

### **Ella Pritchard Curry**

Ms. Curry is a registered nurse employed for the last 22 years as a Clinical Nurse Specialist in the Division of Infectious Diseases and Travel Medicine at MedStar Georgetown University Hospital in Washington, D.C. Her professional experiences have included neuro-trauma and cardiac intensive care, AIDS-dedicated home care, and infectious diseases. She was among the first class of registered nurses to sit for the certification exam to become an AIDS Certified Registered Nurse (ACRN) in 1996. She is a member of Sigma Theta Tau International Nursing Honor Society (Epsilon Zeta and Tau Chapters), the Association of Nurses in AIDS Care (Greater Washington Chapter), the American Nurses Association, and the American Association for the History of Nursing.

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### **First Impressions: Oral Histories of the Founding Members of the Association of Nurses in AIDS Care (ANAC) in Historical Context**

#### EDUCATION

George Mason University, Fairfax, Virginia  
PhD in Nursing, Summa cum Laude, 2012

Harvard University, School of Divinity, Cambridge, Massachusetts  
Masters of Theological Study, Health Care Ethics, 1988

Salem State University, Salem, Massachusetts  
Bachelor of Science in Nursing, 1985

Fairmont State College, Fairmont, West Virginia  
Associate Degree in Nursing, 1976

**November 17, 2012  
8:45 a.m. - 10:15 a.m.  
25<sup>th</sup> Annual ANAC Conference  
Tucson, Arizona**

## **PURPOSE**

The purpose of this study was to generate the oral histories of nine registered nurses who were among the earliest health care clinicians and educators to encounter and respond to HIV infection and AIDS in the United States, and who acted to found the Association of Nurses in AIDS Care in 1987.

## **RESEARCH QUESTIONS**

1. What were the experiences and impressions of the nine nurses who responded individually in their respective nursing practices to the emerging American HIV/AIDS pandemic and acted collectively as one of twelve founding members to establish ANAC in 1987?
2. What may we learn of the meaning that the nurse narrators ascribe not only to what they did, but also to “what they wanted to do, what they believed they were doing, and what they now think they did?” as per Alessandro Portelli’s (1991) assertion that oral history “tells us less about *events* than about their *meaning*.”
3. How do the narrative contents of these oral histories relate to each other and to the political, activist, scientific, and cultural milieus documented in *The Age of AIDS* (2006) comprehensive timeline between 1981 and 1987 and used as the organizing framework for this historical inquiry?

## **FRAMEWORK**

This study was conducted within the framework of Social History, which emphasizes uncovering and understanding the experiences of people who have been invisible in formal historical records.

## **METHODOLOGY**

The historical research methodology of oral history was selected for this study. The methodology is characterized by dialogue, interpretation of meaning, and the creation of an archival collection. In-depth digitally recorded semi-structured interviews were conducted with a purposeful sample of nine nurses identified among the twelve founding members of ANAC. Interviews were analyzed using Shopes’ (2002) analytic guide for oral histories. Content was interpreted using Denzin’s (2001) Interpretive Interactionism, characterized by a progressive-regressive approach that seeks “to situate and understand a particular class of subjects within a given historical moment.”

## **FINDINGS**

17.5 hours of digital recordings yielded over 400 pages of transcripts. The narrators’ oral histories revealed recurrent themes: vivid recollections of first AIDS patient encounters; relentless multiple losses of patients and peers with little time to reflect; burdens of stigma and discrimination that attached to patients and caregivers; and the pride, pain, and privilege of being present to serve as nurses at that particular time in history.

## **CONCLUSIONS**

These oral histories make significant contributions not only to the nursing history of AIDS care in the social, cultural, and political context of the early pandemic in the United States, but also to our understanding of the emergence of increased multidisciplinary collaboration, complex case management, and the primacy of fundamental care.