# SCRIPT: We are all one nurse

# Slide 1: Intro Slide

Thank you for that kind introduction . . . . Because the histories of African American and Cherokee nurses share little in common so I will first discuss African American nurses and follow that with the Eastern Band Cherokee Indian story

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For over a hundred years, one enduring stereotype of Appalachia is that it is exclusively white.

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All too often, Cherokee, African American and other people of color have been invisible in Appalachian history and in considerations of Appalachia today.

In fact, Native American people have inhabited this land for perhaps 10 thousand years,

And African Americans have lived and worked in Appalachia since at least the 1700s.

Slide 4 – Kim Eiko/ Nelle Horton

In addition, Asian, Melungeon, and other minority groups have contributed to the region for generations and are also all but invisible in the scholarship of Appalachia

Slide 5 - TN Chocolate Drops

Much of the recent scholarship about African Americans in Appalachia has been focused on the arts - like old time musicians and the Affrilachian poets. Very little is known about African American

Appalachian health care and health care providers.

# Slide 6: MLK Quote

Here is a quote from Martin Luther King

# Slide 7: Mary Mahoney

In the decades around the turn of the twentieth century

Hospitals, professional nursing and nursing schools spread across the country, including in Appalachia. Mary Mahoney was the first African American to graduate from a nursing school in the United States

Slide 8 Nurse Professionalization

a common misperception is that there were no professional African American or Cherokee nurses educated and working in Appalachia in the first ½ of the twentieth century. In truth, from 1900 to 1965, Appalachian African American and Cherokee nurses were instrumental in the creation of hospitals and schools of nursing. served in both World Wars, and cared for thousands of people who were denied care from local White doctors and hospitals. Their stories are virtually unknown, their work is mostly forgotten.

# Slide 9: *Plessy V. Ferguson*

After Reconstruction, government policy in Southern states was to replicate slavery to the greatest extent possible. In 1896, the US Supreme Court in a case called *Plessy v. Ferguson*, held that segregation based on race was legal in the United States as long as the segregated facilities were “separate but equal”.

# Slide 10: Segregation in Public Facilities

As we all know, public facilities in the south,

Slide 11 – Hospital Waiting Room photo

including HOSPITALS were separate but were never equal.

# Slide 12: Segregation in Hospitals – St. Luke’s Ad

Most hospitals in the south denied admission to African Americans, even in life threatening situations. African Americans suffering severe illnesses, injuries or were in labor were routinely denied admission and often died on the way to the nearest African American hospital sometimes 100 miles away.

READ AD

# Slide 14: Unequal Facilities - NC TB men’s ward

The few white owned hospitals that admitted African Americans had separate, inadequate, poorly staffed Negro wards or wings, often found in drafty attics or dark and damp basements.

READ “COLORED OBSTETRICAL WARD”

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Often there was only one room for women and one room for men regardless of diagnosis.

# Slide 15: Ku Klux Klan

Klan members terrorized African American nurses and physicians for rising “above their station” and upsetting the racial “status quo.” For example, in 1923, on the night Helen Mae Lennon Hospital opened in Knoxville, TN, the Ku Klux Klan burned a cross on the property. Despite these threats and intimidation, the hospital served the community for many years.

Slide 16 -MAP

In response to these dire circumstances, African Americans established their own hospitals and nursing schools in Appalachia. Here is a map of the 15 African American and the 1 Cherokee hospital founded between 1907-1947.

# Slide 17: Berea College Nursing School

Berea College, a Congregationalist College in Berea, Kentucky was founded in 1855 and was the first interracial and coeducational college in the South. In 1900, the college established the first nursing program open to African Americans in Appalachia.

# Slide 18: 1st Three graduates.

This photo of the 1902 Berea College graduates: Sarah Bell Jerman, Maggie Jones and the national nursing leader Mary Merritt were the first AA nurses to graduate from a nursing school in Appalachia. In 1904, the state of KY passed the Day law, forcing Berea to become a segregated school and educate only one race … Berea chose to educate white students.

Slide 19 Knoxville College

Once again there was no place for Appalachian African Americans to study nursing. However, in 1907, Knoxville College, a home missionary effort of the Presbyterian Church opened the Eliza B Wallace Hospital and SON, becoming the first nursing school exclusively for African Americans in Appalachia.

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Berea and Knoxville Colleges were opened as a missionary endeavors, however many African American hospitals were established in response to tragedy.

# Slide 21: Dr. Isaac David Burrell

In the first decade of the twentieth century, the Roanoke Valley of VA was home to an African American population of approximately 11,000 people, including ten African American physicians. However, there was no African American hospital and none of the White hospitals in the area would accept African Americans as patients under any circumstances. When surgery was necessary, it was either performed in patient’s homes or patients traveled hundreds of miles to an African American hospital to receive the help they needed. One such patient was one of the leading physicians and pharmacists in Roanoke, Dr. Isaac David Burrell. In 1914, Dr. Burrell had an attack of gall stones and needed them to be surgically removed. Because he was African American, he was put on a cot in the baggage car of a train heading 240 miles north to Washington, D.C. Dr. Burrell was still alive upon arrival in Washington, but died before the surgery could begin. This experience highlighted the need for a hospital for the African American citizens of the Roanoke Valley.

# Slide 23: Burrell Memorial Hospital

The largest, longest lasting and most highly accredited African American hospital in southern and central Appalachia was Burrell Memorial Hospital in Roanoke, Virginia. It was founded in 1915, the year after Dr. Burrell’s death and managed by African Americans for fifty years with little support from the surrounding white community.

SLIDE 24: Burrell Hospital

The nursing school was the first accredited nursing program for African Americans in Appalachia. It was accredited by the Virginia State Board of Nursing Examiners, The American Medical Association, and the American Red Cross. Nursing graduates were the first Appalachian trained African American nurses to be eligible to take a State Board of Nursing Examination and earn the Registered Nurse credential.

# Slide 25: Nancy Jeanette Minnis

Nancy Minnis, RN , the 2nd Nursing Superintendent of Burrell was one of only 18 African American nurses hired by the US Army Nurse Corps in WWI.

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Other prominent Appalachian African American hospitals with schools of nursing included Walden hospital in Chattanooga

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Founded by an African American female physician -Dr. Emma Wheeler

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Barnett Hospital in Huntington WVA Founded by Dr. C.C. Barnett

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Christiansburg Hospital in Chrsitiansburg, VA – established and supported by

Philadelphia Quakers

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Lakin State Hospital in WVA – the largest psychiatric hospital for AA in Appalachia

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WV tax payers also supported an AA TB sanatorium near Denmar, WV

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Dismukes, Brown and Harrison hospitals and SONs were in the coal fields of southern

WV and were founded by local physicians

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Closer to home, the only African American hospital in Appalachian NC was the Blue Ridge Hospital in Asheville, NC, founded by physicians and community members committed to improving the health of African Americans in Buncombe and surrounding counties

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Nursing Superintendent Ruby Woodbury wrote in a pamphlet about the 4 primary purposes of Blue Ridge Hospital. The first was to provide medical and surgical care for African Americans under the care and skill of their own doctors, the second was to provide a facility where AA doctors could “improve their technique and skill in keeping with the best medical and surgical thought of the day , the third was to provide an opportunity for the efficient training of nurses and the fourth was to be a nucleus for the dissemination of knowledge of hygiene and sanitation in the community

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As the number of trained African American nurses increased in Appalachia, many became involved with professional organizations. Because the professional organizations including the American nurses Association and the Ameican Medical Association were segregated, black nurses formed the National Assoc of Colored Graduate Nurses in 1908/ An East Tennessee branch, headquartered in Knoxville was established only 2 years later in 1910.

The fact that AA nurses in east TN founded a branch of a national organization in 1910 speaks to their professionalism and the fact that Appalachia was not as isolated as many stereotypes maintain.

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In addition hospital care, public health was also a concern to AA Appalachians. Famed educator Booker T Washington initiated National Negro Health Week in 1915,

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AA communities in Appalachia, especially those with public health nurses, participated in NNHW programs including screenings for Tuberculosis, vaccination clinics, and prenatal health classes.

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Frances Reed Elliott Davis is thought to have been born in 1882, near Asheville, the daughter of a white mother and a mixed Cherokee/African American father. She graduated from Knoxville College and continued her nursing education at Freedman’s Hospital in Washington DC. Davis became the first AA nurse employed by the American Red Cross – the largest employer of PHNs in the 1920s.

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In 1923 a study called the Goldmark Report found many nursing schools to be substandard and recommended upgrading nursing education across the US. As recommendations from the Goldmark Report were costly to institute, many smaller and poorer nursing schools were forced to close. The financial burdens of upgrading facilities, adding faculty and providing housing for students outside the hospitals were too costly for many small and private hospitals.

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Inability to implementation the Goldmark Report recommendations along with the economic crisis of the Great Depression caused many African American hospitals and SON in Appalachia to close in the 1930s. These included Dismukes and Barnette in WVA, and Blue Ridge Hospital in Asheville. This was a very bleak time for the health of AA Appalachians and a lot of the country.

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In Asheville, Blue Ridge Hosptial closed in 1930 and it was not until over a decade later when the Asheville Colored Hosptial opened in 1943 that African Americans had anything close to adequate care. Dr. Polly Shuford, a white female physician and supporter of the local African American community commented on the 12 beds that Mission Hospital made available to African Americans during those 13 years:

Many times physicians with Negro patients have to wait months to get a hospital bed for a major operative case. Minor operative cases are hardly worth considering in this situation … medical facilities for Negroes generally are almost hopelessly inadequate … Helpless Negros died because hospitalization couldn’t be had when they needed it ….

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The first glimmer of hope in dismantling legal segregation occurred with a Supreme Court decision in 1938 called Canada v. Gains. The Supreme Court held that states that supported a graduate school for white students must either integrate them or establish equal quality graduate schools for AA students. We will see the impact of this ruling soon.

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During the first half of the 1940s, the country was consumed by WWII. The Army and Navy nurse corps refused to admit African American nurses until late in the war. About 600 of the 25,000 nurses who served in WWII were African American. I have not yet found an AA nurse from Appalachia who served int eh war. However at least 3 Eastern Band Cherokee nurses served overseas during WWII.

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A3step forward in the long struggle for racial equality occurred in 1948

when President Truman signed executive Order 9980 integrating the federal workforce. This order created the first integrated nursing staffs in southern states including Appalachia in VA hospitals and other federally funded agencies

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In 1949, Doris Bell Scott, became the first AA nurse at the Oak Ridge Nuclear facility in TN and wrote an article for AJN about her experiences.

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In the early 1950s, Rosa L. Calloway became the Head Nurse at the VA hospital in Asheville, NC. AA nurses and white nurses slept and ate in segregated dormitories to abide by state laws, but worked with white nurses subordinate to Nurse Calloway to implement federal policy.

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In 1946 the US Congress passed the Hill Burton Act which provided money for hospital construction and expansion. Sadly, the law funded segregated facilities. Carver Memorial Hospital in Chattanooga was one of the last segregated hospitals to be built with federal tax dollars in 1947.

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Advances towards racial equality occurred in the Appalachian states of WV and KY in the 1950s.

In 1950, St. Frances Hospital, a Catholic Hospital in Charleston WV hired Ruth Anderson as the first African American Nurse hired in a White hospital in the state. 23 white nurses walk off the job in protest. However, the Catholic Archdoicese remained true to their convictions and replaced the striking White nurses who lost their jobs. After the protest, the hospital continued to hire more African American nurses without incident.

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On August 27, 1950, three African American men LeRoy Foley, Jessie Wallace and John H. Smith were in a car accident and taken to Breckinridge County Hospital in Hardinsburg, Kentucky. They lay on the floor of the emergency room for three hours with no treatment except shots of morphine to ease their pain. Hospital officials called a black ambulance company in Louisville, seventy miles away, to pick up the men because, as one doctor explained, ‘We never treat a colored person’ When ambulance driver Jessie Lawrence of Louisville arrived on the scene he found that “they were laying on the hard concrete tile with not even a blanket under them. There wounds had not been treated, the blood had not been wiped from their hands or faces.’ One man, LeRoy Foley died on the Emergency Room floor. The hospital sent Foley’s widow a bill for $11.00 for use of the emergency room.

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As word of this incident spread throughout the African American community in Kentucky, civil rights activists of both races launched the Interracial Hospital Movement.

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Over 30 different organizations banded together to seek an end to racial discrimination in hospital care. They demanded all tax supported and tax exempt hospitals be open to all citizens of Kentucky. The IHM spread to over 60 communities in Kentucky and over 10,000 Kentuckians signed a petition asking the governor to investigate the situation. A rally with over 1,000 people supporting hospital integration took place on the state capitol grounds in Frankfort in 1951. As the result, the governor issued an executive order outlawing segregation in publicly supported Kentucky Hospitals

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In 1951 this group forced the repeal of the Day Law in KY. Integration of nursing schools and public hospitals became the law. Berea College accepted African American nursing students again.

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In 1954 the Supreme Court in Brown v. Board of Education outlawed racial segregation in public schools across the country. West Virginia integrated all its state supported schools including colleges and their nursing programs.

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As the result of civil rights protests …

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and law suits, notable the Simkins v. Moses Cone hospital case, racial integration in hospitals became the law.

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The passage of the Civil Rights Act of 1964 outlawed racial segregation in all public accommodations including hospitals. The era of legal segregation was finally over in our country. However, in most southern states, and therefore in most of Appalachia, state governments ignored the law and segregation continued as before.

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It was the passage of Medicare and Medicaid in 1965 and the potential loss of millions of federal dollars to hospitals

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which finally brought about real integration of hospitals and hhh nursing schools across the south.

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Eastern Band Cherokee Indians faced a different set of racist circumstances than Appalachian African Americans

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The reason I am only addressing the Eastern Band Cherokee Tribe today is because of the “Racial Integrity” or “one drop” laws that were passed in every southern state between 1910 (TN) and 1930. Here is an example from Virginia:

Read Slide”

Read slide

Oklahoma courts have decided that American Indians are "white" and therefore may not marry "any person of African descent." In Alabama, however, Indians are mulattoes, according to the courts, and therefore cannot marry whites.

Through 1950, census-takers commonly determined the race of the people they counted. From 1960 on, Americans could choose their own race. Starting in 2000, Americans could include themselves in more than one racial category. Before that, many multiracial people were counted in only one racial category.

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In 1884, Congress banned Native American religious practices – including many healing rituals. Those caught performing rituals were imprisoned

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By the turn of the 20th century the US government policy was to “civilize the savages”. Thousands of Native American children were forced to attend boarding schools, including this one in Cherokee, where they experienced western medical care for the first time.

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Lula Owl Gloyne was born in 1891, the first of 10 children born to Daniel Lloyd Owl, a Cherokee blacksmith, and Nettie Harris Owl, a Catawba Indian who was a traditional basket maker and potter. Lloyd did not speak Catawba and Nettie did not speak Cherokee, but both parents shared a basic knowledge of English which became the primary language in the household. Because of her proficiency in English she excelled at the Cherokee Boarding School and went on to graduate from Hampton Institute in Virginia with a teaching degree.

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After a year teaching in the Catawba Indian School in Rock Hill, SC, she followed her heart and graduated the nursing school at the Chestnut Hill Hospital School of Nursing in Philadelphia in 1916, perhaps becoming the first Native American Registered Nurse in the country

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After serving as a 1rst Lieutenant in the US Army Nurse Corps in WWI at a base in Washington State, she returned to the Qualla Boundary. She recalled her early days as a nurse this way:

There was no hospital in Cherokee then, just a clinic at the Quaker grade school and a doctor who worked there part time. When I came home they asked me to help out, and at first I worked without pay. I did all the outside work(public health work). I got called to homes all around here. I didn’t have a horse or a wagon back then, so I had to make my calls on foot. I got caught in places [too far away from the doctor] where I’d just have to do what had to be done. Men got cut up and I’d have to sew them up. Women would call on me to deliver their babies. Today it would be illegal to do a lot of that, but back then there was no one else.”

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Gloyne’s desire for the Cherokee people to have a hospital on the Qualla Boundary impelled her to go to Washington, D.C., where she talked with two officials who oversaw all public health work for the Indian Health Service. In 1934, her efforts resulted in a new hospital with a nine-room inpatient ward and sunroom for women and a six- bed ward for men. For the first time, people who lived on the Qualla Boundary had access to hospital care. Gloyne was appointed head nurse.

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Gloyne was too old to re- join the army nurse corps in WWII but served her community as a Red Cross volunteer

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Teaching first aid so people could take better care of themselves during the doctor and nursing shortages caused by WWII

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Gloynes work inspired several other Cherokee women to pursue nursing careers. They were accepted into white hosptials’ nursing schools including Knoxville General Hospital. Here are two Cherokee nurses who served overseas in WII – Virginia Rosebud Sneed Dixon served in the Burma Road in China and Mary Ann Lambert Luff served in France.

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Gerturde Fann is another Cherokee nurse who served overseas in WWII and then spent her career at the VA hospital in Johnson City.

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Gloyne’s work inspired several young Eastern Band of Cherokee women to pursue careers in nursing. Ernestine Sharon Walkingstick was one of these nurses. Born in Cherokee, Walkingstick graduated from Northwestern State School of Nursing in Louisiana in 1961.

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She then returned to North Carolina and became the director of community health nursing for the EBCI reservation. In that capacity she established the first clinic for the Indian population in Robbinsville, N.C., a remote village in the mountains about 40 miles from Cherokee.

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Walkingstick followed Gloyne’s example of tireless community service. In addition to her paid employment, Walkingstick was actively involved in numerous professional and community volunteer activities. She was instrumental in founding the first domestic violence shelter in her region, which is now named in her honor.

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A nurse can not give a ppt presentation without bringing up Florence Nightingale .. so here is our final quote: