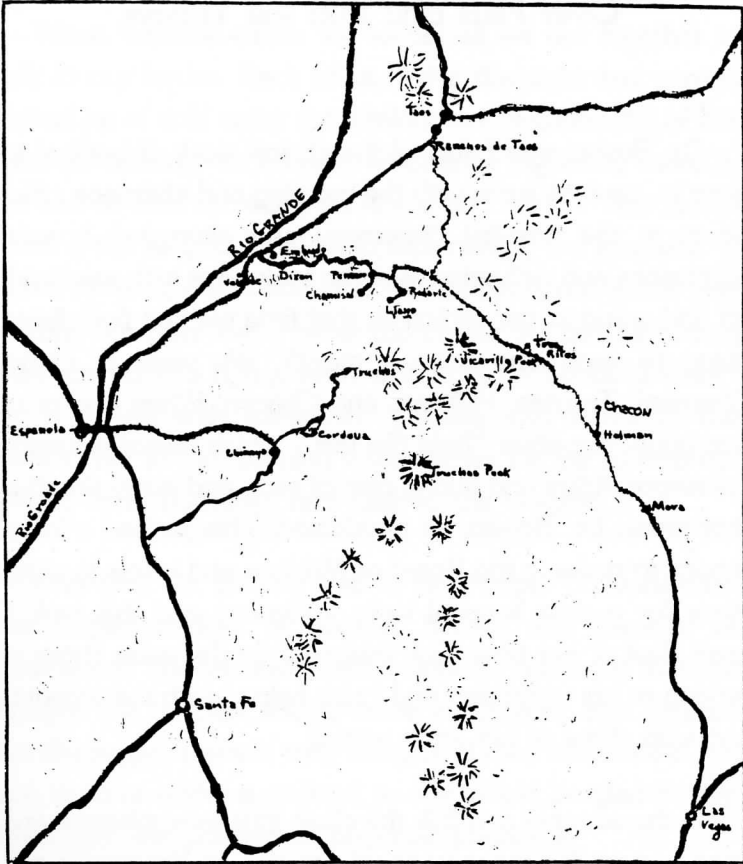


## CHAPTER 5

### Over Hills and Into the Valleys

Dr. Bowen and I shared the clinical work. If both of us were in, we took turns with the morning and afternoon office hours at the hospital dispensary and alternated hospital admissions and deliveries. We also took turns with weekends off and going to our clinics. At that time we had five clinics, going to each one once a month. We went to Llano, Chamisal, Truchas, Holman, and Chacon. When one of us was gone, the other "held the fort," which meant assuming full responsibility and taking care of each and every situation that arose. Dr. Bowen, as physician-in-charge, had a lot of reports to make to the Board of Missions and letters to write. Plans for a new hospital were underway and this took a great deal of her time. She assigned me the extra chore of serving as lab technician and I also helped with the accounts and with some of her letter writing.

In the summer and fall, the clinic trips were pleasant and easy, except for the occasional flat tire. In the winter and spring, we had to contend with snow, ice, and mud. The scenery was ever-changing and always beautiful. It was especially so when the fruit trees were blooming in the spring. The pink peach blossoms and the delicate pink and white apple blossoms were a gorgeous sight.



Map showing villages where clinics were held

Figure 2



New Mexico

I learned how to change tires and put on chains in all sorts of weather and on all sorts of roads. I also became quite expert at extricating the car from the ditch and shoveling out of snow. I recall only one time that I failed to reach a clinic.



*Dr. Voorhies & Miss Pearl Drack, R.N. (Chamisal Clinic)*

Holman and Chacon were across the mountains from Dixon. We had to drive up to the divide and then descend to the valley by a long road with many curves. Holman was at the foot of the mountains. Chacon was about seven miles from Holman in a broad valley running back into the mountains. There had been a big snow, but the highway was not too bad. As soon as we started up the Chacon Valley, we were in trouble and barely moving along. We stopped at Rev. Gabino Rendon's house to inquire about the road further on.

He said, "Turn around. Go back! Even the mail carrier has not been able to get through. He has gone by horseback."



*Holman Valley*

When the roads were bad, the driving was always exhausting. Late one afternoon in early spring, I was returning from a clinic really “bushed” from having battled miles and miles of mud. Near Dixon, I came over the brow of a little hill and met a car coming up. I tried to turn out of the ruts but my car slithered and oozed into the other car, barely touching it. As I said, I was worn out, the mud was deep, I could see no apparent damage, so I did not stop. A big mistake! Later that evening the people in the other car appeared at the hospital claiming a great deal of damage to *both* sides of their car and demanding that the hospital pay for all the repairs.

The hospital served, almost exclusively, Spanish-American people, that is, Spanish speaking Americans. They were descendants of the early Spanish settlers, many of whom had intermarried with the Indians. With the signing of the treaty that ended the U.S.-Mexican War, these people had become

U.S. citizens. They had a saying: "We did not the cross the border. The border crossed us." Occasionally we had an Anglo patient, but no Indians. "Anglo" was the term used for English-speaking Americans. The Indians were cared for by government-owned and -operated hospitals that were open only to Indians.

Most of our patients came from within a radius of 50 miles, but a few came from 70 to 100 miles away. Before the establishment of the mission, medical care was a luxury most of them had to do without. The families averaged five and half persons with a median average yearly cash income of less than \$250 per family.

Non-mission doctors charged a dollar a mile to make a house call. The distance involved was almost always at least twenty-five miles and often much more. Most of the people had to depend on horse and wagon for their transportation, and often the roads were almost impassable. Most of the time it was impossible and impractical for the people to go to a doctor, and they could not afford to bring a doctor to their homes. There was a hospital in Santa Fe and one in Taos, but the people we served could not afford to go to either of them.

In the early days, New Mexico had its own type of prosperity. Vast ranches supported herds of cattle and there was a living for all, but population increased. Inherited property was divided, according to Spanish custom, equally among all of the sons. The property was divided into strips so each parcel had farmland, pasture land, and woodland. As

the years passed, farms became smaller and smaller. Land was over-used and worn out. Only a few hardy crops could be raised on the tiny farms. Anglos moved in. Many of the Spanish lost their land. Some of them, out of fear and lack of understanding, failed to register their land titles. Others were unable to pay taxes. Some were done out of their inheritance by unscrupulous and wily Anglos. More and more of the Spanish retreated into the little valleys, hills, and mountains of New Mexico. There, isolated from the rest of the world, they continued to speak Spanish, practice their old customs, farm the land with hand tools, and cling to their superstition-riddled Catholicism.

Franciscan friars had come in with the Spanish explorers and established missions, but the order declined and friars were not replaced. There were not enough priests to serve all the little villages, and a group of lay leaders, La Sociedad de Nuestro Padre Jesus de Nazaret, called "The Brothers of Light" or Penitentes, evolved. They attended to funerals and other affairs of their communities. During Holy Week, they practiced self-flagellation and reenacted Good Friday with a real crucifixion. They were not sanctioned by the Catholic Church, but they had a very strong influence on the people and played a useful role in the community.

Presbyterian mission work began in northern New Mexico and southern Colorado around 1860 with the establishment of day schools. These schools were located in some of the plazas where there was either no public education or very inferior education for the common people. Sons of the wealthy were educated at home by priests or sent east or

abroad. Bibles were forbidden to the people. A few Spanish translations of the Bible and religious tracts began to appear "mysteriously." A missionary hired a man to take religious tracts to all the homes. The man got scared and threw the whole bunch into the ditch. They were found, hidden, and avidly read.

Those who had Bibles or portions of them had to keep the texts hidden and read them in secret. The Protestants were regarded as heretics, and the priests threatened excommunication for those few brave souls who allowed their children to attend the mission schools. Protestants were anathema to the Roman Catholics. The priests warned the people that they could be contaminated just by looking at a Catholic who had been converted to Protestantism. The converts were cast out of their homes by their families. They were ostracized by the village priest and people. Obscenities were shouted at them and they were called vile names. Sometimes they were stoned. One convert had to give up farming because his family and friends would no longer lend him their horses and wagons. In spite of this, the Reformation gradually came to Spanish plazas of New Mexico three hundred years after it began in Europe.

Medical work was begun at Dixon in 1914, with the building of Brooklyn Cottage Health Center and the stationing of two nurses there. They carried on a public health type of nursing. In 1915, the Mission Board secured the services of Horace R. Taylor, M.D. Dr. Taylor had been on the staff of the Presbyterian Mission Hospital in San Juan, Puerto Rico and was fluent in Spanish. He was newly

married to a registered nurse, well trained and competent, who had been on the staff at the same hospital. He established his medical center at Penasco, fifteen miles up the mountain from Dixon.

The medical center was centrally located from the other mission stations, the farthest being thirty miles away and the nearest fifteen miles away at Dixon. The Mission Board purchased land and planned to build a hospital in Penasco. Dr. and Mrs. Taylor brought badly needed medical care to this isolated area, both in the Health Center and in homes and villages, covering many miles on horseback. They were very happy in their work until trouble came in 1921.

A woman who lived in the vicinity of Penasco was in hard labor with her sixth child. The midwives were unable to deliver her. The family turned to Dr. Taylor for help. He found the baby lying crosswise and delivery impossible without intervention. He asked the family's permission to attempt turning the baby. It was given. Dr. Taylor was successful in turning and delivering the baby, and both the mother and baby survived.

At the time, the woman's husband was away herding sheep in Wyoming. When he came home and found that a man had attended his wife—and an Anglo man at that—instead of being grateful that she was alive, he was furious. He sent several threatening notes, and then one dark night, as Dr. Taylor was driving his newly acquired car down the dark mountain to Dixon, this man and four others waylaid the doctor. They tried to pull him out of the car and



intended to kill him. Dr. Taylor escaped, but he knew he could no longer effectively serve in this area and did not want to be a martyr. He and Mrs. Taylor packed up and left. Medical work in the area came to a near standstill. The nurses at Dixon continued their service, and Dr. Orval Nesbit, of Espanola, visited the center once a week.

The Mission Board realized that if another doctor were sent to serve the area, it would have to be a woman doctor. The Board wondered if there was enough need to justify sending a full-time woman doctor, and in 1931 they asked Dr. Sarah Bowen to make a survey of Dixon and the surrounding area.

Dr. Bowen had been born in Nanking, China, to missionary parents and had always planned to return to China as a medical missionary. She was ready to go there at the time the Board asked her to make the survey in New Mexico. A New Mexican snowstorm caused her to miss the train that would have started her to China. As she waited for the next train, she thought about the report she would make to the Board and of the great medical need she had seen. She decided that China could wait and that she would work in New Mexico for a little while. That "little while" lasted twenty-eight years. She began her work at Dixon in April 1932.

At first, Dr. Bowen encountered many problems. There were the fear, ignorance, and superstitions of the people. There were the problems of the language barrier. She had problems with the village priest who once demanded that

she tap the chest of a man she was treating for typhoid fever. Dr. Bowen quickly and emphatically made him understand that he could look after the souls of the people and she would attend to their medical needs. After a few more minor encounters, he stopped trying to interfere.

The Spanish-speaking people living in the area were used to having midwives attend child births and to being treated by the curanderas (untrained herb doctors) and using "remedios" (native herbs and remedies). Some of these cures, like using pitch from a pine tree as a poultice, were beneficial. Other "remedios" were dangerous. Many were innocuous and useless. The people frequently treated eye infections with sugar water and burns with applications of green ink. At one of our clinics, Dr. Bowen saw a seven-year-old boy with pneumonia whose family had spent its last cent to purchase a small vial of herbs which were "sure to cure him." He had only to *sniff* the vial. A trade was made, our medicine for his "remedio" which had cost fifty cents. The next month, a beaming little Juan and his mother came to our clinic to show us how well he was.

In the case of home births the people had to be educated as to the difference between the doctor's way and the midwife's way. Customarily, the midwife went to the home at the first sign of labor and stayed until the baby was three days old. The doctor who simultaneously was on duty at the hospital and dispensary planned to be there for the birth and for an hour or so more; then would return once each day for the next several days to make sure all was well.

At her first home birth, Dr. Bowen chose one woman to help her and shooed all the rest of the family and friends out of the room. At the baby's first cry, they all rushed in again, including some chickens, a goat, and a three-legged cat. A three-year-old child got between Dr. Bowen and the patient which interfered with the things Dr. Bowen needed to do.

By the time I arrived in 1939, Dr. Bowen had earned the trust and respect of the people.

Maria Cruz, one of Dr. Bowen's patients, said to her one day: "I come to you because I know that you will tell me the truth."

A teenage boy, Ramon Salazar, was in Colorado when he was told that he had appendicitis and needed immediate surgery. He hitchhiked to Dixon, saying, "There is only one hospital and one doctor that I trust—Dr. Sarah Bowen at Brooklyn Cottage Hospital in Dixon, NM." We were horrified that he had taken such a risk. Fortunately, we were able to operate before his appendix ruptured, and he did well.