

Beyond the Glass Wall: Black Canadian Nurses, 1940–1970

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Abstract. Until the mid-1940s, young Black women who wanted to train as nurses in Canada were prohibited from doing so. The first cohort of Black Canadian registered nurses integrated Canadian nursing schools beginning in the early 1950s. I argue that despite entering an occupation that defined itself around Victorian ideals of “true womanhood,” an archetype that excluded Black women, these nurses were able to negotiate and secure a place in the profession. This research not only contributes to Canadian nursing, it also situates Canada, with respect to scholarly discussions about the Black Diaspora.

Back in the 1950s, they were not really accepting Black girls in nursing. I got into nursing because one of the principals was so kind and nice to me, and I had very good marks. When I got into nursing, I had no idea who my roommate would be, but there she was, another Black girl. I just felt that they didn't ask us who we wanted to room with. They just put us together because we were two Black girls. And I think that kind of set the tone for our whole three years. My roommate—her mother was White and her father was Black, so she had issues coming into nursing—but we got along fantastic. But she was always favored. She was fair, [had] long beautiful hair and you know my colour (laughs). It didn't matter to me. In the last year of nursing, they put another Black girl with us. The other Black girl definitely did not want to be there with us. She would dress in the closet ... she didn't want to be with us. Other girls would have faded away, but I wasn't of that caliber. Nursing wasn't hard ... there was some amount of segregation but nothing held me back.

Agnes (Scott) Ellesworth¹

In 1953, Agnes Scott and her roommate Dorothy Richards graduated from St. Joseph's School of Nursing at the Hotel Dieu in Windsor, Ontario. Prior to Scott and Campbell, only six Black nurses had graduated from the school. The fact that Dorothy (Richards) Scott was only the seventh Black nurse in the

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history of the hospital was not coincidental. Canadian nursing schools had a history of excluding Black women from obtaining nurse training. Indeed, compared to other Canadian hospitals, Hotel Dieu stood out with respect to the number of Black students it admitted during the post-Second World War era. Between 1948 and 1961, 13 Black students graduated from its nursing program.

This article explores the complex subjectivities of the first cohort of Black Canadian registered nurses embodied in Agnes Scott Ellesworth's quote at the beginning. Relying primarily on oral interviews, a magazine short story, and nursing and nonnursing texts, I explore how Black Canadian-born nurses negotiated and secured a place in an occupation that defined itself around Victorian ideals of "true womanhood," an archetype that excluded Black women. I argue that Black Canadian nurses nevertheless capitalized on the opportunities nursing offered to carve out a satisfactory professional and personal life. Their ability to negotiate and secure a place in nursing was a result of several related factors: their commitment to and investment in the professional ideals of the occupation; their childhood experiences growing up in Canada; their awareness of the exclusionary practice of nursing; and a tacit acceptance of their role as trailblazers in tandem with their ancestral legacy.

The research presented here is part of a larger project in which I conducted interviews with Black Canadian and Caribbean nurses who trained in Britain, various Caribbean islands, and Canada. Born between 1929 and 1950 in Ontario, Nova Scotia, and Manitoba, all but two of the Black Canadian nurses I interviewed were trained in religious-based nursing schools.² The majority of the nurses found employment in Ontario hospitals. Three chose to work in the United States; the others all ultimately lived, worked, and retired in Canada. Keenly aware that they were among the first Black nurses, these young women entered an occupation that was organized on principles and ideals that reinforced White Canadian nurses' cultural hegemony. They trained and worked in homogeneous environments of White nurses, doctors, students, and administrators whose encounters and interactions with Blacks had been limited.

I chose to focus on this group of nurses partly to remedy the paucity of available scholarship,³ but also because of the valuable information in their oral testimonies. Black Canadian nurses provide a unique perspective on constructions of race and gender. As a group, they disrupt the commonly held perception of Blacks as a monolithic category whose experiences are determined primarily by race. They also challenge the notion that because they are in a predominantly female occupation, they automatically share a commonality regardless of social location. Equally important is what Black

Canadian nurses reveal about nursing and the wider Canadian society. Their ancestors' struggle for justice and their own presence in Canada allow them to make claims to a form of national liberalism about their rightful place as both nurses and Canadians. Finally, excavating Black Canadian nurses' subjugated knowledge,⁴ while highlighting the specificity of their experiences, not only complicates the category *nurse*, but also reveals much about claims to professionalism, social space, and place.

The Development of Canadian Nursing

The development of nursing as a profession for middle-class White women was inextricably linked to Victorian ideals of respectability and femininity that culminated in an occupational hierarchy based on gender, socioeconomic status, and racial difference.⁵ Black women were not the only group of women excluded from nursing. Other women of color and White working-class women also did not fit the image of the "proper" nurse that nursing leaders promoted for the profession. Working-class White women, however, could possibly be assimilated into middle-class respectability; Black women and women of color had a more difficult time. Bolstering the professional image of the occupation was more important to nursing administrators than addressing its discriminatory legacy. Indeed, nursing administrators were hardly the vanguard of fighting against discrimination in nursing. Many were unable to extend the "ethic of care," purported to be one of the core values of nursing, to their non-White sisters. This position was most reflected in some nursing administrators' inability to advocate for young Black women who wanted to train as nurses.

Nursing leaders had a strong investment in maintaining White privilege in the occupation, including defending the exclusionary policy maintained by nursing schools. A 1940 letter by Arthur C. Moore to Mr. G. Roberts, president of the Toronto Coloured Liberal Association, is quite telling.⁶ Moore's daughter wrote Toronto General Hospital (TGH), told them she was "coloured," and requested an application. According to Moore, his daughter received a letter stating there were no vacancies at TGH, and she never received the application. According to Moore, "She wrote them again using another name, [her own name in Spanish] and another address. They replied saying call at the hospital for an interview." It is unlikely that the young woman contacted the hospital, given that the Association president wrote a letter to Minister of Health Harold Kirby on behalf of her father.

No response from Kirby exists, but a letter from Miss A. M. Munn, director of nurses' registration, to Dr. B. T. McGhie, deputy minister of health, objected to a proposal to establish a separate nurses' training school for Black women. Munn stated that "the Negro population of Toronto would hardly justify the establishment of a separate training school."⁷ She neither advocated separate training schools for Black nurses nor supported their working in hospitals with White nurses, patients, and doctors. According to her, "The Superintendent of any general hospital must keep in mind the reaction of patients to nurses in training, and there would no doubt be many protests from patients and doctors if coloured nurses were introduced into the wards."⁸ She further asserted that "training schools were established in the United States for this reason." White nurses' racism and their relentless campaign for professionalization through standardizing the curriculum and controlling admission requirements and state licensing,⁹ all of which had an adverse impact on Black nurses in the United States, were never mentioned. Mann's refusal to admit Black women to train as nurses was couched in the need to serve the interests of White doctors and patients.

Unfortunately, such attitudes were common, as is reflected in archival documents regarding the migration of Anglo-Caribbean and Haitian nurses to Canada. The postwar era was turbulent for the Canadian health care system, and that turbulence was intensified by the shortage of nurses that persisted through the 1950s and 1960s. Ignoring urgent demands for hospital staff nurses, immigration officials relied on century-old stereotypes of Blacks as lazy and dishonest to deny entry to Caribbean and Haitian nurses.¹⁰ Regrettably, these decisions were often supported by nursing administrators who shared similar attitudes. At the same time, while nursing leaders were reticent about Black nurses working alongside doctors and caring for patients, they did not all reject outright Black women's desires to train as nurses. Even Mann believed that Black nurses could train in Canada as long as they returned to their "land."¹¹ She was obviously not referring to native-born Black Canadian nurses. Other nursing administrators accepted Caribbean migrant nurses and students on the condition that their qualifications were above average. In Quebec a nursing administrator in a memorandum to immigration officials explained that "if a coloured nurse or nursing assistant succeeds and graduates, she usually has outstanding qualifications which make them very recommendable."¹²

Contemplating the thought of a disproportionate number of Black women working in hospitals perturbed nursing personnel such as Miss Weir, director for Mount Sinai Hospital. In dialogues with immigration officials about Caribbean nurses, Weir echoed the Canadian Nursing Association proclamation

“that there is no discrimination whatsoever, and if the person is acceptable she is registered without regard to race or creed.”¹³ Yet the officials reported that “Miss Weir confidentially stated the hospitals desire to maintain a considerable majority of white nurses on staff.”¹⁴ Indeed, Black female bodies on the wards working alongside White doctors and nurses simultaneously threatened the homogeneity of the occupation, White privilege, and whiteness.

Whether as loyalists, free people, and fugitive slaves who escaped to Canada from the United States before, during, and after slavery, or later as migrants in the mid-20th century, Black people’s lives were circumscribed and dictated by institutional, systemic, and everyday forms of racism. Black and Caribbean people, regardless of the time period, chose resistance over acquiescence as they responded to the myriad forms of oppression that affected them individually and collectively. Individuals such as Pearline Oliver in Halifax, Nova Scotia, who wanted to be a nurse but feared rejection, and organizations such as the Nova Scotia Association for the Advancement of Coloured People (NSAACP) and Canadian Negro Citizenship, campaigned tirelessly, quietly, and eventually challenged the racially exclusionary policies of nursing schools, as well as those of Citizenship and Immigration Canada. Individual Caribbean nurses and potential students whose applications were rejected by Citizenship and Immigration Canada also appealed to the state and Black organizations hoping to get their rejections reversed.¹⁵ The Canadian Nursing Association declared in 1944 “that there be no discrimination in nursing,”¹⁶ but this formal elimination of racist barriers did not erase the structures of White privilege that were embedded in the occupation. Through the 1960s, nursing as a site of White privilege continued to be acknowledged in various media.

Nursing Image, Whiteness, and Representation

Popular culture scholar Julia Hallam contends that “White middle-class images of femininity that represent[ed] nursing and nurses in popular fiction and recruitment literature throughout the postwar period were not only representative of professional ideals and practices but also constitutive of those ideals and practices.”¹⁷ As Black women entered the profession, concerns about professional image and identity registered in popular cultural forums. In 1964, Sheila Mackay Russell published a short piece of fiction in *Chatelaine* called “The Glass Wall,” which captured the imagined anxiety that administrators, staff, and students felt around hiring a Black nurse “for a key post on the

faculty of nursing” at the fictional Civic General Hospital.¹⁸ After much debate, the protagonist Lydia Sanford was reluctantly hired, much to the delight of her friend Julie Matthews, who chose to emphasize Sanford’s qualifications rather than her skin color. Despite Sanford’s impeccable qualifications, she found Civic General an uncomfortable environment, in which her colleagues avoided her or pretended she was invisible. The students made jokes that portrayed Blacks as barbaric, even as they admitted that Sanford was the best instructor they had ever had.

Russell’s story aptly summarizes the central anxieties of White colleagues and administrators. In discussing whether Sanford will fit in, one instructor sums up her feelings to a colleague in the following manner: “Being brilliant isn’t enough for the job she’ll be stepping into. You know how students tend to regard the senior employees of the faculty as the ultimate in the professional image. Well I don’t see how they can identify with Lydia Sanford. She just doesn’t fit the image.”¹⁹ This image of the professional nurse, however fluid, contested, and historically specific, encompassed the characteristics of White femininity and womanhood, and was connected to middle-class White women’s complicity in the domination of non-White women. It drew on the gender ideology of the 19th century that reserved the title *ladies* for White women, a status that was impossible to attain for Black women, even if they tried. Indeed, in the 20th century, the question was not about Black nurses’ respectability but about their leadership capabilities. As I discuss later in this article, some Black Canadian nurses attested that a similar discourse resonated in nursing, that, regardless of qualifications, their ability to teach or provide care was, and to some extent still is, scrutinized by peers, patients, students, and administrators.

The image of the “Other” exemplified by Russell’s fictional heroine has perpetually preoccupied White scientists, academics, journalists, and reporters in both Canada and the United States.²⁰ Nursing was no exception from this deep concern about image—its own and that of the “Other.” A short news piece in *Canadian Nurse* by Suzanne Lego, entitled “White Nurse Can Help Negro Change Self-Image,” referred to conditions in the United States, but it must have struck the editors as appropriate and valuable for a Canadian publication.²¹ The article focused on a 1966 presentation to the American Nurses Association by Lego, a well-known and respected instructor in the Advanced Program in Psychiatric Nursing at Rutgers University, who positioned herself as an authority on the genetic composition and psyche of Blacks, and as well versed in Black culture and family. These institutions, she asserted, “[give the Negro] a self-image ... [of] feelings of inferiority and dependency.” White nurses had a special calling in addition to administering patient care—they

could also assist Blacks with their inferiority complex. For Lego, “the White nurse taking care of a Negro patient might have been able to give him more than valuable nursing care—[she] might have helped him improve his self image.” The White nurse demonstrating to the Black patient that she had high expectations of him “allowed room for growth or development of potential.” Lego further urged White nurses to “consider the Negro as an equal with the same capabilities for growth and development of potential as any other human being.”

Lego’s seemingly benign gesture spoke to White liberalism, which did not reflect the fear and contagion generally associated with Black male bodies. Missing from her assessment, however, was the way ideological, systemic, and institutionalized forces of racism operated to circumscribe Black lives. For her, Black culture and family, not White supremacy, was the culprit for Black patients’ negative self-image. In the end, the Black patient was viewed as childlike, docile, and dependent, the very same racist images against which Black Canadians lobbied. Furthermore, the tone of the article reflected the paternalistic and maternalistic attitudes typical of some White men and women, which were extended toward Blacks in general, not just those who were sick. Indeed, Lego’s explanation cannot be considered only an American phenomenon, as historian Kathryn McPherson explains in reference to White Canadian nurses, who were expected to “serve as role models for their social ‘inferiors,’ such as immigrants and non-Whites.”²² Taken together with Russell’s story, Lego’s analysis speaks to issues connected to identity formation and representation in nursing.

A closer examination of the article and Lego’s presentation gestures to the formation of White racial identity and the privileging of Whiteness in nursing. Beginning in the late 19th century, nursing leaders in North America and Britain lobbied tirelessly to establish nursing as a White, middle-class, female occupation associated with respectability and gentility.²³ Additionally, nurses relied on images of “White femininity with its cultural associations to chastity [and] purity,” which were often linked to Christian virtues and morals.²⁴ Victorian notions of femininity were used, on the one hand, to exclude some women from nursing, but, on the other hand, also to legitimize the occupation within the medical field and as a response to medical doctors’ hegemony. The 19th-century racialist discourse of non-Whites as dirty and contaminated also reverberated in nursing, and was reworked to fit the context of later periods. Unlike the category of *Blackness*, *Whiteness* for Lego was universalized, normative, and legitimate. By using the social marker *White* to identify particular nursing groups, Lego and others like her participated in privileging *Whiteness* and all that it embodies. In theory, only White nurses possessed the

capacity not only to cure, care, and heal, but also to serve as mentors to Black patients. With the White nurse serving as the epitome of *White* values, the Black patient was then supposed to emulate Whiteness and all that it signified. British professor of film studies Richard Dyer notes in his provocative article “White”:

Power in contemporary society passes itself off as embodied in the normal as opposed to the superior. This is common to all forms of power, but it works in a particularly seductive way with Whiteness, because of the way it is rooted in common sense thought ... there are inevitable associations of White with light, and therefore with safety. ... Socialized to believe the fantasy, that Whiteness represents goodness and all that is benign and non-threatening, many White people assume that is the way Black people conceptualize Whiteness.²⁵

The idea that Black patients might reject being cared for by White nurses due to their racism exposes the normative and commonsense assumption about *Whiteness*. Equally significant is how Lego’s indexing of Whiteness eclipsed Black nurses’ own capacity to care, to cure, and, in the case of the fictional Lydia Sanford in Russell’s story, to teach.

In his classic work *The Wages of Whiteness*, historian and critical Whiteness scholar David Roediger explores the investment White workers have in Whiteness, even though as a category it is historically specific and unstable. Roediger elucidates the implications of White workers’ identification with Whiteness in relation to how they see themselves and those designated as “Others.” He points out that “White workers could, and did, define and accept their class position by fashioning identities as ‘not slaves’ and as ‘not Blacks.’”²⁶ Although Roediger focuses on the 19th century, his argument is useful in thinking about the development of Canadian nursing. Notwithstanding that White nurses were not always as explicit in claiming their White skin privilege as the working-class immigrant men Roediger discusses, their collusion in linking nursing identity to Whiteness is not negated. It is exemplified not only in fiction such as Russell’s “The Glass Wall,” but in the actual responses of nursing leaders. Whether intentionally or not, educators such as Lego and administrators like Mann, in different contexts, both privileged and reified Whiteness as the norm.

Nor were nursing leaders alone in maintaining and perpetuating such images of Whiteness and Blackness. Nursing students participated in their own popular forms of reinforcing White privilege through stereotyping Blacks. As shown the 1967 issue of *The Pulse*, the Atkinson School of Nursing yearbook, White nurses painted their faces black to perform in a minstrel show

entitled “This Is Vaudeville.”²⁷ This late 19-century American form of entertainment was presented despite the visible presence of Black nurses on staff. Minstrel shows were popular forms of entertainment in a number of Canadian churches during the mid-20th century, much to the consternation of community activists such as Stanley Grizzle, president of the Canadian Pacific Railway Division of the Brotherhood of Sleeping Car Porters, and Donald Moore, president of the Negro Citizenship Association. Whites in general viewed performances such as “This Is Vaudeville” merely as amusements.²⁸ As audiences sat passively absorbing blackface entertainment, they were being schooled about racial identity, including their own.

Hallam further asserts that “imaginary constructions have social implications; they are not only ‘fictions’ of the material world; they mediate dominant ideals and values, creating insecurity and doubt, and even fear.”²⁹ For Grizzle, minstrel shows “perpetuated the stereotypes cherished in the minds of many White people.”³⁰ The audiences, he continued, “have never suffered from prejudice and discrimination to understand the humiliation caused by childish forms of entertainment involving minority groups.” The minstrel performance cannot be viewed as an isolated or innocent incident, but must be understood within the context of nursing and of how Black people were viewed in the larger Canadian society. Furthermore, the examples about White privilege and Whiteness illustrate the extent to which nursing leaders attempted to define nursing based on their own cultural values, beliefs, and practices. It is on this racialized terrain that Black Canadian nurses would subsequently enter nurse training and work.

Formation of Racialized Identity During Childhood

To understand how and why Black Canadian nurses positioned themselves within the nursing profession necessitates an exploration of their childhood experiences. The encounters with race and racism these women had growing up not only influenced how they navigated the racially hierarchical world of nursing, but contributed to the development of their subjectivities in relation to nurse training and work. As children, these nurses were subjected to legal ordinances that often created separate facilities for Blacks and Whites. White children were able to go to restaurants and movie theaters at will.³¹ Black children were excluded from entering these spaces; moreover, some schools were also segregated. Marlene Watson, who grew up in Panuke, Nova Scotia, explained that “we had a White school for juniors from Kindergarten through

to grade 8, and there was a Black school down in the plains from Kindergarten to grade 8.”³² She pointed out, however, that the town where she grew up was somewhat unique; despite the existence of separate general stores and other facilities for Whites and Blacks, it was a predominantly Black community with some White families. Moreover, some Blacks and Whites were willing to cross racial boundaries. As a child, Watson played with White children, but she explained that “in a sense it was terrible in that we played together after school, and before school, and when we got down to Panuke Road in the morning, I went right and they went left to our separate schools because that was the way things were at the time.” Laura Tynes described Kentville, Nova Scotia, where she grew up, as a “poor rural area.” Despite a shared socioeconomic status with Whites, Tynes pointed out “there was a good deal of prejudice in Nova Scotia, and we were restricted as to where we could go, like you couldn’t go to certain restaurants.”³³

The recollections of Virginia Travis are even more salient. She recalled that her upbringing in Dresden, Ontario, was marred by a number of incidents common in a “White community that had racist attitudes.”³⁴ In contrasting the contradictory nature of the public, which was sometimes hostile, with the supportive environment of home, church, and community, Travis pointed out that “it was difficult to assess how you were treated as a child, when you knew there was a difference in how you were treated publicly.”³⁵ According to H. R. Burnett, secretary of the National Unity Association of Dresden, an interracial antiracist organization, “school children learn about Jim Crow before they learn to read and write.”³⁶ They also learned, he continued, “that it [was] all right to go to the Girl Guides or Boy Scouts together, but it [was] not all right to go for ice cream or soda pop together.” On one occasion, three children aged five to seven “went to a restaurant for ice cream and the waiters not only refused to serve them, they just stood there looking at them.” Unfortunately, the Racial Discrimination Act adopted by Ontario in 1944, which “prohibits the publication or display, on lands, premises, by newspaper or radio, of any notice, sign, symbol, emblem, or other representation indicating racial discrimination,”³⁷ was not applicable to public spaces. As educators Ken Alexander and Avis Glaze pointed out, “most areas of concern to Blacks fell under provincial jurisdiction.”³⁸

While Black communities across Canada were embroiled in various battles concerning unequal treatment meted out toward Blacks, Dresden, Travis’s hometown, was characterized as more racially segregated than most.³⁹ The extent to which Blacks experienced discrimination there led commentators to compare Dresden to *Dixie*, the colloquial term for the southern United States. Together with labor unions, local Blacks joined forces with the Joint

Committee for Human Rights, the Brotherhood of Sleeping Car Porters, the United Auto Workers, the Canadian Jewish Congress, and the Toronto Association for Civil Liberties, and took their case to the Ontario government. The efforts of these groups working toward social justice and equity resulted in the 1954 Fair Accommodation Practices Act to “protect the rights of citizens against discrimination in public places.”⁴⁰ Despite obvious problems with the legislation, the Act was considered a victory, given that White Dresden residents in 1949 voted in a referendum against the issue of “non-discriminatory licensing . . . by a vote of 517 to 108.” Of course, restaurants continued to refuse service to Blacks until one restaurateur was successfully charged under the Act. Still, Travis remembered the lobbying efforts of those who made the Act a reality and how the landmark decision was a proud moment for Dresden’s Black residents. “I had an awareness of this all growing up; this was not unique to me,” she stated.

Similarly, Frieda Steele, who grew up in Windsor, recalled always being aware of racism. “I remember going to a restaurant [with her family] on our main street with another couple and being refused. That was a horrible experience for me because I never experienced my father being powerless before.”⁴¹ Steele’s father, Alton C. Parker, who later became Windsor’s first Black uniformed officer and Canada’s first Black detective, was active in fighting for racial justice. He was a member and was once Vice-President of the Central Citizens Association of Windsor, a group of citizens committed to advocating for full citizenship rights for Black people.⁴² In fact, on a visit to Dresden, Travis’s hometown, Parker arrived in time at a restaurant where “four or five Black men, who were refused service . . . decided to serve themselves. The Dresden police were called,” but it was Parker who “managed to get things under control.”⁴³

There were, of course, some variations in the childhood experiences of these nurses. Born in Winnipeg during a period when formal discriminatory policies were slowly being eliminated, Darlene Barnes’s experience of racism growing up was relegated to racist name-calling. She explained that her peers were afraid of her because she could “out-run, out-climb, and fight as well as any boy. I had a twin brother, and I was as tough as he was. We would smack someone if they called us a name, and they never called you nigger again.”⁴⁴ Barnes’s experiences with racism began mostly in elementary and high school. She went to a private Catholic school and left because she believed the nuns “were racist.” During one class, Barnes claimed that she “kicked up a storm” because the teacher was unable to understand “why the slaves wanted their freedoms, because they had free medical care, free clothing, free housing and free food.” Barnes attempted to explain to the teacher why freedom was

important to the slaves, but the teacher felt she acted out of line. According to Barnes, "I caused a riot in the classroom; they were going to call my parents. I said, 'If you think I'm terrible to deal with, wait until my father gets here. He'd like to know what you are teaching.'" ⁴⁵ Barnes was kicked out of class, and her parents enrolled her in public school. Overall, though, Barnes believed that her childhood was great.

In preparing Black children to survive the inequities they encountered, the institutions of the family and the church were crucial, even when they did not explicitly discuss the pernicious effects of racism. Some parents instilled a sense of racial pride in their children; others repeatedly affirmed to their children how unique and important they were as individuals. These strategies would become critical in helping children make the transition into adulthood. Barnes's father had migrated to Canada from the United States to escape racism, only to find that Canada was not the haven he had envisioned. As a result, Barnes maintained, "He talks about Canada as if Canada was no better than the United States, and it wasn't. They had the same Whites-only restaurants. Canada truly wants the world to believe that racism does not exist here, that it was an American thing. But guess what, it was blatant as hell in this country." Barnes's father was also a member of the Brotherhood of Sleeping Car Porters. "He was a union person and was very outspoken, very vocal. I learned a lot from him. I learned a lot about intolerance." These childhood memories were part of the formative years for Black Canadian girls. Barnes and her earlier predecessors drew on these early lessons to deal with inequities. These young Black Canadians brought these lessons along with their own coping mechanism, when they entered nurse training.

Once Black nurses entered training and the workplace, how did they negotiate their lives as students and workers? What bonds, if any, were forged between Black and White nurses? Here again, Russell's fictional narrative of Sanford's position as the only Black woman on the staff of "Civic General" is instructive. In trying to convince her colleagues why Sanford would not have any difficulty working at the Civic due to her race, Julie Matthews had offered the following explanation: "Difficulties are nothing new to Lydia Sanford. . . . To prove her equality; she has had to know more and work harder than everybody else all her life." ⁴⁶ The nurses in this study would certainly concur with such an assessment. As children, their parents inculcated in them the idea that they would have to work harder than Whites. In addition, they entered training aware of the occupation's exclusionary history. Some had heard stories of young women who were denied training and had to go to the United States. One nurse pointed out that being admitted to nursing was contingent on having a family member admitted as well.

Even though they entered nursing school with memories of unequal treatment growing up and had an arsenal of strategies to deal with unpleasant encounters, some nurses were surprised and expressed disappointment that the residences were segregated. Drawing a parallel to the biblical story of Noah who boarded the ark with two of each kind of animal, they pointed to the “unofficial” policy of nursing schools that admitted only two Black nurses at a time. Tynes states, “There were only two Black nurses that went into training before my cousin and I went. You had to have another Black person to room with you. They wouldn’t allow you to room with a White person. It was very bad.”⁴⁷ Similarly, when Steele entered training at Hotel Dieu in Windsor in 1947, she observed that “there were two [Black] students in training when I entered.”⁴⁸ Except for one, all Black students in residence had Black roommates. Some claimed this was a deliberate choice on the part of nursing administrators who feared that they might be isolated and shunned by their White counterparts. For Ellesworth, White administrators were more concerned with protecting White students. “They put us together, and we stayed in the dormitory. If there were any Blacks, they would put them by themselves. I could have lived with Whites, but they couldn’t have lived with me.”⁴⁹ Yet, this unfortunate reality did not deter the student nurses, as I have demonstrated above; their experiences growing up had prepared them to deal with any inequities they faced.

Equally significant is the nurses’ own acceptance of, and belief in, the tenets of the profession. As I have argued elsewhere regarding Caribbean migrant nurses,⁵⁰ Black Canadian nurses were invested in both symbolic and real gender-specific ideals about nursing that were propagated by their communities, popular culture, and churches, as well as by the occupation once they entered it. They believed that nurses had a special calling to heal and care, and embraced the core principles of nursing explicated in the 1967 Atkinson School of Nursing yearbook:

She is judged not by her race or religion, or social standards, she is measured by her professional yardstick that measures her ability to make a bed, apply a bandage, or sacrifice her time to ease the pain of a patient simply for the satisfaction of a job well done. She is a hardworking, determined young girl doing her best for her school and hospital.⁵¹

Although this statement was written more than two decades after the majority of the nurses in this project started training, these nurses believed in and espoused the core values it mentions. Perhaps as a result, they had few concerns about the structure and regimentation characteristic of nurse training.

Black Canadian nurses accepted the rigid hierarchy, discipline, long hours, and hard work that were endemic to the environment in which they trained, regardless of social identity and location. Nurses formed bonds based primarily on their status—first as probationers (the colloquial *probies*), then as juniors, and eventually as graduates. Throughout the three years, they learned the skills, with special emphasis on bedside care, that led them to realize their dreams to become full-fledged professional nurses.

Ellesworth began her training at Hotel Dieu in 1953. A typical day, she stated, began around 6:00 A.M., with prayers followed by breakfast. The trainees then proceeded to the wards. Ellesworth pointed out that “We worked very hard. We had to do a lot of the menial work. We did bedpans, 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.”⁵² She took pride in her training as it prepared her to provide optimal care for her patients. Nurses like Ellesworth lament the bedside and practical training missing from contemporary nursing.

Likewise, Travis began training at the Public General Hospital in Chatham, Ontario, in 1954. She summed up her three years of training in the following manner:

As a student nurse you were up early. You went to breakfast, went to Chapel, and then you had to be on the unit at 7:00 A.M. It was hands-on experience integrated with classroom experience. The first few weeks were in class and we toured different sections of the hospital. Within a few months we were on the units doing clinical practice as a probationer. We took temperatures, made beds, baths, and monitored patients after surgery.⁵³

These nurses were fully cognizant that students’ unpaid labor contributed to the smooth functioning and maintenance of the hospitals. Commenting on the rigidity, strictness, and lack of remuneration, Tynes, who also began training in the 1950s, at the Isaac Walton Killam Hospital in Halifax, Nova Scotia, categorically stated that “[the hard work] didn’t do us any harm; it made us into strong women.”⁵⁴ However menial the tasks, the nurses found immense satisfaction in their capacity to do the work they were assigned.

Except for Barnes, who was the youngest of the nurses interviewed and who trained in Britain, none of the nurses recalled experiencing overt forms of racism from their colleagues during training. By and large, they attributed any hints of racist attitudes to limited knowledge about and lack of interaction with Blacks on the part of Whites. In their experience, when White nurses realized that they shared aspirations and goals with their Black counterparts, they were less likely to react in racist ways.

More common was patient-nurse racism, and again, the nurses attributed the problem to an absence of opportunity for cross-cultural relations. Patients' family members also expressed surprise when they encountered the few Black nurses working on the wards. Ellesworth noted that the typical reaction of parents when they met her on the obstetrics ward was to express surprise that there were any Black nurses working there. She simply responded "Here I am."⁵⁵ An occupational identity based on rigorous training and harsh discipline made the very few Black nurses who entered training in the late 1940s and 1950s feel included. This is not to say that notions about race and Whiteness failed to permeate the social organization and social relations of nursing. Still, the few Black nurses who worked alongside White nurses often subsumed any possible racial tensions to forge bonds that continue until the present. For these nurses, it appeared that their joint subjugated status as students partially superseded a focus on racial issues.

Indeed, Steele fondly remembered the nurses she trained with at Hotel Dieu:

We encouraged and discouraged each other from quitting when the going got rough. We knew each other's families and boyfriends. I think our method of training melded us together. One girl told me that she would never talk to Blacks until she met us [Steele her roommate Cecile Wright]. She was ripped of all the stereotypes and rumors. She had no real experience to compare [all the rumors and stereotypes to]; we became fast friends and remain friends throughout.⁵⁶

The friendship and camaraderie Steele discussed was visible in the reaction of her peers to an incident that took place on the night they graduated. Steele and Wright were asked by the proprietor of the banquet hall where the graduation party was being held to leave the premises. According to the reporter who interviewed Steele and Wright, "the request came after the party was in progress. No reason was given, they said, but they considered the reason obvious and departed without informing their 46 classmates as to the real cause."⁵⁷ Their classmates, oblivious to the fact that the only two Black students were not at the party, told reporters following the incident that, had they been privy to the details of why the nurses were asked to leave, "they would have staged a mass walkout."

Ironically, before graduation, the proprietor of the roadhouse and his daughter had been gravely ill, and it was Wright and Steele who had cared for them. "When those two girls nursed the proprietor, it was alright if they were colored, but Frieda and Cecile weren't wanted as guests at his roadhouse," one classmate explained. At their 50th anniversary celebration, in September 2000, Steele had to relive the experience for Marty Gervais, a *Windsor Star*

columnist.⁵⁸ Steele recalled how painful and hurtful the experience had been. For her, though, it was important to move on. When Gervais wrote about the roadhouse experience, he explained “As Genie (Denomme) Van Hooren tells it, the cement of friendship, the loyalty, the camaraderie [was] born on the very day they met 50 years ago. It survives everything.”

Ellesworth, too, continues to cherish the relationships that resulted from her training. Despite segregated residences and working in the United States, she added that “It’s been a life long friendship” with the students she met in training. As American nurse historian Barbara Melosh points out, “the hospital was school, workplace, and home combined.”⁵⁹ It is thus not surprising that these nurses were able to forge the ties they did. Tellingly, although they are currently retired, Ellesworth, Travis, and Steele remain active in nursing alumnae associations.

As the first group of Black Canadian nurses to enter the occupation, these nurses were committed to professional excellence. They believed that by doing extremely well they would open doors for other Black women. Coincidentally, the majority of the nurses interviewed entered the occupation at a time when the Canadian health care system was undergoing an immense transformation. In the aftermath of the war, the Canadian government developed a number of programs that led to state-funded hospitals, hospital insurance programs, and, by 1968, Medicare. Authors Pat and Hugh Armstrong contend that health care not only stimulated economic growth due to investments, but also created employment for a variety of people within institutions.⁶⁰

During this period, permanent hospital-based employment engaged the majority of nurses, still mostly White. As hospitals expanded and new technical and surgical procedures were introduced, nursing leaders needed to make adjustments. They pushed for more education for graduate nurses and hired subsidiary workers, creating a hierarchy of nurse managers and nurse workers.⁶¹ These changes gave Black Canadians an opportunity to prove their worth. As only one or two of the RNs on the ward, Black Canadian nurses excelled, not only in their areas of expertise, but also because they undertook various leadership roles throughout their careers. They epitomized professionalization, a concept often used to denote the occupational strategies of education and registration adopted to maintain control over nursing work.⁶² Their personal and individual investment in professionalization was reflected in the positions they held as head nurses, supervisors, directors, and, in the case of Travis, nursing instructor. Throughout their careers, these nurses continued their education, whether, like Travis, by obtaining a Bachelor of Science degree, or by obtaining other kinds of certificates that would cement their roles as skilled professionals.

Even though the experiences of the nurses were not identical, there were similarities in their commitment to professionalism. When she graduated from Hotel Dieu, Ellesworth immediately found employment at Providence, a Catholic hospital in Southfield, Detroit, Michigan. She spent one year at Providence and returned to Hotel Dieu to start a family. In 1960, she found employment at Mercy General, a Black hospital in Detroit located at 688 Windmere. Ellesworth explained her decision to work in Detroit: "If I wanted to work, I was going to make the best of it. The things I wanted to do were there [Michigan], and I could have the best of both worlds. I work there and live here [Windsor]."⁶³ She did exceptionally well. In a short time, she became the director of the operating room at Mercy. At the same time she attended school to become a nurse anesthetist, something she had always wanted to do but which was not offered anywhere in Canada.

When Mercy General closed in the early 1970s, Ellesworth found employment at Sidney A. Sumby Memorial Hospital, located in River Rouge, Michigan, where she was director of anesthesia until that hospital closed its doors in the late 1980s. She added that she also worked at another hospital part-time to pay for her children's education. Stressing how much she enjoyed working with and among African American nurses, she explained that "They were highly respected and motivated, which in turn motivated me. We didn't have that in Windsor."

Besides wanting to obtain her license in anesthesia, Ellesworth also disclosed that her decision to "cross the border" was based on the lack of recognition that educated Blacks received in Windsor.

In Michigan it was less about colour and more about your education. We [Blacks] have this background and foundation and I think we were a bit overlooked. I got good positions [in Michigan], I had four children to raise, and I was able to do that. That was done all because I was in the States. I would have worked and wouldn't have made that here.

Paradoxically, Ellesworth was able to find validation and employment in a country where her ancestors were unable to, and in hospitals that were created because of White racism.

Overall, the work experiences for Travis, Watson, and Steele were positive, and in some ways they followed similar patterns in terms of their professional positions. Upon graduation in 1957, Travis worked in the surgical unit at the Public General Hospital in Chatham. She then moved into the operating room, where she was assistant head nurse for two years and head nurse from 1962 to 1964. She took some time from nursing to teach operating room and

postoperative care for three years at the school of nursing at Chatham General. Following her stint at teaching, she returned to the operating room as supervisor. Although the position was highly stressful, she enjoyed it, "which is why I worked there for 23 years." Along with nursing, teaching, and raising a family, Travis was active in the Registered Nurses Association of Ontario (RNAO), where she sat on the Complaints and Disciplinary Committee and a number of other committees. Similar to the other nurses in this study, during the 1970s, Travis voted for and supported collective bargaining for nurses, a group she feels was disadvantaged even though it was the largest group of health care workers in Ontario. Now retired, she pointed out that "I miss nursing, and I miss it tremendously."⁶⁴ Travis continues to be active in nursing initiatives and will be until she is no longer able.

After she graduated in 1950, Steele worked part-time at Hotel Dieu while raising a family. In 1970, she returned to the hospital full-time and took an administrative position that brought a great deal of responsibility and authority. According to Steele, it was sometimes difficult for patients and family members to accept a Black nurse in charge. She tells the story of a gentleman who had a complaint regarding the care his wife was receiving.

He was directed to come down and see Mrs. Steele. One of our clerks said, "This is Mrs. Steele." He said he wanted to see Mrs. Steele. The clerk then pointed to me and I said, "I'm Mrs. Steele." He then said, "He wanted to see Mrs. Steele the person in charge." I said, "That's me." I directed him to the CEO's office and before long he returned very humbly and asked if "I had a minute for him." We discussed the problem and what we were prepared to do. He was very pleased and thanked me and left. I called the CEO and asked him what had been said to this gentleman. He said that "I told him that that's not my domain, it's Mrs. Steele's and you will have to discuss it [the problem] with her."⁶⁵

While Steele's experience ended satisfactorily, this was not always the case for the other nurses. Like the fictional Sanford in "Glass Wall," who is tired of her skin color being seen as an impediment, Steele wanted more than anything else for her colleagues to realize that underneath her Black skin, she too wanted to be "just one of the girls."⁶⁶ Black Canadian nurses strove to prove themselves as qualified, capable, and professional nurses; they wanted to excel in order to open doors for other Blacks but also to prove to Whites that they were capable of excellence.

Throughout their careers, Black Canadian nurses defined their work experiences in terms of their identity as nurses rather than "Black nurses." Did this mean that these nurses were oblivious to the way they were sometimes perceived by their colleagues and patients? Steele pointed out that her

interactions with Whites at times constituted a testing of the self. She maintained that “when you are Black Canadian, you are conscious of the racism in society. Very often, and most often, it’s not blatant but every once in a while it rears its ugly head and you have to be ready to meet it.”⁶⁷ Besides being equipped with determination and the tools to succeed, Black Canadian nurses also evoked their ancestors’ 400-year presence in Canada and their history of struggle to claim a space in the larger Canadian society. This discourse of Canada as “home,” and of their inherent right to “belong” even if the nation sought to exclude or marginalize them, was extended to nursing.

Certainly, the desire of Black Canadian nurses to succeed was based on an understanding of their role as “trailblazers” in conjunction with their ancestral legacy in Canada. For Travis, the reality that “my predecessor couldn’t enter nursing influenced [me].”⁶⁸ Edna Black Searles, whose sister Ruth Bailey is reputed to be the second Black nurse to train in Canada, and whose father, Joe Bailey, once president of the United Negro Improvement Association (UNIA), wrote Prime Minister Mackenzie King after his daughter was refused training by a number of Toronto hospitals, illustrated how important it was that Bailey succeed. She explained that “they [Ruth and the other Black nurse] went and studied. She [Ruth] was an exceptionally good nurse. She said, ‘I gotta blaze the trail for everybody else, so I’m gonna do a good job,’ and she did.”⁶⁹

To use historian Darlene Clark Hine’s term, these nurses essentially accepted “the burden of racial obligation.”⁷⁰ As a result, there were certain responsibilities one had to undertake by virtue of being born Black and Canadian. When Bailey left Nova Scotia, she received a certificate in public health from the University of Toronto and went to Chatham, Ontario, to practice. Searles asserted that her sister’s experiences were not always positive, but that like Ellesworth she did not chafe. Speaking on behalf of her sister, Searles explained:

Once you were born in this country, we know that we are fighting our way, and while we talk about it, we try to do something about it. If you want something in any place, especially the country you were born into, you have to fight. That’s why my father fought, that’s why he wrote the letter. Nothing is impossible, you have to start someplace. So [Ruth] enjoyed [Chatham] whether it was one hundred percent to her liking, there is not a job that you get one hundred percent to your liking, but if you are blazing the trail for others, you accept the good and the bad, you accept some of the things or you get out.⁷¹

Given the racial climate in Canada and nursing, Bailey assumed she would have to participate in the role of racial uplift. For her, being a trailblazer and

setting a good example were not a matter of choice, it was something that was necessary.

For the Black Canadian nurses studied in this project, Canada had represented for their ancestors a safe haven from the racism and violence of 19th-century United States. Contrary to what is suggested in positive nationalist narratives, however, Canada was not always hospitable. In Dresden, Windsor, Africville, Chatham, and Buxton, the descendants of African Americans struggled to build institutions and create communities. This legacy of struggle was passed down from generations to generation, and people continued to fight the various forms of oppression endemic to Canadian society. It was this history, then, coupled with their belief that they had a right to train as nurses that provided Black Canadian nurses the necessary affirmation to begin their training in the postwar era and to blaze a sometimes arduous trail for the generation of Black Canadian and Caribbean nurses who have followed.

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Notes

1. Agnes Ellesworth, interview by author, tape recording, Windsor, Ontario, June 5, 2001. The interviews took place in the interviewees' homes and lasted from 1.5 to 3 hours. All interviewees signed written consent forms.

2. Of the nurses who began their training in the late 1940s and early 1950s, only one mentioned choosing to train in a public institution as opposed to a religious-based hospital; for the other women, their decisions were based on convenience and hospitals' willingness to accept them as students.

3. Overall, there is a paucity of research on Black women generally in Canada. Most studies on Black Canadian and Caribbean migrant nurses tend to focus on their experiences as waged laborers and racism in the workplace. See, for example, Agnes Calliste, "Women of 'Exceptional Merit': Immigration of Caribbean Nurses to Canada," *Canadian Journal of Women and the Law* 6 (1993): 85–103; Tania Das Gupta, *Racism and Paid Work* (Toronto: Garamond Press, 1996); Josephine Etowa, R. Thompson, and S. Sethi, "The Worklife Experiences of African Canadian Nurses," Virginia Henderson International Nursing Library, International Conference, Impact of Global Issues on Women and Children, Dhaka, Bangladesh, February 12–16, 2006, <http://www.nursinglibrary.org/portal/main.aspx?pageid=4024&pid=8412>, 2006 (accessed November 27, 2007); Karen Flynn, "Experience and Identity: Black Immigrant Nurses to Canada, 1950–1980," in *Sisters or Strangers: Immigrant, Ethnic, and Racialized Women in Canadian History*, ed. Marlene Epp, Franca Iacovetta, and Frances Swyripa (Toronto: University of Toronto Press, 2004), 381–97; Margaret Shkimba and Karen Flynn, "In England We Did Nursing': The Experiences of Caribbean and British Nurses in Great Britain and Canada," in *New Directions in the History of Nursing: International Perspectives*, ed. Susan McGann and Barbara Mortimer (New York: Routledge, 2005), 141–57.

4. For Michael Foucault, "subjugated knowledge" refers to that which is delegitimized or excluded from what counts as "real knowledge." In this case, Black Canadian women's subjectivities are marginalized within nursing scholarship and Canadian history generally.

5. Kathryn McPherson, *Beside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto: Oxford University Press, 1990); Catherine Judd, *Beside Seductions: Nursing and the Victorian Imagination, 1830–1880* (New York: Palgrave Macmillan, 1996).

6. Letter to G. Roberts, President, Toronto Coloured Liberal Association, July 14, 1940, Archives of Ontario (AO), RG 10–107–0–166, container 23, file #1 ("Nurses Training, etc."), 1939–1940; McPherson, *Beside Matters*, 119; Karen Flynn, "I'm Glad That Someone Is Telling the Nursing Story': Writing Black Canadian Women's History," *Journal of Black Studies* 3, no. 38 (January 2008): 445.

7. Miss A. M. Munn, RN, Director, Nurses' Registration, Letter to Dr. B. T. McGhie, Deputy Minister of Health, October 2, 1940, AO, RG 10–107–0–166, container 23, file #1 ("Nurses Training, etc."), 1939–1940; McPherson, *Beside Matters*, 119; Flynn, "I'm Glad That Someone Is Telling the Nursing Story," 446.

8. Munn, Letter to Dr. B. T. McGhie; McPherson, *Beside Matters*, 119.

9. Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession 1890–1950* (Bloomington: Indiana University Press, 1989), xx.

10. Karen Flynn, "Race, the State and Caribbean Immigrant Nurses, 1950–1965," in *Women, Health, and Nation: Canada and the United States Since 1945*, ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Montreal: McGill-Queen's University Press, 2003), 259.

11. Munn, Letter to Dr. B. T. McGhie; Flynn, "Race, the State, and Caribbean Immigrant Nurses," 259.

12. Library and Archives Canada Record Group, 76, vol. 553–110, pt. 2, to Director of Immigration; from Eastern District Superintendent, Montreal, Quebec, “Haitian Nurses Aides,” June 9, 1958.

13. Flynn, “Race, the State and Caribbean Immigrant Nurses,” 257.

14. Flynn, “Race, the State and Caribbean Immigrant Nurses,” 257.

15. For Black Canadian and Caribbean organizations in Canada, see, for example, Calliste, “Women of Exceptional Merit”; Constance Backhouse, “‘Bitterly Disappointed’ at the Spread of ‘Colour-Bar Tactics’: Viola Desmond’s Challenge to Racial Segregation, Nova Scotia, 1946,” in Backhouse, *Colour-Coded: A Legal History of Racism in Canada, 1900–1950* (Toronto: University of Toronto Press, 1999), 226–71; Amoaba Gooden, “Community Organizing by African-Caribbeans in Toronto, Ontario,” *Journal of Black Studies* 3, no. 38 (January 2008): 413–26; Peggy Bristow, “A Duty to the Past, A Promise to the Future: Black Organizing in Windsor—The Depression, World War II, and the Post-War Years,” *New Dawn: Journal of Black Canadian Studies* 2, no. 1 (2007): 15–59.

16. McPherson, *Bedside Matters*, 211.

17. Julia Hallam, *Nursing the Image: Media, Culture and Professional Identity* (London: Routledge, 2000), 5.

18. Sheila Mackay Russell, “‘The Glass Wall’: A New Chapter in the Human Drama in a Hospital,” *Chatelaine* (October 1964): 69.

19. Russell, “The Glass Wall,” 68.

20. Particularly in the U.S. context, the idea of Black people as socially and biologically inferior has historically been used to justify their subordination. According to Ronald Davis, “This image functioned as the racial bedrock of American popular culture after 1900, especially manifested in minstrel shows, the vaudeville theatre, songs and music, film and radio, and commercial advertising.” See, for example, Ronald L. F. Davis, “Popular Art and Racism: Embedding Racial Stereotypes in the American Mindset: Jim Crow and Popular Culture,” http://www.jimcrowhistory.org/resources/lessonplans/hs_es_popular_culture.htm (accessed April 2, 2007). On science and racism, see, for example, Stephen J. Gould, *The Mismeasure of Man* (New York: Norton, 1981).

21. Suzanne Lego, “White Nurse Can Help Negro Change Self-Image,” *Canadian Nurse* 62 (August 1966): 12.

22. McPherson, *Bedside Matters*, 17.

23. See, for example, Robert Dingwall, Anne Marie Rafferty, and Charles Webster, eds., *An Introduction to the Social History of Nursing* (London: Routledge, 1998).

24. Hallam, *Nursing the Image*, 11.

25. Richard Dyer, “White,” *Screen* 29 (Autumn 1988): 44–64.

26. David Roediger, *The Wages of Whiteness: Race and the Making of the American Working Class* (New York: Verso, 1991), 13.

27. “The Atkinson School of Nursing: Toronto Western Hospital Presents: This Was Vaudeville,” March 16–17, 1967, *Pulse: The Atkinson School of Nursing Yearbook* (1967): 18–19.

28. “Churches Rapped!!! Grizzle, Moore Speak Out Against Minstrel Shows,” *Canadian Negro* 4, no. 1 (March 1956): 1.

29. Hallam, *Nursing the Image*, 25.

30. “Churches Rapped,” 1.

31. Ken Alexander and Avis Glaze, *Towards Freedom: The African-Canadian Experience* (Toronto: Umbrella Press: 1996), 150. Viola Desmond’s story of being forcibly ejected

from a movie theater in Nova Scotia exemplifies the de facto nature of racial segregation in Canada; see Backhouse, "‘Bitterly Disappointed.’"

32. Marlene Watson, interview by author, tape recording, Toronto, Ontario, January 18, 2000.

33. Laura Tynes, interview by author, tape recording, Mississauga, Ontario, December 6, 1999.

34. Virginia Travis, interview by author, tape recording, Windsor, Ontario, June 5, 2001.

35. Travis interview.

36. Ray Greenridge, "Labor, Churches Urged to Back Fight Against Dresden Race Discrimination," *Canadian Negro* 2, no. 1 (February 1954): 1.

37. "The Racial Discrimination Act Adopted in Ontario," <http://www.chrcccdp.ca/en/timePortals/milestones/45mile.asp> (accessed April 2, 2007).

38. Alexander and Glaze, *Towards Freedom*, 151.

39. See, for example, Ross Lambertson, "'The Dresden Story': Racism, Human Rights and the Jewish Labour Committee of Canada," *Labour/Le Travail* 47 (2001): 1–36; Roger McTair, *Journey to Justice*, National Film Board of Canada, 2000. There is also an earlier version of this film entitled *The Dresden Story*, National Film Board of Canada, 1954.

40. Lambertson, "The Dresden Story," 13.

41. Frieda Steele, interview by author, tape recording, Windsor, Ontario, June 9, 2001.

42. For an excellent discussion of the CCA, which was later renamed the Central Citizens Association for the Advancement of Colored People, see Bristow, "A Duty to the Past, A Promise to the Future."

43. "Prevented Violence at Dresden," *Canadian Negro* 2, no. 3 (February 1954): 3.

44. Darlene Barnes, interview by author, tape recording, Toronto, Ontario, October 22, 1999.

45. Barnes interview.

46. Russell, "The Glass Wall," 66.

47. Tynes interview.

48. Steele interview.

49. Ellesworth interview.

50. See, for example, Flynn, "Race, the State and Caribbean Migrant Nurses"; Shkimba and Flynn, "In England We Did Nursing."

51. "What Is a Student Nurse?" *The Pulse* (1967): 23.

52. Ellesworth interview.

53. Travis interview.

54. Tynes interview.

55. Ellesworth interview.

56. Steele interview.

57. "Girls Nurse Proprietor But Said Not Wanted as Roadhouse Guests," *Windsor Star*, June 14, 1950.

58. Marty Gervais, "My Town—Ugly Incident Didn't Break Spirit or End Friendship," *Windsor Star*, September 18, 2000.

59. Barbara Melosh, *"The Physician's Hand": Work, Culture, and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), 37.

60. Pat Armstrong and Hugh Armstrong, *Wasting Away: The Undermining of Canadian Health Care* (Toronto: Oxford University Press, 1996), 121.

61. See McPherson, *Bedside Matters*.

62. David Coburn, "Professionalization and Proletarianization: Medicine, Nursing and Chiropractic in Historical Perspective," *Labour/Le Travail* 34 (Fall 1994): 139–62.

63. Ellesworth interview.

64. Travis interview.

65. Steele interview.

66. Russell, "The Glass Wall," 68.

67. Steele interview.

68. Travis interview.

69. Edna Black Searles, interview by author, tape recording, Scarborough, Ontario, September 4, 1999.

70. Hine, *Black Women in White*, xvii.

71. Searles interview.

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