
By: Dr. Phoebe Pollitt, RN

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.

Over the last 121 years, NCNA’s culture has evolved from racial exclusion and discrimination to striving for racial inclusion, equity, and diversity. NCNA leaders and members are undertaking efforts to address the substantial challenges faced by minority nurses in North Carolina, while recognizing the strength and determination nurses of color have exhibited under difficult circumstances for over a century. Only by having a diverse, inclusive nursing workforce in North Carolina can NCNA meet its goals of serving the changing needs of its members, addressing nursing issues, and advocating for the health and well-being of all people. Reflections from NCNA leaders of color, along with archival materials, document slow but steady progress towards a more diverse and inclusive association.

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**Timeline of racial progress 1980-2000**

**1980s**

After the election of President Ernestine Small (1979-1981), a new era of racial progress ensued at NCNA. The *Tar Heel Nurse* published more stories and photographs of African American nurses than ever before. An article highlighting Lois Isler, a Greensboro nurse practitioner and the first African American nurse appointed to the NC Board of Nursing since Helen Miller in 1965, was published on the front page of the Winter, 1980 issue.

The next issue (Spring, 1980) featured a story on Janice Robinson, another African American NCNA member serving as delegate to a White House Conference on Families.

Accomplishments of African American nurses Sadie Webster, Dr. Vercie Eller, Helen Miller, Janice Robinson, Lois Isler, Dr. Ora Strickland, Miriam Whiteside, Carolyn Henderson, and Cathy Hughes were publicized and President Small wrote a President’s Message in several issues accompanied by her photograph.

Perhaps the most pertinent THN item printed in 1980 was from the NCNA Committee on Human Rights, which published a questionnaire in the September/October 1980 issue inviting members to an open forum to discuss discrimination at the 1980 Annual Convention (below).

Results were published the next year (Sept/Oct, 1981) and indicated “Few respondents listed barriers to belonging to NCNA, but those who did cited financial reasons and questioned the value of belonging.”

While NCNA has always accepted Native American nurses as members, including Eastern Band Cherokee Indian nurses Lula Owl Gloyne, Frela Beck, and Ernestine Walkingstick, the first article published about a Native American nurse from North Carolina was in the Nov/Dec, 1980 issue. NCNA leaders recommended Eva Sampson, a Lumbee nurse, to be the organization’s representative to the State Board of Education’s Health Education Study Commission.

ANA President Barbara Nichols was the first African American keynoter at an NCNA Convention in 1981 (July/Aug issue).

In 1982, North Carolina became the first state in which nurses elected fellow nurses to the Board of Nursing. Of the 8 nurses initially elected, 2 were African Americans: Ernestine Small and Lois Simmons-Isler.

A short piece about Helen Miller’s (Dean of the Nursing Department at NCCU) retirement appeared in the May/June 1982 issue.
In 1985, District 11 celebrated Black History Month.

In 1986, Delores Brisbon became the second African American to be a featured speaker at the NCNA Convention (left).

In 1986, Dr. Beverly Malone came to North Carolina as Dean of the nursing school at NCA&T in Greensboro. She was appointed Vice Chancellor of the University in 1994. Dr. Malone was very active in NCNA until she left North Carolina to serve as the second African American president of ANA, and later as CEO of the British Royal Society of Nursing and Chief Executive Officer of the National League for Nursing. In 1988, the THN highlighted her successful run for a seat on the ANA Board of Directors.

Other “firsts” occurring in the 1980s include Cathy Hughes’ election to Chair of NCNA’s Nurse PAC in 1981, the first African American to hold that position (left). In 1982 Pam Joyner, a UNC-Chapel Hill student, was selected as Student Nurse of the Year by the Student Nurse Association of North Carolina. And in 1989, Mary James, Dean of Health Programs at Fayetteville Technical Community College, was the first documented African American nurse to be awarded with a Nurse of the Year honor when she was named NCNA’s Nurse Educator of the Year.

After 80 years as an organization and 30 years after its merger with the North Carolina Association of Negro Registered Nurses (NCANRN), NCNA was reaching a new level of inclusiveness.

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1990s

In 1991, Sandra Randleman (now Wilder) was elected to the Board of Directors of the NCNA. Two years later, her presidential election marked continued racial progress as the second African American to lead NCNA (left).

In 1992, the THN featured an article on Dr. Beverly Malone’s successful run for a seat on the Board of Directors of ANA.

In 1995, Dr. Ernest Grant, future president of NCNA and ANA, was elected to the NCNA Board of directors for the 1996-1998 term.

Dr. Malone gave the keynote speech at the NCNA Convention in 1996 (left).

In 1999, Veronica Roundtree was the first African American elected as president of the NC Association of Nursing Students.

2000-today

Articles and photographs about African American and Native American nurses continue to be regularly featured in the THN. Occasional articles discussed racial aspects of health care.

The March/April 2000 issue of the THN included survey results from the Kaiser Family Foundation about race, ethnicity and medical care.

Dr. Ernest Grant graced the cover of the May/June 2002 issue when he was named an Honorary Nursing Practice Winner by the ANA. Seven years after this honor, Dr. Grant became the third African American and first man elected NCNA President in 2009 (above).
Since 2015 the THN has published a regular column focused on NCNA history which has included biographies of nurses of color (Charlotte Rhone, Ernest Grant, Helen Miller, Ernestine Small, Virginia Dixon) as well as articles about the schools of nursing open to African Americans in the Jim Crow era and a brief history of the North Carolina Association of Negro Registered Nurses. Five nurses of color, out of 22 total nurses, have been inducted into the NCNA Hall of Fame. Four of the past 21 NCNA presidents have been African American nurses.

For over 10 years, the Board of Directors of the NCNA has been a model of inclusion, often being more diverse than the NCNA membership and the nursing workforce in our state. Tina Gordon, the NCNA Executive Director recently noted:

“Currently, 4 out of 9 board members are nurses of color. The board immediately prior had 4 out of 10 BIPOC nurses and 3/10 men. NCNA has also had work groups/task forces of various types working on issues related to diversity and inclusion at least 3 or 4 times in the last 15 years and the House of Delegates approved an updated bylaws provision in 2013 that allows appointments to the board to enhance diversity on the board if the election does not yield diverse representation.”

**FIRST PERSON FEEDBACK: NEXT STEPS**

The nursing leaders quoted throughout this piece were asked how NCNA can be more inclusive, diverse, and equitable in the future.

**Carolyn Henderson** said: “Although NCNA has made and is making progress in the areas of diversity inclusion, continuous efforts and proactive approaches should remain in the strategic and futuristic vision of the organization.”

She suggested a list of opportunities to enhance inclusivity in the future:

- Include representation of minorities as NCNA employees.
- Consider increased visibility and participation in HBCU nursing schools and department activities.
- Continue to seek minority professionals as NCNA presenters during NCNA Conventions, webinars, workshops, etc.
- Maintain board and committee representation.
- Enhance minority mentorships with potential leaders.

**Cherry Beasley** recommends that: “NCNA needs to bring the conversation to the forefront. While the history articles have been informative; I am not sure they thoroughly represent the struggles that nurses have encountered when addressing the ‘ism’ of our society. NCNA needs to lead the charge to have the nursing workforce look more like the populations we serve. One idea would be to have regional meetings that provide intentional opportunities to discuss: ‘The value of Diversity, Inclusion, and Equity in Nursing in general and NCNA specifically?’ ‘What would a Diverse, Inclusive, and Equable organization be defined?’ and ‘What differences would we see in the organization’s budget, conventions, and meetings if we increase our commitment to diversity, inclusion, and equity?’”

**Naomi East** offered a list of suggestions geared towards recruiting the future nursing workforce in North Carolina:

- In the media, show pictures/videos of minorities in the role of RN.
- In high school and middle school career days, showcase diversity of RNs in different roles.
- Showcase nurses of color discussing their careers in organizations/churches for folks of color.
- Provide scholarships/awards/mentorship for students interested in health careers.

Naomi East
RN, MSN
Member since: 1975

Past roles: Member of the NCNA Board of Directors, Northwest Regional Director

“I am Asian, Pacific Islander, but I suppose I did not really feel that I was different or an ‘NCNA member of color’ or marginalized. I did not experience or see racism in NCNA.

“I believe that there has been progress within the NCNA in the last 40 years, when it comes to being more inclusive, diverse, and equitable organization. I think this movement was similar to forces that was specific to helping other minorities be more inclusive.”

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Correction: in Part Two of this series, which ran in the Summer Issue of the Tar Heel Nurse, we inadvertently referred to Marjorie Land as Margaret Land. We regret the error.

Ernest Grant thinks that: “There definitely has been some progress and more can be done. Having a more diverse and inclusive staff is one way for the organization to work towards achieving equity. I also think that occasionally reviewing its history will ensure that it doesn’t repeat itself.

“There should be] a deliberate effort to have more nurses of color serve in positions of leadership, perhaps hosting meetings and events in communities of color; historic Black or indigenous universities or at historical buildings that acknowledge the contributions of BIPOC individuals, and land acknowledgements prior to the start of any NCNA sanctioned meetings.”

He concluded his remarks on this hopeful note:

“I have not experienced or seen racism in NCNA. I think as an organization, it has been at the forefront of supporting all of its members regardless of the color of their skin.”

As NCNA reflects on its own racial history, it is also working towards a brighter and more inclusive future. In July, the association hosted a virtual listening session designed to give members the opportunity to discuss how racism impacted NCNA from their perspectives. NCNA will continue this important conversation at the 2023 Annual Convention, September 14 & 15, as the primary topic for the Statewide Membership Forum will be “Racial Reckoning.” We hope you can join us in-person for this important discussion.

Ernest Grant, PhD, RN, FAAN
Member since: 1986

Past roles: NCNA President, NCNA Board of Directors (multiple roles), NCNA Cabinet on Marketing Chair, various district officer positions and committees

“I think nurses of color who are members of NCNA have felt that they do have the opportunity to participate in and have a voice in how the nursing profession is practiced in NC. I remember as a nursing student who attended an HBU nursing school, being told by my professors that if you’re going to consider yourself to be a professional nurse, you have to belong to your professional organization. When we were assigned to attend the local district meeting or the state meeting, we saw our professors at those meetings. They (the professors) were not there to just check the role to see which of their students were there, they were actively participating in the meetings...being at the mics, asking the tough questions and being respected by their fellow colleagues. In short, they were showing us as students how to be a professional nurse and have your thoughts and opinions count! When I chaired the Membership Committee, it was a little difficult to get nurses of color to join NCNA. I think it was because of a perceived notion that NCNA did not have anything to offer nurses of color. Once I was able to explain that NCNA was there to represent ALL nurses and pointed out ways in which the association did, they would join and become ACTIVE members of the organization. I think having several nurses of color who served as president also helped to break down any perceived barriers.”