

**NANCY SCHUPP**

August 5, 1995

Dr. Fitzhugh Mullan,  
interviewer**Mullan:** Your date of birth?**Schupp:** 12/4/51.**Mullan:** Why don't you tell me where we are.**Schupp:** We're in Fairbanks, Wedgewood Resort and Building "P."

**Mullan:** Fairbanks, Alaska. Good. This is the fifth of August 1995, and I'm with Nancy Schupp in what turns out to be a suite of many rooms in a sort of dormitory-style "resort" in Fairbanks. It's actually very comfortable, and on a very rainy evening, being ten o'clock, and it still being quite bright outside, which is a novel experience. I've come to Fairbanks because I'm anxious to learn more about your life and work. Why don't you start by telling me about where you grew up and what your early recollections were about who you were.

**Schupp:** I grew up in the border of Greenwich, Connecticut, and Westchester County, New York, and was in a house of fourteen people--four adults and ten children. I was in the elder end of those children. All our social life was family, and church, and

the immediate little community. I think the general values were a German and Puritanical work ethic. That's the way I grew up.

**Mullan:** Where in West Chester County?

**Schupp:** Well, it was on the border of Greenwich, Connecticut. We lived in the community of Banksville which was partially in New York and partially in Connecticut.

**Mullan:** What's it called Banksville?

**Schupp:** Yes, a little sub-community kind of split on the border.

**Mullan:** What took your family there?

**Schupp:** My parents both grew up there, in Greenwich. My father's father was a chauffeur, and my mother's father was a bridle path caretaker in this community of ultra-rich suburbanites of New York City.

**Mullan:** Bridle path caretaker.

**Schupp:** Yes.

**Mullan:** What did your parents do?

**Schupp:** My mother started out as a secretary, but she mostly raised all of us, and her sister--two sisters married two brothers, so my father was a wood pattern-maker, and worked on wood patterns for an engineering company. Then my uncle that was in the same house, the other brother was a telephone installer. But you don't have to install phones now. Anyway, that's what they did.

**Mullan:** So the two brothers and two sisters lived together.

**Schupp:** Right. And they had three children, and we had seven, and we all kind of lived in the same house. There was an upstairs and a downstairs, but we just kind of flowed, and the extended relatives were really close.

**Mullan:** Tell me a little about the thinking that went into this. Were they all so close that they thought this was the optimum way to live, or did the finances argue for it, or what?

**Schupp:** It was probably finances, I imagine, since my folks didn't have kids yet, we got the upstairs, and the one with the one baby was on the downstairs, but then it turned around and they had just two more and Mom had seven. So we were still up and down stairs. They did it for that reason, but it turned out really good. The kind of communal living of sorts, they took over for each other, especially the women. They would take care of each other, and do the laundry together, and had the same

gardens, and watched each other's kids, and deal with crises. They're still all living--well, my parents and my aunt are still living together, after fifty years maybe.

**Mullan:** Did you eat together?

**Schupp:** Frequently, but not regularly, but several times a week probably, yes.

**Mullan:** Clearly the family boundaries were different than they were for most families, where [unclear] be separate, and they eat separately. Was there a sense of one large family with four parents, or was there discreteness to your family despite the proximity?

**Schupp:** There was probably separateness, but there it still flowed. We went downstairs frequently. They came up. The basic discipline was mostly from our parents, although the other mother definitely had her input. All my relatives were there. My grandmother had a cow, and chickens, and we all went there, and worked in more gardens. We were in this very, very rich community where people have estates of hundreds of acres, and were ultra-rich. We lived a real different life than some of the people I went to school with. There was a lot of IBM kids. It was different anyway.

**Mullan:** How was that as you grew up in this community? Was that a source of problem? Or a source of self-consciousness?

**Schupp:** The very little community of Banksville itself, was kind of again the lower middle class. A lot of people were Polish people that came over to hand build this lake, so the little small community of Banksville, right on the state line, in itself, had a lot of people of similar socioeconomic status.

**Mullan:** And owned this lake?

**Schupp:** Yes. Yes. This beautiful lake. Really huge, miles long, with all these little coves and islands.

**Mullan:** [unclear]

**Schupp:** No, we called it "Big" Lake.

**Mullan:** But it was a lake that someone sponsored?

**Schupp:** Yes, a private estate person. Yes. Built basically for himself, and now it's millions of dollars per lot, and just phenomenal now. But at the time, in the thirties or forties, whenever this happened, it was one individual, brought all these people from Poland to do that work.

**Mullan:** So as you grew up, there was a sense of a collective family, I guess. Was there other recollections about your youth as to what it was like growing up in that community?

**Schupp:** We had a little community house that we went to and, again, it was sponsored by the towns, so we had a lot of youth programs. It had fields and baseball, and they took us out for movies and bowling. So we had a pretty good source of people outside the family, adults supervising in all these little activities, and I did them all, went to little day camps and things. It was just your community programs. We didn't really have to pay very much, which was really pretty essential, because we didn't have much to spare. It was the kind of thing where you were hoping you had enough money for the thirty-five cents for lunch, but we usually had to have these sandwiches with cream cheese and jelly, and that kind of stuff--mostly bag lunches.

**Mullan:** You mentioned church. What sort of religion?

**Schupp:** We went to a Congregational Church. It was again, a small congregation, but we had a lot of social activities, too, there. We had square dances and teenage dances, and Halloween parties, and just all kinds of things happened at the church. My mother went to a hook rugging group there, and it was a social center. It was about two or three miles away. It was a great big--well, it wasn't that big. It was probably fairly small by today's church standards, but it had a very tall, white steeple,

and it was white, with these big handmade glass frame windows there with eight-inch frames, and it's still there. These little wavy lines in the glass. They're almost twenty feet tall, [unclear] windows. White standard [unclear] kind of church.

**Mullan:** From a religious point of view was the church important? Was your family religious? Were you?

**Schupp:** Yes, we were. We went very regularly. My mother always seemed to have a baby, so she didn't go very often until the youngest ones got into Sunday school age. But my father sang in the choir. We all went. My aunt that lived downstairs taught Sunday school. So we went regularly, and we went every day. We never missed a Sunday when we went during the Sunday school year. We probably did in the summer, but we always got our pins every year, our ten, twelve-year pins. We had confirmation.

**Mullan:** Has religion been important to you over your life?

**Schupp:** Yes. There's probably a phase in my college intellectual years where I kind of faded out, but real active religiously in high school. Then in Galena, Alaska, there was an Arctic Missions program that came up from Oregon. Galena is 287 air miles, and you can't get there by road. It was up on the Yukon River.

**Mullan:** 287 from Fairbanks?

**Schupp:** From Fairbanks. I was in that community from 1976 to 1990.

**Mullan:** You were saying about religion was--

**Schupp:** My religion got re-sparked there anyway, with these folks from Arctic Missions, and it was started again. I got real active, and have been still.

**Mullan:** Where did you fit in the family order of kids?

**Schupp:** I was the second oldest in my immediate family, and I had my sister, and these two twin cousins two years older, and another cousin was four years older. Then the rest of them were in our immediate family, and there were five after me.

**Mullan:** Did you take an active role in caring for the other kids, or was that a--

**Schupp:** Yes, we did a lot of that. My mother was home, and that was always good, but we kind of kept an eye on them, too. But I never really remember it as being a burden where, "Okay, you've got to stay with the little ones." It was never really seen that way. I don't remember that. We were just all there.

**Mullan:** For high school what did you do? For high school you went to--



**Schupp:** Oh, I went to a place called Byram Hills High School, which--

**Mullan:** Byram?

**Schupp:** Byram Hills, in Armonk, New York, because we were really on the border, but technically, schoolwise, most of us went to school in the New York state. It was a very well-financed school district. We come from this kind of lower middle-class family, but I had just an excellent education. I had actually gone to a little two-room schoolhouse up through fourth grade, and very individual attention. Their first and second grade classes were together, and third and fourth were together, and had a lot of individual attention in that elementary stage. Then we went to the bigger schools. The high school was very well financed. Really good teachers. We had all the latest in audiovisual things, and learning other languages with tape recorders. We didn't have computers yet--not in the school, but we used to visit IBM when computers were the size of a room. So we knew about computers, and a lot of the parents worked for IBM, but we didn't have any in the schools yet.

**Mullan:** How were your high school years? Did you like them?

**Schupp:** I was real active in sports at that time, and music. I felt a little isolated actually. I was a good student and seemed

to have gotten along better with teachers than I did with my classmates.

**Mullan:** In the sense of being intellectually precocious, or interested, or engaged, whereas they weren't?

**Schupp:** I was probably showing a lot of enthusiasm for what I was doing.

**Mullan:** It wasn't cool.

**Schupp:** Probably. I had gotten a music award, and got to go to Lincoln Center in New York City, and repeatedly we got to go. I got these season tickets with one other student from another class. I also got a phys ed award. I wasn't particularly talented in either music or phys ed, but I had a lot of enthusiasm and tutored younger kids. Instead of taking study hall, I would help them out in basketball and gymnastics. So I got a phys ed award, and got to go to West Point and get an award with other people from around the state. So enthusiasm-wise I got along with the teachers. In subjects like history, and English, I participated a lot. I got along really well with those teachers as well. I didn't really hang out in crowds very much. So it was a little lonely in terms of the peer group, but I felt good with the teachers.

**Mullan:** In terms of your family, were there the kids who were close to you in age you were close to?

**Schupp:** Yes, pretty much. Especially one of the twins. He went to school around the same time I did, and we were pretty close that way. We were altogether. We did everything with the extended family a lot. There were excuses for birthday parties and little get togethers.

**Mullan:** Were there any doctors or nurses or other health professionals that were prominent in your youth that you have thought [unclear] back on that?

**Schupp:** My mother's oldest sister was a nurse, and her daughter became a nurse. She was quite a bit older than I was. Doctors not really, we just were all kind of trucked down to the pediatrician for our shots. My mother's younger sister died at nine of tetanus, so my mother was big into the shots. We got them all, when everything came out, the polio, and the tetanus, and all these things. They would just crowd us all into the car and we'd get them all done kind of like factory style. We'd all sit in the room get faint, and get our shots.

**Mullan:** Medicine or nursing didn't loom large in your youth as something that you either were involved with or were particularly interested in?

**Schupp:** I heard a lot about it, but they said, "Oh, you should be a nurse, Nancy," but I didn't want to be anything my relatives were, so I didn't particularly think about that at that time.

**Mullan:** How about sciences? Were you good or drawn to?

**Schupp:** I was good in sciences and math, but was particularly interested in history and English. I'd get like As in science and math, but I'd get Bs in history and English, because it was more subjective than when you're doing tests and things. But I liked history and English better. It was more humanitarian or whatever.

**Mullan:** So as you approached college, what were you thinking?

**Schupp:** I was a physical education major, and went to Cortland State University as a phys ed major.

**Mullan:** Cortland State is in--

**Schupp:** New York--upstate New York. I had a regent scholarship, and it paid for tuition in New York state, and if you went to a state college, they paid for it. Then later I went to Cornell and to Pace College. They also paid my tuition. So we did really well. My sister got the same thing. You just had to pass the test and get a certain grade, and the grade changed from year to year, depending on how many people got what kind of grades.

So I went in phys ed, and somewhere along the line I thought I'd rather do a more one-to-one kind of thing than trying to teach in a larger group. I got general recognition and was fairly okay in sports in the high school level, but when I went to the college, I was around superjocks and felt pretty inadequate. That was a factor to getting out of phys ed.

**Mullan:** What was Cortland State like?

**Schupp:** It was a neat farming community. It was a great big state college with huge lectures, and very large classes. I can't remember anything small except our individual phys ed instructor classes when we had badminton and things like that. It was pretty small. But the big biology and sociology classes and subjects like that were huge, and psychology was huge, like ninety or one hundred-and-something, and two hundred-and-something students, in these big lecture halls.

**Mullan:** At some point you were thinking change to what you wanted to do.

**Schupp:** Yes. That was over Easter. It was really funny. My best friend from Oneonta, which is a college town. Both she and I came back from Easter vacation and independently decided this wasn't for us, and switched majors from phys ed to nursing.

**Mullan:** They had a nursing major at Courtland State?

**Schupp:** No.

**Mullan:** This is your sophomore year?

**Schupp:** My freshman year.

**Mullan:** Freshman.

**Schupp:** So I went to my high school guidance counselor and at that point it was kind of late. So he pointed me to this community college, Pace Community College. But I discovered it wasn't for me in the first month. It was geared for associate degree nurses, and it was very technical, and the folks there were into, "Okay, let's just get this little degree, this technical stuff, have these little jobs. But again, I guess I wanted to do more. I wanted to work rural, and I couldn't really work rural and work in these hospital settings, and just give shots, and take blood pressures. I wanted something bigger, and broader, and intellectually more stimulating.

**Mullan:** Just to be clear, this was your sophomore year?

**Schupp:** This was during the first month of my sophomore year.

**Mullan:** So you went your first year at Cortland State. At the end of that year you decided you wanted nursing.

**Schupp:** Yes. So I went close to home. I went back and lived at home the second year.

**Mullan:** Is Pace in New York?

**Schupp:** There is one version of it in New York.

**Mullan:** There's another one in West Chester County?

**Schupp:** In West Chester County, Pleasantville, New York. It was thirteen windy miles, about twenty-five minutes to drive there. So I went back home, and that was pretty awful to live home after living on your own, and all the rules. That was pretty bad. By October I went to my high school guidance counselor and then he pointed me to this Cornell program, which you generally start as a junior. You have your prerequisites done in your freshmen and sophomore years someplace else, then you go to the Cornell University-New York Hospital program, which was a bachelor's degree program. Even at that point I was talking about going to a rural area, and right then they only had midwifery at the frontier nursing service. So I was envisioning at that time of not stopping at Cornell University-New York Medical Center program, but to go onto the frontier nursing kind of thing, and doing what they were doing, real rural. But then by the time I got done with the Cornell program, the family practice nursing program started

**Mullan:** So you finished the year out at Pace?

**Schupp:** Yes, I finished the year at Pace, took a lot of electives, and electives like history, English, art, literature, and philosophy.

**Mullan:** But not necessarily prerequisites.

**Schupp:** Yes, as a phys ed major. I also got in a lot of biology, and sociology, and psychology already.

**Mullan:** So then you switched to Cornell.

**Schupp:** Then I switched to Cornell.

**Mullan:** For your third and fourth year.

**Schupp:** For my third and fourth year. Then I still had to take statistics after that, and to get into graduate school at the University of Washington.

**Mullan:** How was Cornell?

**Schupp:** It was intense. We had these really intensive experiences. The clinical were particularly good. We went to, I mentioned earlier, Bellevue, which is the city hospital for mental health, and we also went to Payne Whitney which was a



private hospital next to the Cornell Medical Center for mental health. We did public health in the Bronx over on the west side, and we went up to Harlem Hospital for some pediatrics, which is a primarily black community. I did an oncology experience, which some of us got to do at Sloan Kettering, which is across the street from our hospital. So we got to see the heavy duty of cancer at that time.

It was varied. We used to walk and take buses around New York. The clinical really stands out in my mind. We had a really great anatomy and physiology teachers Two biology teachers in the two different years. They were really good. I thought the nursing instructors were really a little soft, and a little wishy washy. But the clinical experiences were great, and the biology teachers really made sense in applying what we were doing.

**Mullan:** Was the approach to nursing that you characterized at Pace different at Cornell?

**Schupp:** Very different. At the A.D. Pace program, we were procedure-oriented. At Cornell-NY Hospital we were supposed to be thinking people, and nursing had its own professional status, equal to doctors in a way, as opposed to a technicians.

It was very dramatic. The dean, Eleanor Lambertson, really stood out in her message of being professionals and in changing the public health. We got classes from her, changing public health standards from your medical image to a public health

image. About that time family practice was just getting started. We got all this inspiring philosophy. I was really struck by it, and got to know her really well. I started a newspaper and also got elected as class president, which is a little different than my high school role. I don't know, my friend just nominated me, and I gave my speech. So it was very spontaneous. So I got to know Dean Lambertson and was active on all these council-type things. So I was really inspired by her as a leader in the future of health care. It was a very thoughtful, very upward bound and future oriented. The message was: "Let's help people on a broad public health spectrum." I really got indoctrinated to be a nursing leader, and also public health leader. So I was really charged with that sentiment when I left.

**Mullan:** With what I guess in that epoch would have been called women's liberation--

**Schupp:** Yes, it's in there.

**Mullan:** --was feminism a rising force? Were you aware of it?  
[unclear]

**Schupp:** Actually, when I was a junior in high school we had a big thirty-five-forty-page research paper. I actually did mine on the feminist movement, and that would have been in '67 when it was just kind of mushing out there. I read all those standard old feminist writers, the real beginners were in my research.

Since then, there's been thousands of books written. But I had to really look to find the writings in those days.

**Mullan:** Was it a palpable force in your education or in the environment at Cornell or not? I don't mean to put words in your mouth. I'm just curious whether either at the time or in retrospect you feel that that was an important element of what you experienced or not.

**Schupp:** Probably more at Pace, which was the community college. After I got out of the nursing program I ended up in philosophy and liberal arts, got hooked up with almost hippy types, and ex-Marines, and people that ran an environmental farm. During that time feminism and women as being equals came out strong then. When I went to Cornell, it was very formal in some ways, and a lot of the women there were into, "Okay, I'm going to be a mother, and have kids, and this is going to just supplement my income." There was still this very, very strong medical hierarchy, and that was very difficult--you had all these different layers--it was very intense. I didn't like that part at all.

**Mullan:** The feminism in the environment really wasn't able to [unclear].

**Schupp:** No, not really, because we did merge--

**Mullan:** The traditionalist component was strong still.

**Schupp:** Right. Right. When I was working in a New York hospital, which I did on weekends, not in the summer, but just on weekends. There was this layering which was, again, strongly male dominated. We had two male nurse students, and there was just very few women medical students in those days--very few. So there was a definite sex difference in who had the most power. But this Eleanor Lambertson and, again, a couple of the nursing teachers, were very pro-nurse, and pro-you can do it, and pro-you can make a difference, in the public health broad spectrum view. So in that way, that was my strongest influence there. I was part of a little student group of about six to eight students--must be eight, four medical and four nursing students--with Dr. Lee Salk, Jonas Salk's brother. Lee Salk was a child psychologist.

We had small group discussions with them, in different places, in different people's apartments. So it was a pretty equal sort of a meeting thing. Then I got involved with a music group, and we'd take turns in my dormitory room and a medical student's dormitory room. We had one medical student. The student was really good at music, and the guitar, and we used to sing, so that was another group I did. He was actually in the other subgroup with Dr. Lee Salk. I had gotten an indoctrination of being "better" and different than your standard old-fashioned nurse stuff.

**Mullan:** You entered Cornell with the notion about nurse midwifery were doing more than standard bedside nursing. How did that thinking develop while you were at Cornell, and what did you do with it when you graduated.

**Schupp:** I wanted to work rural, and that might have meant being at a place without a hospital. Maybe it was wanting to be needed. Working in an underserved area. Actually, I did spend a lot of time in Vermont dairy country in my teenage years, with a large farm family, so I wanted to go rural, and ended up going. I found out about the relatively brand-new family practice nurse practitioner programs at Chapel Hill and the University of Washington. I felt like going west and seeing the ocean and mountains, so I went west instead of south.

This Eleanor Lambertson, the dean at Cornell-N.Y. Hospital had done some helicopter and plane-type nursing in Alaska. I'm sure she's probably gone by now, because she was pretty mature at the time, in her fifties, sixties or so. Maybe sixties. I don't know, maybe she's still around, but she seemed like she was getting a little frail at that point. But she had done all these kind of neat things, too. We had a lot of individual private conversations over those two years I was there.

**Mullan:** The notion of being a nurse practitioner with an emphasis on family practice planted the earlier [unclear] idea?

**Schupp:** Yes. Just to be a generalist, you could do more things and be more useful to a larger group of people.

**Mullan:** So do you go directly from Cornell west?

**Schupp:** Right. I drove across the end of May or beginning of June and worked in a nursing home that summer in Seattle, and lived in an old house that was turned into apartments.

**Mullan:** This now is the summer of '73?

**Schupp:** That would have been summer of '73. And then started my program in September of '73.

**Mullan:** You were accepted directly into the nurse practitioner's role out of nursing school, never having actually worked as a nurse.

**Schupp:** No. I was pretty direct that time, and I did get recommendations for a Robert Woods Johnson Foundation Grant, and got it. I was pretty sure what I wanted to do. There was only two of us in that program out of twenty-four women that did not have intermediate experience. Now they require experience. But I didn't want hospital experience. I was definitely wanting to be rural and out-patient, and I didn't really want to do hospital nursing. But that worked out pretty good for me.

**Mullan:** This must have been early version or the first few years of the--

**Schupp:** Right, because now they're requiring some experience. Of course, you almost end up being in, I guess, a doctor's office, or a hospital or some other kind of setting. So I was really early. There was an advantage to that. I wasn't tied down to a family and kids, which a lot of the other women in my Washington program--the master's program--they were further along in life and they had a lot tougher time giving everything they could to learning in the program, because they had these other responsibilities, and it was very understandable. Some of them had to commute, and had to deal with husbands, and all that. I didn't. And graduate school, in some ways has been easier for me than undergraduate.

**Mullan:** That was a one-year program, or a two-year program?

**Schupp:** Well, at that point you could rush and get everything done in a year. Actually, I didn't even stay a hundred percent for a year there, because I did this clinical experience in Yakutat, Alaska for a month, and then in Unalaska for a month. Yakutat, that's where the panhandle kind of meets the body of Alaska, but it's on the ocean side, on the outside. Unalaska is 800 miles out on the Aleutians.

I got there. It was all directed. It seems like I had guidance to get out to there, because people helped me and got me

the scholarship to go to the University of Washington, and then during that time I started talking about Alaska, because it's more and more rural, of course, and then I met Coy Gainey at that time, and Tom Nighswander, and ended up doing those rotations out there, in part for the experience, and in part just to introduce future recruits, I think, to Alaska. When I got right out of graduate school, after this clinical experience, I interviewed for a job on Vashon Island, and one at a migrant clinic in Bellingham, Washington.

**Mullan:** Bellingham, Washington.

**Schupp:** In Washington.

**Mullan:** And Vashon Island is--

**Schupp:** In Washington State. Then Forks which is way out on the peninsula in the rain forest--logging and fishing country.

**Mullan:** Olympic Peninsula.

**Schupp:** Olympic Peninsula. What did I say?

**Mullan:** The peninsula.

**Schupp:** The peninsula. The Olympic Peninsula.



**Mullan:** You're talking to people who will know from nothing.

**Schupp:** It was fairly distant. I'm not sure how that one worked out. Maybe those were the people that would pick me. I'm not sure, because I wasn't very experienced.

Except, during graduate school, I volunteered one day a week more than what our regular clinical experiences were. I went to the Pioneer Square Neighborhood Health Center, which is essentially the skid row clinic, and just worked there, and learned, and saw a lot of people, and this was a really good experience at that time. So it was something I did separate, on my own. I didn't have family and children to hold me back from that. I spent eight hours every week there on a Friday. I kind of worked all my classes to be on the first four days of the week. So I kind of helped make up for some of my lack of hospital nursing, or whatever it would have been before, by doing that, and going to Alaska and doing those two months in those rural clinics. That was very intense compared to what any of the other students were able to do. I was trying very hard to make up for my lack of experience by getting experience outside of the requirements.

**Mullan:** Now, in terms of the University of Washington nurse practitioner program, this must have been one of its first years.

**Schupp:** We were the second class.

**Mullan:** The concept of the nurse practitioner was very new--

**Schupp:** Right.

**Mullan:** --in general, and at the University of Washington, and to be sure, for you.

**Schupp:** Right.

**Mullan:** What did you envision you were getting into? Were you going to be a one-year doctor? What was your thinking, and what was--

**Schupp:** I guess I never thought "doctor," because that wasn't my indoctrination. It was helping people the best you can in these rural areas. At that time the intention seemed to be histories, physicals, and physical diagnosis, and learn treatment of supposedly simple things. But we had a very excellent emergency program. We went through Harborview, which is the, I guess, the city hospital which got everything. They had the people that trained those first medic ones--

**Mullan:** Medex.

**Schupp:** Medex. The Medex there. Medex was the PA kind of a program for Vietnam vets. So those people that were training the Medex students, trained me in our nurse practitioner program in

emergency. Then they also were training--Seattle was known for its first coronary response unit, the paramedic thing really came out of Seattle and that group of people that taught the ultra-emergency to people to do first line CPR for the citizen, and then the paramedic to come along and assess them to stabilizing procedures. That training came under that same Harbor View Hospital. It was one of the best and the first in the country.

So again, everywhere I went, I just had this incredible education for coming out of my family background. They were not an educated bunch of people that I grew out of. My sisters both went to college, but my parents, aunts and uncles didn't, except an aunt that went to nursing and an uncle that went to horticulture school. Nobody got college degrees, except my sisters and I. We're the only ones that got college degrees.

Then here's all these wonderful directions in education. I just felt, looking back, I always felt God directed me. At twenty-two I was done with my program, got to work in intense situations, the nitty-gritty, and literally saving lives. The work was not just a major impact on people medically, but also, you got close to folks and got to know them as people and vice versa. There was lots of counseling, a lot of social issues, as well as the medical stuff, which we were trying to do, trying to learn as we're doing it.

**Mullan:** As you approached the end of your program and looked to select a job opportunity, I want to hear about that, but also a moment more on what you were thinking. Was there apprehension on

your part about where you were headed? There was obviously enthusiasm, but what I'm trying to tease out is it seems to me, even now, twenty, thirty years later, the concept of the nurse practitioner seems quite obvious. Even as I recall back then, it wasn't so obvious this was breaking new ground, and there were considerable questions what the competence, what the acceptance, what the legal response, etc., was going to be to this new form of practitioner. I just wonder, maybe I'm making too much of it. Maybe you just went through the system with the faith that it all will work, but you didn't have a lot of role models, or people who've done it before, and I'm just wondering what sentiments, trepidations, enthusiasms, and other you might have had at the time.

**Schupp:** There was one other nurse practitioner program at Chapel Hill. There was one role model there, and she worked in Darrington. It was a logging community.

**Mullan:** Darrington, Washington?

**Schupp:** Washington. A logging community about an hour's drive away. I managed to get clinical experience up there a little bit. I went up there a few times and worked out of that clinic and saw what she was doing. I thought Cornell had an excellent clinical program in New York City. At that time my master's program was heavy on nursing theory, and psych, and social sorts of issues, but very weak on clinical. That was probably the most

nerve wracking. If it wasn't for this Pioneer Square Neighborhood Health Center, which was intensely clinical, and a very pathological setting. The clientele were the heavy-duty kind of alcoholics and street people that had a lot of medical problems. So that was really a help to make up for the weak clinical experience from University of Washington. I can't remember being incredibly nervous. But the thing of medicine is the more you learn the more you know you don't know. I guess I always appreciated that.

But I intensely studied. I went to everything, every class, every possible in-service.

**Mullan:** As you came to the end of it, what did you think about doing, and what did you do?

**Schupp:** Definitely the rural, rural, rural, stayed there. It was probably just as well I didn't find a position in Alaska then. I didn't really actively seek Alaska right then. I had met my husband during that year, and he wasn't willing to go anywhere at that point besides Seattle. It would be very hard to go completely independent to a place like Galena, or Fort Yukon, or wherever, fresh out of school, lacking experience-- especially --our program right then was so weak in clinical. I just ended up needing to learn a lot from other people on the job.

**Mullan:** I'm trying to get you to tell me about the National Health Service Corps.

**Schupp:** Okay. Well, I wanted to go to Alaska, and I got introduced at school to the National Service Corps, somehow. I'm not sure if it was through the teachers, but I think it was actually through this woman that worked in Darrington. Then I kind of heard about the National Service Corps, either through them or through the staff, and got connected with this way back in maybe January, February of that year. I started setting up this Alaskan experience, which I did in July and August and September of '74.

So I met the National Service Corps people, Tom Nighswander, Coy Gainey, Roger Rosenblatt, and, I guess, through them, pretty much, had those contacts, and they were desperate for someone, and a nurse practitioner in Forks--

**Mullan:** Forks, Washington.

**Schupp:** Forks, and then Vashon were looking, and this migrant health clinic in Bellingham, Washington, were all kind of looking, and they were thinking about nurse practitioners. When I was taught by these people like the doctors at Harborview, they seemed to have imagined that nurse practitioners were going to go off and serve in underserved areas. That was their impression, and that would be rural areas, or the deep inner city. I think that's the impression people got of nurse practitioners at that

time, is you are going to fill in gaps in the health care system. Doctors had a tendency to stay around big hospitals and we all know that Seattle had more doctors than they needed, but you go out 100 miles or so, or 200 miles, then nobody wanted to go there and stay there, except for a few older committed folks that were on the verge of retiring.

That was part of this philosophy I got earlier is you're going to fill these gaps. You're going to put manpower where it's needed. It's primary care, it's public health, as opposed to being the super-specialist. When I was in Cornell, students were talking about, "Okay, I'm going to be an internist, or a cardiologist, or a surgeon," or whatever, but I only met one person, and his name was Roger, at Cornell, that talked about family practice, and he was from rural New Hampshire. He was the only person that talked about family practice. Everybody else was interested in other subspecialties, or obstetrics, pediatrics, or something, but family practice was new then, too.

So as part of my "Dean Lambertson indoctrination," was, "Okay, we've got to fill all these primary and public health care needs," there was a sense of filling a need or gap in the health care system, and that's the whole trend of my professional life. Eventually all the pieces fell into place.

People viewed us as going into wild and wooly places, but I think a lot of those married nurses with kids, ended up trying to stay in their region, and they didn't necessarily move away to jobs. Very few of them actually left that area, unless they were from out of state. But the ones that were from the Seattle

region, or up north that were commuting, or semi-commuting, they stayed in the area. I don't think they really got out much.

**Mullan:** So you picked Forks.

**Schupp:** I picked Forks. Or they picked me. I'm not sure how it happened. I remember interviewing in Bellingham and not really getting it. I don't think Vashon was quite ready at that time, or they had someone else--so I think that's how I didn't end up going to Vashon, but I kind of talked to them about it. But I had previously been indoctrinated with the National Service Corps about going to Yakutat and Unalaska with the National Service Corps program, and SAMA--Student American Medical Association. I got this little tiny stipend, and I'm not sure who paid my way up. I think maybe they were the one that paid the air fare. Pretty hefty air fare. I spent a month each in Yakutat and Unalaska, Alaska.

**Mullan:** You have preceptors at Yakutat or--

**Schupp:** Yes. They were, actually, very early nurse practitioners. There was a physician assistant in Yakutat, and again, very beginning. He was an older man and had done some military experience, and had a very Spanish-speaking wife. Then I'd had a nurse practitioner, Lou Hahn, who was a male who had done the Army thing, too, I think. He was probably in his early forties.



**Mullan:** This was in Unalaska?

[Begin Tape 1, Side 2]

**Mullan:** This is side two of Nancy Schupp, of tape one.

**Schupp:** In Yakutat, I think we were really floundering around quite a bit. The man there wasn't as experienced or motivated in the clinical organization. We did have a rough time.

The one memorable experience out of that was the death of a 23 year old woman. She was talking about not feeling well, and I was wondering if she was pregnant. Right then, that day, she informed him that, in this tiny town, that she was an insulin-dependent diabetic. I think the P.A. had been there nine months or a year, and this woman never volunteered the information, although she had been down to the clinic several times. Anyway, she had three kids, and she started getting sleepier, and sleepier, and we were talking to Tom Nighswander in Anchorage, and we were trying to figure out what was wrong.

**Mullan:** By phone or by radio? You were talking to him at a distance.

**Schupp:** I can't remember if he was--

**Mullan:** He was counseling you.

**Schupp:** Tom was talking to the P.A.. I wasn't in charge at all. I was just present. But there's a lot of different things that went wrong. We didn't have an accurate way to measure blood sugar. We just did urine sugars, and he didn't have that available, and there wasn't anything to treat diabetes either. There wasn't regular insulin. So we were going blindly not knowing if she was hyper or hypoglycemic, and trying to figure out the symptoms. So anyway she was getting pretty sleepy, and sick. So they radioed down to a small plane that going by or something and put the student (me) on there.

**Mullan:** With the patient.

**Schupp:** Yes, the PA was back in Yakutat. She was still talking to me on the plane until we were going into the ER in Juneau. She had a seizure as we were going in the doorway.

**Mullan:** In Juneau?

**Schupp:** We flew to Juneau, and that's a long ways, actually--700 miles, I think. She had a seizure and went comatose, and had aspirated. There was an ER nurse there. She called a doctor who finally tried to get all kind of information. Then finally, quite a bit later, came in, but we were doing as much as we could at that level of training, and CPR. She ended up dying. She aspirated and died. There are several things we thought that could have been done differently. A lot of it was being

prepared, and having the right equipment. I'd been trained and all that, but we couldn't tell what her blood sugar was. We were trying to think from symptoms which way she was going, and she came in early in the day. So it was a very sad situation there.

**Mullan:** Tell me about Forks. I see your first real job now.

**Schupp:** First real job. Unalaska's got neater stories, though.

**Mullan:** Okay, well, let's close on that.

**Schupp:** Unalaska had really good stories. We were out there providing general care. Again, a lot of it was emergency. Yakutat had a formal clinic. In Unalaska this clinic was up in this apartment, and there were still all of these *Playboy* centerfolds were in the bathroom and plastered all over the walls. It was a funny, informal-looking place, this apartment. But it was better set up. There was much more equipment, and much more ability for lab and emergencies. We saw a lot of emergencies in there.

It was just very interesting. I remember going to a man who had come for hundreds of miles in a Japanese ship into the harbor. We went out to it in a little tiny skiff out to this huge boat and climbed up this rope ladder--I was afraid of heights, too. We climbed up from this little dingy boat up to the top of this huge, huge boat, with hundreds and hundreds of Japanese taking pictures of us.

**Mullan:** Was it a cruise ship or a--

**Schupp:** No, it was a fishing ship and processor, I think. They'd been traveling for about six months or seven months at a time. I was the first woman, and the first white woman they'd seen in a long time. We ended up getting this man of with a broken leg and taking him back to the clinic, and eventually we took care of him there, and wound up flying him to Anchorage. It was just real different.

Then we had another odd call. The message was that someone has some intestinal problems, and we went out to where they're bringing these huge cargo vans by ship. Anyway, as it turned out this man was dead, and his guts were hanging out all pinned between a container and a crane. Lou had gotten in his mind that this was a murder--it was his anniversary, so he'd been having some alcohol. So we spent all night not necessarily dealing with medical problems, but trying to figure out who murdered this poor worker. His best friend was the only one out on watch with the victim. It was just a weird night, and these spotlights were on the boats in otherwise pitch darkness. A very different place. They were all different places.

**Mullan:** Well, let's go to Forks, and tell me about--

**Schupp:** Forks. Oh, that's a beautiful place.

**Mullan:** How many years were you in Forks in all?

**Schupp:** I stayed two years.

**Mullan:** 1974 to '76?

**Schupp:** Yes. I was pretty well settled there, and we didn't have any idea of going anyplace else. I wasn't unhappy at the point we decided to go to Alaska. Jerry Bell, the preceptor in Anchorage heard. I had these little internship earlier. But Forks was my first real job, I guess. I ended up learning a lot on the job.

**Mullan:** [unclear] was a physician?

**Schupp:** I was there with a physician right out of internship. It probably didn't go well. It was probably pretty rough. Probably we were pretty, in some ways, inadequate. But I had a lot of emergency practice in Alaska, and had basic medical principles, and a lot of women's health care experience. But a lot of knowledge came later. A lot of that information and knowledge about chlamydia and things like that came later to everybody.

I felt at the time that I was doing all right, but again, the more I was in there and the more I learned, it's gosh I'm learning every day. I felt that way for years and years. I didn't feel like I was doing anybody a disservice.

**Mullan:** How did you work with the physician in terms of level of care, or treating patients, or how did you integrate your--

**Schupp:** At that time, he was a bit of a strange duck, but we ended up each having our own clientele. Certain people just went to the doctor, and some people went to see me, and we were pretty busy. We were seeing twenty or thirty people. I was scheduled almost every fifteen or twenty minutes, and it was really fast in and out for a lot of things. It was hard to really get deeply involved with anything, and it was a lot of little stuff, the ear infections, and the colds, and the suturing, and the kind of standard kinds of things. I don't remember much internal medicine--we did some OB, more prenatal care there. But we had been doing deliveries, and a lot of people ended up going into Port Angeles, about sixty-five miles away for planned deliveries.

**Mullan:** This is a logging community principally?

**Schupp:** A logging community.

**Mullan:** On the Olympic Peninsula.

**Schupp:** On the far end Olympic Peninsula. It's about several hours drive from Seattle, plus the ferry. , It took you almost four hours to get to Seattle. Port Angeles was about an hour and a half, because you had to go on pretty dark, windy roads around

Lake Crescent. So it was pretty remote. There was a retired physician, Dr. Leabold, who I used to call once in a while, get some advice from.

I think for what we were dealing with, most of it was fairly primary most of the time. I mean real primary care. I think we were doing all right with what we were doing. Nothing very difficult at that point. The emergencies eventually kept coming, and coming, and coming. Then they got more complex, and eventually we sent a lot of people out to Port Angeles. But that one physician lasted until about April, and then he had to leave.

**Mullan:** From--

**Schupp:** From Forks, Washington.

**Mullan:** No, from [unclear] that you began there.

**Schupp:** I began there in the end of September, I think, or the beginning of October. Then that physician left. I think it was April or early May. Then I was on my own, with this retired physician who actually lived a half hour away in Clallum Bay.

He was in and out of Forks quite a bit. He lived in Clallum Bay, which was about a half hour, forty-five minute drive north, on the peninsula, on the water. He still saw a lot of people. His way of charting was one line on an index card. We'd been trained in making elaborate, well organized, complex charts and be sure everybody else can read it. But he knew everybody, and

he just kind of jotted on one line what was done to that person. Most of his charting was for himself, and he didn't have other people fill in for him, so I guess that was okay for him.

We had a little hospital, and there were some good nurses there, and they had about 10 patient beds, and they took people maybe three or four or five people at a time. That eventually grew. Then they had a very active emergency room. The nurses were very good at triage.

**Mullan:** Was the hospital essentially run by nurses?

**Schupp:** Yes, well.

**Mullan:** There was no doctor.

**Schupp:** Well, they took official orders, yes, still, but they did see everybody and did a lot of exams, and a lot of deciding. They would call Dr. Leabold, who's up on the north coast of the peninsula, or they would call this new, inexperienced doctor for the official okay. They would call me, then it was my turn to be on call. So I was on call fifty percent of the time. The call rotated between the one doctor I work with and myself. Then Dr. Leabold had his own little practice. Actually, a very active practice, but it was kind of separate in a lot of ways. But I did end up calling him off and on, myself.

**Mullan:** The National Service Corps was your employer.



**Schupp:** Right.

**Mullan:** Did that provide you with either orientation, or guidance, or mission, or was that just happenstance?

**Schupp:** Our general mission seemed to be to fill in a health care gap. We used to have these in-services. They would sponsor an in-service which they created. They had good speakers. A lot of it was basic stuff, basic primary family practice. I'm not sure how we covered when we went to the in-service, and I can't remember. Maybe Dr. Leabold. It was very hard to get away. We were so busy. We were supposed to have a week of continuing (unclear) where we go away someplace> I only did that once, and that was an independent conference [unclear]

**Mullan:** So what happened? What were you thinking at the end of that time?

**Schupp:** [unclear]

**Mullan:** You were thinking--you moved.

**Schupp:** Oh, I moved. Oh, yes. Yes.

**Mullan:** What happened, why, and [unclear]?

**Schupp:** That was about November 1975 at one of those in-services the National Service Corps sponsored, I met Jerry Bell, who was serving as kind of the administrator and preceptor for Craig, Galena, Unalaska, and Alaska, and then eventually there was a few more sites. He would go out and directly supervise and precept folks. There had been a PA in Galena. At that point he had been there a year and a half, and he was burned out, so he was going to leave that summer. He was very adamant about it. So I think Tom Nighswander must have told Jerry Bell about me, because I had those two months at Yakutat and Unalaska. By that point I was a year and a half into Forks. I didn't particularly want to leave. My husband was willing to go--we had a sense of adventure, going a little further, and going where you're really needed.

In that second year at Forks though, I had been working with Steve Kriebel, who was a very good teacher, and I really learned a lot from him.

**Mullan:** [unclear] physician in the practice?

**Schupp:** The new physician. He'd come out of a family residency at the University of Washington. He was really good, and I learned a lot from him. We were, again, very, very busy all the time. But he was a really good backup, and good teacher, and real patient. He'd come right out of his University residency at the University of Washington family practice program.

**Mullan:** So what did you do?

**Schupp:** So anyway, my not-yet-husband, anyway, he surprised me. He said, "Oh, well," maybe he'd think about it, or he'd go. He was in Seattle at that point and I was out in Forks, and he commuted to Forks on the weekends. When I wasn't "on call" I'd go into Seattle.

When I went up for my interview in Galena and to meet everybody, it was almost like committing myself to go there. But my first impressions of Galena weren't very good. I thought, "Oh, no, I'm not going to like it." In the meantime, I'd really prepared. I delivered babies, and did more aggressive surgical procedures, and I repaired things, and did orthopedics with Steve to supervise me. My thinking from November '95 until when I finally went up to Galena for my job interview was to prepare. It was break-up time.

**Mullan:** Breakup meaning the--

**Schupp:** The Yukon River ice break-up. That's when everything is brown and muddy and yucky. The PA, Dennis Bruneau, was telling me his war stories.

**Mullan:** The PA at Galena.

**Schupp:** In Galena. He'd counted up medivacs. He'd had 124 medivacs in less than two years and about ninety-four of them were involved with guns and knives. He painted this very gloomy mental health picture, and, oh, how cold it was. He had his bed

raised up on stilts where it was warmer. He was just very economical about everything and lived very uncomfortably. I just kept hearing all these horror stories, and I didn't really like crises with alcohol and all that stuff very much. I certainly had multiple emergencies in Forks at that time, because we had two million people come through the parks at that point, as well as the 10,000 people that lived on the peninsula. So we had lots of trauma, and I got a lot of experience. But that was not really my thing. I liked other things better.

When I went to interview in Galena, I felt pre-committed. But during my site visit, I didn't really want to go. But I ended up going anyway, because by that point they were counting on me to go up there. They ended up getting a PA in Forks, too, so I wasn't really needed as badly then. He came probably about four or five months before I left. Then eventually they got another nurse practitioner and another doctor. They had all kinds of positions later on.

**Mullan:** You went to Galena with the National Service Corps.

**Schupp:** I went with the National Service Corps. So I worked for--almost two years--in Forks. We went up to Galena in August, and we had this one pickup by now. We traded in our two little cars, and got this pickup. After driving it up to Galena, it had to be put on the barge. We flew to Galena.

**Mullan:** The pickup had to be carried by water.

**Schupp:** By water. It has to go by barge. They didn't let people on the barge because they didn't have a passenger liability. We wanted to go so we could see the river, but we couldn't. The only way you can get in is fly, or have some connection to go by boat or sled or snow machine.

**Mullan:** So you flew in, [unclear] that barge. The PA was there and left.

**Schupp:** He'd actually was gone. He left two or three weeks before I arrived.

**Mullan:** Said welcome to Galena, it's yours. Tell me a bit about Galena. Just quick demographics.

**Schupp:** Galena was probably at two-thirds or not quite maybe three-quarters Native Alaskan--Athabaskan [phonetic] community, on the Yukon River. There was probably when we went there, 400 people but separate--socially separate. There was this Air Force base of 200 people. There wasn't a lot of intermingling, but some people you were able to get on the base. So it was primarily a very native community. It was a hub community because of the very nice airport, to five smaller villages, that range from 85 to perhaps 250 people. Galena ended up getting a lot of services. They had bigger stores, and a bigger airport, and a taxi. It was a central place, and the clinic got to be

there, and the trooper, and the state of Alaska Social Service associate there, then eventually a social worker.

The people had a fair amount of jobs in Galena. A little more than the villages, which just had regular paying jobs of maintaining air strips, the post office, and the schools, and other than that, there really wasn't much paying. But Galena had a little bit more with these other services that was provided to the subregion.

There was a subsistence lifestyle in these communities of Galena and these five villages that I regularly traveled to. That was fishing on Yukon River and Koyokuk Rivers, both commercially and subsistence. They used nets and fish wheels, and it was a very important part of the culture to keep doing that. But it did make some income for the folks that had fishing permits. There also was trapping, and some people made money that way, but it wasn't real strong. The popularity had declined, and we were definitely getting into the anti-fur age in the rest of the U.S. and Europe. In the Alaskan interior furs were still very valuable and used considerably, and fur mittens, and gloves. The people also hunted fowl, birds and various ducks, cranes, and geese. You had to get your moose. They talked about, "Did you get your moose yet?" So everybody felt entitled to at least one moose per family.

**Mullan:** Now, what was the contract? What was the expectation that you went to Galena with?

**Schupp:** I had a two-year commitment with the National Service Corps and the community of Galena. The previous person was there about that length of time. That was considered standard. Actually, I thought I'd like Craig better, and thought, "Well, I'll do two years in Galena, then get indoctrinated, and maybe there would be an opening down in Craig in Southeast Alaska."

**Mullan:** Craig is--

**Schupp:** In Alaska, in southeast Alaska. It was a southeast fishing community off on an island which was--

**Mullan:** That was a possible next assignment for you.

**Schupp:** Yes. Yes. At the time we went to Galena we thought of that.

**Mullan:** It was a two-year expectation, but I'm sort of asking a broader question. What was--you were the health officer position nurse, etc., etc., for not only Galena, but the five outlying communities. Was that in some fashion communicated formally? You had the National Service Corps as your employer--you were federally employed with a salary. Right? For the federal government.

**Schupp:** Right.

**Mullan:** But in the field, was there any sense of accountability to a tribal group, a municipal government, anything?

**Schupp:** The National Service Corps has a community representative or representatives. So we were accountable to a community board. My interviews at the time was with Roger Huntington, who was the city manager at the time. So the city--

**Mullan:** Was a Native--

**Schupp:** Native Alaskan man. He was about thirty-six at the time, and done a lot of interesting things, and has since done a lot of interesting things, but very active in politics. But he was city manager at the time. He was a deciding factor from the community's point of view. I guess, at that time, there was accountability locally to the City of Galeno--it just became a first-class city--to the city council.

There was also a village council but I wasn't so directly involved--the agreement was with the city, and not the village council.

**Mullan:** [unclear]

**Schupp:** There was a health aide program active in the area, so locally born and raised native women, mostly women it was at the time, were trained in cookbook medicine, and we see this, and this, and this, and you do this and this, and you call the doctor



and ask these questions, and present it this way, and he'll help you with the answers. You go do it. That program had been started there, had been present for several years in Galena and these five villages that I traveled to.

Eventually we had other contracts. When we started up I was basically the one major provider at the time, and ended up supervising many people. The health aides in the other villages would call into Galena and ask questions of me, and eventually, about the second or third year, I started really actively traveling to these other communities to teach, and also just to provide basic care that was at a different level than what they were doing. There was a health aide when I started out in Galena, but she was forty-something and pregnant. Anyway, I went for many, many months of being the only person on call, because she didn't want to take call while she was pregnant. So I was the one person on call until the next summer sometime. It was almost a year.

Eventually, in '79, we got a physician assistant that helped in terms of responsibility, and to share this on-call time where you just were never free to leave. That went on and on and on and on.

**Mullan:** What sort of practice was it? What was it like? Give me a sense of your daily labors.

**Schupp:** You end up doing everything from the clinic administration to doing all the immediate, infectious diseases, and the colds, there's a lot of sexually transmitted diseases.

In this little community, there was fifty--about fifty-two cases of gonorrhoea in that first Fall. Anyway, I had such a strong public health background. The man before me wasn't comfortable with pelvic exams, so he'd not really done much. So when I went there I was very, very active in my public health way, and essentially wiped it out. I was real intense with the interviews, and we got it licked. Now, we see maybe one or two a year. We've really got it down. Then we were trying to figure out the chlamydia thing, and all the other kind of vaginitises and all.

There was a lot of trauma, a lot of broken bones, a lot of lacerations. I did an awful lot of emergency work. Ended up doing a lot of medivacs. At first there was still much social trauma with the guns and knives thing, [unclear] this other man did, but there was still a fair amount of shots and drownings, and weird things like propellers in the stomach, and major things. I ended up flying a lot, and as I mentioned earlier, I didn't really respect the hazards of small-plane flying in Alaska at the time, for quite a while, but then it definitely caught up with me.

So I started out, we did everything medical that way. We also ran the clinic. We eventually got a local woman who had been a social services associate person who was supposed to do, help with the grants or overseeing things. Then eventually she

ended up being the boss. That was a little bit difficult, because she didn't have much specific education, and didn't quite understand a lot of the things from a professional point of view, and that, at times, got difficult.

**Mullan:** Obstetrics.

**Schupp:** Oh, we did a lot of prenatal care. I always made a point to go out when I could for continuing education. I did a lot and would take classes. A week of obstetrical stuff here, or a week of orthopedics, a week of, again, emergency pediatrics. I ended up delivering some kids. We tried not to, and eventually my mottoes, "We do our best job if we can figure out when people are due and get them out there beforehand." But the Native Americans seem to have fairly wide pelvises and pop kids out pretty easily. Then we had this trend of premature labors. In the last four or five years there was just a lot of premature labors. So we were very intensely trying to predict these, and had this whole protocol we were following. There was very little prenatal care when I arrived but we built an elaborate system of prenatal care for the entire region.

We'd establish all this brand new from start, real intensive, again, public health, immunization, obstetrics, prenatal counseling, child immunization programs, and well child protocols. We had really good help from the National Service Corps in community health service in setting up all these different forms and guidelines. We got very good at public

health as well as all the acute things. I really pursued it, and we really believed in it, and really pushed the preventative health care, and did well. Actually, I got recommended for a public health award and got in a distinguished nursing book somewhere, but that kind of thing. Again, I had that general background of preventive care and not just dealing with crisis and emergency. But really had this strong public health. We did all those things. We did everything. We pushed to have a public health nurse live in and work from Galena. We did get some real good PHNs.

Then we actually branched out, and about the time that this PA came in '79, that's when I had my own baby. I remember some awful medivacs while being in advanced pregnancy. had a couple of months off there after my own delivery. The longest stretch of time off I ever had before or after with the baby, I this seriously started traveling to villages. I did have an emergency-type grant project earlier when I traveled to all the village twice in the late seventies. But then in '79 I started in earnest with this contract to teach health aides. So it was a do one, see one, teach one. I really believed in trying to teach them as much as I knew. Eventually they got really active. I had help from another nurse that came out from Anchorage, but we taught them pelvic examinations, obstetric and prenatal care, and they were doing pelvics. Eventually there was a few that we even had doing IUDs at the time. We taught them to use the microscope and do simple lab work. We have a tremendous amount of sexually transmitted diseases, and trying to sort them out, and treat

them. The only way they can really do it well is the microscopics.

So here are these older native people, and some of them are the best. The best health aide in Alaska was probably Rose Ambrose, and she retired in the last couple of years, but she was in her late fifties when I first met her, or middle fifties, then worked until she was older than sixty-five, and had been working before that. But she did everything, because she wanted to do it for her people. "If I don't do it, then they have to spend all this money and all this time trying to get to Fairbanks or Tanana." She was very smart and persistent, and courageous. She was a much older woman than I was, but very eager to learn and do as much as she could for the people. And she did. She was sharp. She went to third grade out in St. Mary's on the lower Yukon--I think it was, or Holy Cross. A third grade education. She was sent away to school there, and she just had this on-the-job training and some sessions at Anchorage. She was really smart and really willing.

**Mullan:** How are you seen by the community?

**Schupp:** Initially teachers would come and go. Every couple of years they had, at that point when I first moved there, they came and went. People probably were looking at us as they did teachers, as being uninvolved transients. But we fairly rapidly decided to be part of the community. I had made a point earlier in this (unclear) that I really learned that when you're in a

different culture, it's important for people to think that they're giving something to you. So we would listen to all these elders and their very important stories, and histories, and explaining the culture, and explaining the subsistence lifestyle, and we would go out and get firewood, or go hunting, or go fishing with them--just doing things with people. Then we fairly rapidly got to be part of the community.

**Mullan:** You mean you and your husband?

**Schupp:** My husband, yes. I guess eventually maybe I did more than he did, because he ended up getting this air taxi job that he was working, working, working, super-long hours, too. So we both were working very, very long hours.

At first people wanted to use this provider or use this provider, but then they really got very attached to us and wanted to take care of us as well. They did that, and we really became part of all that, we went to all their violin [unclear] dances, and the weddings, and funerals, and all that kind of thing. So it changed. And we stayed a long time and became part of the community, and then adopted these two other children from the area that are Native children, because they knew us, and liked us, and trusted us, and we were part of them, and they were willing to do that, both the Native councils had to authorize the adoptions, as well as the parents.

**Mullan:** People complain in and around rural medicine about the demands to constantly be on call, constantly being on stage, in terms of being very visible in a small community, having insufficient amenities in terms of intellectual life, in particular, for them and the children. How did you deal with those things. Then just for the record, you stayed not two years, but--

**Schupp:** Fourteen. Fourteen years. Well, initially, just the differentness of living in a remote Athabascan community, and this new culture, and this new way of life, was intellectually stimulating. We did initially cling to some teachers to some degree, and pilots, because my husband worked with them and we had friends along that line, and eventually got involved with a music groups and church groups, exercise classes at the school gym, and did those sorts of things. I was really an outdoors-oriented person and spent a lot of time just going out on these trails where you could just keep going, going, going straight and never hit civilization, go over the North Pole and come out in Greenland someplace. You could just do that from my back porch. So I did spend a lot of time just out on the tundra, or river, as much as I could, and oftentimes I was riding my bike or walking, or doing things with my radio attached. We had a "camp" 35 miles up the Yukon River where a clear creek came out of the hills. It was a peaceful and beautiful retreat.

In terms of being possessed, I don't think I was bothered that much about it. I was always asked questions at the post

office or the store. There was just the constant problem of trying to get anything done at home, and having to answer the radio or the phones. That did get a little thin, with this sense of "Okay, I really want to go up river to our cabin. I really want to do this, but I'm on call." It got to be a real with providers. Probably the biggest arguments with other providers is the call schedule. Often I had asked for or tried to go on vacation or continuing eds, and something would come up, and somebody's relative would die, or something would happen, and I would have to turn away my plans for a change of scenery. I was frequently disappointed when my plans for relief were dashed because of the need for coverage. By the time I left, I had three children plus cared for foster children which made being on call and responding to emergencies more complex. My girls went on ambulance runs, medivacs, village trips, home visits and to classes I taught.

**Mullan:** The time you spent there was much longer than you'd planned to be there. Tell me a word about why you stayed, and then a word about why you decided to leave.

**Schupp:** We ended up, actually, five years into this or so, when there was a position in Craig that came open, and I ended up, through the National Health Service Corps, going to a continuing ed in Seattle, and then spent two weeks working in Craig, and they were actively recruiting us. My husband also was mayor. He ended up getting to be mayor about the second we were there, and



he was mayor until we left. At that time Craig also needed a city manager.

**Mullan:** Of Galena.

**Schupp:** So he had kind of a sense of--

**Mullan:** Mayor of Galena.

**Schupp:** Of Galena. Yes. It was a kind of volunteer thing. It took up a lot of time, but on top of his working, working in this role in air taxi. I guess we both felt like we were, I guess, being useful, or needed, or wanted, and that helped our egos or whatever. But that's probably how people knew us and liked us. He came out of Seattle, and he was from a large family, too. That might have been part of it. When I grew up I was one of the Schupps, one of ten kids, and one of a much larger extended family, or one of Doris' kids, and felt a little bit, maybe, my role in life wasn't important as a kid, but when I got in these small towns I had an important role-- I guess, and he was the second youngest of seven as well. When we got out there, I think we were our own individuals, and people saw us, and liked us, and needed us, and wanted us. That kind of fed something maybe we didn't get when we were young and just one of a brood of kids..

**Mullan:** You've been very clear about that.

**Schupp:** Yes.

**Mullan:** Is that rural, rural, rural, rural. You had an instinct that this would be gratifying, and apparently it was. You looked at Craig and decided no, you wanted to stick with Galena?

**Schupp:** Right. Right. At that point, we really liked the people, were really indoctrinated, and we really had this sense of, okay, like being needed, wanted, and liked in one community. We just weren't really quite ready to break right then. We stayed. He had a real good job. Or the air taxi, he was manager, I think, by that time. We were real attached. We really liked the down-to-earth subsistence lifestyle, the nature, we loved the country. It's just a whole different feeling than anyplace. You can just get out on the river and you can go certain places and not see anybody for days, except maybe the barge going by or something. That freedom and remoteness.

There wasn't much private land, which in a way was a problem. It was hard to find property to buy and build a house, but eventually some little places, little lots, developed right within the village. It's a whole different concept. A village concept there. I really liked it a lot. We had a small group of people clustered around the school and the post office and the airport. Then you had this vast wilderness for miles, and miles, and miles, and miles. You can go in some directions, again, go over the pole to go down river twenty-five miles, twenty, twenty-five miles away, there was another village of eighty-four

people. Or you go up river to Ruby fifty miles, and there's a village of 200 people. I really liked that village concept of everybody close knowing each other, everybody flowed back and forth, looked out for each other. It was like a big, extended family, and we were in an important role in that big, extended family. Everything was in a reasonable distance. We went with just one vehicle. We didn't really have any roads to anywhere, but there was a new site and an old site. The new site was right on the river, but the erosion and flooding, people got this slightly higher ground on the new site. That was worth having a truck for.

**Mullan:** [unclear] clinic.

**Schupp:** The clinic was in a new site. Our first home that we rented was on the river in the old site two miles away. But it was still, everything was close. I ended up walking to work. We had one really remarkable January where we probably set some kind of record, but people got as low as eighty-six and eighty-nine degrees below zero. We had this cold spell where it was fifty below for three weeks. So everybody up and down the villages was praying nothing would happen, and nothing happened. Usually you have to medivac people, or get them out semi-urgently, or within the next twenty-four hours every day, and we went three weeks.

**Mullan:** It was too cold for the planes to land?

**Schupp:** Yes, the planes couldn't fly. In the small villages that had the smaller runways, you had to use relatively small planes. They didn't work too good in the extreme cold. Some their cutoff was twenty below, some their cutoff was thirty below. It's the larger planes that do graduate to forty and fifties below, but those couldn't go to small villages. We had one boy out there with osteomyelitis at Kalgag. That was probably one of the more serious things that was happening. He was out there undiagnosed and untreated during this time. One woman miscarried in an outhouse up in Huslia. They were even colder up there. But I walked. We didn't want to move our car, so I walked to work. I think at a certain point, I think it was sixty below, the kids didn't walk to school. We didn't want to have them go to school, or they closed it. It wasn't so much the cold, but the sewer had frozen up, and they couldn't keep the school open, with the sewers frozen. Otherwise, it probably would have kept going. But I was able to walk around to the store, and to work, through the grass fields. That was good to be able to do that. I did that a lot anyway just to try to get some exercise. We only had one truck, and I used to pull my kids around on these little plastic sleds, because that was an expedient way of getting them around.

**Mullan:** What went into leaving? Tell me, along the way you left the National Service Corps.

**Schupp:** The National Service Corps' general idea and mission was to put providers into needy areas, train those communities to run a clinic in a business, and get other funds, and go on in life without them.

**Mullan:** Without the Corps.

**Schupp:** Without the Corps. I think they're training along that line, both for providers as well as for administrators is pretty good, and Galena ended up being a model for other communities across the state. We were also trying to be independent financially. We weren't really independent on all, just Blue Cross and Blue Shield, and we ended up having contracts and grants with the state of Alaska, and it was Tanana Chief's Conference, which is a Native conference. We did get a lot of money in other ways besides just fee for service. We had a big contract to see Native people. Essentially, Native people didn't have to pay, but we got that contract. Of course, there was nobody else to do the work, but we were managing. And we were able to break away--oh, after I was there, I guess, maybe five years, because I worked for the Corps seven altogether, by there time I was there five years, we were independent financially from the Corps. The Aalena Clinic became a branch of the City of Galena.

**Mullan:** So they could pay you directly.

**Schupp:** So I was paid by the city of Galena.

**Mullan:** At the end of some number of years, thirteen, fourteen years, you literally had--

[Begin Tape 2, Side 1]

**Mullan:** This is Nancy Schupp, tape two, side one. I was saying that at the end of a period of time you clearly had thoughts about moving on. What were they?

**Schupp:** In end of 1986. I'd been there over ten years at that point, and was looking for something more stimulating. And at that point I was looking at a higher education, and what do you do, get a doctorate in nursing? But again, through Roger Rosenblatt I got the idea to go ahead and try to find a position where a family practice residency uses one or more nurse practitioners. Anyway, with about fifteen months advance planning, I arranged to go spend the calendar year of 1988 from January to December, at the main Maine-Dartmouth family practice residency in Augusta, Maine. Partly I end up choosing that because I wanted to go to New England again where my family is from, but partially because they were a rural-oriented family practice residency. So I went there for a year, and then I got a big perspective of what I'd been doing. I had all these dark deep thoughts and feelings about what had happened and all those trauma things, and all those horrible plane trips, and all those

people I knew well that have died. I didn't have a lot of support sometimes from some of the PAs that I worked with.

**Mullan:** A lot of people who had died [unclear]

**Schupp:** Various things. Well, actually, there was a point right there in 1987, our little community lost about twenty people. We lost a lot of our elder people. What really helped me and fascinated me for many years was they had such, such histories. Again, people who remember the first white people, and remember the first this and that, the first airplanes, and the first boats, and the first all these different things. They were strong leadership for the community. They started dying off. Then there was the traumas of a number of suicides. There was one bad boat accident where seven young people, in their late teens up to like thirty-seven years old, all died in one accident. Then just the previous fall there had been a similar accident on the Koyokuk River where Hughes lost six of their young adults out of a community of less than a hundred. There was just a whole series of plane accidents and a number of young men committed suicide. It was a black year. Then there just seemed to be a lot of squabbling within the clinic--I guess my closest support had been the public health nurses, and a dentist, but not necessarily the mid-level practitioners I ended up working with. That was very anxiety provoking. Lots of trauma, and mental trauma, and physical trauma, and just everything that happened. All of these people we've gotten so close to, and all

these people had these things happen to them, and a lot of people died. Again, the lack of support.

I also was looking for this educational thing, so I went out for a whole year, and I kept looking back at what I'd been doing, and I had trouble looking at it as positively as I did before. I got the feeling, "I don't want to go back." But I told everybody I would come back, and so I ended up going back into Galena as I felt obligated.

**Mullan:** Did your husband and kids come with you then?

**Schupp:** My two girls--at that time I had my birth child and an adopted child, and they were in kindergarten and third grade, and they went with me to Maine, and my husband, again, was a stayer, and was really reluctant to leave. So we agreed on a certain amount of time he'd come out and visit us, and he came out a couple of times, but then stayed for about a week each time. But he stayed in Galena and worked. I went out there, and I actually did work and got paid at this residency in a preceptor role, but also saw a lot of people and patients. It was a very, very good environment for learning. It was, again, a residency, and we had all these noon meetings, and end of the day clinical reviews, and we had everybody who was precepting each other all day long. It was very good for learning extra tips. I really needed to do something real different and special like that after working. At that point, I had two years at Forks and ten years at Galena, so



I had a lot of experience under my belt and needed something like that to kind of fine tune it.

**Mullan:** You had trouble now going back.

**Schupp:** I had trouble going back because I kept thinking of all these black things that happened. But I stayed. Actually, within eight days after I got there it was that super-cold, record cold weeks. But that wasn't so bad. It was kind of interesting. I didn't mind it really. I kept warm, just dressed super-warm, and just my eyeballs were showing. That was okay. But again, a lot of the same old problems cropped up with this Adult Children of Alcoholics and the ups and downs temperaments of some folks, and it got kind of old.

**Mullan:** So what did you do?

**Schupp:** Time for a change. I started looking around at Haines and Fairbanks and Juneau a little bit. Then looked into a lot of public health, family practice kinds of positions, but nothing was open, and ended up one of our referring doctors that initially worked in this Tatana, Mike Carroll, asked what we were doing, and he seemed interested in having help in his practice.

**Mullan:** Worked in Fairbanks.

**Schupp:** He worked in Fairbanks at the time. He was internal medicine, cancer and hematology. Very well liked, very good doctor, and extremely busy, probably. One of the best and busiest doctors in town here.

But we had actually decided to leave. Neither of us had jobs, but we were pretty confident that we were well known in what we were doing, put earnest money on a house, about \$3,000 down on this house, and ended up, again, leap of faith. Six years later now--he's still with the same air taxi that he came to work for in Fairbanks, Frontier Flying Service.

I'm still working with this Dr. Michael Carroll, with his, again, rural Indian Health Service background. We still see lots and lots of Native people, not only from the Galena area, but also from the Fort Yukon area, and Tok , and McGrath. So I still kept my Native contacts really well, and expanded them into other regions. I mean, we're talking about hundreds of thousands of square miles of territory. So I got to keep that up, and then got these new challenges of working with internal medicine folks. I mean, just different people, still young people, but the cancer really spoke to me. Again, partially it was life and death nitty gritty, really being able to talk, and counsel, and teach, and I was allotted quite a bit of time for people, and still spend a half hour to forty-five minutes. Sometimes if they're very complicated, which they generally are, sometimes longer. So it was very medically challenging.

I really missed the kids in pediatrics, and OBs, and I keep wanting to touch people's bellies when they're bulging. I missed

that a lot in the first two years, and then eventually I really got to see the real positive things of what I'm doing. I really do reach to people as giving real, human, tender care to people who can be very sick, and we certainly see a lot of people approaching death, through either their heart disease or their cancer, whatever. So it was, again, I end up getting into another very nitty gritty deep emotional type of thing, got very close with people, sort of the way I did in Galena, particularly in Galena and the smaller villages. I got to know people very well, and they trusted me. People kept coming in with their worries about their husbands, or their wives, or their kids, or all these social problems, and we got a lot of sexual abuse, and just different things that came up. I really got involved with folks that way and, again, tried to help them as best I could.

Then here where I'm working now it's, again, very intense. People really want someone to talk to. So we both believe in, Dr. Carroll and I, believe in finding out what people's interests and hobbies, and their concerns and worries are, and deal with those. At least kind of know what they are. Talk with them and help them clarify problems. The sickest people north of the Alaska range came through our office. So it's been good. It's still a lot of the same--it's similar in some ways, but different in others.

**Mullan:** Your story is fascinating, and getting the late hour [unclear], what I'd like to do is move to some sort of general questions, about life out here and your wisdom and perceptions on

things. You are from about first generation nurse practitioners, because up to now twenty-plus years old, you've been in the field for a lot of--particularly in regard to the generalist needs in the country, how do you see the nurse practitioner having functioned, this concept of whether it's succeeded and on the rise, or whether is it one that's topped out given more docs, there are going to be less nurse practitioners? How do you see it all unfolding?

**Schupp:** Well, my indoctrination was that nursing wasn't all just bodies. It's the whole person. That was the indoctrination. So we learned how to teach, the health education, the "psychosocial components" is how they would phrase it back in school. So we sort of thought ourselves in our own realm, maybe better able to deal with people's whole person. We saw the medical model as, "Here's the body, take care of that." But it really varies. With PAs, they thought was more cookbook, but it's so individual. You see nurse practitioners that kind of ignore some of psychosocial aspects, and you see PAs that ignore some of the psychosocial things, and you see PAs that are wonderful at it and, of course, there's a lot of doctors that have got really good at it, and the medical family practice residency really pushed, again, the whole person, and family counsels, and family meetings.

I think nurse practitioners get more experience and training in their basic programs than I think, actually, from when I first went to that program, they have elongated them to two years now,

and I always talked to them in the past about more training on the practical medical end of the deal as well as all this psychosocial kind of stuff, which again, after five years I got down pretty good. Even when we had all these continuing eds in counseling and emergencies and parenting, I still kept going to these things, especially if they were held locally in the community.

**Mullan:** Do you feel that there's been a lot of controversy surrounding the independent practice of the nurse practitioner, and the scope of practice, with physicians often fighting that rearguard action, nurses pushing for more independence, and more recognition of a separate and independent and equal function in the eyes of the law? As you observe those battles at the state and federal level, how do you see them?

**Schupp:** Well, I think, again, nurses and doctors are pretty individual and can be pretty wonderful at certain things. I've sure got to believe in it, I've been doing it a long time. I think the advantage of--or what doctors have, in a way, over nurse practitioners, is some of this real intense hospital stuff. I will admit that if this person gets too deep in the hospital, I'm out. Because I am not really trained in hospital care. I mean, I could probably end up learning how to do nursing care, but to do the real intense in the hospital, I'm not doing that.

But a nurse practitioner's role in the out-patient setting can be really good. You don't necessarily need this MD training

in the out-patient setting. Brains are brains. You've got a good brain or you don't. I learned. I guess I didn't need to do as many years of microbiology or whatever. I'm very adamant about learning the pharmacology. In my current practice we have a really intensive pharmacological practice. We use a lot of new drugs, and there's also the chemotherapies, and the heavy-duty rheumatoid arthritis type drugs. I really study it and research it, and my brains kind of work just as good as anybody else. So I can learn and do work, and I don't necessarily plunder into things that would endanger anyone.

I think when I was really in the beginning of Forks, we did very basic primary care. Then when I went to Galena, I really learned, and pushed, and did all those things that we saw, all these orthopedics, and lacerations, and the deliveries, and the big intense prenatal warnings, and care. I really worked for years learning on the job and with continuing ed programs. But again, it was real valuable to leave for two weeks a year for continuing ed. I really made a point to seek out training in what I wanted to do. And I would rotate. One week it would be an update on obstetrics; one week it would be an update on pediatrics; one week would be emergency. I would choose things in what I hadn't done, and make the rotation around. I really made a point to sort of see what I could use and do it, and learn. .

Doctors aren't really that much smarter. But with that extra money in training and time, you don't necessarily have to

have them out there 300 miles away from the nearest hospital, because mid-level providers do it quite well.

**Mullan:** During the time you've been practicing, the issue of primary care has become a hotter topic, a more topical topic, and in some ways more controversial topic, controversial from the point of view of now that because of managed care, the primary care provider is a more central system, and the role is recognized as more central. They are both appreciated and also objected to, because they are the point of entree to the system there, the gatekeeper. As you've seen things evolve, realizing you've always been dedicated to the notion of family nurse practitioner work, what observations do you have about the ebbing and flowing of the generalist idea?

**Schupp:** I still think the generalists have a major role. Also, it would be worth keeping costs down and, again, why does every ear infection have to go to an ENT specialist. Again, there's just so many things a generalist can do.

The other thing is the family, knowing family members. If every member of the family had their own doctors, or each one had five doctors, according to what organ you're getting dealt with, then it's really scattered, and really family health care can be so splintered--and it's so important in just knowing the rural practice as well as this internal medicine cancer practice, even there we become family. Just knowing what the problems are, what's involved, and who lives with whom, and it's so helpful in

treating the total person. The body is just one little part of it, and I think that primary care, having somebody come back and come back and come back, and the family comes back, the kids come back. I feel what I'm currently doing is kind of primary care, we just really get to know these families. I think that's real important to really be able to actively help people. Compliance, if you don't know anything about the people, how are you going to be able to help them comply with what you want them to do. So the knowing individuals is really good. You can't do that as a specialist that well, because you're seeing all these people for one or two organs. It's hard. You're seeing huge numbers of people for very special things.

So I still think the generalist, and the family, and the whole person is just primary family practice. I guess I still really believe in that.

**Mullan:** Another evolution during your years of practice has been the women's movement. We talked early on about some of your first perceptions about that, and you suggested you had more thoughts. I would be interested to know, in terms of women's health, women's awareness, the role both as provider, and also in terms of women's health, how you've seen that develop over the years.

**Schupp:** I think the general movement was well on its way in the early seventies, but again just with the rest of society, I hardly think about it anymore. There's a lot more women doctors,



a lot of nurse practitioners, and the PAs, in a lot of areas, at least here in Fairbanks. In Alaska, women are seen as in a major role. Actually, in the Native community, there's real strong gender-tied roles, but in medicine, it's the women that provide the medical care. The health aides are mostly women. Again, whether I was a woman providing the care, people were just as happy, because that's what they were used to. In fact, I think they were specifically recruiting for a woman when Dennis was leaving Galena 20 years ago.

**Mullan:** Dennis [unclear].

**Schupp:** Dennis the previous PA in Galena. The women were strong ones in health care in the rural Alaskan setting. Although they liked the doctors. Most of the doctors that went out, I think they all were men, and they were kind of happy to see them in a way, but again, there were daily life struggles and problems, they were really wanting to see me. And even the men got good at talking with me, and the kids, and everybody related well. I think women are very strong there.

In Fairbanks here, women have a fairly equal role. I mean, the nurse practitioners, I think there's probably just as many of them as the male in the mid-level role. There's quite a few women surgeons, and pediatricians, and family practice people, neurologists. Every level of medicine is pretty well getting equally spaced out with women. So I guess it has probably changed and the numbers have shifted in the years in city

medicine. At least in Fairbanks, the women are fairly well represented.

So it's not hardly an issue anymore. For me it seemed like, okay, we kind of accomplished that to a large degree.

**Mullan:** That's in terms of professional representation--

**Schupp:** Yes.

**Mullan:** --and professional clout.

**Schupp:** Yes.

**Mullan:** How about in terms of the clinical side of it? You've seen, by your own reference, a lot of, I presume, some amount of sexual abuse, an awful lot of venereal disease. These are not women's issues per se, but they weight heavily on women.

**Schupp:** Well, in the rural areas, the men and the males certainly had other roles, a very dominating role. Again, one woman I've been talking to is a woman in her early fifties, brought up in the village of Tanana, and had a Native husband, and she says, "Here," and she's a professional woman, and has a very important corporation job, and she's saying, "I act completely different at work than I do when I go home. I'm very submissive to what he wants and his will," and I guess that probably does persist. Not in the professional level, but in the

people going home kind of level. I think men have a tendency still to dominate their families, but not as much.

We still see a lot of, or hear of a lot of women being victims, and kids. In the Native community, it's traditionally-- it was easier to spot child sexual abuse. More than half the people had--almost even more than that, maybe 75 percent end up confessing to having been abused as children, particularly if their mothers had been drinkers and not protecting them. Those people are now in their thirties, forties, fifties, sixties, seventies, and they really feel that.

Then my adopted daughter's sister, who grew up in foster care, sure, her sister's ended up sexually abused in Kaltag, because their mother was drinking. That was part of a their problem, too, they were unprotected and men felt they had the right. I'm just amazed what people think they can do.

**Mullan:** Realizing yours is a specific point of view on the larger issue, but I've been amazed, personally, at the amount of sexual abuse--child abuse in general, and specifically child sexual abuse, that has say come to light. The amount of attention that it has occupied in the public's consciousness in the recent five years, ten years, whereas, fifteen or twenty years ago, it was a rare issue. When we trained it was a rare issue clinically and publicly. Is simply the cat out of the bag that this has been going on all along but nobody talked about it? Or is there more going on now?

**Schupp:** In the smaller community, I really got to know who people were. It was almost a routine question to ask. The prevalence in the Native community, or at least ones that would admit to it seemed to be very high. And it's always been there, there's been women in their forties, fifties, sixties, seventies, kind of, you know, you get talking about it a little bit, and they bring it up. "Yes, this man did this, and this is the guy." In this private practice I'm working in it's the same. This is fifty years ago, but they're carrying that with them. So it definitely happened then.

In the late seventies, probably early eighties, I got very active with it, and ended up seeing like about thirty children in a couple of months for sexual abuse issues. Sometimes health aides ended up having to turning in their sons, for maybe mishandling their grandchildren. This is very sad. But we saw a lot. And we also ended up getting some foster kids that way. But we got it figured out. I got this educational video tape, and all these lectures, and I presented it to all the health aides 15 years ago. "This is the physical sign, this is the emotional sign, this is the psychological," all these different signs of child abuse. And it just came out of the woods. I just went around from village to village. I did sexual abuse training in-services in Galena, and then I think at a region-wide conference out here at Chena Hot Springs out here in Fairbanks. Again, all these signs, and what to look for. You just end up spending hours, and hours, and hours dealing with that.

We also served as a foster home. We ended up serving as a safe home in Galena, too. So when there was people in the villages that had to leave their violent spouse, or boyfriend, or whatever, a lot of them ended up at our house. We just took them in. Or again, in Galena, we would wake up and there's somebody on our couch downstairs that just knew this was an okay place to go. None of these violent people, or these fathers of children that were in our care, or women that were in our care, none of them came over to our house or bothered us. It was a safe place. It was a respected place.

I don't know if I answered one of those questions. It just brings back all of these memories.

**Mullan:** Yes. The hour is late, and just a couple more questions. As you think back on your work, what stands out in your mind as most important to convey, including people, or incidents, or themes?

**Schupp:** I guess my personal touch or feeling is, again, the theme of looking at the whole person, listening to them, and what are their concerns, and then we could try to override a little, "Well, I'm kind of worried about this medical problem," but again, listening to what their concerns are, and why they have come. Again, getting to know people has been very important to me, and that's one reason we stayed in these small communities for a long time, and now, of course, being in this one practice, again, it's a community in itself. But getting to know people,

and giving very personal care provides a more satisfying visit for those people. They take away more with that. They are more willing to change if they've got this personal caring in the relationship, and are also listened--it goes both ways. If you really listen to them, then they're more willing probably to hear what suggestions you might have, or how to change, what they really need to change.

**Mullan:** Are there people who stand out in your mind? I'm sure there are many that you think of. You told me some pretty early stories as a student.

**Schupp:** Right. In terms of health care providers, the amount of training or education, who went the furthest I'd say was Rose Ambrose, an older health aide who was outstanding. The people, I guess, that stand out in my mind are, again, some of the community leaders in the small communities. Of course, right now, the physician I work with, I learned a lot. In this mind as I'm relating these stories, I've got all these faces and pictures of women that came in. A lot of women had come in and talk about their problems, or their worries and, again, I have a lot of faces with these traumas. But again, in terms of real motivators, the National Health Service Corps definitely played a primary role.

**Mullan:** [unclear] motivator.

**Schupp:** A motivator was my nursing school Dean, Eleanor Lambertson. Those folks steered me in the general direction. But I really felt that I was directed by God through all these things. We are here on earth for lessons to learn, lessons to teach--my work allows me to do that.

**Mullan:** You seem to have a lot of momentum of your own [unclear].

**Schupp:** Yes. I do think that I ended up going to these four colleges in five years, and didn't really miss a beat, I just took a couple of summer classes, and was out there starting very early to learn (22 years old), and to do. I just think, again, our lessons in life, it's not so much what we can do unto people, but we can learn from people. That, again, this whole interaction as part of God's plan. So that would be my basic philosophy. It's not just doing and telling, but listening and learning.

**Mullan:** Has religion remained part of your point of view?

**Schupp:** It sure does. Yes, and I really pursue all the philosophy--I guess, I've always been a serious person. Serious kid on the meaning of life. Why are things? And have gotten the idea that we're all here for lessons, and when our lessons are done, then we go, or we die, or maybe in the passing of death, or what people are learning from it, in a different way, but because

of a the cancer and the heart issues, a lot of people die, and some of them of them are dying quite young, still, despite all the cancer treatment that we're doing really heavy duty treatments for. So it's all that placement of why people have to go through this at all. What we're learning. Why we have to go through all these trials, and how we can learn, and help ourselves and other people in the future from what we've learned.

**Mullan:** What's Nancy Schupp going to be doing ten years from now?

**Schupp:** My youngest is still in second grade, and I still sort of imagine being in Fairbanks, and I like what I'm doing here with this cancer thing, and the internal medicine. Everybody I work with is so good. It's been a real relief, because every staff member is real good. So I may be at this kind of indefinitely. I have thoughts of, after these kids have sprung, of doing other third world sorts of things in a way. I know I've got a lot of restrictions that now I really need my sleep, and I can't stand heat. I'm not sure where that'll all lead me, but sometimes I have all these visions to help out in a global way. I'll probably do more through World Vision, or one of these mission related things, but then, okay, don't send me to Africa. I would melt in the first day. But again, I may end up--I wouldn't be totally surprised if I end up someplace rural again.



**Mullan:** You told me a lot. Is there anything that you'd like to add?

**Schupp:** No, I think generally the most important things I'm learning have been placing all that I've seen, and done, and happening in the general plan of why we're all here. God's plans for us. You've got to have that kind of meaning of life to see it through. Learn from all this that happened, we're just exposed to thousands and thousands of problems over the years. You have to put it all in perspective. People say, "Oh, it must be hard working with cancer people and people dying," and it's not. It's not really, because we're trying to put it in a frame of mind. We get kind of close to people, but during that time, we really try to impart, and learn from them, and the lessons, I think cancer's not a bad way to go, because people have time to think, and prepare, and help their survivors. There's a lot of time. People get real intense. Let's not waste any of it. So it's not that bad. So I feel okay that way.

Again, one of my more recent patients was an AIDS patient, actually, probably got it in San Francisco. Maybe drug or heterosexually related, but I ended up getting really close to him, and part of it was, again, the spiritual issue. He was kind of a funky guy, a motorcycle rider, and all kinds of things that I never would have gotten into myself. In his last years he had to face these spiritual issues. We learned a lot from each other.

He died on New Years, and that next day after I visited with his family, there was this light passed over me in the darkness in the hills, just right over me. It wasn't like anything else. It wasn't like a star, it wasn't like a plane, it was just a spirit going off saying, "It's okay." During all the time of working with him, death was coming, what's it mean? I wasn't necessarily preaching or using Christianology, but just helping him develop what the meaning of life and death was, and what he was teaching, and what his children, who had come up from California, what they were learning from him. What everybody around him was--his mother and everything--was learning from him.

**Mullan:** AIDS is a topic we talked about talking about and then didn't. Any AIDS in the village in Galena?

**Schupp:** No. No, we didn't--we had a lot of the usual sort of STDs, but we didn't have any AIDS. What Native AIDS I've seen since moving to Fairbanks seems to have been homosexually related. We didn't have a heavy drug problem. We had absolutely zero prescription drug problems. None at all. Eventually some marijuana and cocaine got into the villages, but it wasn't--I don't think they were using needles except for some construction work for some time, but it didn't come into the villages at all.

But working where I am in this, the oncology, the chemotherapy, heavy pharmacology, and the problems in AIDS with

blood complication, we end up getting really involved with AIDS people. Then the doctor I work with is interested as well.

**Mullan:** Good. It's been a very good interview.

**Schupp:** Good. Yes, I've not been chatting too much.

**Mullan:** Well, that's what it's all about. Thank you.

**Schupp:** Yes.

[End of interview]