinor, a most savvy manager, realized that her personal involvement could not have much impact on services actually rendered in the field. Although there was a medical director in Juneau who was a member of the U.S. Public Health Service, actual policies regarding hospitals and field nursing were only in the

process of definition at this time.⁹⁹ Elinor assisted the nurses in the field in whatever way she could to facilitate their work.

Events of the actual trip were chronicled in Elinor's book, *The Indians and The Nurse*. She left Seattle in early August on the North Star, a small ocean-going steamer which carried a year's supply of food and goods. She traveled up the Inland Passage to Juneau, then out to Dutch Harbor, back to Seward, up the coast to Nome, on to Point Barrow, and then back to Seattle, about 3000 miles total. In Juneau at the regional office of the Alaska Division of Indian Affairs, she had time to get her itinerary together, inspect the hospital, and visit the nurses stationed there. Nobody told her to take a pair of pants along, but when she got north of Nome there were no docks:

I would have to climb down the ship's side on a rope ladder into an Eskimo skin boat to land. I blush to think of the display of pink bloomers that the Eskimos saw north of Nome. If anyone had told me, I think I might have reneged, because if there is one thing I dislike more than a narrow plank across a stream, it is a ladder. To jump from the bottom run of a rope ladder into a skin boat (oomiak) full of Eskimos was really an ordeal. The Eskimo language sounds like a chorus of clickety-clack. I could only tell when to jump by the rising crescendo of noise from the skin boat. But there I was, and I knew I was being judged, so I couldn't afford to be scared. If I landed in the Arctic Ocean, there were lots of people there to fish me out, but I could swim or float.¹⁰⁰

It was a grueling trip which left her feeling:

More dirty than tired and was work through at the elbows, ragged at the cuffs, and needed something - I didn't know what - more than a wash and a wave. Perhaps a new skin was the answer.¹⁰¹

In one of the reports she wrote about this trip, she commented on the conditions that she found at Point Barrow:

Both the doctor and his wife are almost stone deaf. The doctor does not use an instrument and does not always understand what has been said. He accepts the native assistant nurse who listens with her stethoscope - in fact much of the diagnosis and treatment is in the hands of this girl. . . . He is too old to adapt himself to the present needs of the people. Any successor from the Mission Society who covered both hospital and church work would find it quite difficult to set up new routines at the hospital without changing all of the present native personnel. It would be difficult for a church worker to do so.

Owing to poor management on the part of a missionary doctor, the natives at this place are receiving very poor service. There is enough sickness in the district to utilize a ten bed hospital if a general type of medical and surgical service were available.¹⁰²

Elinor wrote further of the Alaskan situation in 1936:

And how is it now in the Medical service? Yes, there are still places as bad as in 1924. Alaska is really shocking in the lack of hospital service; in the lack of doctors and nurses to do the work; in the lack of money to get sickness cared for promptly. There are places where the nurses are too tired to be considerate of the patients.¹⁰³

J. G. Townsend, Director of Health in Alaska, wrote in the same edition of

Indians at Work, 1 October 1936:

We cannot be proud of our hospital facilities. Most of them are badly in need of repair. The buildings are old and inadequate and to further complicate the situation, many are built on glacial moraine which causes serious damages to foundations as the ice upon which they rest freezes and thaw, according to the season.¹⁰⁴

On a lighter note, Elinor bought a fur coat on her trip to Alaska. But when she got back to the lower forty-eight, she realized that it had not been cured and there were several disadvantages to wearing it in warm buildings. The coat proved to be worthless. Another anecdote from the trip included an introduction by one of the nurses in an effort 'to get' the supervisor from Washington, "the woman got up and said, those that can do, do, those that can't do, teach, and those that can't teach, supervise." Elinor found these to be very amusing and enjoyed telling the stories on herself.¹⁰⁵

In 1937 Elinor's sister, Faith Bemis, urged her to quit work and offered to set up two annuities which would furnish Elinor enough of an income so she could live simply. Elinor was becoming frustrated by the amount of red tape that was developing within the agency. She felt that she had achieved her overall goal to recruit more nurses and to improve the services provided to American Indians. Under her leadership, personnel in the Service increased more than 600 percent.¹⁰⁶

Elinor was cognizant of the fact that if she did not accept her sister's offer she would have to work another 18 years with the Service before she would be eligible for a full thirty-year retirement at the age of seventy two. She had seen other older women "stay in harness" out of necessity and didn't look forward to doing the same.¹⁰⁷

Before she announced her retirement in the fall of 1938, she would take a trip to Europe with her niece, Mardi Bemis. Mardi recalls that Elinor suggested when Mardi completed college, she had always wanted to go to Scandinavia and wouldn't it be great fun if the two of them could go together.

You plan it, I'm too busy to do all the arrangement. . . . And we went off for six weeks. And went over on the Caledonia, Cunard Line and landed in Glasgow. And we went across to Edinburgh [sic] and Scotland and over to Oslo and up the coast making friends all the way. . . . Mardi commented that 'I was getting real grumpy and sick of an older person instead of someone my age' and Elinor said one morning at breakfast, Now I think it would be a good day for us to part company. You go off by yourself and I'll go by myself and we'll come back for dinner and compare notes. So it was a wonderful cure. She knew just how to straighten things out. We were both anxious to tell each other what we'd done, by ourselves for a day. And she never otherwise became irksome, I'm sure I did but she didn't after that. Aunt El and I always kept close after that, but this isn't telling you of anything much except that her character was such that she could make do under any circumstances. . . . I'd say she was broad minded, but she was also very strict about her standards. And she was tolerant but strict in her own way about what was right and wrong. And she, she could see other peoples' points of view very easily. Not necessarily go along with them, but tolerant enough to let you go on with your ideas. And she just had a lovely, comfortable acceptance of people that I enjoyed recollecting. And it made our trip through Scandinavia very much fun because we saw eye to eye about lots of things and people.¹⁰⁸

Elinor's nephew, Richard, recollected about the trip to Sweden, "That was what was practiced in the past as a chaperon. They all needed to be chaperoned."¹⁰⁹ This is one of the first in many instances where Elinor Gregg would demonstrate her untiring role as Aunt El, which would be greatly developed following her retirement.

Elinor determined that it was time to establish a private life of her own. Her resignation letter dated 16 November 1938 to John Collier stated:

My main reason for reaching this decision is that I think change is good for individuals and good for organizations. . . . It has been fun to grow up and into a new idea of what the Indians could use in the way of nursing care. Of course I see holes in my performance that I would enjoy trying to fill up but that

project might occupy too long a span of years. . . the last few years have brought about many desirable changes in the economic and educational aspects of Indian life that are encouraging to health work. Though the pressure of work has prevented as full a knowledge and correlation of these changes with my field of work as I could wish, I would particularly like to mention that I think that the opportunity to give better nursing care does tie in with these changes. I find many of the old problems lessened or gone entirely.¹¹⁰

This would be a great change that Elinor would look forward to with anticipation.¹¹¹

When Elinor retired from the Bureau of Indian Affairs, there were more than 1,100 field and hospital nurses, occupational therapists, nurse aides, hospital attendants, cooks, and other employees for whose selection, assignment, transfer and supervision she was responsible. These people worked in 194 hospitals, under 85 jurisdictions. She gave credit to her nurses for making her a success and suggested that her efforts were substantially enhanced due to the great Depression. Nurses were looking for the type of security that was afforded by a government job during this difficult time. Sophie Nelson said the following about Elinor:

She brought to the work an excellent physique, wide vision, bulldog tenacity, tremendous endurance, an enormous capacity for analytical study, and a wide human interest. Perhaps her greatest contribution was her ability to carry a disagreeable load without getting too discouraged, and, at the same time constantly try to effect changes at various levels.¹¹²

Friends, colleagues, and acquaintances of Elinor commented on her retirement in the following ways:

From H. W. Langheim, a twenty year veteran of the Service:

The word of your intended separation from the service comes as a surprise. For you, I am glad. For the service, it is a calamity. Those who follow after will not know that the present nursing service of the Department is 100% the result of your tireless effort . . . I know what you have accomplished.¹¹³

From a letter of 31 December 1938:

. . . If this could be an expression in each nurse's own words of her appreciation of all you mean to her - it would be not just a letter, but instead as many volumes of books as there are nurses in this Oklahoma Indian Service. It is much as Miss Meredith says, 'Miss Gregg is the Indian Service.' And it is true you are the spirit of our Nursing Service. Perhaps even in that your all pervading sense of humor, which we have so enjoyed and looked for, will hit a high note. . .¹¹⁴

From Julia Stimson, the President of the American Nurses Association, and

Nellie X. Hawkinson, the President of the National League of Nursing Education:

We have watched the development of nursing in the Indian Service under the able leadership of Miss Elinor Gregg with great interest, and regret to hear of her resignation from the Service. . . . It is our belief that Miss Gregg has made an outstanding contribution to the Indian Service and the nursing profession under peculiarly difficult circumstances.¹¹⁵

From Johnnie Archombauet, 29 January 1939:

I'm sure that every Indian nurse that has ever come in contact with you feels the same as I, at least I hope they do. We have lost a very great friend, a great lass that perhaps some of us shall never know just what you have done toward helping us establish ourselves after we have struggled through our training. With your wise and thoughtful guidance many of us have gone much farther than we would ever have, had we not had your help. I often marveled at your patience and understanding when some of us made horrible mistakes. Did you chastise us? NO! merely showed us the right way and said 'Try Again.'¹¹⁶

And from Ruth Bronson:

Aside from any personal loss I feel of not having you around to talk to, I am grieved at your leaving the Indian Service for the sake of the Indian people. I have always felt, and I think I've said so to you that you were the only one in all my whole years of Indian service who thought of Indians as human beings and not as a problem or a cause as other 'uplifters,' or an experimental laboratory or just a plain meal ticket as so frequently happens in the Indian Service. Ever since I first knew you back in the Haskell days I've known you were to be depended upon to see the human values in any situation even with Indians, and I've thanked God you were there.¹¹⁷

Elinor wrote the following to her nurses on 15 January 1939:

Probably I haven't yet reached a full realization of how much enjoyment I have had up and down the halls and across the desks of the Indian office. . . . All these and many more have made a section of my life that has more color and substance than I could possibly put into the words of thanks and appreciation that I feel.¹¹⁸

Elinor left the Indian Service and her career to strike out in new directions. Her career was rich with memories.

NOTES - CHAPTER IV

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CHAPTER V

POST-PROFESSIONAL ACTIVITIES

Aunt El

It's unclear when Elinor decided to retire to Santa Fe, New Mexico. She had always felt a keen sense of place and a strong link to the western landscape of her childhood and, her dear niece, Faith Bemis Meem, was living in Santa Fe with her husband, John, and daughter, Nancy. If Colorado Springs was an eastern-oriented town, based on an aristocracy of wealth, Santa Fe was a western community based on an aristocracy of achievement, where art, talent, and good deeds, particularly associated with Indian causes, meant more than money and family.¹

She was excited about her new life remarking that "I am glad to be freed from all duties and look forward to minding my own business."² The transition to civilian life was one which extended over several months as Elinor resumed life as a private citizen. Elinor at 53 channeled her energies to a retirement replete with the exploration of roles of mother, professional aunt, photographer, gardener, builder, community activist, author, and friend.

This aspect of her life's adventure began when she left Washington and spent approximately four months with her brother Alan, his wife Eleanor, and their children in Scarsdale, New York. Alan, who raised pigeons and contracted psittacosis, was hospitalized. His disease seems to be part of the first epidemic of psittacosis that can

be traced to commercially handled pigeons. Alan recuperated but upon his return from the hospital, his wife Eleanor contracted the disease. In what became a pattern within the Gregg extended family, Elinor, ever the helper woman, went to care for the children.³

Later, when Elinor was involved in caring for Michael and Stuart Cooke, the two English boys who lived with her during World War II, Elinor commented on this earlier experience with her brother's family:

I think of you and Elly more often than you can guess and how grateful I am for the four months I had with you of learning how to run a family - I sucked up an awful lot more than I realized until I had to use it. And it has been fun having to use it. I feel much more kin to all papas and mamas than I ever have before. Another two years of this and I'll become a quite possessive maiden aunt I fear.⁴

After Elinor departed from Scarsdale, she took time out to work briefly as a camp nurse at the Perry Mansfield Camp in Steamboat Springs, Colorado. In a letter to Alan Gregg, Elinor's sister, Faith Bemis wrote:

Elinor Gregg seems to be greatly enjoying her Perry Mansfield Camp life. Faith Meem sent me a letter Elinor had written to her. Faith says John Meem is building a house for Elinor.⁵

And in a letter to the Alan Gregg family from Elinor dated 1 July 1939:

The trip across the country wasn't too hard. . . . I averaged 500 miles a day and the total mileage was 2050. I kept about 50 mph until I struck Kansas where the roads were so straight and flat that I worked up to 60 to 65 without knowing it.

About the camp. There is fishing and hunting of all sorts. I've concentrated on vitamins and exercise for these two months and am beginning to be a bit more peppy and have better muscular tension. It has been a good place to do this with no great amount of responsibility. The work consists of taking ordinary care of bumps and bruises, headaches, stomachaches, cuts, slivers, colds, and fatigue. Most of the kids get overtired the first 10 days and some of them have some sort of handicap - that has to be under observation.⁶

At the end of the summer, rested and ready for new challenges, the intrepid Elinor made her way to Santa Fe and moved into the new house that had been built for her by John Meem, her niece's husband, and a famous Santa Fe southwestern architect. While it isn't clear how Elinor paid for the house, it may be that Faith Meem gave her the land and that Elinor's sister, Faith Bemis contributed to construction.

Elinor's house represented a departure from the customary Meem architecture and was the first of what John Meem called his solar houses. Those houses featured an overhang on all sides of the flat roof which protected the adobe plaster on the outside wall; on the south side, the overhang provided protection from the sun in summer while permitting the sun to strike the windows in winter.⁷ The south-facing portal which was as deep as a regular room and equipped with a small fireplace was considered to be the most beautiful room in Elinor's house. It served as the hub of activity in the house for years to come.

English Boys

Elinor settled into her new surroundings and enjoyed the peaceful environment. But the peace and quiet were short-lived. In 1940, her life, and the lives of citizens

across the country, changed markedly. Despite America's continuing inclination toward isolationism, the country prepared to defend itself against a totalitarian threat in Europe and in Asia.

Although Elinor did not become directly involved in the war, as she had in World War I, she was anxious to do something to support the war effort. Several Americans and Canadians were transporting English children across the Atlantic in an effort to protect them from the bombing. John and Faith Meem heard that English children needed homes and felt, because they had such a huge house and their daughter, Nancy, was by herself, that it would be good to take English children into their home.⁸

Initially they tried to get two children through a Boston newspaper, but they were unsuccessful. Then Derek O'Brien, an archeologist and Rhodes scholar residing in Santa Fe, told John and Faith of a letter he had received from Oxford, asking if he could take English evacuees. He told them of the Matthews family who was related to his fiancée, Pam Milligan, a student at Oxford. Pam, who was preparing to come to America to marry Derek, had been told by the Warden at Rhode's house at Oxford that it was her patriotic duty to take children to America with her, and she finally agreed to find some children to travel with her. Pam's father intervened and called his cousin, Victor Cooke, in England. The upshot was that Stuart and Michael Cooke went to America with Pam.⁹

Subsequently, Pam's father called his brother who directed Pam to Joan and Ted Matthews, residents of Bath, who had several daughters. Meanwhile the Meems

said they would take four children and Aunt El would take two if there were six children. The Matthews family had only twenty-four hours in which to make this critical decision because their four daughters would have to sail in five days.¹⁰ In consultation with the Matthews and Cooke families, Elinor and Faith and John Meem made a decision which had profound impact on all their lives during the war years. In a letter from Victor Cooke to Elinor dated 8 August 1940:

We are so pleased that you are going to take our boys for the remainder of the war. They are two very good boys and have never given us one moment of trouble.¹¹

Michael was 10 and Stuart was 14. John Meem, writing to Joan and Ted Matthews, commented on doing something for the war effort:

. . . In any case you must not worry about compensating us because you have no idea of what a privilege and relief it is to us to feel that we are being of some little help in this great crisis of civilization. And now that I have seen your children I know that we will be so indebted to you for the pleasure they will give us that I feel it is we who should compensate you.¹²

Pam O'Bryan related the story about leaving Britain to Nancy Wirth. Pam, along with the four Matthews girls and two Cooke boys, set off by boat for America from Glasgow and landed in Halifax, Nova Scotia. On the very day that the group boarded the ship in Glasgow there was bombing in London which was the beginning of the blitz. If they hadn't departed that week, they probably would not have gotten out at all. From Halifax they traveled by train to Montreal where they were met by John Meem. From Montreal they traveled south to New Hampshire to spend time with

Faith Bemis, affectionately known by the children as 'Granny B,' and other family members before heading west by train to Santa Fe.¹³

Michael and Stuart Cooke each related their recollections of the trip to Santa Fe when interviewed:

Aunt El met us at Lamey in her little black Plymouth car which had dickey seats that made a great hit with two kids. Elinor said, I want to warn you about the girls. The girls were the dogs. She made a great hit from the beginning working on the assumption that busy boys would be happy boys. She kept us busy building goat pens, etc, working on radio crystals.¹⁴

Elinor's love of animals prompted her to provide pets for each of the boys. "She thought each of us ought to have our own pets."¹⁵ Michael chose pigeons and Stuart rabbits. Stuart recollected that Elinor taught him all about rabbits, including how to kill them and how to stretch the furs. Stuart recalls selling the furs. Michael had his own dog, Dixie, which was only one of the dogs in the household. Elinor's own beloved dogs at the time were called Sunshine and Tiddler. As her great-niece, Mary Misch, said, "Aunt El always had dogs in the plural, not singular."¹⁶ A letter to from Elinor to her brother, Alan, dated 25 October 1941 gives a better sense of just what a menagerie Elinor had:

My household now consists of 45 rabbits, 10 pigeons, 9 dogs, 2 goldfish, 2 tadpoles, 2 boys, 1 kitten and self. My chore is to remember the feeding schedule.¹⁷

Elinor quickly went about getting the boys settled. She enrolled the boys in the Santa Fe schools; Stuart in the High School and Michael in Junior High. Because her

house was quite a distance from town, Elinor located English racing bikes and purchased them for the boys to ride to school (unfortunately the road was mostly dirt and they ended up walking most of the time). She quickly and astutely assessed that Stuart needed glasses, got him examined and fitted with corrective lenses so that he might not be hampered in his studies.¹⁸

Elinor's other interests translated into more activities for the boys. Photography had long been one of Elinor's hobbies and when Stuart developed a similar interest she encouraged him, just as she had advised her niece, Mardi Bemis, how to use a Leica camera during their trip to Scandinavia.¹⁹ Stuart reflected that, "She never pushed you to do it because she was keen to do it, but because she did it, you wanted to do it."²⁰ Stuart recalls that color photography was just becoming popular and Elinor was forever trying to get a good colored photograph of the sunset. She built a darkroom and taught Stuart how to develop pictures, then found him a job working in a photography store in Santa Fe. Laura Gilpin, a famous southwestern photographer, was Elinor's longtime friend and visited often. She took portrait photographs, especially of the dogs. Laura was helpful to both Elinor and Stuart in their efforts to become photographers.²¹

Michael was very interested in building radio crystals so Elinor helped him put together a little workshop. Her friends gave Michael their old radios to tear apart. "She really encouraged any kind of hobby and interest like that."²² Keenly interested in working with her hands, Elinor built a tool shed, tree house, and goat pens with the boys' help.²³

Elinor raised the goats primarily because her great-niece, Nancy Meem, was allergic to cows' milk and Nancy's mother, Faith Meem, wanted to provide her with a milk-based source of calcium. Every day Elinor milked the goats, and, followed by her three dogs, took the milk over to the Meems' house dressed in a white milking suit, similar to what a gas station attendant might have worn to work. She also made cheese and yogurt in her house on the back porch, which she called the milk room.²⁴

Stuart reflected on Aunt El as a parent:

She seemed to take to motherhood like a duck to water. She was a caring person. She wanted to do something for the war and this was her way of doing it. She looked after us, educated us, fed us with no money coming in at all. Quite an amazing effort when you think of it. She spent all that money on us; quite an achievement really. She was such a good mother that it didn't seem to matter a lot that we were so far from home.²⁵

Elinor's perspective differed, as she described the boys in a 1942 letter to Alan Gregg:

The boys are in much better shape as to psychology this fall - needless to say - I see lots of chuck holes that have been filled in and though new patterns have new weak spots still the gains are appreciable.²⁶

Michael Cooke made the following comments about Elinor:

She was full of love. She was like a mother to us. She looked after us when we were ill. Occasionally she would tell us off. She was physically strong and feared no one.²⁷

Since the English girls were just next door at the Meems', Elinor and the boys saw them frequently for holidays, birthdays, and play. In Nancy Meem Wirth's book, *Box*

628: Recollections and Letters, 1940-1944, the English girls commented about their relationship and recollections of Aunt El. Gibby commented:

I think the people I was closest to, outside the family, were Goggy and Aunt El. Aunt El was such a character. I loved going over to her house to see her goats and her dogs. Her way of life was wonderful. She was out-of-doors a lot working on what seemed to be like a little farm. When I first came to America, I think I had a few problems. She would sit and talk with me very sympathetically and kindly.²⁸

Elinor's life was busy. In a letter depicting what appears to have been a typical day for Elinor for the next two or three years, she wrote:

Put in new flooring on the rabbit hutch, swept and dry mopped the house, cleaned all the rugs on the portal, emptied the grease trap, washed the oven, hung out 2 tubs of laundry - t.g. for the machine, took the dog for a run, milked the goats, fed the live stock twice, washed the dishes and cooked some food - here I fell asleep. Now I'm sitting in the dentist chair, having dropped my top plate and cracked it. . .²⁹

Michael and Stuart recollect being extremely happy during their time with Elinor. Stuart says that she often took them to the pueblos and to Indian dances in the community. Elinor's own love of the outdoors and camping prompted her to make sure the boys had opportunities to experience the beauty of the West. She sent them off to camp and arranged for them to accompany Derek Nussbaum on an archeological dig in Canyon de Chelly. Elinor remarked about this in a letter to Alan Gregg:

I plan for the summer to send my two charges off with their cousin on an archeological field trip for about 5 weeks. This will be good for them and for me.³⁰

Michael reminisced about the summer camp experience:

We spent the summer on horses. We helped this rancher get his horses, round up his cattle and get the cows in, brand them and all that. A terrific experience for anybody. An English kid would never have this opportunity. So we had a lovely time out there. I suppose it gave her some room too. She made sure we got a variety of activities and interest.³¹

When it was time, Elinor taught Stuart to drive. He related that he was only fourteen at the time and that under special circumstances you could drive at fifteen. Once when they were out driving, they were stopped by a policeman and when he questioned them as to how old Stuart was, Aunt El responded, "seventeen."³² Stuart was only the first of the young people that Elinor taught to drive. Years later, she taught Mary Misch to drive as well.

I learned to drive in Santa Fe when I was sixteen - in her car. She was rather courageous. I remember coming out of the parking lot of the grocery store down there on the main road. I think I dented a fender. She said, ah, the first of many, don't worry about it. She was not in the least bit upset about it.³³

Time sped by quickly and soon Stuart graduated from high school, although he admits to having a difficult time managing American History. After graduation, Elinor enrolled him in the New Mexico College in Albuquerque. However, when he turned 17 he left New Mexico and headed north to Canada to join the Royal Air Force. Upon Stuart's return to England, Mary Cooke wrote the following about Stuart:

I cannot really settle or concentrate on trying to thank you for everything you have done for the boys all this long time - it has just been simply marvelous of you to have done the job so perfectly!

I was amazed to find that Stuart has not altered a great deal-the same old Stuart as ever I fancy. He looks and seems ever so fit too. I put that down entirely to all your good care and management. . . . I must also say how very delighted Victor is to see his son with such a widened outlook on life now, plenty of common sense and self assurance. It will all be such an asset to him later on too. . . . He is a great credit to Aunt El in every way and sings your praises to no end.³⁴

About this same time, Michael transferred to some private boys school in Los Alamos. Unfortunately he was only there a term and a half before the United States Army took it over. In the Spring of 1944, Elinor sent him to Texas Country Day School in Dallas. One day the head master called Michael and announced that Elinor had found a way to get Michael back to England. The war was going well for the Allies, so he went back to Santa Fe and stayed briefly with Elinor before returning home to England.³⁵

Elinor sent Michael to stay with Alan and Eleanor Gregg while he waited for passage back to England. It seems that Elinor was unable to accompany Michael because she had to play midwife to her pregnant goats whose time for delivery was imminent. While waiting to return to England, Michael developed the measles and had to remain longer than planned with the Alan Greggs. A few months later the time came for the Matthews' children to return to England as well:

A terrific bombshell fell last week in a letter from Cunard line saying that the four English girls could sail this week. We had to get the youngsters from camps in Maine, Colorado and New Mexico. EDG leaped into her game with her usual efficient and willing good nature, rented her house, slammed the door

on her ice, pantry, goats, cats, dogs, and caught a train for Denver - met Bridget and got to N.Y. last Saturday the hottest day of the summer.³⁶

Elinor also commented on this in a letter to Alan Gregg:

I buzzed East August 5th with Faith's 2 English children on 6 hours notice so after spending the hottest week in 72 years packing and repacking their trunks and bags in the Hotel - I spent a relaxed weekend in Bronxville and then took a run about to White Plains and Hartsdale because my curiosity as to the watering system of the pigeon pen got the better of me.³⁷

After the war, Victor Cooke wrote to Elinor about Stuart's experience in Santa Fe:

Stuart is back. I cannot really thank you for everything you have done for the boys. Stuart has returned with a widened outlook on life now, and he has plenty of common sense.³⁸

Elinor's life was drastically changed with the departure of the children. She continued a busy pace. One trait Elinor exhibited throughout her life was her focus on the present rather than on the past. She was not one to focus on the past; rather, she looked forward. Her relationship with the Cooke boys continued until her death in 1970.

Even during the four years caring for the two active boys, she found time to devote to other activities. Gardening was at the top of her list. Elinor insisted on trying to raise vegetables and strawberries in an arid environment where providing enough water to grow anything was a constant struggle. Turf and peat had to be brought in and put on top of the granite rock and it cost her 100 dollars a month one summer just to keep the garden watered. She and Faith Meem, who were remarkably

good friends, spent hours talking about gardening and other interests, such as the Maternal Child Center, while they darned socks.³⁹

Volunteer Accomplishments

In retirement, Elinor became very involved with the Maternal Health Center in Santa Fe. Concern over Santa Fe County's high infant mortality rate, the fifth highest in the nation, prompted Elinor's niece, Faith Meem, along with Peach Mayer, Mary Schmidt, Florence Davenport, and Mary Goodwin to open a free clinic for underprivileged women and children in 1937.⁴⁰ Minutes from the first annual meeting of the Maternal Health Center stated:

Santa Fe Maternal Health Center came into being just about a year ago, when several women who had been deeply moved by the state statistics, showing the rate of infant mortality and knowing that other charitable organizations were overcrowded, felt there was an imperative that a free clinic stressing pre-natal and post-natal work and the care of social disease be put at the disposal of the under-privileged women and children of the community.⁴¹

At this time, these women risked controversy in a very Catholic community because they received funds from the Clinical Research Bureau of the Newark Sanger Foundation, although their primary intent was to provide general health services of which contraception was only one. Later in that first year, the Sanger Foundation withdrew support because general health services took priority for the clinic and not enough birth control work was being done.⁴²

Like women elsewhere, these New Mexico women focused on issues of family and children, and, in particular, health. Similar efforts in other communities in New Mexico had grown out of the Shepard Towner Act and the Children's Bureau activities. The focus on preventive care advocated by these groups was not viewed as a threat to physicians, although a great deal of care was provided by these groups.⁴³ One of most valuable services was the practice of home visits, including follow-up calls. Home visit services pointed to the need for services other than health care. These club women were unable to totally eradicate need and want, but their efforts bolstered the existing welfare system in ways not previously available.

Although not one of the original founders of the organization, Elinor quickly became very involved with the clinic and continued her involvement well into the 1960s. It was certainly understandable and perhaps even predictable that Elinor became involved with the Maternal Health Center, given her years of nursing experience with mothers, children, and the underprivileged and in view of Faith's involvement. Letters and minutes of the Santa Fe Maternal Health Center provide an excellent record of Elinor's participation over the years. She was initially very involved in a clinic committee to secure a refrigerator for immunizations, and later served on the board of directors for more than twenty years in a variety of capacities, including secretary, vice president, and president.⁴⁴

Over the years, the organization changed its name to the Maternal Health Center to reflect the growing, changing, and evolving nature of the organization. To meet the needs of the community, the Center provided midwifery services, outpatient surgeries,

and dental care for patients unable to afford private care. In 1962 Elinor was made an honorary board member in recognition of her long standing service to the organization.⁴⁵

In a recent book, *Social Housekeepers: Women Shaping Public Policy in New Mexico 1920-1940*, Sandra Schackel maintained that the effort of women associated with the Maternal Child Health Center moved them beyond the private sphere and contributed to their politicalization as well as to the domestication of politics. By fitting their reforms into the existing social order, they developed public power that allowed them to influence social welfare policy.⁴⁶

Elinor was also actively involved in the Santa Fe Girl Scout Council. Elinor lent her leadership skills, combined with love of children and the outdoors, to this group for more than fifteen years. Her involvement in the Girl Scouts may have been a further extension of her desire to do something for the war effort, since many of the Board's activities and philosophies were intimately bound up with that effort. Board meeting minutes attested to the relationship of the Girl Scouts and the war effort:

Girl Scouting is defense. Who controls youth controls the future. Our youth are the second line of defense. There was an emphasis placed on the value of training leaders and striving for the maintenance of democratic living rather than active defense. . . . Girl Scout work is generally classed as war service because the programs have had considerable bearing on the problem of delinquency that has developed because of war conditions.⁴⁷

Board meeting minutes reflected an array of activities supporting the war, post war, and cold war efforts that extended over several years. Among those activities

were Bundles for Britain, supplies for rural hospitals, food for Europe, the War Chest Drive, and Girl Scouting in a changing world. These documents also revealed Elinor's active role in the organization. Beginning with Board meeting minutes dated 10 December 1940, Elinor headed a number of committees and assumed several leadership roles within the organization including parliamentarian, finance committee chairperson, service bureau chairman and president. Many of these activities revolved around the typical fund raising efforts of all nonprofit organizations. In addition to serving in a variety of capacities on the Board of Directors, Elinor was active in Girl Scout camps, and offered her property as the site for annual day camps.⁴⁸ Nancy Wirth commented on one camp experience:

She had a way with people, and applied that to the girls involved in Scouts. I remember Girl Scout Camp in the late 40's. I didn't want to be at camp and I ran away. I might have been severely punished, but the administration and EDG who was the camp nurse, dealt with it by separating me from my instigator friend; insisting that I stay on at the camp. That was wise and very like the way she helped my aunts with their 'problem' children. For example when one of my cousins, who had four sisters and no brothers, was sent to visit because he was rebellious and wanted to play with fire, Aunt El took him out into the prairie south of town where she had him spend an afternoon collecting tumbleweed which he piled up and set on fire. He soon tired of pyromania. The entire family leaned on Aunt El as the gentle nurse who lived in the far southwest. They expected her to be able to help with problems for which they did not have the clarity to find solutions.⁴⁹

Elinor served as an active member of the Girl Scout Board until she was appointed to an advisory board position. In 1949 she was honored with Scouting's highest honor at the time, a Girl Scout Thanks Badge, for her many years of service.⁵⁰

Physical Description/Personality

Elinor was a tall, well-developed woman, with piercing blue eyes and reddish blonde hair. Alan Gregg wrote descriptions about his parents and siblings. About Elinor's physical nature, he said:

Blonde, blue eyes. . . . Early growth, at 12, 146 and 5'6"- later 5'7". Broke bones easily - 2 arms in childhood. No infections. Physically strong. . . . Brittle and thin nails. Has mother's voice and speech and gait. Not fat in arms. . . . blushes easily.⁵¹

Elinor experienced excellent health throughout most of her life. She was quite health conscious, taking a variety of vitamins and eating healthfully. Aside from broken bones and her lifelong difficulty with hammertoes, Elinor escaped any significant health problems until her later years. Even then, her problems tended to be a bother and chronic rather than life threatening. For example, she became hard of hearing and was bothered by arthritis for several years.⁵²

Several family members offered their observations of Elinor's personality. Most of them noted that she was a forthright person, not reticent to share her views. Mary Misch recalled that Elinor was outspoken in a good sense. For example, Elinor once said to her sister, Marjorie, "Marjorie, you are not dishonest, you are devious."⁵³ Elinor did not put on airs and was not sympathetic to anyone who did. Barbara Meem noted that Aunt El did not mind offending someone whom she thought was doing something "high hat."⁵⁴ Richard Gregg related an anecdote which was reflective of this character trait:

We have always spoken French at home. We do sometime commit the small social error speaking French in front of other people. Aunt Marjorie didn't say anything about this although we were living with her but complained to other people. Once we did that at the table when Aunt El was there and she looked me straight and said 'don't speak French, I don't understand a word - it's rude.'⁵⁵

In an interview, a friend remembered an incident which described Elinor's personality:

She had a sense of humor about herself. I remember one day in her later years that she had arthritis in her ankles, she had trouble walking which she resented, yet could be quite humorous about it. I said, Good morning Miss Gregg, how are you this morning? She said, 'Sound in the head, weak in the hoof.'⁵⁶

According to her nephew, Judson Bemis, Elinor was a breath of fresh air, had a good sense of humor, and was nonjudgmental. She told jokes and laughed but did not dominate conversation, always leaving space for other people to talk.⁵⁷ She seemed to know the right thing to do. Barbara Meem related a story about Elinor going outside with her while she hung her laundry:

I hung my clothes outside. And she praised me about how I hung my sheets. But when you're doing very mundane things as a housewife it's incredible to have somebody recognize this. She'd pick on some little thing she could find that you did well and make you feel good. She gave a lot of people that feeling of self esteem that they talk also much about now.⁵⁸

Her love of hardware stores and gadgets of all kinds were mentioned by several members of the Gregg family. An absolute patsy for any gadget, she loved to wander around a hardware store. Judson Bemis produced what he called a jeweler's eye that

Elinor had given to him at least forty years previously. Jim Meem, John Meem's brother, exhibited a gadget that Elinor had made to sift the soil in Santa Fe.⁵⁹

She loved gadgets of all kinds and hardware. She had every tool you could think of. She loved working with her hands, so her house was always sort of filled with unfinished projects. She used to say that was a sign of a true Gregg, an unfinished project in every corner. To Elinor, if a house is too neat, nothing is going on.⁶⁰

Some have labeled this trait messiness, Nancy Wirth commented. Mary Misch is convinced that if Elinor were alive today, she would be fascinated with the Internet because of her love for gadgets.⁶¹

When Elinor talked about pursuit of an education, her idea of education was likely to be of an applied nature. She was not really interested in reading. She got books and opened them, but then did not finish them. She told her great-niece, Mary Misch, that she would sit down and do all her reading when she was no longer active. Only grudgingly, she wrote letters.

You were lucky if you got a post card from her but she could fill up a postcard more than anything. She bought the regular postcards at the post office and she would fill it up entirely on the back with very small handwriting. When Elinor wrote letters they were very real letters. She was very straight to the point.⁶²

Several family members indicated that Elinor was a chain smoker who always had a cigarette in her hand. Mary Misch related that Elinor did not start cigarette smoking until she was fifty, so Elinor thought she would escape any problems associated with the habit because she believed that she would not live beyond age 65.

Mary Misch also described a picture from memory of Aunt El, basting the turkey, with a cigarette in her mouth. Elinor also liked to smoke cigars and often lit one up with a brandy after dinner.⁶³

Professional Aunt/Sister of Mercy

As in many large extended families, there seems to be one woman to whom all members instinctively turn when trouble comes and help is needed. Elinor, along with her sister Marjorie, filled the roles of professional aunt and sister of mercy for the extended Gregg family. The annuity given to both of them by their sister, Faith Bemis, provided them the economic security to assume these roles.⁶⁴

Throughout the years whenever there was a family crisis, Elinor was called into service. One of the documented early situations in the 1940s which prompted Elinor to spring into action involved her brother, Donald, and his first wife, Norie. Norie had been hospitalized several times for mental health issues of various sorts. Donald had taken care to provide for her. But in 1946, Donald, philosopher in training, had become a great devotee of Ghandi and intended to go to India to study with Ghandi. Donald was in a terrible quandary as to what to do about his wife. He visited Elinor in Santa Fe to attempt to sort out his options. In a letter to Alan Gregg, Donald wrote:

I can put up with Norie's dying, but it troubles me deeply to have her in this confusion and loss of memory and sanity. I think you would want to try anything that offered a reasonable chance of cure if Eleanor were in the same situation.⁶⁵

A few months later when he was still having difficulty making a decision about how to handle the situation, Elinor headed for Putney, Vermont where Donald had been teaching. Donald had arrived at the point where he felt that he must end his life with Norie as soon as it could be arranged. However, Donald did not divorce Norie.

Elinor corresponded about the situation to Alan:

My contribution to date has been to relieve him of the burden of asking other people to visit with her while he is away in the evening 2x a week, to give him an understanding wink when he goes to stoke the furnace mid morning, mid afternoon and mid evening, to build a simple dress to begin to go over her things in the store room, to talk over the various strategies and tactics which he must evolve. In order to get her to give him voluntary guardianship over her affairs and to get her into a sanatorium sometime in April where she can roost expensively until she disintegrates enough to be sent in the Brattleboro retreat where brother Fred is at 35\$ per week.⁶⁶

By March 1947, Norie had been placed in a sanatorium and within a year she entered Butler Hospital. She did not die until 1954. All that time Donald taught at the Putney School in Vermont to be close to her.

Mary Misch suggested that if there was a problem with children, Elinor would handle it if the child was older than ten; Marjorie would handle it if the child was less than ten. Sometimes both of them were called into service simultaneously or sequentially.⁶⁷

For instance, Elinor's nephew,

It took place over two or three years of my life. Elinor or Marjorie would come stay with my father - or they would stay together or Margie would be there or Aunt Elinor would be there.⁶⁸

In a letter Marjorie wrote to Alan Gregg, 20 April 1956:

We are waiting for Aunt Elinor's coming. . . we hope. Then plans can be made and maybe we can dig Jim Gregg out of this place in June and move furniture and all to a new home for him in Columbus. There's a good boys' school there for Jimmy and a housekeeper can and must be found. I am pretty well at the end of my active duty capacity.⁶⁹

It's unclear how long Elinor stayed in Ohio, but sometime during late 1956, Jim Gregg developed a bone cyst. Before he underwent surgery, the Jim Gregg family accompanied Elinor to Santa Fe for the holidays and then all returned to Columbus in January 1957 at which time Jim Gregg had the cyst excised. The tumor was judged nonmalignant, but suspicious, so the Mayo Clinic did further pathology analysis. When the lab report was returned, the results indicated a sarcoma. Elinor served as nurse and consultant to Jim Gregg and looked to her brother, Alan, for her own consultation in this matter. She wrote to Alan on 8 February:

Dr. Russell's report has me worried. I am frank to say. After the operation is over I'm going back to Santa Fe for two weeks - Get my income tax papers, spring clothes, house and dogs taken care of and back here for the spring. . . hope to be back to Santa Fe by July 1 - oh boy, this is the life. Dr. Leake thought we could perhaps handle the prosthetic factor in Santa Fe.⁷⁰

Jim Gregg underwent a leg amputation on 10 February. Unfortunately, the cancer had already metastasized. He died on 21 February 1957. When the funeral was over, Elinor took the children with her back to Santa Fe for an extended visit. Nineteen-fifty-seven proved to be a stressful year for Elinor, as she was called into service two additional times. Faith Bemis was ill and in the hospital and Elinor went to stay with her. Later Elinor traveled to Big Sur, where Alan Gregg was very ill and subsequently died of a stroke in late 1957.

Professional Connections

Although Elinor was not actively involved in professional nursing and her interests were primarily focused on her family and her life in Santa Fe, she did not lose touch with many of the colleagues with whom she had worked for many years. Correspondence from many of them reflected Elinor's significance to them. This was particularly true of Sallie Jeffries, who served as Elinor's assistant at the Bureau of Indian Affairs and assumed Elinor's position when she retired. Sallie wrote frequently to Elinor after her retirement:

I've gotten homesick for you. . . Elinor, sometimes I think I must be breaking ice for an escape. I miss you more than you will ever know and it is hard not to have you to talk problems over with.⁷¹

In these letters Sallie often described specific problems she was having with some of the nurses, her way of continuing the dialogue with Elinor. In another letter she wrote:

Do not be too surprised to hear from me. If my thoughts carried wings you would be bored with the number you would receive. I do hope you are enjoying life and that others enjoy your sense of humor.

I think of you so often and wish you were the chief, it was so much nicer when you were. I do miss you heaps and particularly the long philosophizing talks we had about the world pro and con.⁷²

A former friend from the Bureau of Indian Affairs, James MacGregor, also wrote to her, "you have meant much to us and we are glad that we crossed paths with you."⁷³

Elinor certainly did not look back as she engaged in life after the Bureau. Only one letter was located which gave indication that Elinor reflected on the nursing profession. She wrote a long letter to her brother, Alan, after he requested that she comment on a paper he was presenting to the American Nurses Association. Her response included thoughts on the continuing movement toward standardization of nursing practice and the cyclical oversupply of nurses:

Nurses-Trained-Registered and Licensed to practice are here to stay . . . Of course I think that nurses should continue their efforts to standardize the processes of training. Nurses as an economic and idealistic group in the service category will certainly have to maintain the function of self analysis as to education, practice and economic status - they should continue to try to purify the street of nursing care for the sake of the patient as well as themselves . . . I suspect all this Nurse Cadet Corps will fold up as fast as it can be liquidated and I'm quite sure that there will be a great many too many nurses and we will go through the same job of a depression on account of too many nurses. The pendulum has swung back and forth two or three times in my lifetime. Why should I suppose it will stop. At least you can utilize the swing to purify the street in one way or another.⁷⁴

Another issue which developed during war was the need to employ nurse aides to satisfy the need for nursing care. Elinor questioned what this meant to the nursing profession, if the relationship between patient and nurse would be maintained as it had been previously:

Also I've wondered what all this nurse aide volunteering is going to mean to the total hospital picture. Being sick in a hospital unless you have private nurses is going to mean even more individuals. Now I suppose the average maternity case has at least 14 different women taking care of her in the course of 10 days in the hospital if you include the food service-lab service-delivery room service-attendants and nurses, and all this is supposed to contain a spirit of service, a person to person relationship that consolidates one's place in the profession and a sense of skill. Well, if the Director of nursing in a hospital can maintain any semblance of control over all the subsidiary workers perhaps she can squeeze out a spirit of service in the process of spreading her help as thin as possible. But if nurses don't feed nor bathe nor bed pan the patients they become a medical technician on medicines and treatments and the changing psychology between nurse and patient should be restated. It is a change of emphasis perhaps.⁷⁵

Elinor's final comments in the letter related to her own thoughts for the next generation of nurses:

My own recipe for the next generation of nurses is to recognize that lots of sickness requires good psychology on the part of the nurse, some technical skill in establishing and maintaining the hygiene of the sick bed and very little else. The very seriously ill patients require more intelligent management and more knowledge on the part of the nurse and quite a lot of technical skill. But whether this is a division that can be covered by stages of experience in schooling or should be carried into recognized basic and advanced forms of licensing so that the public gets the kind of nursing it pays for which is the case largely now as practical and professional are used by a great number of patients and doctors- I wouldn't know. I feel that the psychological understanding of young nurses is

pretty poor-technical skill is limited and overwork as to numbers of patients per nurse is very general.

Well, well, well, I say let the young do it. Economic security has turned my energies into simpler channels. I don't mind working but I recoil at the idea of bending any further energies toward leadership in the active field of nursing. Me for goats and pigeons and greenhouses.⁷⁶

At this time few nurses thought of nursing as a professional career or as a calling ranked equal to other professions.⁷⁷ In the above letter, Elinor reflected this attitude in her comments. Her words were indicative of her 'just get the work done' attitude rather than a comprehensive understanding of nursing's responsibilities and obligations for an emerging profession. Her vision for nursing did not parallel that of some nurse leaders who were strongly impressed with the need for higher education. Elinor was content to pass the baton of leadership on to a new generation.

Later Years

As indicated earlier, Elinor really did not experience any significant health problems until she was a senior citizen. Writing to Alan in 1956, she related:

. . . I have taken deep heat and massage from a physiotherapy woman here. That gives me a pleasant lassitude for the day but not a lasting limberness - At the moment the stiffness is more in the dorsal region - But it comes and goes during the day. Mostly I'm making a business of losing weight - 153-54 which is high for me. The leg has no cramps now and I can drive as usual. Am occasionally a bit tottery and I only have any speed in walking now and again.⁷⁸

And in a letter most likely written in 1959, Elinor wrote at length to a Dr. Green, who evidently had been recommended to her by her brother Richard. She seemed to have some expectation that this physician could help her by mail, because she was quite detailed in the description of her health problems. She chronicles the fact that she has had aching and stiffness for more than twenty years.

I do not now have cramps but I am stiff and very slow in my gait, not dizzy but uncertain of the muscular action of my legs and feet. Deep massage does help limber me up - I am told to do anything I want to do but not to get tired. Driving doesn't tire me the way that standing and walking do. My flow of energy is irregular and fluctuates in the day.⁷⁹

Elinor continued to discuss her medical history which up to this point in time had been very inconsequential. Shortly before she wrote to Dr. Green, she discovered that her blood pressure was elevated. She was put on medications which seemed to lower the pressure. She also became progressively deaf and wore a hearing aid:

Have grown progressively deaf-about 25 % of the upper register is gone. I now guess at lots of general conversation miss enough in lectures, etc to fail to enjoy them much. . .⁸⁰

She concluded the letter by speaking to changes in her mental status, including apprehension and memory loss which caused her to become depressed.

The only change in my mental or emotional feelings has been a slowly increasing apprehensiveness. . . . I have less easily aroused interest than I used to have - whether that is apathy or too much experience I don't know. I am not easily confused but am more conscious of being slightly confused more often than I used to be. My memory for words is poor also memory of recent rearrangements of my household things. I have been depressed and discontented with myself and to a moderate extent critical of other people. . . .

I have lived a strenuous life - but in the main a quiet life. In 1957 I was part of the illness and death of my nephew and brother. I was in these two situations for 7 months of the year. This was an emotional strain and to some extent a shocker. My oldest sister was in hospital and I spent a month with her also.⁸¹

Given the recency of her losses, it is quite possible that some of the symptomatology she manifested at this time was a result of grief and loss. Other family members have described Elinor to have been in excellent health for all but the last few years of her life. Actually in later life she was likely to describe herself as being clear in the head, slow in the hoof.⁸²

About this time, she was beginning to more seriously consider the suggestion that her brother, Alan, had made: that she write a book about her experiences with the Indian Service. While she was visiting with Alan and Eleanor at Big Sur, their friend, Nicholas Roosevelt, also strongly encouraged Elinor to record her life's work. He further contacted a friend of his at the University of Oklahoma Press, Savioe Lottinville, who solicited Elinor to write about her experiences in the field of Indian health. Answering his letter, Elinor responded on 18 September 1957:

As a matter of fact I got too involved in all the details of getting the garden ready for winter which is now practically done and I am ready to try out the recording instrument in a serious try out.

It is most kind of you to suggest an interest in publishing and I will certainly send to you the first transcripts of my effort for a criticism of content but I look at this more as a record than a real book at this stage, but it may prove to be a way to be less self conscious and deadening way to make a record of some of my experience.⁸³

Nicholas Roosevelt proved to be a great support to her while getting started with the book writing on 8 October:

I hope that the tape recorder is working properly, and that you are confiding to it at the rate of at least a mile of tape a day. I haven't heard from Savoie Lottinville as to what your response was to his letter, but I hope that with the Chenerys and Roosevelts at your heels you will do what they regard as your duty.⁸⁴

For reasons that remain unclear, there is no further correspondence about the book until 1962, at which time Elinor corresponded with the Knopf Publishing Company. Sometime during the intervening years, she had enlisted Annabel Haas to assist her with the writing. Annabel's background is unknown. After a series of letters between Elinor and the publisher, the book was rejected.

I dare not predict any likelihood of book publication for THE COURAGE OF IGNORANCE.

It is not good manners, I know, to write dramatically of one's own experiences. Yet your report of your arduous and courageous work among the American Indians is precisely a report, rather than an effectively dramatized narrative. The manuscript is informative, for you have a great deal of information to impart. But it is seldom stimulating, and never exciting. Your handicap, in writing of your work, has quite evidently been an excess of modesty. This is an admirable circumstance, but has been of no help to you, as a writer, in producing a compelling story. I imagine that it would be idle to suggest to you that you try to approach the telling of your story with dramatic effect in view. Your modesty would still present an obstacle....

I should very much like to see your story again if, in rewriting it, you can find ways to inform it with greater vitality than it now has. I hope you will make an effort to do this.⁸⁵

Elinor was almost 80 years old when she saw the book in print. Shortly after the rejection notice, Elinor submitted her manuscript to Savoie Lottinville of University of Oklahoma Press.⁸⁶ No correspondence was located following the submission and receipt of the manuscript until October, 1964 when a contract for the book was sent to Elinor.⁸⁷ In fall 1965 the galley proofs were ready and in December, 1965 the book was finally published.⁸⁸

The book was reviewed by several newspapers, book clubs, and historical journals. For the most part, the reviews were positive in the following: *Albuquerque Tribune*,⁸⁹ *Birmingham News*,⁹⁰ *Dakota Book News*,⁹¹ *Friends of the Salem Oregon Public Library*,⁹² *Indian Truth*,⁹³ *Journal of the American Medical Association*,⁹⁴ *Montana Western History*,⁹⁵ *The Pacific Historian*,⁹⁶ and *The Roundup*.⁹⁷ Most of these reviews comment on the book as a story of a courageous and persistent woman and about the perils and hardships she faced and surmounted, written in a simple folk narrative style and complimenting her on her use of humor.

One review stands out for its negative comments. This was written by Percy Maddux of the *Daily Press*, Newport News, Virginia. He wrote:

It is hard to see the justification for such a book, since it merely offers run-of-the-main personal recollections of an obscure woman whose story is no more interesting, exciting, and enlightening than those of countless others.

It starts off rather primly, but later the author slips into a current slang and throws grammar to the winds, she even tries to put in a shocker now and then.⁹⁸

Although Elinor had written a number of journal articles during her tenure with the Indian Service, none of them provided her the satisfaction as seeing this work in print. This was a remarkable achievement for her later years.

End of Life

The closing years of an active life are difficult to live. In 1965, Aunt El surprised and relieved Faith and John by announcing that she was moving in with them. For some years they had rigged up some type of device whereby she could call John Meem if she needed anything; a phone with a buzzer perhaps. John and Faith had been urging her to move into their house and she had been resisting it. Then one day, she called up abruptly and said, "John, I'm coming, get inside."⁹⁹

She brought lots and lots of things with her, although she rented her house furnished. Following her arrival, she spent much of her time sitting in the dining room, smoking and watching the birds out the window, often not dressing until noon. An article in the *New Mexican* wrote this about Aunt El's favorite spot:

Her favorite spot is a comfortable chair by the big window in the dining room where she can read. She prefers the books of her youth to the new ones and watches clouds pile up and drift across the turquoise sky, while listening to the birds. She held up her hand for silence-broken by the excited chattering of a nest full of young birds in the tree just outside the window, and smiled companionably.¹⁰⁰

She stopped driving when she moved to live with the Meems. This added to her growing feelings of dependence, feelings that were difficult for her to accept. John

Meem was going through his own difficulty with retirement and was bothered by Aunt El living in his house. It was decided that El should move into the apartment next door with a nurse to look after her.¹⁰¹

As Aunt El became more and more dependent on the nurse, Mrs. Sprinkle, she became more and more unhappy. Elinor was fiercely independent about her care. She got angry at this nurse because she acted so officiously. Barbara Meem described the behavior:

It was like many nurses I've noticed. Saying, as if Aunt El wasn't there, 'we usually go take a nap now.' It was a violation of her independence.¹⁰²

Aunt El never totally lost that great sense of humor. In 1969, about a year before Elinor died, Nancy Meem Wirth brought her five and eight year-old sons to visit. The handyman's horse was out grazing on the front yard, so Elinor invited the horse to come into the living room to surprise the boys. The boys were delighted. The handyman did not find it amusing.¹⁰³

Elinor spent the final weeks of her life in a nursing home, although she actually died in the hospital of kidney failure on 31 March 1970. Her refusal to take fluids was reported by several individuals.¹⁰⁴ She had expressed her feelings about death to Nancy sometime earlier, indicating that she did not want to prolong death and would speed it up if she could. All agreed that she did this by sheer determination. It was certainly consistent with her personality. Her determination to die was very much in keeping with her fierce independence.

Particularly since she was the daughter of a minister, many of Elinor's nieces, nephews, and acquaintances have been asked about her feelings regarding religion. Their comments, from the pastor of the First Christian Church in Santa Fe to those of her relatives, present a mixed view of Elinor's feelings about religion.

She attended first Christian church where I was a pastor. Struck by the fact that this person had totally devoted her life and I would put it in the context of her ministry to human beings, and I don't even remember her saying much about Indians. Attended service regularly for about a year in 1965. We talked theology but not in the context of anything particular. She was a very curious person.¹⁰⁵

In an interview, Richard Gregg stated:

My mother was an agnostic. She and Aunt El, both daughters of ministers, were talking about doubts they had about religions. What amused me about my observations of the two of them, Eleanor Gregg took a very solemn, philosophical reasoning for no longer being able to believe. Aunt El, on the other hand said, quite simply 'I know if I went to church they would ask me to do work.'¹⁰⁶

Michael Cooke commented, "She had a lot of religion as a girl, perhaps an overdose, and she didn't want to force us into any particular upbringing."¹⁰⁷

Elinor Gregg died on Tuesday, 31 March 1970, at the age of 83. Her death certificate stated respiratory arrest as the direct cause of death.¹⁰⁸ Her funeral was held at Episcopal Church of the Holy Faith in Santa Fe.¹⁰⁹ She was cremated and interred at the Santa Fe National Cemetery. Her last will and testament dated 8 March 1968 left her estate to her nieces and nephews, with Nancy Meem Wirth receiving her house and

property. Faith Meem was named the executor.¹¹⁰ Letters of condolence were received from relatives and colleagues around the country.

From a former nurse, Dorothy Loy:

I was associated with her in the Indian Service when she was the Supervisor, or Director, of the Indian Service Health Services. I was stationed in South Dakota, at Ft. Thompson, from 1931-1937. I think I had already transferred to Oklahoma in 1937 before she left the Service and Miss Sallie Jeffries took her job as Director. I was one of her nurses who loved her and was encouraged by her even after she left us. Even after the U.S.P.H.S took over the Indian Health Service, when I was working in New Mexico at Laguna, she encouraged me in my work there.¹¹¹

From Mary Misch:

Thank you very much for the telegram and the letter that followed it. Aunt Elinor was very special to every one she knew and helped. I, for one, know that I owe practically all I am to both her and Aunt Marjorie. They were really the only mothers I had. . . . The last few years must have been hard for her because she hated being dependent.¹¹²

Nancy Sippell, Elinor's niece, commented that when she heard of Elinor's death she cried spontaneously. She said she realized that Elinor had played a unique role in her life, one of warmth and caring.¹¹³

NOTES -CHAPTER V

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11. Ibid.
12. Victor Cooke to Elinor Gregg, TLS, 8 August 1940, Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.
13. Wirth, *Box 628*, 35.
14. Michael Cooke of England, interview by author, tape recording, Santa Fe, New Mexico, 20 October 1994.
15. Ibid.
16. Mary Misch of Arlington, Virginia, interview by author, tape recording, Washington, D.C., 1 November 1994.

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18. Stuart Cooke, interview by author, tape recording, Stratford-upon-Avon, England, 13 March 1995.

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20. Stuart Cook interview.

21. Ibid.

22. Michael Cooke interview.

23. Ibid.

24. Nancy Meem Wirth, interview by author, tape recording, Santa Fe, New Mexico, 15 March 1994.

25. Stuart Cooke interview.

26. Elinor Gregg to Alan Gregg, ALS, 25 October 1941, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.

27. Michael Cooke interview.

28. Wirth, *Box 628*, 41. 'Goggy' was Luka Conkey, a neighbor, close family friend, and Nancy Meem Wirth's godmother.

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30. Elinor Gregg to Alan Gregg, ALS, May 1942, Elinor Gregg Papers, Box 1, Santa Fe, New Mexico.

31. Michael Cooke interview.

32. Stuart Cooke interview.

33. Mary Misch interview.

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37. Elinor Gregg to Alan Gregg, ALS, 22 August 1944, Alan Gregg Papers, Box 2, History of Medicine Division, National Library of Medicine, Bethesda, Maryland.
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CHAPTER VI

REFLECTIONS

The conceptual model which guided this study was an integrative model of life span development by Baltes and colleagues. A key assumption of the life span orientation is that personal development is a lifelong process which varies within historical and cultural contexts.¹ In the model, emphasis is placed on life history which highlights the interrelatedness of the person with the social and cultural environment across the life span. Life transitions are viewed as a major vehicle for development.

Data were analyzed concerning the lifelong development of Elinor Gregg in relation to the integrative model of life span development. The life history of Elinor Gregg unfolded according to her personality and familial traits, her social environment, and the historical and cultural context in which she lived. Evidence about Elinor's development was provided to substantiate how normative age-graded, normative history-graded, and nonnormative influences contributed to her life span development.

Normative age-graded transitions relate to chronological age and include both biological and environmental determinants that are reliably associated with a particular event. Biological maturation sets the boundaries for the occurrence of normative social transitions. Transitions are commonly identified to include entering school, graduating from high school, preparing for a career, marrying, and retiring at age 62 or 65. The

social regulation of many transitions leads to the observation that women's developmental trajectories differ considerably from those for men because of different social circumstances or expectations. Differential treatments as a woman, wife, sister, daughter, or mother merge into distinct life experiences which may seem to be similar circumstances, but which result in distinct developmental outcomes because of social values and restrictions.² The contemporary biographer, Joyce Antler, suggested that the focus of women's biography must shift attention away from the female life cycle experience of "merely the marriage plot" to a consideration of all states of the life cycle, including mature adulthood and old age.³

Early Development

Normative age-graded influences were primary in Elinor Gregg's life from birth to the time she attended Waltham Training School for Nurses. Her maturation during childhood and early adulthood involved typical events surrounding her family, education, and choice of an occupation. Her more basic needs of food, shelter, safety, belonging, and self-esteem were satisfied prior to her entrance into the professional world. Elinor Gregg's development as a strong woman originated in the philosophy and practices of her parents and their parents. The values and temperaments of generations of Gregg and Needham families were molded by geographic localities in England, Ireland, and New England. The Gregg family and the Progressive Era into which Elinor Gregg was born contributed substantially to the direction of her life. Elinor's family milieu was the strongest influence in the course of her life.

Elinor Gregg was born into a family filled with love of education, family, and God. Elinor was instilled with a lifelong appreciation for education by her family, which encouraged education for young women, as well as young men. Elinor attended public school in Colorado Springs, then Cutler Academy and Colorado College, before leaving for nursing school in Waltham, Massachusetts.⁴

Another strong family influence which no doubt affected Elinor was the fact that her father was a devoted Congregationalist minister. James Bartlett Gregg II and Mary Needham Gregg lived by principle and valued respect. They advocated that way of living for their children and taught their children how to be considerate, resourceful, and how to think and care for themselves.⁵ They never countenanced gossip or adversely criticized other people. This probably contributed to Elinor's ability to be nonjudgmental and supportive of others. A sense of responsibility for people less fortunate than themselves was demonstrated in Elinor and her siblings' varied and remarkable careers.⁶

A large family with many extended family members provided important family relationships. Elinor formed cohesive and loving relationships with her brothers and sisters during her childhood which continued throughout her life. Being the youngest daughter in a family of seven children played a strategic role in Elinor's life. Elinor's niece, Mardi Bemis Perry, described Elinor's position as a "bottomer" (the youngest daughter in the family) as linked to Elinor's struggle to achieve autonomy and independence.⁷

Rather than beginning nursing school in the year of her high school graduation, Elinor was twenty-two years old when she entered the Waltham Training School. Many of Elinor's contemporaries, who became nursing leaders, also began nursing school at an older age.⁸ Although this might be construed as a nonnormative life event, beginning nursing school several years after high school was a normative history-graded influence for this cohort of women.

Standards of behavior and role expectations for young women of this time were firmly set in Elinor's parents' minds. This caused some conflict for Elinor in her adolescence and young adulthood. Women like Elinor grew disenchanted with narrow restrictive homemaker roles and reached for more fulfilling positions. Elinor grappled with the dilemma of her parents' wishes for her to be a homemaker and her desire to live independently. In her youth, the drive for autonomy focused on breaking away from the filial obligations that limited her opportunities. Ultimately, she chose nursing to achieve autonomy and to gain economic independence.

As the youngest daughter, and before she fully achieved her identity as a nurse, Elinor was responsible for her ailing father during the period usually considered the time of launching into adulthood. Elinor cared for her father even though her mother was able to. This family responsibility may have contributed to Elinor's choices about marriage and the establishment of her own nuclear family. However, the death of her father allowed her to pursue her own career.⁹

Similar experiences of other women have been identified in a study by Mercer, Nichols, and Doyle.¹⁰ The life history approach as described by Baltes was the

methodological approach for their study. Mercer, Nichols, and Doyle interviewed 80 women, who were primarily Caucasian and over the age of 60, asking them to retrospectively recall their life histories and to discuss the events which led them to experience feelings of change or transitions. Although the primary focus of the Mercer, Nichols, and Doyle study was to describe the importance of women's transition to motherhood, they discovered that a variety of normative age-graded, normative history-graded, and nonnormative events interacted with women's developmental stages, their families, and community circumstances to affect their development over the life course.¹¹

Mercer, Nichols, and Doyle found that "never-married, nonmothers" had experiences similar to Elinor's. Caretaking, particularly the assumption of the caretaking role for their own parents, frequently seemed to influence their life's choices. The burden involved in caring for an infirm parent kept them from engaging in the more normative social activities usually resulting in marriage and childbearing.¹²

All the never-married women in the study were considerably younger than Elinor Gregg, most of them born after 1900. Unlike Elinor, all the never-married women were either the oldest child, only child, or the oldest daughter. Yet, the actual experiences reported were similar to Elinor's. The women not only cared for an ill parent but did so during the period of life referred to as the "launching period" by Mercer, Nichols, and Doyle. The actual death of the parent was reported to be a liberating experience.¹³

Elinor embarked upon her career when it was fairly unusual for young women to establish a vocation. Her experience in nursing school at Waltham Training School for Nurses prepared her well for a career in the public health arena. From the time of her first job in Waltham, she pioneered fields of nursing; first in industrial nursing, and, later, in public health on the reservations of the American West. Her professional abilities matured as she assumed nursing management positions in Cleveland and Boston.

Elinor's nursing experience in France in World War I was one of those crucial normative history-graded experiences which undoubtedly influenced her personal and professional life. She was one of several women who directly experienced the war and subsequently ascended to a leadership role in a major health care organization. Although little evidence has been found of the personal importance of this experience for Elinor, the experiences of World War I as a normative history-graded event for other nurses were described in *To Be One of the Boys: After Shocks of the World War I Experience* by Linda Beeber. Beeber writes that when these female nurses returned from the war, they seemed to represent nurturing and gentility. Yet, they had experienced events which were atypical for women of the time.¹⁴

World War I was the first time that a large number of nurses left their social groups for a war. Nurses who went to Europe had experiences unlike those they had left behind. War presented a grim reality which required tough and resourceful nurses to solve difficult situations independently. The war experience put these nurses in touch with "a world where autonomy was demanded and could be provided."¹⁵

Mercer, Nichols, and Doyle suggested that history-graded experiences during ages 26-30 (termed the later launching period and age leveling period) have profound effects upon women and set the course for the majority of the women's lives. For instance, those nonmarried women, who were in their 20s at the onset of the Depression and World War II, were more involved in work than were those women who were younger or older at that time. On the whole, women who were nonmothers led lives which were more intertwined with social and historical events.¹⁶

Career Development

Like many women, Elinor spent her middle years developing a career. Mercer, Nichols, and Doyle refer to the middle years, the age-graded period around age 40, as a liberating period. This is also referred to as the changing seasons of a woman's work life: a time to be oneself and a time to pursue a career in earnest.¹⁷ Elinor Gregg anchored herself in her career, becoming an expert in her field. She served as a public health nurse for the Red Cross on reservations in South Dakota and subsequently became the Superintendent for public health nurses in the Bureau of Indian Affairs.

Elinor Gregg provided care to the most isolated population in the country. She was separated from colleagues and performed her duties in the absence of written guidelines and protocols. She directly embraced these situations with her 'just do it' attitude.

Assuming a new position, Elinor was perceptive about organizational culture. Before she initiated any action, she conducted a quiet assessment of the environment

and established important relationships. She knew what she was about, what was expected of her, what the problems were, and what she wanted to do.

From the initial days of her employment with the Bureau of Indian Affairs, Elinor demonstrated an ability to collaborate constructively and be a team player in spite of prejudices displayed by her superintendents and the medical staff. She deftly negotiated her way through a bureaucratic web which included the federal government, the tribes, and local governments. Elinor wrote about the complexity of this bureaucratic web in the *American Journal of Nursing* when describing one of her newest nurses:

She is slightly confused by the number and variety of officials that she has encountered in one capacity or another. Her list of discovery to date runs like this: paid by the Treasurer of the United States, examined by the Civil Service Commission, appointed by the Secretary of the Interior, travel expenses approved by the General Accounting Officer, under the instruction of the Commissioner of Indian Affairs, under the immediate direction of the Superintendent of the Agency, who delegates the authority to the senior physician to manage the hospital, and who depends on the chief nurse for the smooth functioning of the nursing and housekeeping staff.¹⁸

Somehow Elinor was capable of circumventing a myriad of bureaucratic barriers to achieve organizational objectives. She channeled her energies into productive ventures and did not get bogged down in the politics of the bureaucracy. There was always a paucity of resources to address the overwhelming problems among the Indian people. Elinor was able to persevere in difficult situations. Hardiness allowed her to reconcile apparent intractable problems. She demonstrated caring and concern for

those she cared for as well as those who worked for her. Writing in the *American Journal of Nursing*:

Indians are a conservative people and the nurse finds use for tact, friendliness and infinite patience. She must find a way into the home, make friends with the old women who are often the autocrats of the household, entice the interest and affection of the children, and last but perhaps most important, keep what promises she makes. To an Indian, this is a real test of sincerity and one which it is difficult to measure to, even with the best of intentions.¹⁹

In her 1926 annual report Elinor wrote:

We will scarcely dare to face our results in the way of medical service until the fundamentals of good nursing service are established. This involves not only the method of securing personnel but also her working conditions, her professional ethics, and proper channels of adjusting her difficulties so that she is represented by one of her own kind. Nurses have evolved out of long years of servitude. It is very difficult for them to trust that the menial necessities of their work will not reduce them to the position of servitude from which education has gradually lifted them.²⁰

She recruited nurses in a variety of publications and reported on her efforts to the Commissioner:

We demand considerable versatility in our medical and nursing personnel. They must have a good personal approach to the Indians and must be physically strong enough to carry a day and night job, manage untrained workers, get along with little or no equipment, meet every situation with a practically acceptable solution.²¹

Elinor spent much of her energy trying to create positions for adequate numbers of nurses as well as for nursing supervisors:

The district medical directors need to have assistance with making the programs function, especially in relation to public health nursing. For this work there should be eight district nurse supervisors who would be under the direction of the district medical advisors as to advising the local units on functioning techniques, but who would be also under the guidance of the Supervisor of Nurses in the matter of establishing standard nursing methods and techniques and developing new procedures of nursing. Without this additional supervisory personnel, I foresee a decided retrogression in the quality of nursing performance. Physically we are beginning to be well equipped. There is a general improvement in the quality of personnel since the depression, but we are still quite a long way from the traditions of service which are implied in the policy of Indian participation. There are new channels of thought and feeling to be opened up, and I think that without a much more frequent contact between the field and the Office not only will the technical quality deteriorate but the spirit and understanding will not be thoroughly impregnated with the new approach to the old problems.²²

Once these positions were finally established, Elinor had little difficulty delegating responsibility and authority to nurses, as well as giving them credit for their accomplishments. Her care and concern fostered a spirit of camaraderie. In the *American Journal of Nursing*, Martha Keaton wrote of her reaction to a visit from Elinor Gregg:

Within a short time after my arrival at Clinton, Oklahoma, Elinor Gregg, then Director of Nursing for the Indian Service, came to visit our hospital. During her stay she had a personal conference with each nurse assigned there. Her conference with me consisted of a gentle probing of my past experience, my future aims, and nursing knowledge, after which she described the development of the Indian Nursing Service and plans for its future growth. Her stimulation of this visit enabled me to see further possibilities for growth in the Indian Service.²³

Elinor Gregg was venturesome and had a pioneer spirit. A great sense of humor provided Elinor with the ability to cope with stressful situations. Other personality traits that translated well into her leadership style included an even temperament, resiliency, flexibility, and humility. Notwithstanding her modesty and humility, she portrayed high self-esteem and the ability to be productive. The following comments were made about her:

Elinor had a strong sense of when enough was enough and let's just get on with it. She believed you don't have to fuss over things. Sort of let the chips fall and go on. She could make due under any circumstances. She was broad minded yet strict about her own standards. Never pushy, she got people to do things by sheer persuasion. She believed in doing what was possible not what was impossible.²⁴

Nicholas Roosevelt wrote:

Elinor Gregg brought the nursing standards of a Boston trained nurse, the conscience of the daughter of a Harvard trained puritan minister, and the humor of a very gifted woman to the jungle of the old Indian service.²⁵

She demonstrated optimism tempered with pragmatism when she went to Rosebud Reservation and chose to concentrate her energies in one location. She usually envisioned 'the glass as half-full rather than half-empty,' as evidenced in one of her reports from Rosebud:

Blessings brighten as they take their flight is a saying one often appreciates in this country. In spite of the fact there is no baby hygiene, no anti-tuberculosis work, no old folks' home, no reform school, no school for feeble-minded, no sanatorium, no major surgery possible, no eye, ear, nose and throat clinic, no maternity center, no charity organization, no social workers, no visiting housekeepers, - in fact no cooperating agencies - there still remain 12,000

human beings with many desirable qualities and fine racial characteristics. One can scarcely help pegging away, though it occasionally seems useless unless Congress appropriates enough money to support adequately the two fundamentals of health and education.²⁶

However, she was not likely to continue to pursue policies that were futile:

I cannot begin to do justice to these two Reservations, not to speak of myself in a constructive demonstration in less than 14 months. Getting the confidence of the Indians and the employees of the Service has eaten up two months of Rosebud time. Of course I can do it in less time on Pine Ridge with that behind me. Now if I do four months building on my foundations at Rosebud, I think that I will have something to show.²⁷

Historical Influences

The life of Elinor Gregg crossed several major historical events such as the Victorian and Progressive Eras, World War I, the development of nursing as a profession, the Great Depression, World War II, women's suffrage, and women's employment outside of the home. Many of these history-graded events contributed to her professional and personal development.

During the last half of the nineteenth century and the first two decades of the twentieth century, groups of women formed to address societal inequities. Under domestic, liberal, social, cultural, and political feminism, women expanded their lives from the private sphere to the public forum and worked to improve social conditions in America for the poor, the immigrants, and for women. Multiple approaches were developed that provided diverse avenues for systematically confronting social injustices while learning to value women.²⁸

According to Elinor's family, Elinor did not view herself as a feminist.²⁹ Yet gender is always central to an understanding of a woman's life even if that woman denies it or is not conscious of that centrality. From adolescence, Elinor was not content with a life limited to marriage, family, and the church. She was determined to pursue a career. She had a healthy disregard for gender restrictions such as driving a car. She excelled in mechanical ventures in a time when such pursuits were highly irregular. While Elinor may not have considered herself a feminist and may not be judged as a feminist using current perspectives, there is clear evidence of feminist thinking and feminist motivation in her work.

According to Joyce Antler, there is no single framework for feminism, for feminism is a "life process," an attempt by some women to mold their destinies in the world and to achieve autonomy.³⁰ Elinor was not a politically active feminist who overtly supported equal rights for all women. She was seemingly unconcerned with the political struggles of women as a group. For instance, there is no evidence of Elinor's formal stance on the enfranchisement of women, although the question was highly debated prior to 1919, the year women finally gained the right to vote. Suffragettes paraded and employed tactics such as nonviolent civil disobedience and disruption of government to achieve their aims. Colorado, Elinor's home state, granted women enfranchisement in 1893 when Elinor was just seven years old.³¹ Because of this, it is feasible that Elinor accepted suffrage as an assumed right .

Elinor challenged and eventually overcame many of the restrictions that limited women's options in the early twentieth century. Hers was a personal attempt to mold

her destiny in the world and to achieve autonomy. A feminist voice is certainly implied in her work. She was a proponent of equal rights and benefits for nurses in the Bureau of Indian Affairs and she sought to improve the health of the most ignored, exploited group of people in the country: the American Indian.

Sandra Beth Lewenson recently described the cause of an equitable role for the profession of nursing in her book, *Taking Charge: Nursing, Suffrage, and Feminism 1873-1920*.³² In the late nineteenth and early twentieth century, a form of 'nursing rights' feminism developed. Nurse graduates of the late nineteenth century organized professional nursing associations to gain control of nursing education and nursing practice. Their political battles focused on state registration of nurses as well as education for nurses. Trained nurses challenged previously held images of nursing as unpaid self-sacrifice and unfailing religious obedience.

Nursing leaders embraced uniform standards for nursing education. They rejected the image of 'the angel of mercy' and stressed self-realization rather than self-sacrifice. They demanded financial reward for services rendered and worked towards achievement of women's status equal with men. In essence, nursing leaders worked for the emancipation of the nursing profession. Control of the profession hinged on liberating the political, social, and economic constraints placed on the growing nursing profession in the patriarchal society.³³ Unfortunately, nursing was never perceived as an independent occupation freed from medical and hospital control.

Regeneration/Redirection

Elinor Gregg's retirement at age 53 was a nonnormative transition. Her sister, Faith, gave her an annuity so that she could retire, which was most unusual. This annuity allowed her to spend the rest of her life in self-determined, worthwhile, and socially useful experiences.

Retirement did not bring idleness to Elinor. She spent this portion of her life developing her 'private side,' as she referred to it. Continuing in her service to others, she channeled her energies into many activities. Mercer, Nichols, and Doyle describe the time following retirement as one of regeneration and redirection where women pursue creative activities, community work, and self-developmental activities, such as attending classes.³⁴ As an avid community worker, Elinor was very involved with the Girl Scouts and the Maternal Child Health Center in Santa Fe, for which she received considerable recognition. Elinor also undertook a significant creative writing project, the recollections of her experiences with the Bureau of Indian Affairs, which culminated in the publication of her book, *The Indians and the Nurse*, at age 79.

Elinor's surrogate mother role with the Cooke boys during World War II constituted a nonnormative life transition because she was not a natural parent. She experienced growth as an individual in her roles as parent with the Cooke boys and as professional aunt within the Gregg extended family.

Her later adulthood provided Elinor the opportunity to more fully develop personal and family relationships which had been deferred during her years with the Bureau of Indian Affairs. She resumed a lifelong friendship with famous southwestern

photographer, Laura Gilpin. Elinor shared Laura's passion for photography and Laura was helpful to Elinor in her pursuit of this hobby. Laura and her friend, Elizabeth (Betsy) Forster, also a public health nurse, spent some years photographing the Navajo. When Laura encountered economic hardships later in her life, Elinor spearheaded an effort to help so that Laura could complete a book of her photographs of the Navajo.

Elinor wrote to Laura on 5 September 1966:

We have taken the liberty of making this possible by depositing some money in your name as a tribute to you for all you have done for the Indians in this part of the world. You have been their friend more than most of us and could represent us all. That is what we would all like to have done for them. Your photography has been a 'modus operandi' that has reached their lives and few of us have made the effort and taken the time to be as kind and understanding of them as you have. You have their confidence and affection far and wide both the Pueblos and Navahos, and Betsy shares in this.³⁵

Wisdom/Integrity

The eighth stage of development defined by E. H. Erikson is the struggle to balance one's sense of integrity with earlier disappointments in life.³⁶ The person who has achieved integrity has adapted to the triumphs and disappointments of being. Integrity is the acceptance of one's life cycle and the people who have become significant to it. Mercer, Nichols, and Doyle suggested that the age from 76-80 represents a transition to an age of wisdom, as women in their study, who were challenged to adapt to loss of health in addition to loss of friends and family through death, faced life with equanimity.³⁷

During the period when she was 76-80 years old, Elinor faced enormous developmental changes due to arthritis, a normative age-graded chronic illness. She was challenged to adapt to the diminutions of her health. She also experienced the loss of several family members, which significantly transformed her life. These are considered normative age-graded experiences but were still difficult for Elinor to accept. Autonomy and independence had been her hallmarks and it was distressing for her to become dependent. Although these changes caused disruption in her life, she took them in her stride.

In this period of her life, Elinor Gregg achieved what Erickson labeled integrity and Mercer described as wisdom. Elinor was accepting of herself, of others, and of nature. She manifested the qualities of simplicity and naturalness. Mary Misch, Elinor's great-niece, related an observation by Nicholas Roosevelt, who was instrumental in getting Elinor to write her book:

People fell for her. She was alert, interested and had a great ability to listen. She demonstrated a great sense of humor. She had an easy going way of life with no criticism or complaint. She was happy and content with her life. She had a simple sort of directness. She was pleasant, happy and laughed very easily never taking herself too seriously. She maintained an objective point of view and was sensitive to those around her.³⁸

Preparing for death was a normative age-graded task which occurred within the context of peace and unhurried time. Mary Misch, Elinor's great-niece, related the following anecdote of Elinor's feelings about getting older and her death:

She used to laugh and she said she had decided she really didn't want to live beyond sixty or sixty-five. She said, 'but when that day came, I decided I

wanted to live five more years. I keep pushing it up five years.' With the same sense of practicality when she was older, she pointed out to me where she was going to be buried in Santa Fe. She said, 'I've gone up there and looked at it.' She commented on the fact that she liked the view of Santa Fe from that grave yard. I don't think she had much sentimentality about the body. She was cremated.³⁹

Another great-niece, Nancy Meem Wirth, spoke of Elinor's final years:

I know she didn't like being a burden. But she never complained about aging. She was always nice to be around.⁴⁰

Both nieces commented on Elinor's desire not to prolong her death and Elinor's comment that she would speed it up if she could. In the last weeks of her life, Elinor became incontinent and bedridden. At that point they believe she made a conscious decision to die. Her experience as a nurse may have enabled her to see the situation objectively.⁴¹

The creative work and contributions of Elinor Gregg in the final decades of her life illustrate that continuing learning and development were a valid component of aging. Elinor Gregg achieved integrity and wisdom. She was also able to face her death with peace.

Summary

Elinor Gregg demonstrated a sense of control in her career and an openness to growth and change. She was a woman who held a world view and was a "paver of the ways,"⁴² an innovative public health nurse who worked for the industrial mills of New

England, the Red Cross on the battleground of France during World War I, and the Bureau of Indian Affairs on reservations in South Dakota and across the nation.

She was a formative force in the development of the Health Service within the Bureau of Indian Affairs. She worked long days and carried rigorous caseloads in difficult environments. As an ambassador of public health, she met key representatives of multiple agencies in various locations gathering first-hand information regarding the health problems, procedures, and customs of Indian people. She forged a tradition of effective cross-cultural liaisons between herself and her clients. Elinor felt the inadequacies of language as a vehicle to transmit the fullness of her intentions, although this did not hinder her achievement of caring for humankind, for being a 'helper woman.' She vigorously promoted the concept of the field nurse as a new opportunity for courageous and adventuresome nurses. She was a friendly and trustworthy outsider on the reservations. An article in *The Red Cross Courier* described the reception Elinor received when she returned to the Rosebud Reservation in 1925 after she became the Supervisor for the Bureau of Indian Affairs:

A visitor to Rosebud happened to see the welcome accorded Miss Gregg when she visited the Indians again early in 1925. The happiness the sight of her brought them made the usually impassive faces of the squaws glow with joy. This American Red Cross demonstration amply fulfilled its purpose, having proved the value of a public health nursing service on the reservation.⁴³

Elinor Gregg was a pioneering public health nurse who cared greatly for her nurses and the persons she served. In her retirement she transferred this caring to her family, friends, and community. Normative age-graded, normative history-graded, and

nonnormative events interacted with Elinor's core self, her family, her nursing career, and her community circumstances to affect her development over her life span.

Nursing is greatly enriched by nurses who actualize caring using the model of Elinor Gregg's determination, resourcefulness, empathy, and humor.

NOTES - CHAPTER VI

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The chart of Elinor's ancestors was made using Family Tree Maker®.

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This map shows the locations in France during World War I where Elinor served with the American Red Cross. The map was generated by Christy Garrett, Institute for Circumpolar Health Studies, University of Alaska Anchorage, using MapInfo World®.

Map of U.S. Indian Service Hospitals	245
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In 1924 Elinor became the Bureau of Indian Affairs Supervisor of Nurses for all the Indian Health Hospitals shown on this map.¹

¹ Francis Paul Prucha, *Atlas of American Indian Affairs* (Lincoln: University of Nebraska Press, 1990).

France - World War I Locales

Source: MapInfo World Data File
Map produced by: Christy Garrett, Institute for Circumpolar Health Studies
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Elinor Gregg in nursing uniform ca. 1911 (photographer unknown)

Elinor Gregg ca. 1925 (photographer unknown)

Elinor Gregg ca. 1965 (photograph by Laura Gilpin)