



Public Spirit

By: **Phoebe Pollitt, PhD, RN**

Abstract

In the early decades of the 20th century, life was very hard for the Eastern Band of Cherokee Indians (EBCI) in western North Carolina. Every major index of quality of life, including housing, education and health care, was deplorable, even by the standards of the time. Lula Owl Gloyne, RN (1891-1985), the first EBCI public health nurse, spent her life and career improving the health of Cherokee people through direct service, political advocacy and community partnerships. Gloyne's pioneering work motivated other young Cherokee women, notably Ernestine Walkingstick, RN, to follow in her footsteps. Today, Lula Owl Gloyne's story is all but unknown outside of North Carolina, but her dedication to her people as well as the broader community continues to inspire a new generation of public health nurses.

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In the early decades of the 20th century, life was very hard for the Eastern Band of Cherokee Indians (EBCI) in western North Carolina. Every major index of quality of life, including housing, education and health care, was deplorable, even by the standards of the time. Lula Owl Gloyne, RN (1891-1985), the first EBCI public health nurse, spent her life and career improving the health of Cherokee people through direct service, political advocacy and community partnerships.

Gloyne's pioneering work motivated other young Cherokee women, notably Ernestine Walkingstick, RN, to follow in her footsteps. Today, Lula Owl Gloyne's story is all but unknown outside of North Carolina, but her dedication to her people as well as the broader community continues to inspire a new generation of public health nurses.

History and Trauma

For centuries, Cherokee people lived in the southern Appalachian Mountains before white explorers and homesteaders started moving onto their lands. Treaties between various white governments and Indian nations that identified boundaries between the two groups were violated and ignored by white settlers. Fighting and wars broke out as whites continued to encroach on Cherokee land. The Cherokee tribe was decimated by war and by disease, such as smallpox and measles, contracted from encounters with white people.

Greatly outnumbered by the mid 1830s, the Cherokee were rounded up by U.S. government troops and forced at gunpoint to leave their ancestral homelands and walk to federally designated "Indian Territory" in what is now Oklahoma. This forced relocation is known as the Trail of Tears because thousands of Cherokee people and other Native Americans died from exposure, starvation and disease along the way. However, a few hundred Cherokee either evaded the federal troops that rounded up tribal members or escaped along the Trail of Tears and returned to the mountains of southwestern North Carolina. Their descendents are the primary constituents of today's Eastern Band of Cherokee Indians.¹

In the decades that followed, the appalling conditions imposed by slavery and the destruction resulting from the Civil War created a climate of extreme poverty in the American South. As the turn of the 20th century approached, most families in rural Appalachian North Carolina had no electricity, running water, sewage services or paved roads. If life was hard for the average white mountaineer at this time, it was generally even more difficult for the Cherokee people living on or near the Qualla Boundary (the present-day home of the EBCI) near the town of Cherokee, N.C.²

By around 1900, the tribe numbered less than 10,000 and its members were not welcomed by either the local white or African American communities. In a misguided effort to "help" the Indians, various Christian missionaries and later the federal government established Indian

boarding schools. Believing Cherokee children would be best served by assimilating into white culture, the government forced them to leave their families and attend these schools, where they were severely punished for speaking their native language, practicing their religion and wearing tribal clothing.¹ Lula Leta Owl was born into this environment in 1891.

Following her Calling

Lula Owl was the first of 10 children born to Daniel Lloyd Owl, a Cherokee blacksmith, and Nettie Harris Owl, a Catawba Indian who was a traditional basket maker and potter. Lloyd did not speak Catawba and Nettie did not speak Cherokee, but both parents shared a basic knowledge of English which became the primary language in the household. Mrs. Mary Wachacha, Lula Owl Gloyne's granddaughter, surmises that the Owl children's mastery of the English language explains why all seven siblings who survived to adulthood went on to professional careers. Lula Owl attended a mission school on the Qualla Boundary and then went to Hampton Institute in Hampton, Va., to complete her education.³

Hampton Normal and Agricultural Institute (now known as Hampton University) was chartered in 1868 as one of the first colleges for African Americans in the south after the Civil War. Hampton's mission was to train students to become teachers and return to their home communities to uplift their race through education. From 1878 until 1923, the institute conducted a unique experiment in biracial education by admitting and educating American Indian students alongside African American students. Well over 1,000 Indian students from over 20 tribes graduated from Hampton during this period.⁴

After her own graduation in 1914, Lula Owl spent a year in the classroom teaching Catawba children in Rock Hill, South Carolina. During that year, she decided to follow her calling to become a nurse. Mentors from her Hampton days arranged for Owl to enter the Chestnut Hill Hospital School of Nursing in Philadelphia.

All nursing students at Chestnut Hill Hospital were required to attend church services weekly. Owl was raised a Southern Baptist but she had no way of getting to the Baptist church located many miles away. The only church within walking distance of the hospital was St. Paul's Episcopal Church. Owl started attending this church, whose members not only welcomed but "adopted" her. They collected donations of love offerings (cash contributions) and used clothing for her. When Owl graduated from Chestnut Hill in 1916, she was awarded the gold medal in obstetrical nursing and became the first EBCI registered nurse.⁵ Her church arranged a job for her as the missionary school nurse at St. Elizabeth's Episcopal School on the Standing Rock Sioux Reservation in Wakapala, South Dakota.³

During her two years at Standing Rock, she milked cows, learned to ride horseback and worked her way into the Sioux Indians' hearts and homes. According to her granddaughter, her duties extended far beyond the school infirmary. Owl undertook immunization campaigns, delivered many babies and provided home care to the aging and infirm. Early in her time on the reservation, one of the chiefs experienced a headache so severe he thought he was dying. Owl brought him some kind of medication that brought relief. He became one of her biggest supporters on the reservation.

In 1917, the United States joined its allies in fighting World War I. The Red Cross and the Army Nurse Corps encouraged all RNs to serve their country during the war. Owl had planned on going to Europe to be a field nurse for the U.S. Army but failed the “seaworthy” exam due to extreme seasickness. Instead, she was assigned to Camp Lewis in Washington State as a second lieutenant in the Army Nurse Corps.³ Owl was the only member of the Eastern Band of Cherokee Indians to serve as an officer in WWI.⁶

While in South Dakota, she met Jack Gloyne, an Army enlistee passing through the west on his way to Camp Lewis. They rekindled their acquaintance at Camp Lewis, but since she was an officer and he an enlisted man, fraternization was prohibited. Despite the ban, they were secretly wed in 1918. After the war ended they spent a short time in Oklahoma while Lula Gloyne cared for a sick family member. Around 1921 the couple returned to Cherokee to set up housekeeping.³

Advocating for Change

At that time, the town of Cherokee did not have a hospital or a full-time doctor. Lula Owl Gloyne was the first professional health care provider available to help the people on the Qualla Boundary.⁶

In a 1983 interview with a local newspaper, Gloyne recalled her early years as a nurse in Cherokee. “There was no hospital in Cherokee then, just a clinic at the Quaker grade school and a doctor who worked there part time,” she explained. “When I came home [to the EBCI reservation] they asked me to help out, and at first I worked without pay. I did all the outside work. I got called to homes all around here. I didn’t have a horse or a wagon back then, so I had to make my calls on foot. I got caught in places [too far away from the doctor] where I’d just have to do what had to be done. Men got cut up and I’d have to sew them up. Women would call on me to deliver their babies. Today it would be illegal to do a lot of that, but back then there was no one else.”⁷

Gloyne’s desire for the Cherokee people to have a hospital on the Qualla Boundary impelled her to go to Washington, D.C., where she talked with two officials who oversaw all public health work for the Indian Health Service. In 1934, her efforts resulted in the enlargement of the clinic dispensary to include a nine-room inpatient ward and sunroom for women and a six-bed ward for men. For the first time, people who lived on the Qualla Boundary had access to hospital care. A doctor began to make regular hospital visits and Gloyne was appointed head nurse. In addition to overseeing the hospital, Gloyne continued to see patients in the community, providing home health, hospice and midwifery services. With her Indian Health Service salary, she bought herself a horse. Later, as paved roads became more common, the government bought her a car to make her travels in the community quicker and easier.⁷

Gloyne’s advocacy efforts in Washington also resulted in a general health survey of the EBCI people living on the Qualla Boundary, conducted from June 5-17, 1933. The U.S. Public Health Service, the U.S. Department of the Interior’s Office of Indian Affairs, the North Carolina Tuberculosis Sanatorium and the North Carolina State Board of Health collaborated on this project, to determine the tribe’s “public health needs with some accuracy and define federal and state responsibilities” in this area. More than 900 Cherokee people of all ages received a

complete physical examination, dental examination and free immunizations for smallpox, diphtheria and typhoid fever as part of the survey.

Among the survey's findings were that 9% of those surveyed had active tuberculosis and 4.6% had syphilis. Higher-than-state rates of trachoma, a disease of the eyes, were also found. Beyond simply gathering data, the survey project provided treatment for the people suffering from these ailments.⁸

Forty years later, a report published in the April 1972 issue of the North Carolina Health Bulletin (the official publication of the state's Department of Health) stated that tuberculosis, syphilis and roundworms had become only minor problems on the Qualla Boundary, while the most pressing public health issues were diabetes, motor vehicle accidents, homicide, suicide and dental carries in children. Lula Owl Gloyne's work as the primary "field nurse" on the Qualla Boundary for many of the intervening years was probably at least partially responsible for the decreases in infectious diseases in her community.

Continuing Her Legacy

The Gloynes had four children, but unfortunately Jack Gloyne died before the youngest was two years old. After her husband's death, Lula Gloyne moved west to work as a nurse at the Wyandotte Indian School and Clinic in Miami, Oklahoma. In 1936, while on an ambulance run, the ambulance was in a serious accident and Gloyne nearly lost her life. The doctors initially thought she might never walk again. She returned to Cherokee to recuperate near her family and slowly resumed her nursing career.

Gloyne worked as she was able and as needs arose. Over the years, she served as a private duty nurse, in hospital staff and supervisory positions in nearby Sylva and Bryson City, N.C., and as the company nurse for the outdoor drama "Unto These Hills," a summer theater production that tells the story of the Trail of Tears. In 1969, at age 77, she retired from her last paid position as the supervisory home visiting nurse for the Community Action program in Cherokee.³

From her retirement until her death in April 1985 at age 93, Gloyne remained an asset to her community. She was honored by District 23 of the North Carolina Nurses Association on May 1, 1978, when she was 87 years old. Part of the speech delivered that night reads: "Even though Lula is officially retired, she has never been out of nursing. She started at an early age, when as the big sister she was responsible for much of the care of the younger children, and of the parents when one was ill or in need. Between her league bowling, weaving classes, extension club activities, church activities, gardening etc., she still helps with blood banks, aids invalids in the home, helps when new babies arrive and often has ailing relatives in her home."⁹

Lula Owl Gloyne's work inspired several young Eastern Band of Cherokee women in North Carolina to follow her path and pursue careers in public health nursing. Ernestine Sharon Walkingstick (1937-1999) was one of these nurses. Born in Cherokee, Walkingstick graduated from Northwestern State School of Nursing in Louisiana in 1961. She then returned to North Carolina and became the director of community health nursing for the EBCI reservation.¹⁰ In that capacity she established the first clinic for the Indian population in Robbinsville, N.C., a

remote village in the mountains where travel is difficult in the winter months.¹¹ Walkingstick also initiated, coordinated and operated the Eye, Ear, Nose and Throat clinics at the Cherokee Indian Hospital in Cherokee.¹⁰

Walkingstick followed Gloyne's example of tireless community service. In addition to her paid employment, Walkingstick was actively involved in numerous professional and community volunteer activities. She was instrumental in founding the first domestic violence shelter in her region, which is now named in her honor. She raised money for the Cherokee Children's Home, was an officer in the Cherokee Lions Club, served as board chairman of the Cherokee Center for Family Services and was named "Woman of the Year" for community development by the area North Carolina Cooperative Extension. Walkingstick was also a member of the health advisory committee for the local Head Start program and served on the EBCI Tribal Health Board.

Nurses of all races and ethnicities, in all parts of the country, can be inspired by the life and work of Lula Owl Gloyne. She triumphed over many obstacles to bring health and hope to the Cherokee people in western North Carolina.

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