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Oral History Number: 175-001
Interviewee: Charline G. "Sandy" Smith
Interviewer: Roxanne Farwell
Date of Interview: May 18, 1984

Roxanne Farwell: This is Roxanne Farwell interviewing Dr. Sandy Smith at the University of Montana, Physical Anthropology Lab, on Friday, May 18, 1984, 10:30 am. Okay, my first question for you was how do you make your living?

Charline Smith: How do I make my living? I make my living as a physical anthropologist, specifically doing teaching and advising.

RF: How long have you been a physical anthropologist?

CS: Fourteen years.

RF: During that 14 years, have you been a teacher the whole time?

CS: Yes.

RF: What sorts of courses do you teach?

CS: I teach a variety of courses, beginning with the introductory anthropology course, human evolution, human biological variation, genetics, osteology, forensics, paleopathology, medical anthropology. I used to teach human sexuality, until I got smart.

RF: You don't like teaching human sexuality?

CS: That didn't work out too well.

RF: You teach, you advise. Any other aspects to your job as a physical anthropologist?

CS: Yes. The forensic consultations for medical examiners and various law enforcement agencies.

RF: Could you describe briefly what's involved with forensics?

CS: That's primarily assessing human skeletal material: first deciding whether the material is human or not human; then assessing the human materials, depending on how much is there, as to sex, age, race, stature, and anything else I can tell about the bones.

RF: You look at remains, then, that are old enough so that the flesh is decomposed?

CS: Preferably.

RF: So it's not quite Quincy [TV show character on *Quincy, M.E.*, 1976-1983]?

CS: No, I don't like them with soft tissue on.

RF: Other than forensics, what are some of the practical applications of your areas of interest? To those of us who aren't anthropologists?

CS: Probably the most obvious would be the medical anthropology. I have a lot of nursing students, pre-nursing students, medical students, and other people in the para-professional... paramedical professions, I should say. I think giving them the anthropological point of view will make them a lot more understanding of their patients who are, as we say, different.

RF: What is the anthropological point of view?

CS: The anthropological point of view would be to try to give people the best care you can by securing their cooperation. You secure their cooperation through understanding what kind of resistance they might have, what doesn't fit in with their pre-conceived notions with their culture. Rather than try to persuade them, we try to see how we can modify our treatments or our approach so that it is consistent with their worldview.

RF: This is of use for people who will be maybe treating non-Anglo American?

CS: Yes.

RF: How did you decide to become an anthropologist or a physical anthropologist?

CS: The physical part was fairly easy. That just sort of came natural because of my background, I think, in medicine. I guess the best way to describe it is that I took an anthropology course and it just sort of grabbed me. I was not particularly happy in nursing and one spring between quarters I simply decided to change.

RF: So you had been a nurse before?

CS: Right.

RF: How long had you been a nurse?

CS: Let's see...By that time, it had been close to twenty years. I wasn't practicing all that time but, it was 20 years.

RF: While you were a student of anthropology, while you were studying, what did you envision your future role as an anthropologist would be? What did you think you were going to do?

CS: As I remember now, I don't think I had any visualization. I remember asking Dr. Witherspoon about opportunities for women and he was very discouraging. He said I might be able to find a job in a museum someplace, which turned me off pretty badly. But I just went ahead and did it anyway; stayed in anthropology anyways.

RF: When was it he was giving you this advice, that maybe women wouldn't find work?

CS: This would have been in '66. He was older and I think he was probably part of that generation that felt like women didn't belong in anthropology because there definitely was that feeling among some of them anyway. So I didn't really have any...I don't know what I thought I was going to do.

RF: But fairly shortly after you obtained your PhD, you—

CS: I already had a job before I finished. I interviewed in January before I got my PhD in...I didn't my orals in late June and I already had the job here at Montana.

RF: When you told your family about your plans to study anthropology, what was their reaction?

CS: They come from an area and from a family that are not too terribly academically oriented. My mother seemed to be of the opinion that I had gone far enough in nursing; I could be a head nurse and it was a shame to blow that on something that they had never even heard of. I think that's the main...then my brother is a very fundamentalist Methodist and wasn't too terribly approving. So today we just don't talk about it.

RF: Was it your decision to become a scholar that was bothering them, or your decision to study human evolution?

CS: I think it was the evolution aspect that blew them away the most. After I got my doctorate and was teaching, my mother was very proud and all that sort of thing, but, at first, she thought it was a terrible waste when I already had such a wonderful education and everything.

RF: I understand that field work is central to most any anthropological, or most any anthropologist's, experience. I think you've done some field work; you did some for your Ph.D.

CS: Yes.

RF: Could you describe for us what you did?

RF: Yes. The problem, or my subject, was diabetes among American Indians. We were already beginning to know that there was at least one group that had a very high frequency of that (indistinct). So I had to pick a group that was small and hadn't been too terribly acculturated, hadn't been contacted too terribly long ago and that sort of thing. I had heard about the Walapai in a class on South American Indians, so I picked the Walapai and went down there. After I got permission, which was kind of an interesting thing, I mainly was doing blood glucose tests which consists of giving them a drink that has a measured amount of glucose or carbohydrate in it, and then checking the blood levels two hours later. I did that two field seasons. I found that these people also had a very high frequency of diabetes. Mostly the women: they were very overweight and very high frequency. Almost half of the women over age 45, I think.

I also noticed that the kids started getting overweight by the time they were two. Toddling around and they were already overweight. You see them coming out of the trading post...everybody that came out of the trading post had a can of pop in his hand. They like the sweet stuff and I think that was one of the things that contributed to their overweight. The overweight was probably responsible for the widespread expression of the gene for diabetes. In other words, that contributes to the expression of it in people who have the genetic make-up.

RF: You said it was kind of interesting getting permission—

CS: Ha!

RF: Can you elaborate on that a little?

CS: I had written down there to get permission and the only one that wrote back to me was a doctor, of course, who was not part of the...he was public health service doctor. The tribal chairman didn't really want anything to do with me, or didn't want me to have anything to do with the tribe. I almost...by the time I got there, I almost turned around and left. I didn't and he let me talk to the tribal council.

I had a fairly elaborate presentation ready to go. I got up in front of the group and they sat there like rocks, reading the minutes of the last tribal council meeting, nobody looked at me. So I thought, "Well Smith, you might as well sit down." I shortened my presentation and went ahead and finished it and asked if there were questions. Nobody said anything and I started for my seat. One man in the back of the room then started asking me questions. He nailed me pretty good there for a while. Finally, I sat down and they voted. The chairman of the tribal council abstained and the rest of them gave me a unanimous go-head. It was close because I was almost defeated before I started.

RF: What would you have done if they had said no or if you had decided to go home?

CS: I would have had to go back with a lot of wringing of hands and mashing of teeth, come up with another problem. I don't remember getting that far in my thinking though as to what I would do if they said no. That was, as I remember, where it ended.

RF: Do you want to do more fieldwork?

CS: I wanted to at the time. If I were going to do fieldwork now, I'd want to do it on something different. I'd want to do it on medical ethno-botany.

RF: The native uses of plants?

CS: Native uses of plants. I had long envisioned a study that would take at least two years that I would talk to people; watch them gather the stuff; see how they stored it. One of the major complaints in ethno-botany is that they leave out so much. They'll put down the botanical name and the native name and what's it used for. I found, in talking to people on the reservation, that you need to talk to them several times about the same subject because they'll think of things that they didn't think of before. You need to keep going back and then you need to cross-check with other people. I think that there's a lot more importance in the type of storage. For example, is it stored in something that might change the chemical composition? Is it allowed to freeze during the winter? You store it air tight? What about humidity? All these types of things. I'd still like to do a study like that.

RF: Has your fieldwork experienced affected your ability and effectiveness as a teacher?

CS: I can't think of anything specific, but I'm sure that it, along with all kinds of other experiences, accumulate. I can't think of anything specific.

RF: You mentioned that you had been a nurse for quite a long time before you entered anthropology. I assume—correct me if I'm wrong—that you were trained in modern western medicine.

CS: Oh yes.

RF: I think you've touched on this just a bit already, but how has your anthropological work been affecting your views of modern medicine?

CS: I see that a lot of the things that I learned, a lot of the things that I thought were correct, or good medical practice, or sensible to say to patients, and things like this are utterly absurd. Because before I knew any better I was right in there with everybody else in being very ethnocentric and fully convinced that our way of doing things was right, and the best, and all that sort of thing. In my medical anthropology class now, this is that main point that I try to get across, to especially those who are going to be going on in the medical profession: how to teach them that there are cultural differences; that these are very basic.

RF: Can you point out an example of the difference or some advice that they have probably learned in other classes that you would say wouldn't be appropriate. Something that they might run into in Montana as a nurse?

CS: I don't think that I'm thinking of anything specific right this minute so much as just the notion that there's one way to do it and that is the modern, western point of view.

RF: If you are in a situation where you're working with a non-western culture, an Indian reservation or something, and someone is ill and it's been explained to you that they're ill because of some effects of magic or something, some spell or curse, and you see some symptoms that you think you could treat. How would you deal with that? Would you advise them—

CS: I'd try to work within or with the system that's there. That's the only thing you can do because if you advise them against something that they hold to be very basic, then they're going to think you don't know anything and therefore your advice is worth nothing. What you would have to do is try to figure out: are they going to a native practitioner? Talk to this individual, talk to whomever is in charge of their care and try to work with that person. Usually, the medical practitioners on the reservations, or in any practice in society, are highly intelligent and I think that it would be possible to explain to them that I know this is a spiritual thing, but I also have such-and-such that might help. And see if I could work it around that way. It would be the only thing you could do because you can't force medical care on anybody that doesn't want it, except kids.

RF: Back to teaching in general: what do you like most about teaching?

CS: Kids I guess. I enjoy the people that I work with, the young people. I like teaching. I like explaining things. I like that occasional glimmer of understanding that you sometimes get. It's kind of rare, but I like seeing the kids change from the time they come in. They're scared, almost adults, and four or five years later they're usually much more sophisticated. That's kind of fun.

Then, I discovered in the last five years...I finally realized and admitted something and that there's a certain element apparently of showmanship in teaching and that I kind of respond to student appreciation, especially in large classes: the feeling that you've got the audience with you and that you're getting something across and all that. I kind of didn't want to admit that for a while, but I dig it.

There are a lot of things. I feel like I'm darn lucky to be making a living at something I enjoy as much as I do. Another thing that's kind of a mixed blessing is that the hours are not very rigid. Sometimes they're very long and people don't realize sometimes how many hours you put in, like the hours at night getting a lecture ready and that sort of thing. At the same time, if you

have occasion to take off in the middle of the day and you don't have classes, you can do that. You're responsible for meeting your classes and so on and what time you do it, what time you get them ready, is your own business. I like that.

RF: What are the qualities you look for in a good student?

CS: Astute thinking. Quite often the good students are the...there are two kinds of good students. You have the ones who come in all clean faces and bright and shiny and alert looking and the ones who have been straight A students all through high school. They're not near as much fun as the ones that have these far-out ideas and have some imagination. They're kind of rare. Don't have an awful lot of students like that, but I usually enjoy them.

RF: You mentioned how much you like teaching. Do you think you...do you definitely prefer that over just being a researcher?

CS: Oh yes. I didn't think I would. I thought I was going to be...I thought I wanted to be a researcher, but I find that I like teaching, which is good because I wasn't successful getting any research money anyway.

RF: How do you feel about your role with the rest of the community right now? I guess I'm thinking of the police department and your work with forensics. Is that a part of your job that you look forward to?

CS: Oh yes, I enjoy that.

RF: If you had total control over your future, how would you ideally plan your next few years with respect to your career?

CS: This is going to sound weird, but if I had full control, meaning plenty of money, I'd retire. As much as I like teaching, I'm ready for something else. I'd retire out to my ranch and do forensics on a consulting basis and maybe teach one class or two classes, maybe even three classes a year and raise cattle and raise garden and stuff like that.

RF: Just one more question: What would be the advice that you would give a future anthropologist? Graduate students? Just some general advice as they try to go out and enter the field.

CS: Given the way anthropology is going right now, in terms of employment, academia, I would advise them to have another major, or something to make a living, until anthropology gets a little more promising. Just be realistic about it.

RF: Okay. I think that's it. Thank you.

CS: Well, you're welcome.

[End of Interview]