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“I’m Glad That Someone Is Telling the Nursing Story”

Writing Black Canadian Women’s History

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The paucity of historical materials on Black Canadian women does not necessarily mean the sources are unavailable. To recuperate and reconstruct Black Canadian women’s subjugated knowledge requires drawing from fragments of materials available within and outside the archives. Using oral history as the primary methodology, as well as archival and nursing sources, coupled with secondary research, this essay exploits these sources to piece together the story of a group of women about whom very little is known. This research not only contributes to the history of nursing in Canada but also challenges the national narrative that touts the benign treatment of Black people in Canada.

Keywords: *Black women; nursing; Canada; oral history; methodology; antiracist; feminist theory*

I don’t know that anyone has ever researched the history of Black nurses in Canada. I did hear that the first Black nurse graduated in this area [Windsor]. I remembered reading that a Black girl was refused training in Nova Scotia when I was in my second year. I tried to find out about that when I was in Nova Scotia. I inquired at the Black museum, but no one there at the time knew. The one Black nurse I spoke to wasn’t sure when the first Black nurse graduated from there.

—*Frieda Steele*¹

In 1947, Frieda Parker Steele and Cecile Wright Lemon began nursing training at the Hôtel Dieu of the St. Joseph School of Nursing in Windsor, Ontario. That these two young women shared the distinction of being the third and fourth Black students, respectively, to train at Hôtel Dieu is certainly noteworthy—they were trailblazers. Until the mid-1940s, due to the

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exclusionary policy of Canadian nursing schools, any young Black woman who dreamed of becoming a nurse was denied the opportunity. For Black Canadian women, like the African American nurses Darlene Clarke Hine (1989) discussed in *Black Women in White*, nursing was one of the few available occupations that brought with it some prestige and the opportunity for economic mobility. As Steele observes, however, unlike the career path of their African American counterparts, the struggle of Black women to integrate themselves into Canadian nursing, the actual experiences of the students themselves, and the transition from student to registered nurses (RNs) is relatively unknown. Their story is yet to be told, their history is yet to be written. Thus, the quotation at the beginning of this article speaks to two related issues: the absence of historical materials about Black nurses and the importance of documenting their experiences.

The paucity of scholarship about Black women in Canada was the impetus behind *We're Rooted Here and They Can't Pull Us Up: Essays in African-Canadian Women's History*, the 1994 collaboration of Peggy Bristow, Dionne Brand, Linda Carty, Afua P. Copper, Sylvia Hamilton, and Adrienne Shadd. This collection of essays is the first scholarly collection to focus exclusively on Black Canadian women. According to the authors, the decision to focus on Black women was twofold: first, to recognize the gendered and racialized nature of Black women's oppression; second, to write a feminist history that situates Black women at the center of scholarly inquiry. Central to their analyses is the recognition that Black Canadian women's subjectivities have to be placed within the context of Canada as a "white settler colony." Reflecting on the relevance of producing knowledge about Black women, historian Afua Cooper poses the question, "Is there a need to study Canadian Black women's history? If the answer is yes, then how do we do it, how do we get to it? How do we theorize and construct it?" (Cooper, 2000, p. 39). These questions stem from the absence of scholarly publications about Black women, which is often related to the lack of historical sources. True, scholars interested in writing about Black women cannot simply walk into the Ontario Archives or Library and Archives Canada and request a finding aid on Caribbean domestic workers recruited by the State during the 1950s. These records are simply nonexistent or buried within broader subject categories making retrieval and access difficult.

Taking seriously the imperative of Black women's knowledge production, I use my research on Black Caribbean and Black Canadian nurses in Ontario as a site from which to explore how, despite the paucity of identifiable historical materials on Black women and the challenges in accessing nursing research materials in general, one might deploy an interdisciplinary methodology to creatively reconstruct histories of Black women's subjectivities from

available fragments of sources. This essay focuses on analyzing the various types of sources I utilize, such as immigration and nursing records. I also underscore how, when coupled with archival sources, antiracist feminist theory, women's and labor history, and oral history can play an invaluable role in helping to recuperate Black nurses' repressed knowledge. Despite the essay's provincial focus on Ontario, and the obvious absence of Black francophone nurses, I am able to present at least a partial picture of Black nurses' subjectivities as well as their significance to both the nursing profession and the wider Canadian society.

National and Provincial Archival Sources: Health, Nursing, and Immigration Records

Ontario Provincial health care records are replete with information on government policies, regulations, and other concerns relating to health care generally. They underscore the pursuit of professionalization in nursing and the role of the Ontario government in this initiative. However, as a specific group, Black nurses do not appear as subjects in these documents. In the case of my own research, there is no autobiographical information about Ruth Bailey and Gwennyth Barton, reputed to be the first Black nurses to enter a nursing school in Canada. Both these women graduated from Halifax Children's Hospital in Nova Scotia in 1948. Likewise, very little is known about the 14-month wait Beatrice Adassa Massop had to endure before she was able to "convince Canadian immigration authorities that she was a case of 'exceptional merit' and should be allowed to emigrate from Jamaica to Toronto" (Calliste, 1992; McPherson, 1996, p. 213). In addition, these sources are important to understanding changes over time in the political economy of nursing. Outside of a few newspaper articles and some anecdotal information, these women are virtually lost in the mists of time.

The lives of these Black women and the struggles they endured therefore have to be meticulously resurrected through a painstaking examination of letters, immigration correspondence, and nursing records. A vivid example is provided by both the letter written in 1940 by Arthur C. Moore, a Black father advocating on his daughter's behalf, and the subsequent response of a nursing administrator. This correspondence provides a glimpse of the obstacles faced during the mid-20th century by young Black women wishing to pursue nursing education. In his letter to Mr. G. Roberts, president of the Toronto Coloured Liberal Association, an antiracist organization striving to improve the quality of life for Blacks, Moore recounted the frustrations his daughter encountered when she tried to gain admission to train as

a nurse at the Toronto General Hospital (TGH). Yet, a closer examination of Moore's letter and the subsequent response from the nursing director reveals more than a father championing the rights of his daughter. The nursing director's letter demonstrates the occupation's discriminatory practices as well as the apprehensions and anxieties of some nursing leaders at the prospect of having Black women train as nurses. While the racism underpinning the response of the nursing director is obvious, both letters also allow for an examination of nation, national identity, citizenship, and the lack of opportunities available to Black Canadians.

Despite its origins as a White settler colony, Canada has historically constructed its identity in opposition to the United States. Canadians have taken pride in being unlike the latter, with its sordid history of slavery, segregation, assassinations, lynching, and riots, and they lay claim to a history untarnished by such uncivilized behavior. That slavery existed in Canada, albeit on a much smaller scale than U.S. southern slavery, is rarely acknowledged.² Instead, an idealized Canadian history registers slaves only in the context of their escaping from their U.S. masters via the Underground Railroad and finding freedom in the northern haven of Canada. It is certainly ironic then that some of the descendants of fugitive slaves, free Blacks and Loyalists, would find themselves in the mid-20th century being urged—if not compelled—to return to the United States to pursue training in nursing, as was the case for Moore's daughter. Yet asserting claims to his rights as a Canadian resident, Moore questions the nursing director's recommendation that his daughter should undergo nursing training in the United States. As he explains in his letter, because he had been a municipal citizen and federal taxpayer for over 20 years, he was "entitled to that consideration which all citizens should have" (McPherson, 1996, p. 120). Moore further added that he was unable, and did not feel he should be forced, to pay for his daughter to study in the United States. He concluded his letter by pointing out that if his daughter "was refused admittance here on the ground of her colour, it would force me to spend hard earned Canadian money in the states [*sic*], whereas it would be unfair to her and [would establish] a terrible precedence of discrimination against coloured girls" (McPherson, 1996, p. 120).

While it is unclear from the archival records whether Moore's daughter was accepted at TGH during this period, other young Canadian Black women who wanted to train as nurses were forced to travel to Detroit, Chicago, Philadelphia, and New York or forego their aspirations altogether. Racist practices against young Black Canadian women who wanted to train as nurses are subsumed in national narratives in favor of scripts that project or render Canada a safe haven and democratic society. As a source of

evidence that could have been easily overlooked in the Provincial records, Moore's letter not only confirms nursing's discriminatory legacy but also reveals much about Black peoples' relationship to the wider Canadian society generally.

Immigration Records

Immigration records, which were not initially produced for public consumption, provide the context to understand not only the terrain on which nurses such as Massop entered Canada but also how exclusionary immigration policies were connected to nation building and Canada's national identity. Although the Canadian Nurses' Association publicly announced in 1951 "its policy to support the principle that there be no discrimination in the selection of students for enrollment into schools of nursing" and notified the Department of Immigration that the profession did "not discriminate in any way regarding coloured nurses" (Flynn, 2003, p. 211; McPherson, 1996), this pronouncement did not deter some nursing officials and immigration officers from upholding discriminatory policies toward Black nurses and potential student nurses. An in-depth analysis of immigration memoranda between nursing officials and individual immigration officers graphically attests how some nursing directors were complicit in supporting the exclusionary policies of the State. Equally significant, immigration records also reveal that besides the State, multiple players with varying agendas were involved in negotiating, for example, the migration of Caribbean migrant nurses.

Although Canadian nursing leaders and their associations expressed concerns about unqualified nurses—regardless of race—entering Canada, they nevertheless remained partial to Anglo-Caribbean nurses as opposed to Haitian nurses working primarily in Montreal and Quebec. Nursing directors and organizations were unequivocal in their racism against Haitian nurses (Flynn, 2003). This did not mean that Caribbean nurses were welcomed to Canada in mass numbers. During the late 1950s, immigration directors spent a great deal of time interviewing hospitals and individual nurses regarding Caribbean nurses' performance. These investigations suggest that immigration officials were attempting to find evidence to support their claims that Caribbean nurses were not "suitable" citizens and were poor workers. Instead, they found out that some nursing leaders and hospital personnel were prepared to employ Caribbean nurses. In one instance, immigration officers interviewed Miss Lindsay, Secretary-Registrar in Montreal, regarding Caribbean nurses'

involvement in the professional association, and were told that “there is no question of their acceptance into the Association because of their colour, provided they have the necessary qualifications.” Lindsay also reminded the officers that the association had “nurses registered from such countries as Trinidad, British Guyana, Jamaica, and India.” She also noted that once Caribbean nurses passed their courses, they could often find employment because “there was a good demand for nurses.”³ The Jewish General Hospital was also willing to hire Caribbean nurses “with the understanding to secure accommodation outside of said hospitals due to their Nurses Quarters being filled to capacity.”⁴ While exhaustive details of Caribbean migrant nurses can never be fully recovered from immigration records, the demand for practitioners during the post–World War II nursing shortage is clearly evident. Thus, the master narrative of the State becomes complicated with the introduction of other parties, who also include Caribbean migrant nurses.

Given the overwhelming information on the State and its agents, it is easy for researchers to overlook the few instances where Caribbean nurses emerge as agents of their own destinies. Further perusal, and a careful reading of these archival records, reveal glimpses of individual nurses’ agency and the role of organizations such as the Canadian Negro Association, an antiracist organization that challenged State-sponsored racist practices. In 1956, for example, the acting chief for the Immigration Admissions Division sent a memo advising his colleagues to refuse entry to students and nursing assistants from the British West Indies unless they had been accepted into a program that “led to a degree of Registered Nurse which could be acceptable to the Provincial Nursing Association.”⁵ Yet, at the same time that this memo was circulated, the Immigration Department issued temporary visas to two women who had been accepted for training as nursing assistants at Norfolk General Hospital in Simcoe, Ontario, on the grounds that “these were exceptions and must not be taken as precedents.” Four women had originally applied, and unbeknownst to the Immigration Department, they all knew each other. While two of the women were granted permission to enter nursing training, the other two were sent letters informing them that their request for entry into Canada was denied. One of the rejected women then wrote a letter to the Immigration Department demanding an explanation as to why her application had been refused. She pointed out that the two women who were granted permission to enter Canada had applied approximately 2 weeks after she had filed her own application. In an internal memo, the chief of admissions admitted that “in all fairness to Miss H—and her friend, I think we should authorize temporary entry in their cases.”⁶ However, he added that any such decision should

not be taken as a precedent. It is not known whether these other two women were actually granted temporary entry, but it is significant that they were not complacent and that they were able to find at least one immigration officer to support their petition. Black nurses also appealed to other organizations such as the Negro Citizenship Association, the British Caribbean Students Liaison Office in Canada, and the National Association for the Advancement of Coloured Peoples, that intervened on their behalf, either meeting with or writing to Canadian Immigration and Citizenship officials.

Undoubtedly, immigration records, as far as traditional sources go, more often than not tend to reinforce the State's hegemony. To locate information to the contrary meant looking beyond immigration officers' memos and State policies and regulations and sifting through these sources with a critical lens so as to glean information about Black women. Even though Caribbean women's voices were often heard via the reports of immigration officers, the data culled from these sources were extremely useful. Clearly, the State's role in circumventing Caribbean migration cannot be underestimated; however, it is equally important to underscore how migrants—as in the case of one of the women mentioned above—also challenged state practices and policies. As a traditional source, immigration records, while reinforcing the State's authority, also provided some insights into Caribbean nurses' agency.

Nursing Records and Black Nursing Students

Once Black Canadian and Caribbean nurses entered nursing schools and the nursing profession, there are a range of other sources that tell us about their lives as students and as nurses. Unlike other female-dominated occupations, nursing schools have left a wealth of archival material including nursing association minutes and reports, nursing training and education documents, student records, yearbooks, conference papers, and nursing syllabi. Although these records focus on nurses generally, there is some information that is useful in reconstructing the unknown history of Black nurses. In addition to integrating the occupation, these nurses entered nursing at a time when the political economy of both nursing and the broader Canadian society was undergoing a period of dramatic transformation. Modifications to nursing education, the introduction of auxiliary workers, the transfer to nurses of duties that had been the sole purview of doctors, the expansion of State-supported hospitals, and the introduction of health insurance programs were some of the changes taking place. Records generated by nursing schools thus capture the tremendous struggles that the nursing

occupation underwent to secure for itself a legitimate place within the medical hierarchy. Wanting to move away from simply providing hospitals with free student labor, nursing leaders attempted to secure respect for the occupation within the health care field through improved education. This agenda was shared by nursing leaders in the English-speaking Caribbean, Britain, Canada, and the United States.

To determine the number of Black students enrolled in nursing schools, I utilized pictures of graduating classes on school walls as well as in yearbooks. Unlike immigration records, where migrants are often represented as an undifferentiated nameless and faceless mass, graduation and yearbook pictures confirm and authenticate the presence of Black women in nursing. This method, while simple and straightforward, can also be problematic, given the reliance on socially constructed physical features to identify Black women and the acknowledgment that “passing” for White is also a reality. I examined eight yearbooks. While Ontario was generally the focus, I also looked at Nova Scotia’s Victoria General Hospital School of Nursing yearbook. Before 1950, there were no identifiable Black students in the yearbooks, but by the mid-1950s, this had changed. In *The Pulse*, the yearbook of the Atkinson School of Nursing at Toronto Western Hospital, I identified 4 Black women who had graduated between the years 1950 and 1974. Of these 4 nurses, 3 were Black Canadians and the other was from the Caribbean. Similar to other nursing schools, Black graduate nurses of the school were few and far between, yet Toronto Western Hospital had a number of mostly Caribbean migrants working on various wards during the 1960s and employed as RNs, nursing assistants, and nurses’ aides. The graduating classes of the Hôtel Dieu School of St. Joseph’s Hospital in Windsor featured an unprecedented 13 Black nurses during the years 1948 through 1961. Most of these were born in Canada and include Colleen L. Campbell and Marian V. Overton, who had graduated in 1948, before Steele and Wright. The Hôtel Dieu and the Halifax Children’s Hospital were among the first institutions to admit Black Canadians into nursing training. The first Black nurse featured in the graduating class at the University of Toronto School of Nursing was G. E. Russell, who graduated in 1960. More than likely, the women mentioned above left no personal records; consequently, the yearbook as a source takes on even more significance since it validates and confirms Black women’s presence in nursing.

Yearbooks are an excellent source of graduate photos, but they also serve as a conduit into the culture of nursing schools, as seen from the students’ perspective. Independently created, it appears, away from the stern and watchful eyes of nuns and instructors, yearbooks provide firsthand information about

nursing training through stories, poems, and social activities. Yearbook pictures show Black students either as active participants in the nursing schools or simply enjoying the camaraderie of their training and life in residence. Like other students who had to balance the demands of nursing training, Black students were also shown enjoying various social events. The St. Joseph School of Nursing yearbook, *The Dawn*, featured a Black student and her family at the Parent and Daughter Dinner. Other students were sporadically included in "candid" photos on various wards throughout the hospitals and were shown as members of social and political organizations, sports teams, and other committees. Vilda Skerry, who completed her training at Victoria General Hospital, was the vice-president and later president of the Nurses' Christian Fellowship in 1957. The purpose of this organization was to assist Christian nurses.

Windsor's Metropolitan School of Nursing, for example, had a record-breaking six Black nurses in training in 1963. Bonnie Shadd, a descendant of Mary Ann Shadd Carey's sibling, began her nursing training there in 1960, and she appeared several times throughout the *Bibs and Beanies* yearbook during the 3 years she spent there. Following in the footsteps of her ancestor, Shadd was very involved in the political and social life of the nursing school. In 1962, she was chair of the House Committee, a student organization that acted as a "'police force' in residence" (*Bibs and Beanies*, 1963, p. 49), and she was also vice-president of the *Lampadian*, the governing body of the school that aimed "to provide opportunities for socialization" (*Bibs and Beanies*, 1963, p. 54). Living in residence and enduring their training period together meant that nurses forged lifetime bonds, which appeared to subsume class and racial differences. Shadd's candid yearbook pictures, for example, showed her having fun with her White colleagues, suggesting a willingness to fit in with her peers. While these photos are certainly open to multiple interpretations, when taken at first glance they suggest an active participation in student life and sense of comfort with her classmates. As one Caribbean nurse pointed out in referring to the small numbers of Black women in nursing, it is also possible they were not perceived as a threat.

The passing of time and a public dialogue on racism in Canadian society did not lead to an influx of Black women in nursing. Grace McFarlane graduated from the Metropolitan School of Nursing in 1971, more than two decades after her predecessors had been first accepted at the Hôtel Dieu in Windsor and 7 years after Shadd had graduated from the Metropolitan. From candid photos in the yearbook, I identified two other Black nurses in addition to McFarlane, but McFarlane was the only Black nurse to graduate in her year. That she was the class valedictorian is certainly noteworthy.

McFarlane's valedictorian address, printed in the 1971 *Lampadian* yearbook, not only summarized the joys and challenges of nursing training over a 3-year period but also provided her perspective on the profession and her own place within it. As she wrote,

Our most binding harness . . . is our education and knowledge. To be sure we have spent three years gathering the basic and essential skills of our trade, but it's just the beginning of a lifetime adventure. We owe it to ourselves to grow and expand as individuals in order to be fully equipped to handle each and every problem that may confront us in our career and our day-to-day existence. Let's make the most of every opportunity and experience that comes our way. (*Lampadian*, 1971-1972, p. 6)

McFarlane's speech strongly suggests that Black Canadian-born and Caribbean nurses embraced the ideals of the profession; nursing was a special task for anyone called to care, heal, and cure. Similar to her other Black Canadian counterparts, McFarlane held values, expectations, and aspirations that were no different from any other graduating nurse, regardless of color, and these often subsumed and mediated racial differences and possible tensions. Difficult to locate—often with some years missing—not only do yearbooks make Black nurses visible, but they also yield insights into how Black women negotiated a space for themselves within the occupation.

In addition to images of nursing students and graduates, some yearbooks also include pictures and information about nursing instructors. Given that White students and White nursing instructors dominate the pages of the various yearbooks and graduating pictures decorating the walls of hospitals and nursing schools, it is relatively easy to overlook the few Black students and, more so, the Black nursing instructors. Similar to the small number of Black nurses who were admitted to Canadian nursing schools, the number of Black nursing instructors was even smaller. Of the eight yearbooks, only two schools had pictures of Black nursing instructors. Between the years 1968 and 1974, St. Joseph School of Nursing in Toronto had four Black instructors on staff: Miss Edith R. Davis, Miss Avis Henry, Miss M. Price, and Mrs. Stoby. In 1968, Miss C. Pottinger joined the teaching staff at the Nightingale School of Nursing and was still teaching in 1974. The presence of these instructors is particularly significant given how very little is known about these women and how they fared in a predominantly White occupation that once excluded them based on their skin color. The faces of the instructors in the nursing yearbooks also testify to their strength and resilience, very necessary for breaking down discriminatory barriers to nursing education.

While dealing primarily with institutional issues, another source, nursing records, contains valuable information with respect to nursing education. Nursing records at the University of Toronto's Bachelor of Science of Nursing program, for example, provide important insights into the requirements and assignments for students. They illustrate the reactions of students and supervisors to hospital and ward practice, show the organization and structure of the nursing school, and demonstrate the concern the school had about nursing education as it related to "curriculum, the learning process, the integration of theory and practice, post basic education, and professional education."⁷ Although access to the biographical details and other confidential personnel data found in student files is restricted, once authorization is granted by the institution, the information is invaluable. The fact that so few Black nurses were admitted to nursing schools means that special care has to be taken to protect their identities. That said, the students' voices are muted, and it is the instructors' voices that are most salient. The student records provide specific information about the students such as the classes they took, class ranking, and the instructors' assessments of their performance. In addition, detailed information, annotations, and evaluations by instructors about student responses to clinical and hospital ward experiences are also included.

As was the case at other nursing schools, the University of Toronto's School of Nursing had few Black baccalaureate graduates, but their post-basic programs had a number of graduate nurses from the Caribbean who were interested in nursing education, leadership, public health, and nursing administration (Hezekiah, 2001, p. 16).⁸ During and immediately following the Second World War, at least two graduate nurses from the Caribbean (one trained in Britain) and two African Americans were enrolled. Following her graduation from the Children's Hospital in Halifax in 1948, Ruth Bailey also received her certificate in public health nursing from the university in 1950. To earn her certificate, Bailey took the following courses: Nursing Principles; Nursing Child Hygiene; Nursing Fieldwork; Hygiene: Pre-med 1a, 3a; Sociology; Education; Science; and Public Health Nursing.⁹ Overall, the graduate students were then judged on the following: knowledge of objectives, planning, teaching ability, nursing techniques, interest, personal qualities, leadership, and attitude to supervision recording.

The student record of one Caribbean student revealed that she was an "excellent student with good ability, keen interest, a forceful but charming personality and a good educational background. The instructor concluded that she should prove capable of leadership in her country."¹⁰ The instructor also maintained that one of the African American students was above

average in interest, intelligence, nursing teaching, training ability, and writing. She demonstrated superior leadership qualities, good ability, and interest and had a strong personality. Overall, she was a diligent, well-balanced, and mature student who should make a contribution to nursing education.¹¹ Prior to attending university, this nurse had served as a bedside nurse, a supervisor in an emergency department, and an assistant night supervisor and had accumulated experience working with the Department of Health.

Information gleaned from student nurses' records not only helps situate these students within the milieu of nursing life but also provides glimpses of how they were perceived by White nursing instructors and supervisors. While the students' records included their racial identification, only on one occasion did a nursing instructor actually advert to the racial identity of one of the candidates. Most comments emphasized the nursing instructors' subjective assessment of whether the candidates possessed the requisite characteristics and leadership skills. Given the numerical presence of White students and nurses, it is relatively easy to miss the rather scant data on Black nurses and students.

Telling Nurses' Stories: Oral Interviews

Thus far, I have argued that correspondence between immigration officials, nursing leaders, and hospitals provides a starting point for an investigation of Caribbean nurses' migration within the changing political economy of nursing. Immigration records do reveal discriminatory practices on the part of the Canadian government and Canadian nursing schools, but they also afford a glimpse of the Black community's collective and individual responses to the racist exclusionary policies of the State. Yearbooks confirm Black students' presence in nursing schools and serve as a window into nursing culture. Similarly, nursing records constitute a key source for understanding how nurses were evaluated and the impact of educational and professional transformations on Black students and nurses. Notwithstanding the importance of these sources, there remain questions central to this research, the answers for which cannot be gleaned from these archival sources or yearbooks. It became evident to me that to find the answers to these questions would mean talking—wherever possible—to Black nurses themselves. Thus, the following narratives, culled from Black nurses, both complement and contradict the information extracted, at least from the immigration records.

The Interview Process

For this project, I relied primarily on the snowball procedure to select 25 Caribbean and Canadian nurses between the ages of 45 and 85. As was true for Caribbean immigrants more generally, the majority of Caribbean nurses came from Jamaica, followed by those from Trinidad, Barbados, and Grenada. A minority of nurses were also from Guyana and Dominica. Most of the Caribbean-born women received their nursing education in Britain. The number of Canadian-born Black nurses in this study is smaller, which may reflect their historical exclusion from nursing in this country. The interviews lasted anywhere from 1½ to 3 hours and took place mostly in the participants' homes. The women had the option of using a pseudonym or their own names; most chose to use their own names. Once the interviews were completed, the tapes were transcribed, and if necessary, follow-up interviews were done for clarification purposes.

Despite the rich data that interviews provide, oral history comes with its own set of issues. Some concerns raised by advocates of oral history include, notably, the reliability of memory, the relationship between participants and interviewer, and the way narratives are interpreted once the interviews are completed. In their support of oral history as a methodology, Kathryn Anderson, Susan Armitage, Dana Jack, and Judith Wittner (1990) maintain that

oral history is a basic tool in our efforts to incorporate the previously overlooked lives, activities, and feelings of women into our understanding of the past and the present. When women speak for themselves, they reveal new realities: new experiences and new perspectives emerge. They challenge the "truths" of the official accounts and cast doubts upon established theories. (p. 95)

Even as she recognizes the problems associated with using oral history, Franca Iacovetta (1995) admonishes us that acknowledging its limitations "hardly justifies dismissing [oral history], anymore than the fragmented and biased character of preserved written records should prompt us to abandon the archives" (p. 227). Thus, I accept that the narratives are not an unadulterated access to the past, and that as an interviewer, I play a role in shaping the interpretation of what is revealed and what is concealed. Consequently, I use oral history critically, paying attention to the importance of language, the cultural and ideological influences that shape the nurses' recollections, and the issues surrounding subjectivity.

The nurses' stories, in tandem with the archival evidence, illuminate central themes in this research, but it was clear to me that nurses prioritize their recollections, which sometimes contradict the archival evidence.¹² This raises interesting questions about the limits of the archives and what counts as evidence. In addition, the nurses' reminiscences further reinforce the tensions of writing Black Canadian women's history. That these tensions arise strengthens the support of oral interviews as opposed to total reliance on, for example, the immigration records. Equally important, the Black nurses' memories regarding their migration to Canada also disrupt the State authority that predominates in migration scholarship and discourse.

To interpret and understand the evidence gleaned from the Black nurses' testimonies means situating this information within the larger body of scholarship mentioned earlier. Scholarship on Caribbean immigrants to Canada has shown how the state's immigration policies maintained gender and racial inequality (Calliste, 1992; Carty, 1994; Silvera, 1989). In my own work, I have attempted to demonstrate the complex nature of the interactions between the State and the major players involved. Yet, some Caribbean nurses recalled that their interaction with Immigration Canada was straightforward. Daphne Bailey, who was recruited by the Brantford Hospital, fondly remembered the immigration officer saying, "You go pass your [registration] exam and you can live in Canada for the rest of your life."¹³ Surprisingly, it was Canadian Nursing Associations such as the College of Nurses in Ontario, charged with adjudicating professional qualifications, that Caribbean nurses criticized (Flynn, 2004). When she migrated in 1969 from Britain to Canada, Elaine McLeod was told by the college that she did not have enough pediatric experience and would need an additional 21 hours of nursing training to be a registered nursing assistant. Yet, McLeod felt that her status as State-enrolled nurse in Britain was equivalent to a registered nursing assistant in Canada and that she did not need to upgrade (Flynn, 2004). Unfortunately, neither the college nor the school McLeod applied to for the course agreed with her. In fact, she was told by the school that she would need to repeat the program. Still upset with how she was treated, McLeod explained, "They didn't think it was up to their standard having done two years [in England] when their's [in Canada] was just a ten-month program" (Flynn, 2004, p. 387). For British-trained, Caribbean practitioners, it was their professional colleagues in Canada, rather than State officials, who frustrated their migration process. My objective is not to deny the State's role in restricting the migration of Caribbean nurses but to demonstrate how these archival sources only recount one side of the story.

While the nursing records abound with information about nursing training and education, the interviewees tended to be more detailed in what constituted their practical training. Thus, the nurses' oral testimonies do fill the lacunae in the nursing records. Very few nurses complained about the rigid nursing hierarchy, discipline, long hours, and hard work in their education that were endemic to the environment in which they trained. Canadian-born Agnes Ellsworth began her training at Windsor's Hôtel Dieu Hospital in 1953. A typical day, she stated, began around 6:00 a.m., with prayers followed by breakfast. Once breakfast was completed, the trainees proceeded to the wards or to their classes. Work on the wards, however, was foremost in their memories. Ellsworth explained,

We worked very hard. We had to do a lot of the menial work. We did bed-pans, we were really hands on. We were doing a lot of the work that nurses do not do today. We had to cook and serve the breakfast. We made the beds and served the medications. We were trained quite well.¹⁴

She took pride in her training, as it prepared her to provide optimal care for her patients. Thus, I use the nursing instructors' written evaluations of their students coupled with the actual interviews to paint a more complete picture of Black nurses' subjectivities.

Besides knowing how students performed academically, we also learn something from student records about how those who taught nursing courses felt about their students. Yet there is very little information about the relationships students themselves had with nuns, matrons, Sisters, or instructors. Consequently, oral testimonies coupled with feminist scholarship are utilized to explain these hierarchical and complicated relationships during and after training. Canadian-born Laura Tynes found that her instructors were generally fair and that she "didn't have any problems with any of the teachers." The head nurses, however, could make life as a student nurse awkward. "They were very, very severe, and if you did something wrong, or [what] they considered wrong, they were very severe in the way they chastised you over it."¹⁵ Since nurses' voices are muted in nursing records, oral narratives, such as that of Tynes, are indispensable. Explicating Tynes' statement means using the paradigms advanced by feminist scholars to help in the process of writing Black Canadian women's history.

Despite the tendency of feminist scholars to ignore, or subsume, Black women's subjectivities under the category *woman*, without any qualification, these scholars do provide certain theoretical frameworks that are useful for this project. Socialist-feminist scholars, for example, have examined

how nurses are situated within the medical hierarchy. They maintain that as workers, nurses have traditionally been considered subordinate to physicians and expected to follow their orders. Simultaneously, they have power and authority over other women working as auxiliary staff, directing the work of groups like nurses' aides and assistants. For a number of Black Canadian nurses, this was particularly true, more so than for their Caribbean counterparts; the former assumed administrative and leadership roles. As nurses in positions of authority, Black Canadian women recognized that they were trailblazers in their communities, reaping the benefits of the work of their ancestors and simultaneously paving the way for those to come afterward. This is not to suggest that Black nurses never experienced gendered racism, but they found ways of coping. They made nursing work for them and carved out for themselves satisfying professional careers.

Conclusion

Taken together, the different kinds of sources discussed, my reading of them, and the methodological approach supplemented by feminist scholarship has allowed me to start to piece together the narrative of a group of women about whom very little is known. Not only does this research contribute to Canadian nursing history, but it also challenges the national narrative that touts the benign treatment of Black people in Canada. Thus, the story told about nursing is also about Canada and about the Black Diaspora; it is also about how to use incomplete and contradictory sources. Examining Canadian immigration records provides an opportunity to understand the difficulties encountered by Caribbean nurses and the strategies they employed in attempting to enter the country to work. Yearbooks, photographs, and nursing records validate the presence of Black students in nursing while offering insights into nursing culture. Oral histories help us to round out the stories of these nurses, those who dared to pursue their dreams and challenge an exclusionary system that sought to deny their competence and abilities.

Notes

1. Frieda Steele, tape-recorded interview by author, June 2001, Windsor, Ontario, Canada.
2. See, for example, George Elliot Clarke's forward in Afua Cooper's (2006) brilliantly researched book, *The Hanging of Angelique: The Untold Story of Canadian Slavery and the Burning of Old Montreal*.

3. Library and Archives of Canada (LAC), RG 76, vol. 553-110, pt. 2, To: Director of Immigration, Ottawa; For: Eastern District Superintendent, "Nurses from the British West Indies," February 16, 1956.
4. LAC, RG 76, vol. 553-110, pt. 1, To: Director of Immigration, Ottawa; For: Eastern District Superintendent, "Nurses from the British West Indies," February, 16, 1956.
5. LAC, RG 76, vol. 553-110, pt. 1, To: Acting Chief, Admissions Division; For: Admissions "B," "Student Nurses Assistant from the British West Indies," July 4, 1956.
6. LAC, RG 76, vol. 553, pt. 1, To: Acting Chief, Admissions Division; For: Admissions "B," "Students Nurses Assistants from the British West Indies," July 4, 1956.
7. University of Toronto Archives, A88-0028, Box 002, file: Conference for Directors.
8. University of Toronto Archives, A79-001/001 (Certificate in Public Health Nursing).
9. University of Toronto Archives, A79-001/001 (Certificate in Public Health Nursing).
10. University of Toronto Archives, A79-001/001 (Certificate in Public Health Nursing).
11. University of Toronto Archives, A79-001/001 (Certificate in Public Health Nursing).
12. The contested nature of the archives is raised in Burton (2005).
13. Daphne Bailey, tape-recorded interview by author, May 1995, Toronto, Ontario, Canada.
14. Agnes Ellesworth, tape-recorded interview by author, June 2001, Windsor, Ontario, Canada.
15. Laura Tynes, tape-recorded interview by author, December 1999, Mississauga, Ontario, Canada.

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