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## Acknowledging NCNA's Racist History, Part 1: 1902-1949

By: **Phoebe Pollitt**

### Abstract

As part of the Board of Directors' new strategic priority, Relentless Inclusion, the North Carolina Nurses Association is spending much of 2023 on a multipronged effort to address racism within the nursing profession. A significant part of that effort includes owning and reckoning with the association's own racist past. NCNA asked Dr. Phoebe Pollitt, Vice Chair of the Nursing History Council, to take the lead on a series of articles for the *Tar Heel Nurse* examining the association's formation, evolution, and examples of events that could and should have been handled differently.

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# Acknowledging NCNA's Racist History

## Part 1: 1902-1949

By NCNA Member Dr. Phoebe Pollitt, RN; Nursing History Council Vice Chair

**Editor's Note:** As part of the Board of Directors' new strategic priority, Relentless Inclusion, the North Carolina Nurses Association is spending much of 2023 on a multipronged effort to address racism within the nursing profession. A significant part of that effort includes owning and reckoning with the association's own racist past. NCNA asked Dr. Phoebe Pollitt, Vice Chair of the Nursing History Council, to take the lead on a series of articles for the *Tar Heel Nurse* examining the association's formation, evolution, and examples of events that could and should have been handled differently.

### The escalation of segregation dovetails with the rise of organized nursing in North Carolina

At the turn of the 20th century, North Carolina politics and laws were firmly in the hands of white supremacists. Between 1900 and 1925 approximately 50 African Americans were lynched in North Carolina, and none of their murderers were arrested for their crimes. The North Carolina legislature passed laws requiring racial segregation in schools, housing, and public accommodations such as restaurants, parks and hotels. Most African Americans were denied the right to vote. Hospitals were strictly segregated by race. A few "white" hospitals maintained "Colored" wards or wings, usually in drafty attics or damp basements. Records reveal that there was 1 hospital bed per 1,000 African American citizens compared to 110 beds for every 1,000 white North Carolinians.

### The beginnings of the North Carolina State Nurses Association (NCSNA)

White nurses in North Carolina organized their first professional organization, the NCSNA, in October 1902, in this racially charged atmosphere. Concurrent with making great strides in advancing legal, educational and practice issues in the new profession of nursing, the first 50 years of professional nursing in North Carolina were marred by racial exclusion, prejudice, and segregation. From education to employment to membership in professional associations, African American nurses in North Carolina faced legal, social and professional discrimination.

Most of the early leaders of the NCSNA were middle class, educated and Protestant. At least a few grew up with parents and grandparents who had enslaved people in the Antebellum era. The NCSNA was a vehicle for both their advancement as professionals and an outlet for the benevolent attitudes they shared with many white southern "Country Club women." Nurses, social workers and other civic minded-women in the early 20th century were part of the "Municipal Housekeeping" movement. They expanded their traditional roles to clean up, educate and care for those not only inside their homes but in their wider communities. They worked to improve health,

education, sanitation, and human relations but did not threaten the established social order.

The specific racial attitudes of early NCSNA leaders are not recorded, but it could be safely assumed that many, probably most, were products of their time and would not have welcomed African American nurses as equals. NCSNA membership privileges were extended only to white nurses. Although North Carolina was home to several high caliber nursing schools for African Americans, such as Good Samaritan in Charlotte, St. Agnes in Raleigh, and Lincoln in Durham, their graduates were barred from participating in the only professional nursing organization in the state.

### The American Nurses Association's early racial policies

The Associated Alumnae of the United States and Canada (AAUSC, the antecedent to the American Nurses Association) was formed in 1897 as an organization of the alumnae societies of select nursing schools to standardize and upgrade the new nursing profession. Only four African American schools of nursing were founding members of the AAUSC: Provident in Chicago, Lincoln in New York City, Freedman's in Washington, D.C., and Mercy in Philadelphia. Therefore, while membership in the AAUSC was limited, it did include some African American nurses. In 1916, the American Nurses Association (ANA) replaced membership criteria from alumna associations to membership in state nurse associations, effectively barring membership for African American nurses in 16 state associations in the old Confederacy and Washington, D.C, that refused to admit African American members.

To circumvent racist policies of southern state nurse associations, ANA delegates at the 1948 convention passed a policy that individual nurses could join even if they were not state association members. Until 1942, the National League of Nursing Education (NLNE) required membership in the ANA for membership in the NLNE; therefore, most African American nurse educators were barred from participation

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before World War II. Only the National Organization of Public Health Nursing, founded in 1912, has always been open to all nurses regardless of race.

**The National Association of Colored Graduate Nurses (1908-1951)**

Responding to the institutional racism of ANA and wanting the benefits of a professional organization, African American nurses across the country formed the National Association of Colored Graduate Nurses (NACGN) in 1908. Throughout its history, North Carolina nurses were active in the organization. Charlotte Rhone of New Bern, the first African American Registered Nurse in the United States, attended the founding meeting of the NACGN and was elected national secretary. Sarah Leonora Hargrave of Wilmington, Julia Latta of Durham, and Lottie Jackson of Raleigh were also active in the NACGN in its early years.



On August 19, 1921, Carrie Early Broadfoot (pictured left) convened a meeting with the four other North Carolina nurses attending the 14th Annual Convention of the NACGN in Washington, D.C. At that time, Broadfoot was the treasurer of the NACGN and the Superintendent of Nurses at the Negro Division of the North Carolina

Sanitarium. These five founding nurses, Carrie Early Broadfoot, Charlotte Hall McQueen Faison, Anna Saunders, M. L. Taylor and Elizabeth Miller, formed the North Carolina Association of Colored Graduate Nurses (NCACGN). They contacted as many North Carolina nurses as possible about the benefits of having a professional African American nursing organization and recruited 21 nurses to attend the first in-state meeting of the NCACGN on January 18, 1923, in Winston-Salem.

**The first 2 decades of registration in North Carolina**

The first nurse registration act in the United States was passed by the North Carolina legislature on March 3, 1903. Nurses could register with their county clerk of court by providing necessary document without taking an examination. Beginning in 1904, a license from the newly created North Carolina Board of Nurse Examiners was necessary to have one's name placed on the county Registry of Nurses. Although North Carolina was home to at least 12 Freedmen's Hospital School of Nursing graduates by 1903, only three of those eligible nurses, Charlotte Rhone, RN, of New Bern, Mary Hurlong, RN, of Asheville and Annie Lowe Rutherford, RN, of Kinston were registered in 1903. For undocumented reasons, no African American nurses took the State Board of Nursing Examination or were registered in North Carolina for the next 13 years. What was, most likely, an exclusionary policy changed in reaction to Public Law 284 in 1915, which read:

Assembly of North Carolina do enact: Section 1. That in every public and private hospital, sanatorium, and institution in North Carolina where colored patients are admitted for treatment and where nurses are employed it shall be mandatory upon the management of every such hospital, sanatorium, and institution to employ colored nurses to care for and wait upon said colored patients. Sec. 2. That every person, firm or corporation violating the Misdemeanor, provisions of this act shall be guilty of a misdemeanor and upon Punishment, conviction thereof shall be fined the sum of fifty dollars for each and every offense.

Many hospital administrators wanted to hire an all-Registered Nurse staff to improve their hospital's reputation, to attract patients, and to meet emerging national hospital accreditation standards. Beginning in 1916 this meant they had to hire African American RNs if they maintained segregated "Negro" wings or wards in their hospitals. Five African American nursing school graduates passed the exam in 1916; 17 did so in 1917; and 30 in 1918. By 1923, approximately 110 African American nurses held the title Registered Nurse in North Carolina.

**1925 discussion of merging the NCSNA and the NCACGN**

In 1925, both the NCSNA and the NCACGN discussed affiliation at their separate annual meetings. According to the minutes of the NCSNA:

Miss Ross told about the nurses attending the meeting of the Colored Nurses Association and coming back very enthusiastic. It was suggested every aid possible should be extended to the colored nurses.

Minutes of the May 7, 1925, NACGN Convention state:

A letter from Miss Mary P. Laxton, President of the white graduate nurses North Carolina State Association asking for affiliation with that body was read. There was a Miss Hayes, seconded by Miss Robinson that the Corresponding Secretary write to Miss Laxton stating that we will be glad to affiliate with the state body and that they may act upon it.

The motion passed unanimously. On March 19, 1926, NCSNA President Laxton wrote to Jane VandeVrede, President of the ANA, saying:

We feel that affiliation with our state organization would be wiser than accepting that organization [NCACGN] as a section, that however is only the opinion of a few. You may also be interested to know that at our last annual meeting an advisory committee for the Colored Nurse Association, consisting of the State President, President of the Board of Examiners and the Education Director was appointed after some correspondence with the President of the Colored

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Nurse Association. As yet, we have not been called upon but signified our willingness to help them in any way we could.

As far as can be determined, nothing happened after these early discussions of affiliation, and no further interaction between these organizations is reflected in the archives of either group for 15 years.

### **1930s**

Racial disparities between white and African American nurses in North Carolina were on display in the 1930s. Average pay in the state for white public health nurses was between \$100 and \$125 a month, but for African Americans it hovered between \$75 and \$90 a month, and they were not promoted into supervisory or managerial positions. Passing rates on the State Board of Nursing Examinations illuminate the unequal educational preparation provided to white and African American students. In May 1935, 30 African American students took the exam, yet only 13 passed. In 1936 pass rates were approximately 70% for white applicants and 36% for African Americans.

A common, disrespectful custom in white institutions was for white employees to address African American nurses by

their first names without a title. During the 1939 NCACGN Convention, Anna Sanders told the group that in April of that year, the White Nurse Association passed a motion that “all colored nurses should be addressed as Nurse, Miss, or Mrs.” A committee was appointed to contact E. Irby Long, President of the NCSNA to “get information as to how nurses could put it over to the heads of their departments, and others with whom they worked and come in contact with” to implement this change. No follow up information is found in either association’s archives.

In 1938, Mary Wyche and Edna Heinzerling, two notable leaders of the NCSNA and authors of *The History of Nursing in North Carolina*, dedicated 122 pages to white hospitals, nurses and the NCSNA, while writing a scant six pages about African American hospitals, the NCACGN and its founder, Carrie Broadfoot. In the 1930s, the NCSNA did not address unquestionable racial inequities within the profession.

### **1940s**

Flora Wakefield, RN, the white nursing supervisor of the Wake County Health Department, gave a talk on public health

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nursing at the 1941 North Carolina Association of Negro Registered Nurses, Inc. (NCANRN, successor to the NCACGN) Convention. She reported that African American public health nurses earned  $\frac{3}{4}$  of what white nurses earned per month. The minutes reflect that "This matter ended in heated discussion." Delegates asked President Scarlett to send a letter to Dr. R. E. Fox, Superintendent of Public Health for the state. It read in part:

we would like to know if the difference will be estimated [eliminated ?], and all nurses paid on the basis of their achievement .... The North Carolina State Association of Colored Registered Nurses would beg of you to do all in your power to eliminate this difference and rest assured that we stand ready to serve in any way you see fit.

Neither Biennial Reports of the state Board of Health nor the minutes of the annual conventions of the NCSNA addressed this issue in the 1940s, and the salary disparities continued.

Fortunately, attitudes and laws were slowly changing for the better in the 1940s. In 1942 the National League for Nursing Education (NLNE) re-wrote its by-laws so any qualified nurse could join. Prior to that time, membership was restricted to members of the ANA, so most African American nurses in the South were denied membership in the NLNE. In 1942 and 1944 the NCANRN asked for affiliation with the NCSNA but were rebuffed both times. African American troops and nurses served in World War II in low but record numbers. Their contributions to the war effort and sacrifices for the ideals for freedom and democracy emboldened the push for greater civil rights on the home front. In 1948, President Truman signed Executive Orders 9980 and 9981, integrating the armed forces and the federal workforce. Sadly, stubborn racist attitudes persisted in the NCSNA.

However, a merger was coming. In 1948 the ANA opened membership to individual RNs - no longer requiring membership in state affiliates to join the national organization. African American nurses had to be rejected by their state association before they could apply for membership in the national organization. However, the new policy provided a pathway for all nurses of color in every state to join the ANA.

After World War II, nurses—particularly those working in VA hospitals and other federal facilities—began organizing unions and entering into collective bargaining agreements. The NCSNA was the union representative for nurses at several VA hospitals in North Carolina. The federal government would only bargain with racially integrated unions, providing further incentive to integrate the NCSNA. Delegates to the 1947 NCSNA Convention voted to delete the sentence in their by-laws that read: "only white nurses can belong to this organization." Given these circumstances, leadership of the NCSNA and the NCANRN began talks to merge the two organizations.

On January 9, 1948, Board members of the NCANRN met with NCSNA President Edna Heinzerling and NCSNA Executive Secretary Marie Noell, where they discussed drafting a formal merger application to be presented to NCSNA in the fall.

At the NCANRN Annual Convention in June, Marie Noell outlined the benefits of merging the two organizations. The minutes conceal more than they reveal about discussion following her presentation. The brief record of the lengthy discussion reads:

Many questions were asked concerning the meaning of abiding by "Southern customs" etc at the meeting. This was literally defined, and all came to an agreement. After an understanding was reached it was moved and seconded ... that the NCANRN dissolve and merge with the NCSNA, White.

This motion passed unanimously.

Integrating was vigorously debated by delegates at NCSNA's 1948 meeting. As offensive as the language and sentiments expressed in the debate are to our 2023 ears, it is critical to read relevant portions of the actual debate. By doing so, nurses today gain insight into how ingrained the legal and social disparities of the day pervaded the personal and professional lives of nurses and the NCSNA. After a motion that "Negro nurses become members of the American Nurses' Association through membership in the North Carolina State Nurses' Association" was moved and seconded, Columbia Munds, Public Health Supervisor from Wilmington, stated:

It means that they would come into all social life and in this part of the country we are not used to that. Why do we have to do that in North Carolina? Can't we let them join right through the National Association and let them keep their own organization in the different places in the state? ... It seems to me that we are bringing about the ruin of the whole social life of our own state association by doing that. I don't see how we can have any social life. We can have business meetings but that would be the end of it, I think ... don't see how you can keep them from attending any meetings that you might have; you can't say that they can go to the business meetings and nothing else. I talked to a lawyer about that the other day and he said that this is a voluntary organization and it is up to you what you do but if you let them in they have the privileges of the association. I think that is the thing that we have to consider. I don't see why they can't join the National and then maintain their own clubs. I have worked with them for years and I have tried to get them to organize actively ever since I started Public Health work, that is ever since I have had Negro nurses and I have found that they are very inactive.

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A nurse supporting integration countered:

I understand that there are 256 Negro nurses in North Carolina and there are three thousand white nurses in North Carolina, or about one to twelve. I wonder how much we are jeopardizing our position as the superior dominant race ...

An unnamed member soon responded:

In one instance I am afraid that they might be the losers, because they have more fun than we do when they go somewhere and I am wondering if they come into the organization if it would be their loss to have us around while they are having such fun—because they do have a lot of fun.

Louise East, a future President of NCSNA and the NC Public Health Association spoke up:

I would like to say what I said at the Board Meeting. I am a Tar Heel bred, too; but our association was the one that brought up the question. We went to the Negro nurses and talked to them about the advisability of them coming in the A.N.A. through the North Carolina State Nurse Association and more or less asking them to come to a decision about the matter. Now they have made a decision—how could we very well back down on something that we started ourselves? And I believe that the social customs and the arrangements, and all those things are details that we will have to work out, but shouldn't we look at the larger sphere of this question and see whether we would not benefit the Negro nurse by allowing her to come in for the educational opportunities and have the details worked out so that they will not feel unwelcome. I don't believe you would have any trouble with them.

Munds responded:

I am not at all adverse to the Negro nurse having every advantage. I think they do have every educational advantage that they can have and we have certainly tried to help all the Negro nurses all we can but I think that is a very grave problem and I think it is something that we are going to regret.

Another unnamed anti-integrationist asked:

I don't know how it would be about our banquet in the hotels of North Carolina, but I do not believe the hotel would take them in.

President Heinzerling replied:

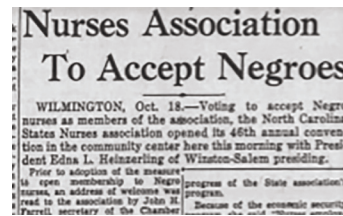
That is the impression that I have, that the hotels in North Carolina would not admit them to their public dining rooms. I have not seen that occur anywhere.

However, it does occur in the North, of course, where they have the privilege of going in the dining rooms... They know that and they said as much at the meeting, but of course we do not have anything in writing. That is as definite as we have it, that they would not be invited for participation in the social functions with the white nurses.

Executive Secretary Noell added:

These Negro nurses have just as much sense about social customs in the South as we do and I don't think that you will find them overbearing, certainly in committee meetings. They have said that they would be perfectly sensible about it and it is not the educated Negro that causes the trouble in this respect. If you ride on a bus through the South, the educated Negro in there will not insist on sitting on the front seat; it is the other type, and I think you are going to be dealing with this higher type of Negro.

Despite the racist objections of some members, and concern about where and whether an integrated group could meet and eat together under the segregation laws of North Carolina, the NCSNA passed the motion to integrate with 52 voting in favor and 22 opposed.



The Charlotte Observer; October 19, 1948

On November 4, 1948, Louise East, RN, President of the NCSNA, sent a letter to Elizabeth Thompson, President of the NCANRN, officially notifying her of the NCSNA vote to merge the two organizations. She wrote

Even though there was some opposition ... a great majority of nurses were definitely in favor of taking this progressive step ...

Elizabeth Thompson closed the last meeting of the NCANRN in 1949 with these words:

The final chapter has been written by the North Carolina Association of Negro Registered Nurses, Inc., but the activities of nurses and nursing must go on. As professional women, we all have a great part to play in furthering the progress and elevating the standards of this work. The integrating of the associations gives opportunity for great service, and by so doing, humanity will be better served.

**Next issue - Part 2: 1949-1981: From the merger of the NCSNA and the NCANRN to the election of NCNA's first Black president. ■**