

2022 Agnes Dillon Randolph International Nursing History Conference

March 18 - 19, 2022

ABSTRACTS

Anchrum, Hafeeza, RN, PhD

University of Pennsylvania

hanchrum@nursing.upenn.edu

Revisiting Mary Elizabeth Carnegie's Inquiry: 'Are Negro Schools of Nursing Needed Today?'

In 1964, the Journal of the National Medical Association, the official journal of the National Medical Association, published an essay titled "Are Negro Schools of Nursing Needed Today?" by educator-activist, researcher, and nurse pioneer Mary Elizabeth Carnegie. Carnegie, a 1937 graduate of New York's white-operated Lincoln Hospital School of Nurses, answered her own rhetorical question with an unequivocal "no."-Carnegie argued that most Black nursing schools at the time should close because they were substandard and hence perpetuated an injustice to the student, patient, and community. At the time of her inquiry, the United States was in the throes of a Civil Rights struggle led by Black Americans to end legalized racial discrimination, segregation, and disenfranchisement. Civil rights advocates, such as Carnegie, maintained that segregated schools were incompatible with democratic principles, perpetuated racial inequality and confined Black-Americans to a second-class social status.

This paper revisits Carnegie's query regarding the necessity for and value of Black nursing schools from a post-civil rights perspective. It interrogates what was revealed, left out or obscured in Carnegie's argument; the benefits/gains and failings/losses of integrationism; and the current state of equal opportunity in nursing. Despite the fact that the nursing profession has made significant progress in developing a more diverse workforce that reflects the patient population, racial minority groups continue to face disparities in access to nursing education and medical care, which has serious implications for society's physical and economic well-being.

Owing to the ongoing legacy of racial segregation, institutional racism, and discrimination in nursing and larger society, I contend that the nation is on the brink of a crisis of inequity in nursing education that will be worse than during the civil rights era. As a result, I conclude that Black-run professional nursing schools are just as essential today for educating Black nurses as they were during the Jim Crow era.

Bennett, Carole, PhD, APRN, PMHCS-BC

Associate Professor, Georgia Southern University

cbennett@georgiasouthern.edu

A Story of Struggle: The Hospital Workers' Strike of 1969 in Charleston, SC

Mary Moultrie, 27 yo nurse's aid, led 400 black women in a 113 day strike against an all-White male hospital administration that paralyzed a city, carrying signs saying, "We are tired of being sick and tired", as they chanted "I am Somebody". This strike represented the intersection of Labor, Civil Rights, and Gender. They were striking for 1. equal pay, being paid less than whites in the same position, 2. a grievance process, threatened with being fired without cause, and 3. recognition of their newly formed Union 1199B. However, other actors, the Southern Christian Leadership conference, whose civil rights campaign had lost momentum, The Hospital Workers Union 1199, who had been unable to gain a contract outside of large Metropolitan areas, and the textile industry of upper SC who were determined to keep unionization out of SC began to take over

the walk-out to influence the negotiations and put pressure on strike organizers and hospital administrators for their own purposes. The hospital President Dr. William McCord, MD, PhD, was the son of a missionary physician who had provided healthcare to the Zulu tribe of South Africa during apartheid.

This presentation will represent women's voices, explore their history, and explain the influence of activists in the surrounding Sea Islands of South Carolina in the 1950's. Mary Moultrie, became involved with the Highlander Folk School, where Civil Rights nonviolent disobedience was taught; she moved to NYC after high school working in a unionized, hospital before returning to Charleston to work at Medical College Of SC. Her struggle and ultimate triumph changed how many hospitals treated Black auxiliary healthcare workers. Ultimately, the Department of Health, Education, and Welfare, charged MCH with 37 violations of civil rights statutes and threatened to cut off \$12 million in federal funding. McCord finally yielded. The strike ended, the workers were rehired, were given raises, and a grievance process was initiated. However, the struggle has not ended. While it did break down some barriers, the union was not recognized and collective bargaining has not prevailed.

Chatterton, Claire, PhD

The Open University, UK

Claire.chatterton@open.ac.uk

“The most sensational strike of modern times”: The battle of Radcliffe Asylum, 1922

In 1922 a strike took place at a mental health institution in the English Midlands – the Radcliffe Asylum near Nottingham. This was described by a local paper as the, ‘most sensational strike of modern times.’ The ‘Battle of Radcliffe Asylum’ occurred when the asylum’s management committee attempted to increase the working week of its nursing staff at the same time as it reduced their wages. Urged into action by the national leadership of their union (the National Asylum Workers’ Union) both male and female nursing staff barricaded themselves into the wards they worked on. This was thus a ‘sit-in’ strike and ensured that the patients were still cared for. After three days the wards were stormed by police and bailiffs and after what the Daily Sketch called, ‘a fierce hand-to-hand struggle’, the strikers (with patients fighting alongside them) were overpowered. All were dismissed and the battle was lost. The nursing press were quick to condemn the strikers but in recent times they have been honoured by the union. The episode itself though, is hardly known. Drawing on primary sources from the papers of the National Asylum Workers’ Union at the University of Warwick and the hospital’s records, held in the Nottinghamshire Archives, and utilising articles from contemporary journals, such as the Nursing Times, Nursing Mirror, Journal of Mental Science and Nottingham Journal, this paper aims to redress this balance and explore its significance in nursing history.

D’Antonio, Patricia, PhD, RN, FAAN, Carol E. Ware Professor of Mental Health Nursing

Director, Barbara Bates Center for the Study of the History of Nursing

University of Pennsylvania School of Nursing; dantonio@nursing.upenn.edu

Aponte, Ravenne, PhD student, University of Pennsylvania School of Nursing; aravenne@upenn.edu

Steger, Kailee, PhD student, University of Pennsylvania School of Nursing; ksteger@nursing.upenn.edu

Rosario, Andre, PhD student, University of Pennsylvania School of Nursing; arosario@nursing.upenn.edu

Thinking about the Future: Possibilities of a ‘New’ History of Nursing

It is a well-worn truism that history is always relevant. The new questions that scholars bring to old documents reflect not only the past but also pressing questions about the present. Yet the methodological approaches born in the social history movement on the 1970s – what has long been called the “new social history” – are no longer quite so new. New questions in the history of nursing and healthcare roil the discipline; and new voices think about the answer they might construct.

This session presents the work of four scholars currently exploring new questions, answers, and perhaps even new paradigms that serve less as exemplars and more as opportunities to engage with new actors, issues, time

frames, and constructs as we move to answer burning questions about race, class, gender, sexuality, inclusivity, community engagement, and global initiatives. The sources of these presenters depend heavily on secondary sources, augmented, when appropriate, by primary ones. The presenters draw heavily on scholarship not only in the history of nursing and healthcare, but also in African American studies, immigration studies, transnational studies, and the history of childhood. The intent is to create a dialogue with the audience about new ways to think about the relevance of their own scholarship, and, perhaps, to think about new paradigms that might move the field forward. It will 90 minutes, the usual conference session time allotment.

Patricia D'Antonio begins with "Toward a History of Healthcare: Repositioning the Histories of Nursing and Medicine." This essay, forthcoming in the *Bulletin of the History of Medicine*, argues that it is no longer useful to research and write about the histories of medicine and nursing as fields separate and whole unto themselves. She argues for a new paradigm that will involve studying these actors and practices in relation to each other rather than, as we have done, in isolation. She acknowledges differences in orientations and missions. Yet, she concludes, nursing and medicine may be two sides of the same proverbial coin. Nursing and medicine needed each other to make their particular claims to authority, expertise, and, in the end, the success of their "scientific agenda.

Ravenne Aponte looks to the early 20th century relationships among Black clubwomen and Black nurses that addressed the social, political, and economic inequalities within their communities. By focusing on the secondary literature of three organizations, National Association of Colored Women's Clubs, Alpha Kappa Alpha Sorority, and Black Cross Nurses, this work centers the voices of Black nurses and their efforts in addressing Black health by situating Black nurses in the context of their communities and in relation to other Black professionals. In doing so this work expands our thinking about Black nurses' roles within communities, and ultimately reshapes how we think about the decisions and experiences of Black nurses and also the ability to see beyond their struggle for acceptance within nursing.

Kailee Steger presents an analysis of school health and the use of children as political proxies during the early Cold War Era in the US. She explores how structural racism became codified in early Cold War policy. She argues that an historical analysis of explicit and/or nonexplicit discriminatory school health policies and resources may complicate the story of school health in the early Cold War era and add to the discourse of how discrimination remained embedded and disseminated throughout an American institution.

Andre Rosario follows by exploring the power of transnational frameworks to understand the phenomena of nurse migration. He focuses specifically on the migration of nurses from the Philippines to the United States. It draws on insights from Asian American history, especially that on Asian American domestic labor, to suggest ways in which we might bring new understanding to an enduring workforce, cultural, and, now – and especially during our COVID pandemic – a permanent feature of American nursing and cultural life.

Davidova, Evguenia

Portland State University

evguenia@pdx.edu

Nursing Education and International Philanthropy in Southeast Europe in the Interwar Period

History of nursing is a relatively new field within the social history of medicine and public health in Southeast Europe. Furthermore, because medicine was intimately related to the processes of state and nation-building, and militarization of civil life, researchers have examined mostly male-dominated institutional developments while nursing, perceived as a female domain, was largely neglected. Although women doctors and midwives have attracted some scholarly attention, nursing is usually discreetly treated within works on the Red Cross or barely mentioned in general histories of medicine and has not been treated as significant topic in its own right. This is in sharp contrast to a wealth of available research in Britain, the USA, France, and Russia. Nevertheless, nurse training provides an opportunity to explore broader social issues such as building public health systems, establishing women's professions, and the evolving role of philanthropy through the lenses of gender and class. Thus, this paper will engage the literature in dialog with multilingual primary sources, including correspon-

dence, diaries, nursing school materials, the Red Cross documentation, the Rockefeller Foundation's reports, and memoirs. I will contextualize selected cases studies within a comparative framework and will analyze how nurse education was integrated into the transnational and regional gendered circulation of people, money, and politics. The paper will ask the following set of questions: What did constitute the "nursing question" (a term used by Frances Elisabeth Crowell, a member of the Rockefeller Foundation's field staff in Europe) in Bulgaria, Yugoslavia, Romania, Greece, and Turkey? What were the international organizations involved in nursing education and how did they compete/collaborate? Who were the local actors? I argue that the promotion of nursing education with emphasis on public health nursing was appealing to all Balkan states. However, the success of the international agencies varied due to local constellations of factors, such as the influence of national branches of the Red Cross and Red Crescent societies, prior nursing practices, and perceptions.

Grando, Victoria T., PhD, RN

Dean Emerita of Nursing, Rockhurst University, Kansas City, MO

Victoria.Grando@rockhurst.edu

The Evolution of Geropsychiatric Nursing

This paper traces the evolution of Geropsychiatric Nursing, which has emerged in response to psychiatric nursing care of older adults for the past 200 years. In the 1800s, the aged poor with psychiatric illnesses were frequently cared for in asylums, poorhouses, and old age homes. This care was dismal in part because it was provided by untrained lay nurses and orderlies. In the late 1800s through 1990s, public and private psychiatric hospitals became increasingly available. The quality of care in these institutions gradually improved because of advances in nursing education. The Social Security Act of 1935 stimulated the growth of nursing homes. By the mid-1950s, over 9,000 skilled nursing homes were caring for increased numbers older adults with dementia and other chronic psychiatric illnesses such as schizophrenia. Nursing home care was delivered by licensed practical nurses and nurses' aides under the supervision of a director of nursing who was often a registered nurse. Given that nursing home staff were inadequately trained in psychiatric care, older adults with psychiatric illnesses had few specialized psychiatric services. Moreover, newly available psychotropic drugs were overused as chemical restraints. Because of these problems, the need to improve psychiatric care for older adults, especially in nursing homes, became evident and long overdue. Fortunately, advanced psychiatric nursing received attention with the National Mental Health Act of 1946, which funded advanced psychiatric nursing educational programs. The fruition of these efforts were advanced psychiatric nurses who recognized the need to improve geropsychiatric care. Their concerns were addressed in the 1980s by the National Institute of Mental Health's support of traineeships for psychiatric nurses to conduct aging research and post-doctorates available in gerontological nursing. The Harford Centers for Geriatric Nursing Excellence was also instrumental in growing the field by supporting geropsychiatric research. These efforts were all productive. By the 1990s increased emphasis was placed on geropsychiatric nursing research, publications, and national conferences leading to needed improvements in care. All these initiatives have culminated in the development of the Geropsychiatric Nursing Collaborative, which is a group of geropsychiatric nurses committed to improving geropsychiatric nursing care through research and educating practitioners worldwide.

George, Preethi Mariam, Research Scholar, Department of Humanities and Social Sciences, Indian Institute of Technology (Madras), Chennai, India; preethi2510mg@gmail.com

Lourdusamy, John Bosco, Associate Professor, Department of Humanities and Social Sciences, Indian Institute of Technology (Madras), Chennai, India; jblsamy@iitm.ac.in

"Civilising" Care: Emergence of Modern Nursing in the Madras Presidency of Colonial India

This paper aims to trace the emergence of modern western nursing in the Madras presidency, an administrative unit under British rule in colonial south India. It will situate nursing within the broader issues of colonialism

and medicine such as: the enclavism of western medicine, centre-periphery relations, colonial forms of know edge, transfer and local reception of medical knowledge, reverse influences, and racial discrimination. Thus, it will locate nursing in the entanglements of the politics of imperialism and nationalism, and the intersection of race, caste, gender, and religion.

Nursing was projected as part of the notion of 'civilising mission', a sign of the benevolence of the colonial government and an indispensable component of medical modernity. This necessitates a critical analysis of the varying attitudes and policies of the colonial state, and the institutionalisation and professionalisation of nursing care as an integral part of the hospital and health care system.

Apart from the above, the paper will examine the evolving changes in the requirements and standards for nursing service, the educational specifications and registration formalities that distinguished nurses from local caregivers like the dais (indigenous midwives). Special focus would be given to the role of non-state agencies like philanthropic institutions and Christian missionaries who were instrumental in training Indian nurses, and to whom the state often turned to meet the increasing demand for nurses. The introduction of modern nursing, apart from being a medical phenomenon, was an immensely cultural one too. The paper will explicate the social conditions in which western nursing was practiced in the colony, as also the diverse local responses to it.

Over all, the paper will substantially add to the history of nursing - an area which has so far attracted only limited attention in the historiography of colonial medicine in India. Also, in spite of being a prominent domain of work, nursing fails to figure adequately in the historiography of labour in India. The paper will seek to address that lacuna too - especially with a gender perspective. Relevant themes in gender studies like power relations, women's agency, identity and empowerment will inform this investigation.

Houlahan, Bridget, PhD, RN

Assistant Professor, Pediatric Nursing, James Madison University School of Nursing

houlahba@jmu.edu

The Role of the School Nurse in Keeping New York's Public Schools Open During the 1918 Influenza Epidemic: Providing Historical Lessons for Today on the Importance of Investing in School Nurses to Promote a Safe Return to School During the COVID Pandemic

This study investigated the origins and evolving role of the first school nurses in New York City (1902) to produce a comprehensive historical analysis and framework to support school nurses' work today. Evidence presented in this study demonstrated that school nurses in New York City were one of the most important figures in the promotion of health and educational opportunities for an entire generation of marginalized children and their families. The school nurse program initiated in 1902, was so successful, that instead of isolating students at home during the Influenza Epidemic of 1918, New York City health officials kept students in schools by intensifying and strengthening their school health programs already in existence over the past fifteen years. As influenza struck New York, nearly one million children attended public schools with approximately 750,000 children living in tenement homes. Given that crowded and unsanitary tenement districts promulgated the spread of disease, schools provided a clean, safe, and well-ventilated environment where teachers, nurses and doctors daily inspected, treated, and followed children into their homes to provide care, supplies, and health education. It was determined that children were safer in school, under supervision, than at home playing with others in the streets. During the Influenza Epidemic of 1918, school nurses became an integral part of the community they served; they developed collaborative health promotion partnerships with parents, physicians, and educators that provided strong supporting evidence to keep the students in the schools. Once the larger community understood the value of their position, stakeholders were willing to pay for their continued services. School nursing became a transformative mission to promote individual and community health. Since the COVID Pandemic, the need for a nurse in every school is indisputable. Budget cuts have eroded the number of nurses employed in schools nationwide. Only 39.3% of U.S. schools employ a full-time school nurse (National Association of School Nurses). Understanding how school nurses succeeded in keeping children safe in

school during the 1918 Influenza Epidemic can promote the employment and practice of school nurses today to support the safe return to school of students during the COVID Pandemic.

Irvine, Rebecca

PhD student, Department of History

City University of New York

rirvine@gradcenter.cuny.edu

Nursing and the practice of care in Hashemite Iraq, 1920–58

This paper examines the history of nursing in the colonial and semi-colonial periods of the Hashemite monarchy in Iraq. From the late 1920s, the Iraqi healthcare system was remade in an Anglicized structure, as the British Mandate power established new institutions of medical training and provision. While the status and role of doctors in this process has attracted attention from historians, the position of nurses has largely been overlooked, despite the crucial role they played in delivering care to Iraqis who encountered the new medical establishment. In this paper, I draw on the archives of the colonial nursing organizations that worked in Iraq during this period, as well as Iraqi government publications surveying the healthcare system, hospitals, and medical status of the population. Through this, I focus primarily on the work of British women who took up nursing positions first in the colonial institutions of the Mandate, and later in the context of the more ambiguous, semi-colonial dynamic that persisted through the monarchy. I examine how these foreign women sought to define and shape the practice of care in Iraq, and how they interacted with the Iraqi nurses they worked alongside, often in supervisory roles as matrons. The complexities of their position in these hierarchies – at once both colonial and caring – opens up questions about race, gender and authority in the practice of nursing.

Kuhlmann, Kristin, PhD, RN, FNP-BC

Eastern New Mexico University

kristin.kuhlmann@enmu.edu

Influenza and COVID-19: Public Health Measures During a Pandemic

Over the past century, infection control measures have improved immensely, leading to a sharp reduction in U.S. mortality and morbidity, with an increased lifespan from 55 years in 1919, to 79 years in 2019. With the advent of aseptic hospital measures, antibiotic treatment, and vaccinations for many childhood diseases, the 20th century ushered in an improvement in the health of Americans, along with an increase in public confidence that science would provide the answer for diseases and infections that plagued people in the past. By fall 2021, the estimated number of Americans who had died of COVID-19 complications reached 700,000; surpassing the number of Americans who died during the influenza pandemic of 1918-1919. In the early months of the COVID-19 pandemic in spring 2020, many U.S. businesses and services were shut down in an effort to reduce the number of infections, hospitalizations, and deaths. Isolation, crowd avoidance, social distancing, hand hygiene, mask-wearing, and repurposing or production of new antiviral therapies were the main weapons in the arsenal against the COVID-19 virus until the first COVID-19 vaccines were distributed in early spring of 2021. As people became immunized and began to enjoy outdoor activities, the number of COVID-19 cases went down precipitously in the spring and summer of 2021. As a result, communities began to relax strict public health measures. However, with the new COVID-19 delta variant came an upsurge in cases in the late summer of 2021 and continued into the fall months. When health officials attempted to reinstate infection reduction measures, public resistance added to a sustained rise in cases. Similar public resistance was experienced after influenza cases seemed to disappear by summer of 1919, only to return again with an alarming rise in cases and deaths in the winter of 1918 and spring of 1919. In this presentation, a comparison of the 1918-1919 influenza pandemic and the 2020-2021 COVID-19 pandemic public health measures, treatment, and public reaction to each pandemic will be compared. Determining why members of the public resist or defy

preventive measures is as important today as a century ago, in order to reduce the number of people affected by the COVID-19 pandemic.

Lapeyre, Jaime, PhD, RN
California State University, Channel Islands
jaimelapeyre@gmail.com
Wolf's Pack: A Social Network of Nurses, 1930-1955

During the late 1930s, American nurse Lulu Wolf was invited to attend the League of Red Cross Societies' International course in Public Health Nursing. Following this experience, like many of the graduates of this international course, Wolf returned home and dedicated her career to increasing standards in nursing education. In 1949, Wolf founded the UCLA School of Nursing and served as the school's first Dean. In the late 1950s, Wolf was part of the founding seven, a committee forming the Western Council of Higher Education for Nursing.

Wolf's career closely mimicked that of her colleagues in the Eastern United States in the 1920s. Previous research has suggested that during the post-WWI period in an effort to both prepare much needed public health nurses as well as set standards in nursing education throughout the world, a group of American nurse leaders from the northeastern states formed a close-knit network. Led by Annie Goodrich, the first Dean of the Yale School of Nursing, this influential network quickly gained access to leading members of the Rockefeller Foundation and set in motion changes to nursing education throughout the US and Europe.

Using Social Network Analysis to examine Wolf's relationships within this growing network of nurse leaders throughout the US and internationally, this paper examines the influence of these networks on the development of nursing education throughout the USA, as well as the further development of feminist internationalists. Feminist historians have suggested that women who attended international meetings and congresses often maintained strong, loyal, lasting connections to each other and to the organization's cause, through their continued exchange of letters and attendance at international congresses. The work of these historians demonstrates that the development of friendships between the members of these international organizations also helped in strengthening their connection to the issues as well as to the formation of what they describe as a "collective identity as feminist internationalists".

Colonel Constance J. Moore, USA (Ret.)
Independent researcher
cjmoore50@me.com
Army Nurse Corps Experience During the Iraq Invasion

In 2003, the invasion of Iraq was carried out by nearly 200,000 American and coalition forces. Army nurse participation was an extraordinary example of the adaptability of the profession to meet the health care needs of all affected by the war. Army nurses were soldiers carrying side arms, driving 5-ton trucks, and organizing temper tents filled with supplies, and scrubbing bloody operating areas after surgeries. These nursing professionals were rugged warriors jumping out of airplanes, hugging war-damaged children, contacting loved ones for blinded soldiers, and surrendering their own cots, food, and clothing when a large group of patients came off the battlefield. They were sensitive sentinels of the most advanced trauma system in the world, giving liter after liter of fluids and unit after unit of whole blood to bring catastrophically wounded back from the brink of death, only to quickly package and tend them competently in the air as they were flown to the next level of care. Dogs were a new part of their healthcare practice both as their patients, and as therapeutic partners supporting exhausted combat stress sufferers.

This presentation is based on real-life compilations of sixty Army nurses' recollections -- many within months of their deployments. These individuals spoke with historians, journalists, researchers, and other nurses. Some

narratives are gut-wrenching; some are funny. All are testimonies of compassion and competence as they cared for patients while deployed. Moreover, primary source material included military after action reports, deployment human resource data, journals, emails, and text messages.

Owens, James, PhD Student, Liverpool John Moores University

j.owens@2019.ljmu.ac.uk

From Home Carer to Specialist Practitioner: A Social, Political and Oral History of District Nursing in Twentieth Century Britain

My paper is focused on redefining the historical record of district nursing. It will focus on key areas of thematic analysis, such as class, gender and community, to explore how district nurse history intersected with social and cultural developments throughout the latter-half of twentieth century Britain. This paper will draw upon original oral history interviews conducted with district nurses who trained, worked and lived in Britain 1945-2000. This approach will assist with positioning the district nurse as the central point of analysis as well as highlighting the everyday experience of the role. This approach is echoed by Graham Thurgood in his work developing the West Yorkshire Nursing Oral History Centre. Thurgood has argued that oral history is an 'ideal way to encourage micro-histories of nursing' which he argues are central to furthering our understanding of healthcare in mid-twentieth century UK.

My research is focused on updating the historiography of district nursing using wider themes of historical analysis such as gender, class and the changing nature of community to help broaden our understanding of life in twentieth century Britain. This is done by incorporating methods adopted by feminist and gender historians to create an inter-disciplinary approach to district nursing history. Building on from the work of Monica Baly, Mary Stocks, and Gwen Hardy, my research moves on from the nineteenth century origins of district nursing in order to introduce more contemporary insight. Throughout this paper I will discuss the evolution of the district nurse role and argue that the district nurse is an integral vehicle in furthering our understanding of gender, class and community in twentieth century Britain. Central to this method will be the everyday experience of the role discovered through oral history testimony.

Roberts, Katherine, PhD student, University of Manchester, UK

katherine.roberts-3@postgrad.manchester.ac.uk

Meeting the Demands of 'The People's War': The Impact of Wartime Britain's Emotional Community on the Emotional Expression of Queen Alexandra's Imperial Military Nursing Service Sisters

As the Second World War blurred the lines between home front and battlefield in Britain, popular rhetoric presented the conflict as "The People's War", in which all British citizens were united in self-sacrifice and devotion to the war effort. Drawing on historian Barbara Rosenwein's concept of "emotional communities", this paper investigates the impact of the emotional community of "The People's War" on the emotional expression of Queen Alexandra's Imperial Military Nursing Service Sisters (QA's) on active duty overseas. While current historiography touches on the emotional experience of QA's as it relates to their encounters with traumatic injury and palliative care, it has yet to interrogate how the emotional community of Second World War Britain developed "feelings rules" which created a uniquely emotionally limited environment in which QA's could process their wartime experiences. This paper examines contemporary newspapers and magazines, especially those directed at women, particularly nurses, in order to illustrate the "feelings rules" that the rhetoric of "The People's War" established. Drawing on the work of historians Penny Summerfield and Michael Roper on personal narratives, this paper uses close textual analysis to illustrate how these "feelings rules" influenced QA's emotional expression in their letters and diaries. While many of the "feelings rules" associated with "The People's War" were not new to nurses, these "feelings rules" now included not only nurses' professional lives, but also their personal lives, intensifying the social pressure to conform to the prescribed emotional expression.

This new emotional community, therefore, increasingly limited the spectrum of acceptable emotional expression available to active duty QAs. This restriction of QAs' emotional expression raises further questions regarding how these women processed the trauma they encountered while on duty and highlights society's ability to give a voice to some war experiences while silencing others.

Smith, Kylie M., PhD, Associate Professor
President's Humanities Fellow, Fox Center for Historical Inquiry
Andrew W. Mellon Faculty Fellow for Nursing & the Humanities
Nell Hodgson Woodruff School of Nursing
Emory University; kylie.m.smith@emory.edu
Nursing Mental Health at the Tuskegee Institute 1948-1972

In 1948, the Tuskegee Institute School of Nursing offered the first baccalaureate program in the state of Alabama. The program included a psychiatric rotation, but students were limited in clinical placement options because of the state's insistence on racial segregation. Many aspiring mental health nurses were forced to travel out of the state to learn and practice psychiatric and mental health nursing, and many never returned. It was not until 1972 that the University of Alabama Birmingham was able to offer an advanced course in mental health nursing open to both black and white students. These complex circumstances have had a long-term impact on the provision of mental health services to black patients in the state of Alabama, and represent similar problems across the South.

This paper uses the original records of the Tuskegee Institute to analyze the experience and role of Tuskegee nurses in the provision of mental health services to the people of Alabama. In contrast to the other racially segregated state hospitals, the Tuskegee Institute, the Tuskegee VA Hospital, and the John A. Andrew Memorial Hospital provided a variety of mental health services to both black and white patients, including a mental hygiene clinic, and employed black psychiatrists and nurses. Tuskegee provides a sharp contrast to the story of racial segregation, and racist psychiatric practices, in the American south, but it is a story that has yet to be told.

The focus on psychiatric nurses allows for an examination of the impact of segregation on the educational pathways for African American women, the development of mental health services in Alabama, and the subsequent impact on communities and patients.

Spinney, Erin, PhD
Assistant Professor, University of New Brunswick, Saint John Campus, Canada
erin.spinney@unb.ca
Hospital Ships as Support for British Naval Hospitals 1790-1815

Tuesday 15th. "Examined and approved the Household Accts., List of wages etc. for July. Total amount of Household Accts. £1060-4-7 1/4, including the list of wages amounting to £267-8-4 1/2. No. of patients 17102, total victd. 21117. Marine Infirmary £2-18-4. Le Canton Hosp. Ship £7-4-4. Issue of coals 1101 1/2 bush."

August 15, 1797, "Private Minutes & Memoranda of the Governor of the Royal Hospital Plymouth 1795-1799," National Maritime Museum, TRN/3.

During the thirty-five years of almost constant warfare between the start of the American Revolution and the end of the Napoleonic War, naval medicine relied on the labour of thousands of women as nurses and washerwomen to care for sick and wounded seamen in hospitals and hospital ships. While my previous research has focused on women's labour in naval hospitals, this paper will use hospital ship musters, logbooks, and pay list records to illustrate the role of women at floating medical institutions. Specifically, I will examine how hospital ships, like Le Caton anchored in Plymouth harbour, supported onshore hospitals. Hospital Governor Richard

Creyke, as indicated above, included Le Caton in his reports to the Sick and Hurt Board, suggesting that he, if not the Sick and Hurt Board as well, conceived of Le Caton as part of the Plymouth Naval Hospital establishment.

Hospital ships functioned as medical transports for the sick, floating sites of control for patients deemed a desertion risk, and as overflow hospitals. The reintegration of hospital ships into the story Napoleonic Era naval medicine illustrates the complexity of the naval medical system. By integrating the experiences of nurses and other women labourers into the historiography of British naval medicine, I highlight the important and omnipresent role of women in naval medical care while also considering the impact of women's civilian labour in supporting eighteenth-century and early-nineteenth century British imperial and naval ascendancy.

Wanyo, Carol A., PhD, RN, APHN-BC
Mount Saint Mary College, Newburgh, NY
carol.wanyo@gmail.com

“Poised and Prepared”: Lillian Wald and the Henry Street Settlement Visiting Nurses’ Response to the 1918 influenza pandemic

The COVID-19 pandemic brings to light surprising similarities to the 1918 influenza pandemic. Over 100 years later, the United States is faced with a novel virus causing a worldwide pandemic although our care is hindered by a lack of knowledge and clinical resources available to serve our communities. Today, as in 1918, skilled nursing services are essential if we are to decrease morbidity and mortality within and outside our health systems. As we examine the COVID-19 pandemic, the insufficient numbers of public health nurses available today lend to my argument of analyzing successful strategies used over 100 years ago. This study provides an examination of Lillian Wald and the Henry Street Settlement (HSS) visiting nurses’ response during the 1918 pandemic, what those nurses did in New York City (NYC), how they were valued, how race, class, and gender impacted the nursing response, and whether enough PHNs were available to address the needs of the community.

Historical methods were used for data collection, interpretation of sources, immersion of the materials, and the development of chronological themes. This case study spans the years from 1893 through the second wave of the influenza pandemic, from September through December of 1918. A social, economic, and political framework was used.

Primary sources included the Lillian Wald Papers in the NYC Public Library; Pocket Knowledge from Teacher’s College, Columbia University; Lillian Wald Papers in the Rare Book and Manuscript Library, Columbia University; as well as newspapers, books, journals, and other archived documents. Secondary sources included works (but not limited to) of Keeling (2009, 2010, 2017), Fitzpatrick (1975), Buhler-Wilkinson (1989), Lewenson (1996), Fairman (2020), and D’Antonio (2010).

Results of the study indicated that PHN interventions at a different time were valued, and effective in addressing the 1918 influenza pandemic. Lessons learned can guide leadership in areas of population health and management, disease prevention, and infection control, all necessary interventions during a pandemic and familiar practices of public health nursing.

Whiting, Sharon RN, BSc (Hons), MSc, PgCer
Practice Educator (critical care), North Manchester General Hospital; postgraduate student, University of Manchester, UK; sharon.whiting@postgrad.manchester.ac.uk
Manchester’s Early Critical Care Nurses – An Oral History Project

In 2022 it is hard to ignore the contribution of critical care nurse to the health of nations. The Covid-19 pandemic response and international headlines have ensured this.

Yet, critical care medicine is a young discipline, in the West, developed from the mid-to-late 20th Century.

Nursing is central to its success. Historically, US nurse involvement has been recorded and disseminated. Not so in England. Instead, medical history often presents their version of the nurse history. One editor recognised the problem with this observation: 'Would a paper on the same topic by the unit nurses have been similar?'

Hard to know because no one has really asked. This work aims to help redress this imbalance. Thirteen retired nurses employed by one English NHS hospital critical care unit between 1967 and 2000 shared their experiences and reflections.

An analysis of their contributions will add to the narrative and our future understanding of this field of nursing. This work is not complete. However, this paper will add to the cannon of nursing histories that demonstrate how oral history can recover neglected history, and examine gaps in nursing history. It will share early analysis suggesting critical care nurses during this era evolved new ways of working and caring, incorporated technology, gained knowledge once the preserve of doctors which translated into changed patient care, were delegated tasks and developed knowledge that flattened hierarchies, altering professional relationships. This opened doors. They demonstrated the potential of nurses to meet the healthcare demands of the 21st Century – the UK 'critical care without walls' the vision. Some participants moved into education and management, transferring skills, significantly informing services beyond critical care.

There were costs and consequences too, some professional, some personal. The honesty in participant reflections have the potential to inform services how critical care nurses 'survive' what they witness. Clearly significant today as the psychological toll of nursing through Covid-19 is explored.

Wytenbroek, Lydia, PhD; with students Allison Bray, Elliot Cordingley, Rachel O'Reilly, Emily Peacock, Selyen Singh, Ailsa Sirois, Julie Sou, Hannah Sutherland, and Eleanor Wearing
The University of British Columbia School of Nursing, Vancouver, Canada

lydia.wytenbroek@ubc.ca

Reading History to Transform Nursing Care

In the spring of 2021, a group of ten to twenty undergraduate nursing students at the University of British Columbia in Vancouver, Canada, formed a book club on the history and ongoing impact of racism in healthcare. Following the murder of George Floyd in the United States, the Black Lives Matter protests, footage of nurses mocking Indigenous woman Joyce Echaquan as she died in Quebec, and the greater attention to health disparities brought about by the pandemic, nursing students took the initiative to learn about the ways that systemic racism in healthcare impacts IBOC individuals and communities. The book club provided students with an opportunity to supplement their learning about racism outside of the formal curriculum, discuss strategies for anti-racist action, develop a sense of community, and recognize inherent biases existing in healthcare. We argue that studying the history of racism has enabled us to reflect on historic injustices, apply that understanding to present-day issues and engage in meaningful activism.

In book club, students discussed the history of segregated medical care in the United States and Canada, the way that racism influences provider-patient and provider-provider interactions, and settler colonialism in Canada. The books selected for discussion included Rebecca Skloot's *The Immortal Life of Henrietta Lacks*, Damon Tweedy's *Black Man in a White Coat*, Bob Joseph's *21 Things You May Not Know About the Indian Act*, and Samir Shaheen-Hussain's *Fighting for a Hand to Hold*. Discussion was facilitated by Dr. Lydia Wytenbroek, a historian of nursing and healthcare.

In this paper, we will describe the formation and logistics of the book club, provide an overview of the historical content covered in the books that we read, and discuss the connections that we have made between the history of racism in healthcare and present-day issues in nursing practice and healthcare. In particular, we will highlight how an understanding of Canada's colonial history enables us to better contextualize health disparities, inequitable healthcare practices and provide trauma-informed care. Finally, we will share a brief video that we co-created about the lessons we have learned from history and the connections we have made to practice.