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TAKE THREE: THE DOCTOR'S OFFICE

The Disappearing Clinic

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In April 1946, a bacteriologist named Susan Meredith nervously wove her way through the crowds at the Lake Union shipyard in Seattle, Washington, looking for her new employer. During the war, Meredith had worked in a military laboratory and then at a Seattle hospital, a job she found "necessary but routine."[1] In the years after World War II, many American women faced enormous pressure to leave the workforce, start families, and return to domestic life.[2] But Meredith had an adventurous spirit and was not ready to give up her career. She wrote to the Board of Health in the Alaska Territory to ask whether any coastal villages were looking for a bacteriologist. The Division of Laboratories replied and told her that, while there were no job openings in villages, there was a position available on one of the Board's new mobile clinics. Just a few months later, Meredith boarded the *Hygiene* and sailed north for Juneau (Figure 1).[3]

The *Hygiene* was a decommissioned military vessel, refitted with space to house a medical crew consisting of a doctor, a nurse, a lab technician, and a dentist.[4] At the behest of C. Earl Albrecht, Alaska's first health commissioner, the Board of Health also acquired two barges, called the *Yukon Health* and the *Hazel B*, two railway cars, and a truck, all of which were transformed into mobile clinics. These clinics made use of Alaska's existing transportation infrastructure and the territory's waterways to extend the reach of the Board of Health far into rural Alaska.[5] During the war, national defense concerns had been used to justify the militarization of the Alaska Territory, a process which had included the construction of roads, docks, and wharves; the completion of the Alaska Highway; and the modernization of the Alaska Railroad. But, with the war over, colonial officials like Albrecht began to repurpose the territory's infrastructure.[6] The Board of Health invested in mobile clinics to support the first major public health campaign in the history of the Alaska Territory. The intention of this

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[1]Susan Meredith, with Kitty Gair and Elaine Schwinge, *Alaska's Search for a Killer: A Seafaring Medical Adventure, 1946–1948* (Juneau, AK, 1998), 1–5.

[2]Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850–1995* (Cambridge, MA, 2001), 182. Margaret Rossiter points out that women scientists also often found themselves pushed out of jobs, or realized that they were not hired at all, based on the assumption that they would get married. See Margaret W. Rossiter, *Women Scientists in America: Before Affirmative Action, 1940–1972* (Baltimore, MD, 1998), xvi.

[3]Meredith, *Alaska's Search for a Killer*, 1–5.

[4]Nancy Jordan, *Frontier Physician: The Life and Legacy of Dr. C. Earl Albrecht* (Kenmore, WA, 1996), 103.

[5]Jordan, *Frontier Physician*, 103–4. See also Medicine in Alaska Oral History Project Transcripts, MC-0175, folder 1, "C. Earl Albrecht," University of Alaska-Anchorage, Archives and Special Collections (UAA-ASC), hereafter "Albrecht," UAA-ASC.

[6]Robert Fortuine, *Must We All Die? Alaska's Enduring Struggle with Tuberculosis* (Fairbanks, AK, 2005), 67. On the militarization of Alaska during World War II more generally, see Claus-M. Naske and Herman Slotnick, *Alaska: A History of the 49th State* (Norman, OK, 1987); Stephen W. Haycox, *Alaska: An American Colony* (Seattle, WA, 2002); and Fern Chandonnet, ed., *Alaska at War, 1941–1945: The Forgotten War Remembered* (Fairbanks, AK, 2008).

Figure 1. The *M/S Hygiene* docked at Juneau, in preparation for its voyage north (Alaska State Library, Alaska Department of Health & Social Services Collection, William L. Paul, Jr., ASL-P143-0292).

initiative was, at least in part, to protect Alaska's economy and transform it into a healthier and more desirable destination for white settlers.[7]

Meredith had joined an expanding army of health professionals who would spend several years traversing the Alaska Territory tracking tuberculosis. In order to secure federal funds to support tuberculosis treatment, the Board of Health needed clinical data demonstrating the severity of the epidemic.[8] Members of the medical staff also performed vision and hearing tests, offered vaccinations, gave public health instruction on topics like sanitation and postnatal care, and provided rudimentary dental care, primarily in the form of extractions (Figure 2).[9] However, their central aim was diagnostic, not therapeutic. They needed to make the tuberculosis epidemic visible to an audience thousands of miles away in Washington, DC. In doing so,

[7]While the various individuals involved in the campaign had their own reasons for supporting it, this overarching logic was made clear in a series of reports on the state of health in the Alaska Territory. See Harry Barnett, Jack Fields, and George Milles, "Medical Conditions in Alaska: A Report by a Group Sent by the American Medical Association," *Journal of the American Medical Association* 135, no. 8 (1947): 500–10; and Thomas Parran, ed., *Alaska's Health: A Survey Report to the United States Department of the Interior* (Pittsburgh, 1954). By the 1930s, the notion that Indigenous peoples were pure and free of disease prior to white contact had largely been replaced, in both medicine and popular culture, by concerns that they were disproportionately diseased and posed a threat to the health of white settlers. See Mary Ellen Kelm, "Diagnosing the Discursive Indian: Medicine, Gender, and the 'Dying Race,'" *Ethnohistory* 52, no. 2 (Spring 2005): 371–406.

[8]"Albrecht," UAA-ASC.

[9]See Jordan, *Frontier Physician*; and Meredith, *Alaska's Search for a Killer*.

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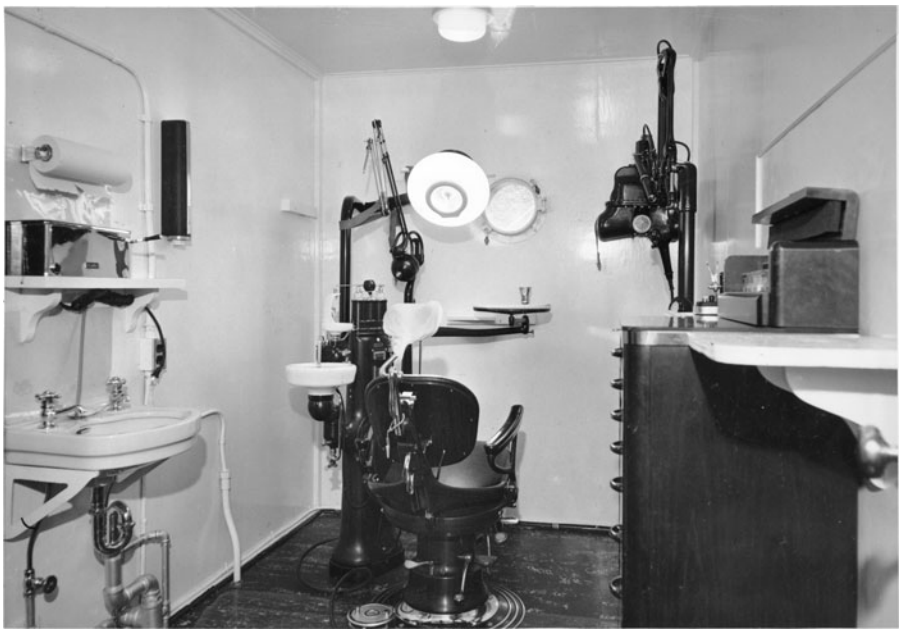

Figure 2. The dental clinic aboard the *M/V Health*, another of the mobile clinics that would serve as far north as Point Hope, above the Arctic Circle (Alaska State Library, Alaska Department of Health & Social Services Collection, ASL-P143-0983).

they produced a form of colonial biopolitics, one that had a profound emotional impact both on the crew of the *Hygiene* and on the Alaska Native people they encountered on their journeys.

As much as they aspired to maintain clinical distance, the staff of mobile clinics found that diagnostic encounters were complex and emotional. The moment of diagnosis – when a patient enters a doctor's office to be examined—is supposed to mark the beginning of a relationship that might involve exchanges of information or negotiations over forms of treatment.[10] The clinic, for better or for worse, is a place where persons are transformed into patients. However, when both the clinic and physician subsequently disappeared, and treatment never materialized, the diagnostic encounter instead generated unmet expectations. Meredith and her colleagues expected that their work would be helpful, but quickly began to suspect that it was harmful. Village residents expected that by visiting clinics, they would be made to live, but soon realized they were going to be left to die. Tracking this history of unmet expectations allows us to see the connections between the emotional experiences of individuals and the indifferent colonial structures that shaped interactions in impermanent clinical spaces.

In her study of the contemporaneous tuberculosis epidemic among Inuit in the Canadian Arctic, anthropologist Lisa Stevenson argues that public health efforts created a "psychic life of biopolitics" in which Inuit were exhorted to live but expected to die. Colonial biopolitics, according to her analysis, generated specific affective states.[11] The Canadian government, Stevenson also suggests, valued Inuit lives in aggregate but treated individuals with relative "indifference." For colonial health officials, the life and death of individuals mattered only

[10]Stanley Joel Reiser, *Medicine and the Reign of Technology* (Cambridge, UK, 1978).

[11]Lisa Stevenson, *Life Beside Itself: Imagining Care in the Canadian Arctic* (Oakland, CA, 2014), 73. See also Lisa Stevenson, "The Psychic Life of Biopolitics: Survival, Cooperation, and Inuit Community," *American Ethnologist* 39, no. 3 (Aug. 2012): 592–613. Stevenson is building upon Michel Foucault's classic formulation of biopower as the state's capacity to "make live and let die." See Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975–1976* (New York, 2003).

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insofar as they could be rendered in statistical form.[12] Historians Mary Jane Logan McCallum and Adele Perry take the notion of colonial indifference further and argue that encounters between Indigenous individuals and healthcare workers take place within "structures of indifference" that were, and are, constitutive of settler colonialism. Structures of indifference produce "the constant spectre of Indigenous death," but refuse "to hold anything or anyone accountable (other than the deceased)."[13] Whatever their intentions might have been, Meredith and her colleagues contributed to these structures. Year after year, they returned to the same villages and pleaded with village residents to stay alive, even as they diagnosed them with health conditions that were, in mobile clinics and Indigenous villages, effectively untreatable.

When Meredith joined the crew of the *Hygiene*, she met a public health nurse named Kitty Gair. The two women discussed their jobs, each curious to know more about the role that the other would play in the ship's operations. As a nurse, Gair was supposed "to educate people to keep themselves well," as well as weigh and measure each individual, offer vision and hearing tests, and perform vaccinations (Figure 3). She worried, she confided to Meredith, about how she would balance her clinical and teaching work. "These considerations did not bother me," Meredith recalled, "since my job was clearcut—or so I thought."[14] As far as she could tell, screening Alaska's coastal population for tuberculosis would be a straightforward task, and one that would allow her to avoid the complex interpersonal challenges involved in tasks like nursing and doctoring. She planned to stay in the lab, where the problems of the outside world could be safely scaled down and made manageable.[15]

But Meredith's job proved not to be so simple. As they headed north, moving away from southeast Alaska, where visits from white doctors were more common, Meredith became concerned that village residents would be disturbed by her actions. She had no ability to communicate her intentions. "How would they react," she worried, "when I drew blood from their veins?"[16] A few months into the voyage, Meredith wrote a letter to her mother: "I am having a hard time with my feelings about what we are doing," she explained. "We are gathering lots of information," she conceded, "but the discouraging part … is to tell these infected people, 'Yes, you are very ill, but we cannot do anything for you now.'"[17] Meredith had begun to confront the reality that statistics are never merely "gathered," but instead are produced through labor, emotional and otherwise, that is later made invisible.[18] Perhaps she had also begun to realize that she was participating in the production of a biopolitical logic that withheld care until

[12]Ibid., 4.

[13]See Mary Jane Logan McCallum and Adele Perry, *Structures of Indifference: An Indigenous Life and Death in a Canadian City* (Winnipeg, MB, 2018), 142. On settler colonialism as a structure, see Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide* Research 8, no. 4 (Dec. 2006): 387–409.

[14]Meredith, *Alaska's Search for a Killer*, 7.

[15]Bruno Latour, "Give Me a Lab and I Will Raise the World," in *The Science Studies Reader*, ed. Mario Biagioli (London, 1999), 258–75.

[16]Meredith, *Alaska's Search for a Killer*, 40.

[17]Ibid., 59.

[18]Joanna Radin, "Digital Natives": How Medical and Indigenous Histories Matter for Big Data," *Osiris* 32, no. 1 (2017): 43–64. As Radin points out, when statistics are made in colonial contexts, they are often used to reproduce the same problematic power dynamics that led to their construction. This has certainly held true in the case of tuberculosis epidemics in both Alaska and the Canadian Arctic. Statistics on tuberculosis rates justified further interventions, which anthropologists have suggested have had enduring and emotionally harmful consequences for Indigenous people. See Linda G. Green, "To Die in the Silence of History: Tuberculosis Epidemics and Yup'ik Peoples of Southwestern Alaska," in *Confronting Capital: Critique and Engagement in Anthropology*, eds. Pauline Gardiner Barber, Belinda Leach, and Winnie Lem (New York, 2012), 97–112; Linda B. Green, "The Utter Normalization of Violence: Silence, Memory and Impunity Among the Yup'ik People of Southwestern Alaska," in *Violence Expressed: An Anthropological Approach*, eds. Maria Six-Hohenbalken and Nerina Weiss (Burlington, VT, 2011), 21–36; and Stevenson, *Life Beside Itself*.

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Figure 3. Nurses who worked on mobile clinics were responsible for offering education on the spread and prevention of tuberculosis (Alaska State Library, Alaska Department of Health & Social Services Collection, J. Malcolm Greany, ASL-P143-0283).

individual suffering could be transformed into data, and which tasked sick individuals with the responsibility of healing themselves.[19]

It quickly became evident that the medical staff's main advice for tuberculosis sufferers—bed rest and isolation—was impossible to follow for village residents, most of whom still primarily relied on subsistence hunting, fishing, and trapping for food (Figure 4). In a letter, Meredith explained the situation: "[We] tell them how to care for themselves at home … [and] in theory it would work, but they have to support themselves and that is done by going out in the cold and wet, hunting and fishing." Village residents helped one another, but as Meredith explained, "When 20 percent of a town of 100 to 200 is incapacitated this places a heavy burden on those who aren't."[20] Georgia N. Krusich, the ship's physician, declared in her official reports that isolation was an "impossible" goal. Active cases, in her view, would have to be hospitalized; otherwise the situation would remain "utterly hopeless."[21] But there were not nearly enough hospital beds in Alaska to accommodate those suffering from tuberculosis. Krusich only saw one way forward. "Discouraging as it is," she remarked, "we have to gather the statistics."[22]

The expectation of treatment led to uncomfortable clinical encounters. Krusich noted in her report that the "consciousness of the villagers of their isolation in regard to medical care" had caused a "hopeless attitude."[23] Meredith recalled that "people would troop aboard, often under extremely difficult circumstances … [and] willingly submit to X-rays and blood tests," but then discover that if their x-rays confirmed that they had tuberculosis, "the only result was a lecture on isolation techniques or diet." This, according to Meredith, left village residents feeling

[19]On the imperative to "cooperate" with biopolitics regimes of life, see chapter 2 of Stevenson, *Life Beside Itself.*
[20]Ibid., 235.
[21]Kitty Gair Collection (KGC), MS 284, folder 16 "M/S Hygiene: Doctors Narrative Reports, 1946-1951," box 2, Alaska State Library Historical Collections (ASL).
[22]Meredith, *Alaska's Search for a Killer*, 77.
[23]KGC, MS 284, folder 16 "M/S Hygiene: Doctors Narrative Reports, 1946–1951," box 2, ASL.

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Figure 4. A nurse in Nome reviews a manual titled "Home Care of Tuberculosis: A Guide for the Family" with a patient. The primary recommendations, bed rest and isolation, were not realistic in the context of village life (Alaska State Library, Alaska Department of Health & Social Services Collection, ASL-P143-1010).

"disillusioned" and wondering "what good we were doing."[24] Sometimes, word spread that the medical staff only performed diagnostic procedures and did not offer treatment. In these instances, they struggled to convince village residents to consent to x-rays. Meredith observed that those who tested positive for tuberculosis "felt doomed."[25] As Stevenson has put it, Inuit who suffered from tuberculosis and hoped for treatment were often "not prepared for what it would mean to become a statistic" (Figure 5).[26]

Tuberculosis was not the only disease that the crew of the *Hygiene* encountered, nor was it the only one that confounded their desire to provide medical assistance. The *Hygiene* was outfitted with an audiometer to perform hearing tests. "Lugging its 40 pounds over slippery seaweed on rocky beaches," Meredith recalled, "was an acrobatic feat."[27] One man was so delighted to hear sounds through the audiometer that he told Gair "that he wished he owned a box like the audiometer."[28] But no hearing aids were available in the Alaska Territory, and the ship's physicians, according to Meredith, had neither the time nor the experience to treat hearing problems. "It was hard to explain to people in outlying villages," Meredith recalled, "that a solution to their problem was only feasible if we could demonstrate that enough cases were present to make it financially worthwhile to treat them."[29] Gair noted that it was "discouraging to do these tests without corrective facilities to which the patients may be referred." She hoped that, one day, itinerant ophthalmologists and otologists would visit the villages and treat the cases they had found.[30] In the meantime, however, she realized that village residents had the "feeling that they were the 'forgotten.'"[31]

[24]Meredith, *Alaska's Search for a Killer*, 25.
[25]Ibid., 35.
[26]Stevenson, *Life Beside Itself*, 31.
[27]Meredith, *Alaska's Search for a Killer*, 108.
[28]KGC, MS 284, folder 14, "M/S Hygiene: Nurse's Reports, 1946–1951," box 2, ASL.
[29]Meredith, *Alaska's Search for a Killer*, 108.
[30]KGC, MS 284, folder 16, "M/S Hygiene: Doctors Narrative Reports, 1946–1951," box 2, ASL.
[31]Alaska Nurses' Association Collection, HM-1107, folder 1, "Kitty Gair Correspondence," box 36, UAA-ASC.

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Figure 5. An orderly scene captured in the reception area of the *M/S Hygiene* belies the more complex and disturbing realities of diagnostic encounters (Alaska State Library, Alaska Department of Health & Social Services Collection, J. Malcolm Greany, ASL-P143-0285).

Figure 6. Alaska Native mothers with their children waiting beside a mobile health unit in the late 1940s (C. Earl Albrecht Papers, Archives and Special Collections, Consortium Library, University of Alaska Anchorage, UAA-HMC-0375).

Because the *Hygiene* returned to the same villages several times, the crew confronted the impact of their visits. In one village, according to a report written by the doctor on board the *Health*, Hazel Blair, none of the individuals with tuberculosis had been hospitalized in the two years since the ship's previous visit. Instead, Blair noted, all cases had advanced and new cases had appeared. The formerly "flourishing" community was now "economically

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insecure" and people were seen to be "drinking heavily."[32] After a particularly difficult interaction in another village, Gair told Meredith that she was "afraid to come back" the next year. "The people are going to be even more depressed now they know they have TB," she exclaimed. "No wonder they have drinking problems!" As they left the village, Meredith recalled that she too felt "depressed."[33] Turning people into statistics also had an emotional impact on the medical staff of the mobile clinic: Meredith found it increasingly difficult to leave sick and distressed people behind. The relationships that diagnoses seemed to promise never took shape.

According to the memories of the medical staff, some village residents traveled as far as fifty miles to visit a mobile clinic (Figure 6).[34] That Alaska Native individuals would go to such lengths to reach a doctor's office spoke to their sincere desire for medical treatment. Yet the work of mobile clinics highlighted the degree to which healthcare institutions had been bound up in the structures of settler colonialism, which were fundamentally indifferent toward the lives of Indigenous people.[35] Observing what happened when mobile clinics moved on, and the promise of care disappeared along with them, underscore that the doctor's office has not just been a physical space but also an imaginary that implies a set of relationships and expectations.

Interactions between Indigenous people and settler healthcare providers and institutions remain so fraught in part because settler colonialism and its attendant violence toward Indigenous people is ongoing, and in part because those encounters are haunted by historical antecedents like disappearing clinics—menacing reminders of deaths foretold and care withheld.[36]

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[32]KGC, MS 284, folder 16 "M/S Hygiene: Doctors Narrative Reports, 1946–1951," box 2, ASL.
[33]Meredith, *Alaska's Search for a Killer*, 76.
[34]KGC, MS 284, folder 39, "Memoirs of Naomi Fox: Alaskan Frontier Nurse," box 2, ASL.
[35]McCallum and Perry, *Structures of Indifference.*
[36]On the sociological meaning of haunting, see Avery F. Gordon, *Ghostly Matters: Haunting and the Sociological Imagination* (Minneapolis, MN, 2008).

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