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NCNA Looks Back At Its Racial History, Part 2: 1950-1981

By: **Dr. Phoebe Pollitt**

Abstract

A continuing series of articles for the *Tar Heel Nurse* examining the North Carolina Nurses Association's formation, evolution, and examples of events that could and should have been handled differently.

Pollitt, P. (2023). NCNA Looks Back at its Racial History, Part 2: 1950-1981. *Tar Heel Nurse*, Summer 2023. NC Docks permission to re-print granted by author. Publisher version of record available at: <https://www.ncnurses.org/resources/document-library/tar-heel-nurse/>

NCNA Looks Back at Its Racial History

Part 2: 1950-1981

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.

There is a difference between desegregation and integration. There is a difference between tolerance and acceptance. There is a difference between being the barely welcomed guest and being the host.

The jubilation many felt in 1949 when the white North Carolina State Nurse Association (NCNA) and the North Carolina Association of Negro Registered Nurses (NCANRN) merged was short lived. Instead of unification between the NCANRN and the NCNA, the African American nurses were expected to fit into the cultural, political, and social world of the NCNA.

The merged NCNA remained an overwhelmingly white space with minimal accommodations for their new colleagues. Members and officers of the NCANRN favored integration and hoped for a synergistic outcome in which the two Associations would cooperate to create a better organization than either one was by itself. Unfortunately, they traded leadership opportunities, a sense of dignity and self-determination for token representation and access to some resources until then only available to white nurses. In the first decades after the merger, there was neither shared power nor meaningful engagement for African American nurses in the NCNA.

1950s

There was some nominal shared governance when the associations first merged. In 1950, a few state-wide officers of the NCANRN were given minor roles in the NCNA. These included Lucille Williams, the Director of Nursing at Lincoln Hospital in Durham and President of the Southeastern Region of the National Association of Colored Graduate Nurses, who was appointed to the Board of Directors of the NCNA and to the North Carolina Committee on the Structure of National Nursing Organizations.

Nursing leaders who had formerly held statewide and regional offices were downgraded to serving on boards and committees, usually at the district level. Esther Henry Benjamin, the Director of the Public Health Nursing program at North Carolina College, now North Carolina Central

University, was appointed to the Program Committee of District 5, and Lydda Betts, Corresponding Secretary of the statewide NCANRN and a public health nurse in Durham, was appointed to the membership committee of District 5. Rosa Mai Godley, the Director of Nursing at Good Samaritan Hospital in Charlotte and the Vice President of the NCANRN, represented North Carolina as a delegate to the ANA Convention in San Francisco along with 36 white nurses. Available documents are incomplete in naming officers at the district level but reveal the first African American district president was not elected until 1965, 16 years after the associations merged.

Rather than reflecting a true merger or integration of the associations, it appears, at least in hindsight, to have been more that the NCNA subsumed the NCANRN. Prior to the merger there were ten active chapters of the NCANRN, each with a name and several officers. For instance, the Charlotte chapter was known as the Florence Nightingale Club, and the Winston-Salem Chapter was called the Edith Cavell Club. These names were abandoned in favor of the district naming system used by the NCNA. Chapter officers of the NCANRN were demoted to member status.

Despite these slights, many African American nurses took active roles in the NCNA. For instance, in 1951 Esther Benjamin was one of six North Carolina nurses to attend a class in Atlanta about nursing in the aftermath of an atomic attack. Benjamin and the other five white nurses then prepared a syllabus for a course to be delivered to nurses across the state. On April 10, 1952, Lucille Williams was part of a panel on public relations held during the monthly meeting of District 11. Willetta Jones, director of the nursing program at Negro Agricultural and Technical College of North Carolina, now North Carolina Agricultural and Technical State University, was on a panel at the 1955 NCNA convention discussing "The Changing Role of Nursing." Gwendolyn Andrews, Dean of the nursing school at WSSU was an active member of the District 23 program committee and EACT (Educational Administrators and College Teachers) section of the NCNA.

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Perhaps the most obvious racial discrimination occurred during the NCNA Annual Conventions from 1950 to 1962. State law prohibited interracial lodging and dining, and announcements (Image from a 1958 issue of the *Tar Heel Nurse*, right.) published in the *Tar Heel Nurse* (THN) every year between 1950 and 1962 reeked of racial discrimination.

N. C. Nurses Subtle With Segregation

DURHAM, N. C. — (ANP) — Although Negro nurses now belong to the North Carolina State Nurses Association and the former state organization of the National Association of Colored Graduate Nurses is no more, colored nurses still are subjected to subtle forms of bias here. For example the arrangements for the dinner this year did not have the colored nurses sitting with their white sister-members. Instead, Negro nurses were forced to dine on a nearby balcony in the same hotel.

In addition to the diminution of the roles of the former NCANRN officers, exclusion from local events as shown in this announcement (left) in the October 29, 1951, *Gastonia Gazette* saying “Luncheon for city’s white nurses” at 12:30 at the Elks Club, increased feelings of exclusion and discrimination among the city’s African American nurses.

Housing

Mrs. E. C. Dudley, chairman of housing arrangements for Negro nurses attending the 1958 NCSNA convention in Durham, has announced that housing is available at the Lincoln Hospital Nurses’ Home and in private homes. Meals will be available at the YWCA.

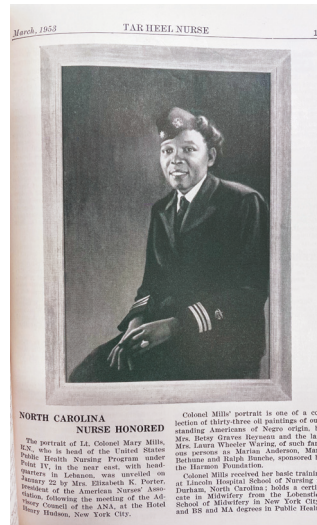
For reservations and further information, write to Mrs. E. C. Dudley, 307 Pekoe Street, Durham, N. C.

Articles from *The Pittsburgh Courier* (Image from *The Pittsburgh Courier* 10-24-1963 Page 4, left.) and the *Alabama Tribune* report that the African American nurses attending the 1953 NCNA Convention were forced to eat on an outdoor balcony while white attendees ate inside a dining room. The *Alabama* article further noted, “They were close enough to hear the speaker expound on the virtues of democracy but, they did not mingle with the white members at the dinner.”

In 1952 President Truman set up a national Commission on the Health Needs of the Nation. During a regional public hearing of the commission held in Raleigh on August 25, 1952, Marie Noell,

executive secretary of the NCNA, gave comments that read in part, “Much of this statement has been spent on nursing education. This does not mean that we do not have some very good schools of nursing. Many are excellent. But those which are poor are also costly in time, personnel, and money. This is particularly true of our five Negro schools. They and the official accrediting agency for schools of nursing have worked diligently to improve their standing, but the fact is that there is no place in North Carolina to train administrative and instructional staffs for Negro schools of nursing and the financial incentive is not strong enough to import good personnel. Therefore, our Negro population suffers a lack of well-trained nurses which cannot be blamed on lack of effort on their part. They desperately need help.”

On a more positive note, the NCNA celebrated its 50th Anniversary in 1952 in Raleigh. A part of the program was held at the Pullen Memorial Baptist Church with choirs and speakers. Three past presidents of the NCANRN were honored along with five past presidents of the NCNA.



The March 1953 THN published its first article (left) about, and image of, an African American nurse, U.S. Public Health Service Lt. Colonel Mary Mills of Watha. An article titled “North Carolina Nurse Honored” described her overseas work in maternal child health that earned her an award from the Harmon Foundation and a portrait that was unveiled at the ANA headquarters in New York.

On the other hand, the September 1953 THN published an exhaustive salary survey the NCNA conducted among the state’s hospital-based nurses. Table 3 (below) disaggregated the data by race, showing that no African

AVERAGE CASH SALARIES PAID BY HOSPITALS					
A. With Maintenance					
	White	(Number)	Negro	(Number)	Total (Number)
General Duty	\$178.51	(16)	\$166.40	(5)	\$175.00 (20)
Assistant Head Nurse	192.50	(4)	180.00	(1)	190.00 (5)
Head Nurse	224.28	(9)	177.50	(4)	211.45 (11)
Assistant Supervisor	208.88	(4)	175.00	(1)	202.10 (5)
Supervisor	220.43	(15)	187.17	(6)	221.00 (22)
Clinical Instructor	244.33	(3)	—	(—)	244.33 (3)
Assistant Director	275.20	(5)	—	(—)	275.20 (5)
Director	330.81	(13)	300.00	(1)	328.61 (14)
B. Without Maintenance					
	White	(Number)	Negro	(Number)	Total (Number)
General Duty	\$198.27	(33)	\$193.55	(16)	\$195.02 (37)
Assistant Head Nurse	225.95	(10)	201.25	(5)	223.43 (11)
Head Nurse	220.22	(21)	201.25	(4)	223.85 (25)
Assistant Supervisor	233.40	(5)	—	(—)	233.40 (5)
Supervisor	241.36	(28)	204.25	(4)	235.16 (32)
Clinical Instructor	253.57	(7)	205.00	(2)	242.78 (9)
Assistant Director	318.50	(11)	211.67	(3)	295.68 (14)
Director	351.33	(15)	246.67	(3)	333.89 (18)

American nurses held supervisory roles except in the four African American hospitals contributing to the survey or in the white hospitals which maintained separate “Negro” or “Colored” wards or wings. “With maintenance” refers to hospitals which supplied room and board to nurses in addition to salaries.

Despite the obvious racial disparities in leadership positions and salaries, the editor of the THN made no comment, nor did the organization react to the racial bias illustrated in these statistics. Nor did the NCNA comment when the state legislature in 1953, in an effort to avoid integration of the UNC-Chapel Hill School of Nursing, appropriated \$200,000 to open African American “separate but equal” BSN programs at North Carolina Agricultural and Technical University in Greensboro and Winston Salem State University in Winston-Salem. Both schools opened as segregated institutions in 1953, under the leadership of Willetta Jones at NCA&T and Gwendolyn Andrews at WSSU. Separate but unequal funding for state-supported baccalaureate schools of nursing endured for many years.

The first nursing program in North Carolina to integrate was North Carolina Central University in 1958, when a white student was admitted to a formerly all-African American certificate program in public health under the leadership of Director Helen Miller. The next year Gwendolyn Andrews, Dean of the School of Nursing at WSSU, integrated the MSN program at UNC Chapel Hill and graduated in the spring of 1960. The North Carolina Association of Nursing Students (NCANS) was ahead of the NCNA in terms of racial equity. Annie Andrews, a nursing student at WSSU, was the first African American student to be elected president of a district chapter of NCANS (District 4) in 1959, two years ahead of the election of the first district president of an NCNA district. None of the slates of officers proposed by the NCNA throughout the 1950s included African American nurses. Sadly, in the 1950s, although the NCNA was formally desegregated, it was not truly integrated.

1960s

Omissions can be as telling as commissions. During the early 1960s, the THN never mentioned major Civil Rights Movement events occurring in North Carolina. These omissions included the 1960 Sit-Ins at the Woolworth Lunch Counter in Greensboro; the Simkins v. Moses Cone court case that mandated hospital integration in the 4th Circuit Court of Appeals (NC, VA, MD, WV, and SC) in 1963, which occurred a year before the passage of the Civil Rights Act of 1964; and years of picketing and mass demonstrations across the state by those favoring integration.

Clara Adams-Ender, RN, of Raleigh and a future Chief of the U.S. Army Nurse Corps and national nursing leader, was among the nursing students at NCA&T who took part in

the sit-ins in Greensboro. At the same time, North Carolina experienced a resurgence of the Ku Klux Klan, with rallies, cross burnings, bombings and other violence directed at Civil Rights demonstrators. The NCNA remained mute on these matters in the THN and at the annual conventions.

Fortunately, the Civil Rights Movement was successful in banning legal segregation in public accommodations, schools, and hospitals. By 1964 all members of the NCNA met, ate, and lodged in the same hotels.

One brave African American nurse in particular, Helen Sullivan Miller, RN, BSN, MSN, CNM, Dean of the Nursing School at NCCU, was a trailblazer and broke many color barriers in the 1960s. In 1961 she was elected President of District 11. In 1961 and 1962 Miller chaired the rules committee that oversaw a re-writing of the NCNA by-laws which were enacted at the 1961 convention. She ran for 2nd Vice President of the Association in 1964 but was defeated. Two years later, in 1966, she became the first African American appointed to the NC Board of Nursing. In recognition of her accomplishments, Miller was the first North Carolinian honored with the ANA Mary Mahoney Award in 1968. Her closing words upon accepting the Mary Mahoney Award were a call to action (below). The THN published complimentary articles about her in the May and June 1968 issues. In a photograph showing 55 NCNA delegates to the 1968 ANA Convention, Helen Miller is the only African American.

But we cannot rest on these laurels. Now, in 1968, nursing, the profession, the organization, ANA, need to look at certain questions and come up with specific answers. For instance,

—Is there a qualified nurse of a minority group serving on the Board of Directors? If not, why not?

—Are all of us sufficiently concerned with the social ills plaguing our nation—social ills that have a direct impact on the health and well being of the people we serve?

—Are we concerned enough to do something about it? Individually and as an organized group?

When we have translated these concerns into action, then the Mary Mahoney award will have its true meaning.

Herein lies the challenge to professional nursing and to the ANA, limited only by ourselves.

Even as strides in racial inclusion were occurring in the NCNA, in the 1960s many African American nurses looked for other avenues to connect with each other and to serve their communities. Chapters of the nursing sorority Chi Eta Phi, all African American at the time, grew in Charlotte and began in Durham and Asheville. Nurses in these chapters networked, provided continuing education programs, and engaged in community service projects. Although NCNA districts offered the same opportunities, a number of African American nurses opted to devote time, energy and resources to Chi Eta Phi instead of or in addition to NCNA.

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1970s

A careful review of the issues of the THNs published in the 1970s illustrates the evolution of the increasing acceptance of and active roles African American nurses were playing in the NCNA. In the early years of the decade, African American nurses were all but ignored; however, by 1977, reports of African American nurses' accomplishments and activities regularly appeared.

In 1972, a photograph of Mary Mills, a Captain in the US Public Health Service and international nursing leader, was on the cover of the THN when she was a finalist for the Mary Mahoney Award at the ANA convention. However, no other photographs or articles mentioned any other African

American nurses that year. A photograph and notice that Gwendolyn Andrews had been promoted to the Director of Nursing position at Baptist Hospital in Winston-Salem appeared in the April 1973 issue. In 1974, a photograph and piece on Margaret Land, an African American family nurse practitioner from Chapel Hill, was on the front page of the March issue when she was the only nurse appointed to the State Human Relations Board. That same year the THN noted that Ernestine Small, the first African American faculty member at UNC-G School of Nursing, was chair of the NCNA legislation committee, and that Helen Miller of NCCU served

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on two NCNA committees: the History of Nursing Committee and the Long-Range Planning Committee. In 1975 and 1976, the THN did not mention or show any African American nurses.

For reasons that are not clear, coverage of African American nurses markedly increased beginning in 1977. Perhaps it was the confluence of events including the election of Ernestine Small as NCNA's first African American President-elect; Lois Isler, an FNP from UNC-G, running for a seat on the Board or Directors of the NCNA; Helen Miller publishing a biography of Mary Mahoney, the first African American nurse in the United States; Johnea Kelly becoming the Chair of the NCCU nursing program upon Helen Miller's retirement; Mary Mills being a keynote speaker at the NCNA Convention; and Ora Strickland Davis, a faculty member at UNC-G, earning her PhD and being named a health advisor to the US Congressional Black Caucus. Maybe the number and value of these contributions was finally too much to overlook.

A similar list of accomplishments was recorded in the 1978 THN. These included Marian Whiteside being named to the North Carolina Commission of Human Rights; Ora Davis became Chair of the NCNA Political Action Committee; Helen Miller receiving a Distinguished Alumna Award from Yale University; Sybil Morgan, an Assistant Professor at UNC-Charlotte, being appointed to the National Committee on Patient Education and Public Awareness of the National

Lupus Foundation; and Lois Isler being named the March of Dimes National Nurse of the Year.

1979 marked an historic event. Thirty years after the merger of NCNA and NCANRN, members of the merged association swore in Ernestine Small as President of the NCNA, fulfilling the hopes and dreams for true integration that many nursing leaders in prior decades hoped for.

Despite Small's election, institutional racism within and around NCNA continued. Small recently recalled:

"During my tenure as President, as a guest speaker for one of the NCNA districts, the meeting was changed to another venue because Blacks were not allowed at their regular location - a Country Club. So, they did not have to invite me, but they did."

As we move forward, both as individual nurses and as a strong professional organization, we should all try to live by these words from both Barack and Michelle Obama:

"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek." — Barack Obama, the 44th president of the United States

"History has shown us that courage can be contagious, and hope can take on a life of its own." — Michelle Obama ■