

WINDOWS IN TIME

THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING | ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY | VOLUME 29, ISSUE 1 | SPRING 2021



ALBERT A. ACENA COLLECTION, ECBCNHI

Embarking

BARBRA MANN WALL, PHD, RN, FAAN, AND DOMINIQUE TOBBELL, PHD

NEW ACTIVITIES AND UNDERTAKINGS are exciting, and the ECBCNHI is about to enter an especially important period as Dr. Dominique Tobbell becomes the new center director. She comes at a time when people the world over have experienced the most devastating epidemic in our lifetimes, and we are on the verge of hope that control is underway. Despite the awful events of 2020, the center accomplished a great deal. Indeed, we have done more than just “wait out the pandemic.” As we worked remotely, often isolated in our homes, we learned that, with expert IT support from the UVA School of Nursing, we could carry out online courses and seminars that could still be intellectually stimulating. The chance to connect with people all over the world as they tuned in to our history forums—Madonna Grehan from Australia, Jane Brooks from the UK, and nurse practitioners Carolyn Torre and Kim Curry in New Jersey and Florida—was an unexpected and delightful surprise, as we “saw” people’s faces for the first time in a long while. We learned that we could be restored at moments when very little felt joyful. And as our nursing history students carry out a wide variety of projects and initiatives, they promise to preserve our intellectual and scholarly lives.

Yet there is much that still needs to be done, as the increase in violent, hate-filled acts against members of the Asian, Asian American, and Pacific Islander community and all people of color during the

Above, aboard the Empress of Russia in 1926 were two young Filipino nurses, Felicidad Acena and Paula Nonacido, in search of better opportunities in the U.S.

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The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI), established at the University of Virginia in 1991 to support historical scholarship in nursing, is dedicated to the preservation and study of nursing history. The development of advanced clinical nursing practice, and the clinical specialty organizations that represent the various practices, is a major focus of the Center. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY

Staff

Dominique Tobbell, PhD, Co-Director
dtobbell@virginia.edu

Barbra Mann Wall, PhD, RN, FAAN, Co-Director
bmw8y@virginia.edu

Beth Hundt, PhD, APRN, NP-C, ACNS-BC, Assistant Director
eah8yc@virginia.edu

Barbara Brodie, PhD, RN, FAAN, Director Emerita
bb9w@virginia.edu

Arlene Keeling, PhD, RN, FAAN, Director Emerita
awk2z@virginia.edu

Advisory Board

Mary Gibson, PhD, RN, Chair

Barbara Brodie, PhD, RN, FAAN

Linda Davies, RN

Carolyn J. DuVal, RN

Ivora Hinton, PhD

Arlene Keeling, PhD, RN, FAAN

John Kirchgessner, PhD, RN

Debra Mann

Pat Woodard, RN

Windows in Time

Beth Hundt, Editor

Maura Singleton, Associate Editor

Roseberries, Design

Brodie Fellow

Ronen Segev, PhD, RN

Center Volunteers

Carolyn J. DuVal

Robert DuVal

Windows in Time can be found on EBSCOhost and Gale Group, Inc. databases.

Windows in Time (Print) ISSN 2576-5213

Windows in Time (Online) ISSN 2576-5221

Contact

Center Manager: Maura Singleton mks2d@virginia.edu

Phone: (434) 924-0083

Email: nurs-hxc@virginia.edu

Website: nursing.virginia.edu/cnhi

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(continued from page 1) pandemic reminds us. We need more work on histories that are rooted in misogyny, stigma, and stereotypes that are all too familiar. The evidence has been under our nose all along. Doctoral student Reynaldo Capucão is studying Filipino nurses by examining how race intersects with gender and nursing. We have created a new website on Race in Health Care as a continuation of an effort begun last summer by a School of Nursing Antiracism Working Group, under the leadership of Dr. Susan Kools. This site will be a repository of historical materials that every UVA nurse/nursing student should be exposed to, so that each can understand the context in which we practice. We are beginning work with graphic and web designers to build the website.

Midwives in training at the Penn Center of St. Helena Island, South Carolina

Dominique's vision is one that will continue the Bjoring History Center's leadership in the collection and preservation of archival materials; the development of educational programming, conferences, and seminars; and the production and dissemination of scholarship on the history of nursing and health care. This vision includes a commitment to using history to provide critical perspective on contemporary issues in health care practices and policies. As nurses represent the largest segment of the health care workforce, providing care in a broad variety of settings, their history offers an essential lens through which to examine major changes that have taken place in health care and other types of healing and care work. Indeed, the history of nursing is more diverse and inclusive than just that of formally trained nurses. It encompasses the traditional healing knowledge and practices passed down through generations of Black, indigenous, and other communities of color that enabled midwives and other traditional healers to provide healing and birthing care



ELIZABETH BEAR COLLECTION, ECBCNHI

within their communities. And it includes the healing and caregiving work that has since continued to take place outside of health care institutions and community health settings. Yet, all too often, both nurses as historical actors and the scholarship of nurse historians have been marginalized. Thus, one of Dominique's priorities is to continue the center's work of increasing the visibility of nurses and nursing history scholarship within the discipline of history. Key to this is forging partnerships and engaging in collaborative programming across UVA and with institutions and scholars nationally and internationally.

GLOBAL, DIVERSE AND INCLUSIVE NURSING HISTORIES

One priority is to expand archival and oral history collections related to and support scholarship about the history of marginalized care work and of marginalized care workers. The long history of racial and gender discrimination in the American health care workforce has meant that women of color, in particular,

have often been denied access to professional health care careers and been marginalized in low paying, low status direct care occupations. Much of this care work—in the past and today—takes place in nursing homes and other long-term care facilities, and in the homes of those living with chronic illness and debility. The current pandemic has made all too clear the urgent need to better understand the history and lived experience of those working in direct care occupations. The history of this marginalized care work is rooted in the longer history of nursing, beginning with the visiting nurse organizations and public health nurses of the late 19th and early 20th century. But it is also very much a part of the persistently gendered and racialized history of care work that is deeply imbricated within histories and contemporary experiences of social welfare, disability, labor, and health policy, and the shifting meanings, values, and ethics of care work.

A second priority includes expanding the center's collections and scholarship related to the history of nurse-led clinics. These are sites in which nurses have worked to implement innovations in health-care delivery to improve access to services among underserved rural and urban communities. Such innovations included the establishment of nurse-led rural health clinics and community health centers during the 1960s and 1970s, and the expansion of nurse-led

clinics since the 1980s. Among these earlier initiatives were the Moms and Tots Center established by public health nurse Nancy Milio in Detroit during the mid-1960s and whose papers are at the History Center. The history of nurse-led clinics is situated within a broader history of community health activism—particularly of Black and Latinx health activism—and the much longer histories of innovative nursing care and health policy, including the establishment of community-based demonstration projects by public health nurses in the early 20th century. As the American health care system is still defined by profound disparities in access to health-care services, and as nurse-led clinics—particularly since implementation of the Affordable Care Act—are playing an increasingly important role in the provision of primary care in both rural areas and underserved urban communities, this history promises meaningful lessons for understanding and addressing ongoing practices and inequities in the health-care system.



NANCY MILIO COLLECTION, ECBCNHI

A third priority is to establish a Nurse Scientists Oral History project that will document the myriad ways in which nurse scientists have influenced health-care science, practice, and policy since the 1950s, and the challenges they have encountered in doing so. The role of nurse scientists—and the innovativeness and expertise of nurses more generally—has been understudied and undervalued in the history of science and health care and continues to be underacknowledged and undervalued in current health-care systems. *(continued)*

Public health nurse Nancy Milio established the Mom and Tots Center in Detroit.

(continued from page 3) These priorities, and the history of nursing and health care more broadly, offer important opportunities for engaging students and faculty interested in the cultural, social, and political dimensions of science and health care. One of Dominique's goals is to establish the History Center as a site of collaborative research, learning, and programming centered on the history and social studies of health and health care—both within and beyond UVA. Through programming that includes the Nursing History Forum and the Randolph Conference (in spring 2022), the History Center will work to bring together scholars within and outside of UVA working at the intersections of the history, sociology, anthropology, ethics, and the politics and policies of health, healing, and care work.

Given her own scholarship on the history of health policy and the considerable interest and expertise in health policy that exists at UVA—within the School of Nursing, in the Medical School and the Frank Batten School of Leadership and Public Policy, as well as the considerable policy history expertise in the History Department and the Miller Center—Dominique is particularly excited to explore collaborative programming opportunities that would establish the History Center as a center of history of health policy expertise. Such programming, for example, might interrogate the intersections of community activism, urban and health policies, and the organization of health-care delivery in the 20th and early 21st centuries.

Throughout its programming, the History Center will spotlight scholarship centered on global, diverse, and inclusive histories of nursing and health care. The History Center will also continue to work closely with the School of Nursing's Inclusion, Diversity and Excellence Achievement team and the Antiracism Working Group to help educate future generations of nurses who understand the impacts of systemic racism—and other systems of oppression—on health and health care, and who are committed to providing inclusive, equitable, and just health care.

As one director leaves and another comes aboard, we salute everyone who has worked indefatigably in the best interests of history and nursing. The work of historians is more essential than ever, and the ECBCNHI is committed to ensuring that we can all work at home, in schools of nursing, in archives, businesses, and health-care facilities safely and securely. ☀️

Barbra Mann Wall

Dominique Tobell

CENTER NEWS



A Fond Farewell to Dr. Barbra Mann Wall

BARBRA MANN WALL will retire in May 2021, having served the UVA School of Nursing as a teacher, mentor, scholar, and director of the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry since December 2015. During her tenure, Dr. Wall has worked assiduously on a variety of fronts to provide a more diverse and inclusive history of nurses, in collaboration with the school's faculty and students. In particular, she spearheaded efforts to recognize and give voice to "hidden nurses" in the local community and beyond.

Under Dr. Wall's leadership, the Bjoring Center has expanded its holdings by scholars of color and oral history



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collections on nurses of color, all of which has important implications for both scholarly and popular ideas about history. Working with doctoral student Victoria Tucker, the center has added audio and video recordings of Black nurses who graduated from the Jackson P. Burley High School/UVA Hospital Licensed Practical Nurse program. Donated material by historian Phoebe Pollitt on Black and Cherokee nurses in North Carolina has enlarged our collections. The center is also beginning to collect oral histories of Filipino nurses conducted by doctoral student Ren Capucao.

With a grant from the Jefferson Trust, Dr. Wall and colleagues within the School of Nursing launched a new initiative, “Reshaping Public and Archival Space in the School of Nursing.” This project grew out of a concern that students of color find a welcoming space for learning in the classroom and in the archive, both of which were very “white spaces.” Dr. Wall utilized the center’s display window to showcase photographs of graduates of the Burley High School/UVA Hospital Licensed Practical Nurse program, who were excluded from UVA’s nursing program during segregation in the 1950s and 1960s. Permanent photo displays of these nurses now hang in McLeod Hall and Burley Middle School in Charlottesville. At a special ceremony in the spring of 2019, UVA President Jim Ryan officially recognized their status as UVA alumni. About 25 graduates and their families, together with relatives of the more than 100 graduates who have since died, came to McLeod Hall, walked across the stage of McLeod Hall’s auditorium to receive certificates of appreciation—and a public apology.

In March 2019, Dr. Wall led the effort to host the Bjoring Center’s largest scholarly gathering to date. The joint Agnes

Dillon Randolph International Nursing History and the Southern Association for the History of Medicine and Science Conference attracted 130 attendees from around the globe. This very successful three-day program provided an important connection to scholarship across a variety of disciplines.

During her tenure, the center has maintained a sound financial footing that was established by Directors Emerita Drs. Barbara Brodie and Arlene Keeling. The center’s endowment has continued to grow and currently stands at \$2.5 million. This financial stability has allowed the center to fund fellowships and other research awards, subsidize student travel for archival research and conferences, and expand public outreach through nursing history forums and other programs.

Dr. Wall came to UVA from the University of Pennsylvania School of Nursing, where she was an associate professor and associate director of the Barbara Bates Center for the Study of the History of Nursing. She earned a bachelor’s degree in nursing from the University of Texas at Austin, a master’s of science degree from Texas Woman’s University, and a PhD in history from the University of Notre Dame. A creative researcher and productive scholar, she is the author of three noted books and numerous articles and book chapters. Her award-winning first book, *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865–1925*, explores the major role that private and public hospitals played in helping the nation meet the health needs of its diverse and expanding population. Her other books include *American Catholic Hospitals: A Century of Changing Markets and Missions* and *Into Africa: A Transnational History of Catholic Missions and Social Change*.

Dr. Wall is not entering full-fledged retirement just yet. For the 2021–2022 academic year, she will be a visiting professor at her alma mater, the University of Texas at Austin School of Nursing, where she will teach one of her signature courses—“History, Race, and Science in American Health Care.” Barb, we wish you the best in your next chapter! 🌸



THE POWER OF THE HISTORICAL LENS

A Conversation with Dominique Tobbell

Dominique Tobbell, PhD, was named director of the Bjoring Center for Nursing Historical Inquiry in December 2020. She comes to UVA from the University of Minnesota Twin Cities, where she directed the Program in the History of Medicine, served as an associate professor, an oral historian for UMN’s Academic Health Center History Project, and as an affiliate faculty member with its Institute for Health Informatics.

Your undergraduate degree was in biochemistry and you initially went to work in a research lab. What made you change course and pursue a doctorate in history?

As an undergraduate student—and especially after working as a protein scientist at a pharmaceutical company for a year—I realized that while I loved science and especially writing about science, I did not enjoy doing lab work. When I realized I wouldn’t enjoy a career as a biomedical researcher, I looked into other career options, including science journalism. I decided, though, that I needed to learn a lot more about the social and political context in which science takes place before I would feel comfortable pursuing a career as a science writer. In the course of researching science journalism degrees, I discovered that it was possible to do graduate work in the history and sociology of science

and medicine. This seemed ideal: I could learn (and write!) about the social and political context in which science and health care had taken place in the past and perhaps better understand the ways in which science and health care were being practiced in the present. Of course, I knew next to nothing about what working in such a field would entail. I was fortunate to be accepted into the PhD program in the History and Sociology of Science at the University of Pennsylvania and subsequently relocated to the U.S. from the UK to embark on a career as a historian.

How did you find your niche as a historian?

My research interests to this point have been quite broad, ranging from studies of the pharmaceutical industry, to changes in family medicine and rural

My interest in the intersections of health care, politics, and policy stem, in large part, from having grown up in a country with a nationalized health system.

health care, to the development of health informatics, and, of course, the history of American nursing. At the center of my scholarship are the institutions that have defined health care and the contextual factors that have shaped them. In particular, my research examines the political, economic, and social relationships that developed among academic institutions, governments, and the health-care industry in the decades after World War II, and assesses the implications of those relationships for the current health-care system. As a historian I am committed to using the power of the historical lens to provide critical perspective on contemporary health care.

My interest in the intersections of health care, politics, and policy stem, in large part, from having grown up in a country with a nationalized health system, never having to worry about whether my family could afford health care, and moving to the U.S., a country in which long-held skepticism toward and outright rejection of government-supported health care has had profound implications for people's access to and experiences of health care, not least the potential economic devastation that serious illness and injuries can have on individuals and families.

My research interests have also been indelibly influenced by the historians I was fortunate to learn from and work with at the University of Pennsylvania, and the historians I have been mentored

by since graduating. For example, I was trained by Rosemary Stevens, one of the leading historians of health care politics and policy, whose scholarship has served as a model of how to balance rigorous historical research with critical policy analysis. My PhD advisor, Ruth Schwartz Cowan, also had a profound impact on the type of research questions I pursue. When I was a second-year graduate student trying to figure out what my dissertation would be about, Ruth encouraged me to research the thing that I had experience of and thus, potentially, a unique perspective on—the pharmaceutical industry. She also emphasized how important it is to consider nurses in history by introducing me to scholarship in nursing history and to the Bates Center for the Study of the History of Nursing, where the faculty, especially Patricia D'Antonio and Julie Fairman, helped to nurture and guide my growing interest in the history of nursing.

My research interests have also been shaped by the opportunity I was given at the University of Minnesota to develop an oral history project of the university's Academic Health Center, but I'll say more about that below!

Name a book that every student of history should read.

Fatal Invention: How Science, Politics, and Big Business Re-Created Race in the Twenty-First Century (New York: The New Press,

2011) by Dorothy Roberts is essential reading not only for historians of nursing and health care but also for all health-care providers and researchers.

You have said that history plays an essential role in addressing current issues in health care and can help us create a better health-care system—one centered on inclusion, equity and justice. Can you elaborate?

A historical perspective is critical for identifying the ways in which intersecting systems of oppression—such as racism, sexism, ableism, homophobia, and transphobia—have shaped the development of nursing and the health care system and influenced Americans' access to and experiences of health care. By integrating history into the nursing curriculum, we introduce students to the impacts of the history of discrimination in health care on health inequities and disparities today. In other words, such teaching highlights that current health disparities and inequities are an outcome of history.

In addition to identifying systems of oppression in health care and their impacts, history also provides important examples of the ways in which patients and communities of color and other marginalized groups—often in partnership with nurses and other health care providers—have fought against discrimination and affected change in the health care system to advance health equity. History also provides examples of nurses producing critical knowledge about illness, death, and dying, as well as the social determinants of health, that has transformed patient care and health outcomes.

By teaching nursing students about the history of discrimination in health care, as well as the history of health and

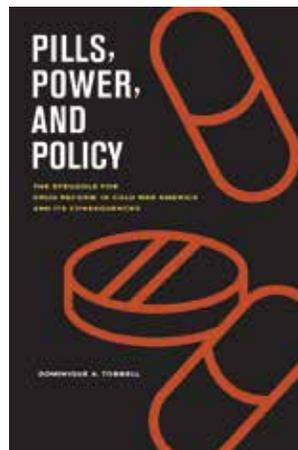
social justice activism, we can prepare nursing students to better understand the reasons for and implications of persistent health disparities and inequities in access to health care services. This history also helps to equip students with greater understanding of their own positionality within this history and to provide them with knowledge and tools to advocate for greater health equity and social justice within their own nursing careers.

Your forthcoming book (and third) is *Dr. Nurse: Science, Politics, and the Transformation of American Nursing*. What was the impetus for this book?

I have been deeply interested in the roles and experiences of nurses in U.S. history since my days as a graduate student at Penn. Nurses did not emerge as historical actors in the research for my dissertation or first book on the history of the American pharmaceutical industry. However, when I was hired as an assistant professor in the history of medicine at the University of Minnesota, I was tasked with establishing and directing an oral history project of the University of Minnesota's Academic Health Center (AHC), of which the nursing school and the nurses who worked in the university hospital and clinics were integral. I was excited to finally turn my attention to the role of nurses in the history of health care. Initially, I had planned to write a book that centered the complex intersections of medicine, nursing, and pharmacy and of state and federal health policies in the development of AHCs in different states in the U.S. However, I soon realized that before broaching that broad and complicated history, I needed to first map the changing role of nurses, and the intersections of nursing education and state health policies in particular, in post-World War II American

health care. I thought that this would be a more manageable undertaking, but I quickly realized that it was a complex and complicated history in its own right.

In the end, *Dr. Nurse* shows that the history of academic nursing is a valuable lens through which to examine major changes that have taken place in American health care in the second half of the 20th century, including the emergence of AHCs and their impact on health professions education and health care delivery.



People might be surprised to learn that you have a black belt in judo. Is this your version of relaxation?

Yes! I first started doing judo as a 9-year-old and it has been a constant and reliable source of learning, exercise, challenge, and relaxation ever since! Judo isn't the only way I relax, though. I love playing team sports and four years ago, I took up ice hockey. I spent my high school and college years as a competitive field hockey player but wasn't able to find a place to continue playing once I moved to the U.S. When I first met my wife, she introduced me to ice hockey. Minnesota has lots of great opportunities to learn and play hockey and plenty of outdoor ice rinks to practice on.

Your priorities for the center include expanding oral histories of marginalized care workers, plus new initiatives focusing on nurse-led clinics and nurse scientists. What are your plans for digitizing this material, and making our existing collections more accessible to scholars and the public?

The movement to digitize primary sources has been underway in many institutions for more than a decade, but the pandemic-related shutdowns have highlighted the urgency of expanding efforts to digitize archival materials. For the past year, as protective public health restrictions closed down archives and limited travel, researchers' access to non-digitized archival sources was put on hold. But the value of digitized primary sources extends beyond this pandemic moment. Digitization is key to increasing access to and accessibility of critical primary source materials—not just to scholars but also to the public. This accessibility is especially important when it comes to archival and oral history sources that are about communities that have been marginalized and underrepresented in history, such as marginalized care workers. As such, we will be committed to digitizing oral histories and archival materials that relate to the history of health care in marginalized communities. We will also review our existing collections and determine priorities for digitization.

To be sure, digitization and the preservation and maintenance of digitized sources on reliable, safe, and accessible platforms is costly. As we undertake this, we will need to secure funding to support the costs of both digitization and sustaining access to our digitized materials. ☀️

DOCTORS TO NURSES

A Bangladeshi Couple's Journey

BARBRA MANN WALL, PHD, RN, FAAN

The Bjoring History Center recently obtained an oral history of RN-BSN graduates **Md Farid Uddin** and **Mosfika Yeasmin**, conducted by their daughter, Irteza Binte-Farid. This interview is a life history, chronologically told. It begins in Bangladesh, where both were born and raised by supportive families, graduated from medical school, immigrated to the United States to provide greater educational opportunities for their children, and culminates with their graduation from UVA in 2020. It's a personal account of triumph and conflict, sacrifice and joy, roadblocks and accomplishments as they faced the trials of migration.

Both Md Farid and Mosfika were influenced by their parents: Md Farrid's father was an educator, and Mosfika's mother and father both earned master's degrees in literature. Her father eventually became a lawyer in Bangladesh. Md Farrid began medical school in 1978, continued to postgraduate school, and in 1993 became a psychiatrist. Mosfika entered medical school in 1986, met and married Md Farrid, had three children, and finished medical school before the age of 30. They opened a psychiatric clinic and practiced there before deciding to emigrate in 2000 through the family immigration system. Twenty years later, after juggling multiple jobs at Walmart, Whole Foods, and elsewhere, and financing the college education of their three children at some of the



SUBMITTED PHOTO

country's top universities, Md Farid and Mosfika graduated from the UVA School of Nursing.

UVA nurses Md Farid Uddin and Mosfika Yeasmin

We invite you to read this fascinating transcript and use it in research. This life history supplies researchers with a narrative that gives attention to memory, the context within which Md Farid and Mosfika narrated their lives, the immigrant experience, the significance of family, and the cultures within which they had to negotiate, both in Bangladesh and in the U.S. As they describe their decision to enter nursing school rather than pursue medicine, they reveal how they coped with the challenges of migration and its many structural and racial barriers.

The transcript will be of interest to nurses, physicians, historians, anthropologists, immigration specialists, and the general public. ☀️

This life history supplies researchers with a narrative that gives attention to memory, the context within which Md Farid and Mosfika narrated their lives, the immigrant experience, the significance of family, and the cultures within which they had to negotiate.

Presentations, Pub

FACULTY/ASSOCIATES

Cockerham, A. Publication. “Babies Aren’t Rationed: World War II and the Frontier Nursing Service,” *Nursing History Review* 29(2021): 23-49.

Gibson, M.E., Online Nursing History Forum. Agnes Dillon Randolph: Virginia Nurse Advocate. University of Virginia Eleanor Crowder Bjoring Center of Nursing Historical Inquiry Forum, March 4, 2021.

Gibson, M.E., Invited Online Lecture. When Nursing Care is Needed: King’s Daughters Visiting Nurse Service of Norfolk VA, University of Chester, UK, February 3, 2021.

Helman, M., Publication. “The Nurses of Ellis Island: Caring for the Huddled Masses,” *Nursing History Review* 29(2021): 43–69.

Helman, M. & Keeling, A., Virtual Presentation. “The Nurses of Ellis Island.” Save Ellis Island Foundation, February 23, 2021.

Hundt, B. Publication. Book Review: The Peculiar Institution and the Making of Modern Psychiatry, 1840–1880 by Wendy Gonaver. *Nursing History Review* 29(2021): 234–236.

Keeling, A. Invited Online Presentation. Alert to the Necessities of the Emergency: Nursing in the 1918 Influenza Pandemic. University of Manchester, UK, November 2020.

Keeling, A. Invited Online Presentation. Alert to the Necessities of the Emergency: Nursing in the 1918 Influenza Pandemic. University Village residents, Charlottesville, VA, January 13, 2021.

Milbrath, G., Grant. Illinois Training School for Nurses Digitization Project, Illinois State Records and Archives Board.

Milbrath, G., and Snyder, A. Grant. The Emergency Nurses Association: 50 Years of Advocacy and Advancement, Emergency Nurses’ Association Foundation.

Milbrath, G., and Snyder, A. Publication. “The Emergency Nurses Association: 50 Years of Advocacy and Advancement,” *Journal of Emergency Nursing* (2021).

Milbrath, G., Invited Keynote. Fulfilling Nightingale’s Legacy of Care. 2020 International Society of Nurse Geneticist Congress, virtual, November 2020.

Milbrath, G., & Keeling, A., Invited Presentation. Illinois Nurses on the Frontline: The Influenza Epidemic, 1918–1919. UIC College of Nursing All Alumni Reunion, Chicago, IL, October 2020.

Milbrath, G. Invited Presentation. Celebrating the Resiliency of Nursing: A Historical Perspective. UIC College of Nursing Faculty Retreat, Chicago, IL., August 2020.

Tobbell, D. Publication. Co-editor, Special Issue: “Global Health and Pharmacology,” *Frontiers in Medical Sociology*, 2020–2021.



An Unexplored Corner of WWI Nursing

The Bjoring Center is pleased to announce that **Ronen Segev, PhD, RN**, is the 2021 recipient of the Barbara Brodie Nursing History Fellowship. His research project, “Military Nursing in Ottoman Palestine During World War I,” seeks to fill the gap in knowledge

about the historical development of nursing in Israel, and to shed light on the pivotal role of military nursing in general.

While military nursing during WWI is widely studied, little is known about nursing and military nurses during this period in Palestine. Then under Ottoman rule, Palestine stood in the middle of a strategic military crossroads between the British and Turkish-Ottoman forces in the Middle East. Mostly German, French and Austrian nurses, together with a few local Jewish nurses, provided health care, with the American colony

Publications & Awards

Tobbell, D. Publication. Book Review: Pill by Robert Bennett, *Social History of Medicine* (2020) 33(3): 1043–1045.

Tobbell, D. Presentation. “Transgender Narratives.” Silent Illumination: Compassionate End-of-Life Care for Transgender Elders. University of Virginia School of Nursing, March 20, 2021.

Tobbell, D. Presentation. “Forced Sterilizations and ICE Camps from Historical Perspective.” Health Equity Week, University of Minnesota Medical School, October 30, 2020.

Tobbell, D. Moderator. “Nursing Education.” American Association for the History of Nursing Webinar, March 19, 2021.

Tobbell, D. Moderator. “Panel on the Medical Management of Bodies: Intersex, Inmates, and Aids to Hearing,” American Association for the History of Medicine Ann Arbor 2.0, University of Minnesota, Minneapolis, MN, January 2021.

Wall, B. M., Draughon, R., Online Presentation. Race, Religion, and Segregation in the American South, 1845–1898: A Textual Analysis. *New Directions in the History of Religion, 1700–1900*, University of Manchester, UK, January 14–15, 2021.

Wall, B. M., Invited Keynote. Learning the Healer’s Art Throughout History: How History Informs Present-Day Nursing, Inaugural Virtual Research and Evidence-Based Conference, Brigham Young University, December 7, 2020.

Wall, B. M., Invited Keynote. The History of the University of Texas at Austin School of Nursing, Virtual Reunion, November 7, 2020.

CONGRATULATIONS to Center Associate Frank Hickey for his promotion to Vice President for Ambulatory Care Services at University Hospital, Newark, NJ.

STUDENTS

Capucão, R. Jr., Publication. Nursing Out Identities: Self-Compassion and Intersectionality. In Fontaine, D.K., Cunningham, T., & May, N.B. *Self-Care for New and Student Nurses*. Sigma, April 2021.

Capucão, R. Jr., Award. US Fulbright Student Award Semi-Finalist.

Tucker, V. Invited Panelist. The Retold Virtual Experience: Uncovering Untold Stories. University of Virginia Alumni Association, University of Virginia School of Nursing and School of Engineering, October 10, 2020.

Tucker, V. Presentation. Race and Education Works-in-Progress Virtual Presentation, Center for Race and Public Education in the South, University of Virginia, November 17, 2020.

Tucker, V. Invited Panelist. Black History Month Virtual Opening Program: Black Health Matters Panel Discussion, Black History Program, Natural and Historical Resources Division, Department of Parks and Recreation, Prince George’s County, February 1, 2021.

in Jerusalem playing an essential role in providing services for the local population. When war broke out, the political status of the American colony became problematic. Nevertheless, the American settlers maintained good relations with the Turkish governor, opened four military hospitals, and continued to care for British and Turkish soldiers as well as the civilian population. Who were these nurses and how did they train? Where did they serve? How did they help shape nursing after the war, during the British Mandate and subsequently in Israel?

Dr. Segev received his RN, MA and PhD degrees from Tel-Aviv University. A nephrology nurse and a historian, he is a lecturer in the Nursing Sciences Department at Ruppin Academic Center in Emek Hefer, Israel. Dr. Segev is the author of *A Two-Layer Uniform: History of the IDF Nursing 1948–1983* (2019, Modan & Ministry of Defense Publication) as well as journal articles and book chapters with both a clinical and historical focus. 🌅

CALL FOR SUBMISSIONS

Nurse Practitioner History Research Scholar Award

The Bjoring History Center invites applications for the Nurse Practitioner History Research Scholar Award for 2021. Its goal is to advance historical scholarship on practitioners and disseminate it to an international audience.

For the third year in a row, a donor has made a generous gift of \$5,000. **The deadline for proposals is June 15, 2021**, with the intention that the recipient use the award the following academic year.

Eligibility: Any student pursuing a DNP or PhD, or an established scholar. This award is not limited to nursing scholars; other historians of medicine and health care are

encouraged to apply.

Applicants must provide a full research proposal, including:

- A concise statement of the research they wish to conduct
- A narrative describing the project, within the context of the present state of historical knowledge, including background, sources and appropriate citations
- Identification of resources to be used
- An itemized budget detailing how the funds will be used
- A current CV

Send proposals and supporting materials to: Dominique Tobbell,

PhD, Director of the Bjoring Center for Nursing Historical Inquiry at the University of Virginia, at dtobbell@virginia.edu. Notification of award will be made in July 2021.

The recipient must agree to provide a research presentation to selected faculty (and the donor, if desired) upon completion of the project. In addition, they must produce a submission-ready paper for publication and a letter of thanks for the donor.

For more information, visit the Bjoring History Center website: www.nursing.virginia.edu/nursing-history/fellowship/. 

Progress Reports

Despite the challenges researchers have faced during the COVID-19 pandemic, recipients of the 2020 NP History Research Scholar Award have continued to advance their projects. We checked in with them recently for some good news on their progress.

Kim Curry and **Carolyn Torre** are collecting oral histories of nurse policy leaders who made practice legally possible for nurse practitioners in the state of Florida. This is the second phase of their project; the first phase examined nurse practitioner leaders and legislation in New Jersey. Dr. Curry and Ms. Torre have been able to complete video interviews of key Florida NP activists. The project video will detail the legislative and practice changes impacting the role of the nurse practitioner in Florida from the 1970s onward, including the perspectives of those early leaders and activists. The Bjoring Center is eagerly anticipating being able to share their completed video in the future.

Mary Koslap-Petraco and **M. Elayne Simone** are also collecting oral histories of nurse practitioner leaders and activists. Their project is to design a digital archive memorializing the efforts of those nurse practitioners who, through grassroots political advocacy, changed the Nurse Practice Act in the state of New York in the 1980s. Dr. Koslap-Petraco and Dr. Simone have been able to conduct Zoom interviews with key nurse leaders and look forward to being able to safely travel to the Bjoring Center to review relevant documents in our archive.

Marcus Henderson's project is examining the experiences of men in the nurse practitioner role. In addition to his role as a lecturer at the University of Pennsylvania School of Nursing, he has been conducting interviews virtually. While still collecting data, Mr. Henderson is already identifying gender inequality issues among his participants and noting racial inequalities experienced by men NPs of color. His scholarship shows much promise in adding to the research in the area of nurse practitioner history. 

Why Not?

One Woman's Fight to Challenge Racism Within the Nursing Profession

KATY HALL, MSN, RN, ONC
FIRST-YEAR UVA NURSING PHD STUDENT



ECBCNHI

During the COVID-19 pandemic of the past year, nurses have been hailed as heroes by a public and society in the midst of turmoil. This heroic designation is well earned, yet now, more than ever, it is critical to examine the dark imperfections within the profession. Racism is affecting the outcomes of people of color who have COVID-19; indeed, racism has a pervasive past in our health-care system and in nursing in particular.

While many argue that the “caring” profession knows no color, nursing has never transcended racism.¹ In *Nursing 2020*, Deborah C. Roberts argues that racism in nursing is the elephant in the room. “Nurses of color refrain from speaking up and out against racism because many of their White coworkers fail to understand the implications of racism in the lives of people of color.”² This difference in perception of racism and how it impacts people of color continues to frustrate efforts to address it. Whites often refuse to see themselves as part of a collective culture that has created, sustained, and benefited from racism.³

Nurses can no longer hide from these difficult conversations. Reacting with denial or hostility to people of color’s perceptions of racism shuts down cross-racial discussions and perpetuates racial hierarchy.⁴ Nurses must

develop “racial stamina” to listen to the stories of people of color and engage in meaningful discussions. Roberts acknowledges that it takes courage for nurses of color to openly acknowledge racism and its impact on their lives, but while there are consequences for speaking up, there are also consequences for staying silent.⁵

Mary Elizabeth Carnegie
as a young nurse

History is crucial for giving voice to the vast experiences of others and can further inform social policies and practices today. Nursing history, specifically, is rich with many incredible stories of power and possibility.⁶ One such story is that of Black nursing leader Mary Elizabeth Carnegie, who spent her life working to end racism in nursing by advocating, teaching, and leading by example. She had the audacity to ask, “Why Not?”⁷ She sought out opportunities for Black nurses in a time when all aspects of their lives were segregated, even their own profession. She led with intelligence, grace, determination, and excellence. She made sure the world knew the history of Black nurses and that every professional table made space for a Black nurse.

Born in Baltimore in 1916 and raised in Washington D.C., Carnegie was admitted to the Lincoln School for Nurses

⁵ Ibid, 46

⁶ Patricia D’Antonio, Cynthia Connolly, Barbra Mann Wall, Jean Whelan, and Julie Fairman, “Histories of Nursing: The Power and the Possibilities,” *Nursing Outlook* 58 (2010): 207–213. doi:10.1016/j.outlook.2010.04.005

⁷ Mary Elizabeth Carnegie, “Fifty years of Racial Integration in the Florida Nurses Association—A Lesson in Making Social and Health Care Policy,” Luncheon Address, District 5, Florida Nurses Association, Miami, May 8 1999, *The Florida Nurse* (September 1999): 21–22. Retrieved via ILLAD system of University of Virginia Claude Moore Health Sciences Library.

¹ Evelyn L. Barbee, “Racism in U.S. Nursing,” *Medical Anthropology Quarterly* 7, no. 4 (1993): 346–362.

² Deborah C. Roberts, “The Elephant in the Room,” *Nursing* 2020 50, no. 12 (2020): 42–46. doi: 10.1097/01.NURSE.0000721744.97686.b8

³ Roberts, *Elephant in the Room*, 46.

⁴ Ibid, 46.

in New York City in September 1934.⁸ While most nursing schools of the time were established by hospitals so that students could provide care to patients at little to no cost to the hospital, Lincoln was founded in 1898, independent of a hospital. Its sole purpose was for training Black women to care for Black patients.⁹

Carnegie later wrote extensively on Black nurses' education. While most of the schools in the North were segregated by custom, in the South they were segregated by law as a result of the *Plessy vs. Ferguson* Supreme Court Decision of 1896 and a 1904 bill passed by the Kentucky legislature that declared it unlawful for any institution to teach White and Black students together.¹⁰ Carnegie later elaborated on how the resulting parallel systems of educating nurses were separate but not even close to being equal. Despite the discrimination in nursing education, the young Carnegie learned to like nursing and relished the newfound freedoms afforded her by the program at Lincoln.¹¹

Darlene Clark Hines has written extensively about Black nurses' professionalization. As Hine argues, in early 20th century America, White nurses viewed Black nurses as professionally, morally, and socially inferior to White nurses.¹²

Black nurses could only work at segregated hospitals and were given lower salaries. Black nurses working in private homes were often required to perform household and child-care chores in addition to caring for the sick. Physicians often spoke highly of the submissive and accommodating actions of Black nurses, arguing that they adapted to the needs of patients and were more "willing to render the small personal services only grudgingly performed by White nurses."¹³ However, White administrators argued their low status in the nursing profession was the result of inferior training, lack of executive skills, limited intelligence, weak character, and inability to withstand pressure.¹⁴

Carnegie graduated from nursing school in 1937. After taking her state board examination, Carnegie also took the federal civil service examination for graduate nurses. The only two federal hospitals in the country where Black nurses could be assigned were the Veterans Hospital in Tuskegee, Alabama and Freedman's General Hospital in Washington, D.C. Because



employment at Freedman's required a year of probation at the Veteran's Hospital in Tuskegee, Carnegie set off to the deep South. Following her probation year at Tuskegee, Carnegie transferred to Freedmen's Hospital in D.C.¹⁵

In Pursuit of Higher Education for All

After working at Freedman's Hospital, Carnegie's primary goal was advancing her education and obtaining a bachelor's degree. So, in 1940, when West Virginia State College, an all-Black institution, offered her free tuition, room, and board in exchange for nursing services, she accepted.

Carnegie graduated in 1942 with a Bachelor of Arts degree and promptly joined the St. Philip School of Nursing in Richmond, Va., as a clinical instructor and supervisor of obstetric nursing. St. Philip was the Black nursing school within the Medical College of Virginia, and there were only four other Black faculty. After a year at St. Philip, Carnegie was asked in 1943 to join the faculty at Hampton Institute, a Black college in Virginia that was trying to establish a baccalaureate program in nursing.¹⁶ She joined the faculty at Hampton as assistant dean and was credited with establishing the first baccalaureate nursing program for Blacks in Virginia in 1944.¹⁷

Carnegie earned her master's degree at the University of Toronto in 1945, and was recruited by the General Education Board of the Rockefeller Foundation. The Foundation wanted to reorganize the leadership of the nursing program at Florida A&M College, with a nurse as the head of the program instead

⁸ Mary Elizabeth Carnegie, "M. Elizabeth Carnegie," in *Making Choices, Taking Chances: Nurse Leaders Tell Their Stories*, ed. Thelma M. Schorr and Anne Zimmerman (St. Louis, MS: Mosby, 1988), 27–42.

⁹ Mary Elizabeth Carnegie, *The Path We Tread: Blacks in Nursing, 1854–1984*, (Philadelphia, PA: Lippincott Company, 1986), 22–23.

¹⁰ *Ibid.*, 22.

¹¹ Carnegie, *Making Choices, Taking Chances*, 29.

¹² Darlene Clark Hine, "Racism, Status, and the Professionalization of Black Nursing," in *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950*, (Bloomington, IN: Indiana University Press, 1989), 89–107. 100.

¹³ *Ibid.*, 100.

¹⁴ *Ibid.*, 101.

¹⁵ Carnegie, *Making Choices, Taking Chances*, 30–31.

¹⁶ Carnegie, *Making Choices, Taking Chances*, 33.

¹⁷ Carnegie, *Path We Tread*, 116.

of a medical director.¹⁸ Florida A&M Hospital and Nurse Training program was founded in 1911 as a diploma program and transitioned to a baccalaureate program in 1936, making it the oldest continuing baccalaureate nursing program at a historically Black institution.¹⁹ Eager to help Black women and provide them with high-quality higher education, Carnegie became the first dean of the school of nursing at Florida A&M College, the only baccalaureate nursing program in Florida until 1950.²⁰ But when she first arrived, she was startled by the poor conditions at both the hospital and the school. She confided to a friend,

The things that I have observed actually brought tears to my eyes, such as, the nursing arts laboratory with one bed in it and a handful of supplies; the library with only seventeen nursing books, some of which date back to 1898 ... the condition of the hospital as a whole ... I shudder to even think of it.²¹

Nine months later, Carnegie had reorganized the nursing faculty, won control of her own budget, initiated clinical instruction, ordered new textbooks, shortened duty hours for students nurses, and initiated the maintenance of records and procedure books.²² By 1949, Carnegie had expanded the library to hold over 18,000 catalogued and classified volumes. The new Nursing Arts Laboratory was appropriated on campus and furnished with modern equipment similar to that found in contemporary hospitals. Carnegie improved admissions requirements and ensured compliance with standards of the Florida State Board of Examiners for Nurses, and she updated the program's curriculum. These changes were not only made to improve the school, but for the specific goal of transitioning nurse training into nursing education.²³

In her 1949 article, "Nurse Training Becomes Nursing Education" for the *Journal of Negro Education*, Carnegie argued that nursing education was the responsibility of the colleges and universities. She wrote, "Since the nurse copes with so many problems of humanity, she should have a broad general background of education."²⁴ Carnegie went on to illustrate her point using her program as an exemplar. Carnegie's changes resulted in creating a nursing division of the college instead of a department of the hospital. With this new designation, the

nursing division had the rights and privileges of any other college division and was appointed a director with responsibility and authority. When the college assumed responsibility for the nursing program, including clinical rotations, the hospital and public health agencies merely provided the opportunity for students to practice and develop skills.²⁵

Not all Black nursing leaders were in favor of moving nursing education into colleges and universities. Evelyn Barbee argues that because most Black nurses were trained in two-year programs, it was discriminatory to push for collegiate nursing education.²⁶ But as Hine notes, had it not been for the talented leadership of Carnegie and others striving for quality higher education, "Black women would have been frozen into the lowest strata of nurse professionals."²⁷

Trailblazing Editorial Work

In 1953, Carnegie resigned from Florida A&M to take an editorial position with the *American Journal of Nursing* in New York City, where she was in charge of education material for *Nursing Outlook*.²⁸

In 1954 the *Brown vs. The Board of Education of Topeka* Supreme Court Decision nullified the *Plessy vs. Ferguson* "separate but equal" Supreme Court Decision of 1896, and finally it was agreed that separate education facilities were in fact unequal.²⁹ While in theory this would have seemed to be the end of all-Black institutions, ten years later there were still numerous all-Black schools of nursing operating.³⁰ Carnegie wrote a pivotal piece for the *Journal of the National Medical Association* in 1964 titled "Are Negro Schools of Nursing Needed Today?" She stated, "This is a rhetorical question to which my answer is no ... Integration is a two-way street—good Negro and White schools of nursing should open their doors to all races; poor ones should close their doors."³¹ Carnegie reported that White schools were restricting the number of Blacks admitted through quotas and that the Southern states were still "clinging to the concept of 'separate but equal' education" with double standards for education.³² By continuing separate institutions, Carnegie argued that they were wasting taxpayer money and diminishing the small supply of qualified faculty.³³

¹⁸ Carnegie, *Making Choices, Taking Chances*, 33.

¹⁹ Carnegie, *Path We Tread*, 30.

²⁰ Carnegie, *Making Choices, Taking Chances*, 33.

²¹ Darlene Clark Hine, "From Hospital to College: Black Nurse Leaders and the Rise of Collegiate Nursing Schools," *The Journal of Negro Education*, 51, no. 3 (1982): 222–237.

²² Hine, *From Hospital to College*, 235.

²³ Mary Elizabeth Carnegie, "Nurse Training Becomes Nursing Education at Florida A&M College" *The Journal of Negro Education*, 17, no. 2 (1948): 200–204.

²⁴ Carnegie, *Nurse Training*, 200.

²⁵ Carnegie, *Nurse Training*, 203.

²⁶ Barbee, *Racism in U.S. Nursing*, 358.

²⁷ Hine, *From Hospital to College*, 223.

²⁸ Carnegie, *Making Choices, Taking Chances*, 39.

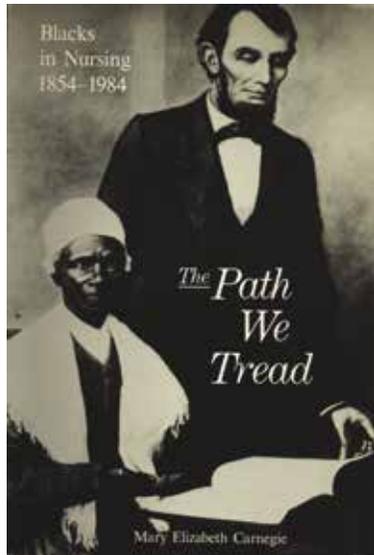
²⁹ Carnegie, *The Path We Tread*, 27.

³⁰ Mary Elizabeth Carnegie, "Are Negro Schools of Nursing Needed Today?" *Journal of the National Medical Association*, 56, no. 3 (1964): 230–236.

³¹ Carnegie, *Are Negro Schools Needed*, 230.

³² Carnegie, *Are Negro Schools Needed*, 230.

³³ Carnegie, *Are Negro Schools Needed*, 235.



Carnegie was promoted to associate editor of *Nursing Outlook* in 1956 and by 1970 she was the journal's senior editor. Carnegie completed her doctorate in 1972 from the Graduate School of Public Administration at New York University. Her dissertation, *Disadvantaged Students in RN Programs*, was published by the National League for Nursing. In 1973, Carnegie became the chief editor of *Nursing Research*, and her first editorial, "ANF Directory Identifies Minorities with Doctoral Degrees," received national attention.

The Path We Tread

Carnegie firmly believed that the contributions of Black nurses were starkly neglected and in 1983, she started to work on a comprehensive history of Blacks in nursing. *The Path We Tread: Blacks in Nursing 1854–1984*, was published in 1986. She wrote, "This, I think, has been my greatest contribution to nursing."³⁴

In *The Path We Tread* and an article for *The American Journal of Nursing* titled "Nurses at the Front," Carnegie argued that long before receiving the title "nurse," Black women had been caring for the sick and practicing the art of nursing.³⁵ During enslavement, Black women cared for their own families as well as the families that owned them. Later, during periods of great crisis, Black women volunteered as nurses in war.³⁶ Carnegie told the stories of the first Black pioneer nurses Mary Seacole, Sojourner Truth, Harriet Tubman, Susie King Taylor, and

Namahyoke Sockum Curtis and noted, "These women's stories are only illustrations of the contributions made by many."³⁷

The Path We Tread received national recognition, won the *American Journal of Nursing's* Book of the Year Award, and was published in three editions.³⁸ Over the remaining years of her life, Carnegie received many awards, including the 1995 Agnes Dillon Randolph Award from the Center for Nursing Historical Inquiry at the University of Virginia. In 1977, Hampton University (previously Hampton College) established the M. Elizabeth Carnegie Nursing Archives, the first archives in the U.S. designated as a repository for memorabilia on minority nurses.³⁹ Carnegie was inducted into the American Nurses Association Hall of Fame in 2000.⁴⁰

Carnegie's legacy

During the 20th century, nursing became one of the major professions for women in America. Without Black nursing leaders like Carnegie, the inclusion of Black women in the profession would have been severely hindered due to racial segregation and discrimination.⁴¹ As Hine notes:

It was up to Black nurses, however, to transform themselves into effective agents for social and professional change. After all, progress never is achieved by those who sit and wait ... Black nurses had to create their own paths to equality.⁴²

Through perspectives like Carnegie's, nurses can critically examine the profession and understand implications for practice in today's society. Black nurses have overcome incredible obstacles and made pivotal contributions to the profession. Nurses today should celebrate these accomplishments, acknowledge the pain caused by racism, and work together to ensure all discrimination and marginalization of people of color are addressed. 🌅

Note: Mary Elizabeth Carnegie's Agnes Dillon Randolph Lecture, "A Worldwide View of Black Nurses," is available at the Bjoring History Center, together with other materials from her 1995 visit to UVA.

³⁷ Carnegie, *The Path We Tread*, 15.

³⁸ Sadie M. Smalls, "M. Elizabeth Lancaster Carnegie," in *American Nursing: A Biographical Dictionary, Volume 3*, eds. Vern Bullough and Lilli Sentz (NY, NY: Springer Publishing Company, 2000): 44–47.

³⁹ Hampton University School of Nursing, "Historical Overview," <http://nursing.hamptonu.edu/page/Historical-Overview>

⁴⁰ American Nurses Association, "ANA Hall of Fame," <https://www.nursingworld.org/ana/about-ana/history/hall-of-fame/inductees-listed-alphabetically/>

⁴¹ Hine, *From Hospital to College*, 237.

⁴² Hine, *Racism, Status and Professionalization*, 107.

³⁴ Carnegie, *Making Choices, Taking Chances*, 41.

³⁵ Mary Elizabeth Carnegie, "Nurses at the Front," *The American Journal of Nursing*, 84, no. 10 (1984): 1250–1252.

³⁶ Carnegie, *The Path We Tread*, 1.

SNIPPETS FROM THE PAST

Nurses in the Battle of the Atlantic

REBECCA COFFIN, PHD, RN

IN THE SUMMER OF 1941, just months before the United States officially entered World War II, 26 U.S. Red Cross nurses boarded the *M/S Vigrid* and the *SS Maasdam* en route to England. Those on the *Maasdam* were crossing the Atlantic to help establish a 100-bed hospital for communicable diseases. All personnel, equipment, and supplies were to be provided by the U.S.¹ The nursing contingent on the *Vigrid* may also have been given the same directive.

Both ships were torpedoed and sank before reaching their destination. Eighty years later, it may be impossible to piece together the larger story of these nurses and countless others like them. Most of these nurses survived, having experienced a harrowing rescue; four were lost at sea.

The Battle of the Atlantic was one of the most important battlefronts in World War II. When war broke out in Europe in 1939, Britain was dependent on the U.S. and other allies for supplies and equipment to defend itself against German attack. The U.S. had not yet involved itself directly in the war, but provided aid indirectly through the Lend-Lease Act, supplying Britain with ammunition, tanks, airplanes, trucks, and food while maintaining its position of neutrality.² This position changed when the U.S. declared war in December 1941.

Waged through 1945, the Battle of the Atlantic took a tremendous human toll: 72,000 Allied naval and merchant seamen lost their lives, and 3,500 Allied merchant ships were

¹McGill Wood, M. Marian. "Torpedoed!" *American History Illustrated* 27, no. 5 (1992): 38–42.

²"Today in History—October 23: Lend-Lease Act," Library of Congress, accessed April 12, 2021, Today in History—October 23 | Library of Congress (loc.gov)

Richmond Times-Dispatch, Friday, July 18, 1941



ns of the Escorting Battleship King George V

condition Plane, British in Syria
Guns of Nazis Is New Worry
For Germany

craft gasoline in rotors hidden in the hay in the barn.
Finally, they were ready. They

ANKARA, TURKEY. (Delayed)

13 Americans Off Sunk Ship Reach London

LONDON. (AP)—Six more American Red Cross nurses and seven United States Marines rescued from the Netherlands steamship *Maasdam*, torpedoed in the North Atlantic last month, arrived in London yesterday.

The nurses were Frances Bacon, Farmington, Mich.; Laurine Smith, Hudsonville, Mich.; Mary Ann Sullivan, Boston; Geraldine Shuttleworth, Milton, Mass.; Margaret Malloy, Chicago, and Martha Reis, Wooster, Ohio.

Nine other American nurses who were aboard the *Maasdam* arrived here July 4. Two of the contingent still are unaccounted for.

The Marines, who were accompanied by their commanding officer, Major Walter I. Jordan, joined previous arrivals as firewatchers and messengers at the United States Embassy.

Were Finishing Dinner

The nurses said all the passengers were just finishing dinner when the torpedo struck.

"There was no confusion," Nurse Bacon said, but amended her statement this way:

"Well, I guess there was a little confusion, at that. The ladder was very oily and slippery, and I couldn't keep my feet on it. Sailors made me come back up, sit down and take my shoes off. That delay was sort of embarrassing with the ship sinking under you."

One of the nurses, Miss Shuttleworth, had a chance to perform some first aid. She bandaged the liner's third officer, whose head was badly cut when he was struck by part of the collapsing bridge.

Virginia Beach Resident Nurse Sullivan said the officer was bleeding badly, but "thanks to Shuttleworth he was perfectly capable of taking command of our boat, and we pulled away without a hitch."

The enlisted Marines arriving with Major Jordan, whose home is at Virginia Beach, Va., were

sunk. Germany lost approximately 30,000 sailors and nearly 800 submarines.³

Both the *Vigrid* and the *Maasdam* were part of the larger Convoy HX 133, and Red Cross nurses may have been on other ships. Sixteen nurses and a housemother were aboard the *Maasdam* and ten nurses were aboard the *Vigrid*.

Convoy HX 133 departed from Halifax, Nova Scotia on June 16, 1941. The convoy consisted of approximately 64 merchant ships and 20 escort ships to protect against German U-boat attacks. The convoy's first week at sea started slowly

³Naval History and Heritage Command. "Battle of the Atlantic." May 10, 2019. Battle of the Atlantic (navy.mil)

under heavy fog. On June 23, 1941, the *Vigrid* experienced engine trouble and began straggling behind the convoy. It quickly became a target for German U-boats and was torpedoed and sunk in the morning of June 24. Its 47 passengers escaped on the four lifeboats.⁴

The captain's lifeboat with nine crew and four nurses survived rough storms and heavy seas and was eventually found on July 5. Its rescued passengers landed at Reykjavik, Iceland on July 8. The 2nd mate's boat carried four other nurses and stayed with the captain's lifeboat until it disappeared one night. It was never found. The third lifeboat, with two nurses, two officers, and three crew members, was picked up on July 13. These individuals were taken to a hospital in Londenderry, England. The fourth lifeboat, headed eastward with the third lifeboat, disappeared. In total, 26 of the 47 individuals on the *Vigrid* were lost at sea.⁵

The convoy was attacked again on June 27, 1941. Two ships were damaged and two ships were sunk, including the *Maasdam* with 80 people on board. Shortly after the *Maasdam* was torpedoed, a nearby cargo ship carrying a full load of munitions was also struck. A great explosion blasted shrapnel onto the *Maasdam*, injuring some of the passengers and crew.

Nurses rescued from <i>SS Maasdam</i> on <i>M/T Havprins</i> —arrived at Avonmouth on July 4, 1941	Nurses rescued from <i>SS Maasdam</i> —arrived at London on July 17, 1941
Mildred Marian McGill	Frances Bacon
Marie Carolyn Golk	Laurine Smith
Susan Shirley Ralph	Mary Ann Sullivan
Livenia Martha Fulton	Geraldine Shuttleworth
Mildred Estelle Doane	Margaret Malloy
Marion Catherine Weimer	Martha Reis
Lillian Evans	
Nancy Mary Heberden	
Ruth Marion Martin	

Source: www.warsailors.com

Surviving Nurses on Captain's Lifeboat

- Marion Blissett
- Lillian Mary Pesnicak
- Victoria Mary Pele
- Rachel Marjorie St. Pierre

Surviving Nurses on 1st Mate's Boat

- Helen Jurewicz
- Margaret Irene Somerville

Nurses on 2nd Mate's Boat—

- Lost at Sea*
- Nancy Margaret Pott
- Dorothea Louise Koehn
- Phyllis Lou Evans
- Dorothy Catherine Morse

Nurse M. Marian McGill Wood recounted:

Bedlam reigned on the main and boat decks. The third officer, with blood streaming from a forehead gash, was trying to get to his lifeboat. A Marine lay near another lifeboat, with his face distorted in pain and his shoes and ragged pants blood-soaked. Another Marine hemorrhaged from a head wound. A nurse with blackened face and shredded slacks walked dazedly in circles. Many other passengers and crewmen were stunned or wounded.

Someone opened a medical chest, and I joined the uninjured in administering first aid. Then we helped the wounded into lifeboats.”⁶

The passengers and crew released the lifeboats and abandoned ship. Two of the four lifeboats found their way to a ship. The convoy kept moving, but one ship, the *M/T Havprins*, was still in sight. The remaining two lifeboats rowed towards it, but soon many of the passengers were tossed into the cold waters as rain started and the sea roughened. Several passengers swam through the frigid sea towards the ship and feebly climbed the rope bridge towards the deck. Some fell back into the water several times, their hands too numb and bodies too tired to grasp the rope. The housemother and a nurse were pulled into the propeller and died when the *Havprins* had to maneuver away from the drifting *Maasdam* to avoid crashing into it.⁷

The third lifeboat slowly made its way to the *Havprins*, and the passengers climbed aboard. A rescue boat rowed out to Red Cross nurse McGill Wood and the remaining passengers who clung onto the fourth lifeboat, adrift in the rough sea. Wood recalled that once she was safely aboard the *Havprins*, it was the other nurses who now cared for her:

One of the nurses took me into a cabin, stripped away my wet clothing, and massaged me to raise my body temperature. Then I was wrapped in a blanket and given rum and hot coffee. Complete exhaustion overwhelmed me.”⁸ ☀️

⁴ Warsailors. “M/S Vigrid.” November 3, 2012. M/S Vigrid—Norwegian Merchant Fleet 1939–1945 (warsailors.com)

⁵ “Vigrid: Norwegian Motor Merchant,” Uboat.net, accessed April 12, 2021, <https://uboot.net/allies/merchants/ship/1003.html>

⁶ McGill Wood, M. Marian. “Torpedoed!”

⁷ McGill Wood, M. Marian. “Torpedoed!”

⁸ McGill Wood, M. Marian. “Torpedoed!”

Our UVA Hospital history project offers some insights.

Trusting the Cure

HENRY K. SHARP

HERE IN THE BJORING CENTER, history is not something “back there,” walled off from the present, but is all around us all the time. One pertinent example is present in the current public health debate about the vaccines for COVID-19. As inventories increase, attention is shifting from the processes of manufacturing to the logistics of distribution. After all, a vaccine is effective only if it’s taken. Subsequent steps focus on access and information, issues that apply to all public health services, and the cornerstone of these efforts has to be clear and credible communication. Without faith in the health care on offer, even accessible services would be unused.

One of today’s headlines concerns vaccine availability and acceptance in minority communities, challenges that are not new. Our UVA Hospital history project offers some insights. An important local precursor to the 1901 University Hospital was a charity “cottage” hospital founded on Vinegar Hill in 1887. This facility, called the Piedmont Hospital, involved a unified campaign of support from charitable organizations, religious groups, and individuals crossing professional, faith-based, and racial boundaries. The University contributed, too, and medical students observed in-patient surgeries and out-patient clinics. A resident nurse-matron and her assistants managed the services.

Needed items at Piedmont Hospital included sheets, towels—and a stove.

When the hospital first opened, a local newspaper printed an article that was notable both for the facts it related and the insensitivity of its representation. The story ran like this: an African-American woman on a local farm fell ill, and a doctor visited, telling her of the new hospital. The next day he sent a horse-drawn taxi for her, but she was nowhere to be found. Her friends had gathered her up and hidden her in another house. Later the doctor returned, and he found her panicked, certain that “if she was carried there, she would be cut up!” After a time, the doctor was able to assuage her anxiety, and she consented to come to the hospital, where she was cured. Yet the story’s narrator dismissed her fears of experimentation and dissection as “foolish” and the reaction of the black community as “superstitious.” The success of the woman’s treatment did encourage others to come to the hospital, since word-of-mouth and community leadership are critical to building trust. But

the utter failure of the reporter to make an attempt to comprehend that community’s very different perspective undermined rather than supported the public health goal.

It is still a critical lesson. Perhaps the woman’s reaction gave the doctor an unexpected assignment in empathetic communication—not to assume that the goodness of medicine is self-evident—a lesson that was lost on the narrator of the story. Learning to see from another perspective is the foundation of real social and public-health progress. ☀



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Felicidad Acena and
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Ren Capucao, MSN, RN, CNL,
on display at the Bjoring
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