

COLOR ME CAPABLE:
THE RISE OF AFRICAN-AMERICAN NURSE FACULTY
AT LINCOLN SCHOOL FOR NURSES, 1898 TO 1961

by

Ashley Graham-Perel

Dissertation Committee:

Professor Sandra Lewenson, Sponsor
Professor Eileen Engelke

Approved by the Committee on
the Degree of Doctor of Education

Date 19 May 2021

Submitted in partial fulfillment of the
requirements for the Degree of Doctor of Education in
Teachers College, Columbia University

2021

ABSTRACT

COLOR ME CAPABLE:
THE RISE OF AFRICAN-AMERICAN NURSE FACULTY
AT LINCOLN SCHOOL FOR NURSES, 1898 to 1961

Ashley Graham-Perel

The recruitment of diverse nurse faculty fosters culturally competent teaching, role modeling of cultural awareness, and mentorship for diverse nursing students. However, with regard to the evolution of New York City's diversity, the nursing profession has historically failed to parallel the societal transformation. This researcher investigated nursing education's past in regard to race and ethnicity through the historical case study of one of New York City's first schools established to educate Black women in nursing arts, namely, the Lincoln School for Nurses of the Bronx, New York.

The lack of diversity within nursing is not an issue that developed overnight. Deficiencies of diverse nurse educators have been associated with decreased numbers of enrolled minority students, insufficient percentages of minority nursing staff, and the negative stimuli on healthcare that stemmed from unconscious biases and healthcare disparities. This researcher employed the historical research method and accessed archival materials (both primary and secondary sources) to study the Lincoln School for Nurses. The findings of this study identified the progressive development of African-American nursing students in New York and the pivotal role African American nursing faculty have played in the education of Black nurses. Along with the historical study of the

Lincoln School for Nurses, biographical sketches of prominent graduates and leaders (such as Adah B. Samuels Thoms and Ivy Nathan Tinkler) were presented. Furthermore, previous studies of Lincoln School for Nurses' institution and educational standards, such as the Ethel Johns Report of 1925 and the 1930 study of the school by Isabel M. Stewart and Teachers College, Columbia University, were investigated. The presence of structural racism and discrimination influenced the growth and development of Black nursing faculty in history and, arguably, set the foundation for Blacks in nursing education of present-day. It is vital that researchers examine the origins of this dilemma and provide clarity to the events and experiences that influenced the nursing profession's current state of diversity, prior to attempting to resolve an issue that took decades to cultivate.

© Copyright Ashley Graham-Perel 2021

All Rights Reserved

ACKNOWLEDGMENTS

When I made the decision to go back to school to advance my education, my family and loved ones asked a one-word question, “*Again?!?*” Needless to say, as an avid lifelong learner, they have become used to me being a student and understood the determination and flexibility needed to fulfill such a goal. However, what they might not easily recognize is how much I appreciated and depended on them every step of the way. The successful completion of this study would not have been possible without God and them, and for that reason it gives me great pleasure to thank them (each by name) in this acknowledgment section.

The first person I must thank is my extraordinary and unbelievably supportive dissertation sponsor, Dr. Sandra Lewenson. I met Dr. Lewenson during my early semesters at Teachers College, and it was as if the stars aligned! Dr. Lewenson introduced me to nursing history and made me realize that this was where I wanted to exert my research efforts. Dr. Lewenson, you are more of an inspiration to me than you know. Thank you for always being there for me, cheering me on, and guiding me along this beautiful journey!

My sincerest acknowledgment and gratitude is extended to Dr. Elaine Rigolosi. Dr. Rigolosi, I thank you for your leadership at Teachers College, your mentorship, and consistent and unyielding guidance with this dissertation. It was an honor to be your student, and I will forever be appreciative for the love of research you’ve instilled in me. Thank you!

A historian is only as good as her resources. That being said, completing historical research during a pandemic and with limited access to resources was definitely a challenge. However, the guidance of archivists throughout New York made this research possible. Thank you to Bridgett Pride and Rhonda Evans of the Schomburg Center for Research in Black Culture and Deborah Elliot and Cathryn Welch of the Center for

Nursing at the Foundation of New York State Nurses for going the extra mile and assisting me with my historical research!

To the 2018 EdD cohort, or as I call them—my TC sisters, namely, Maria Arias, JeanMarie Moorehead, Nicole Mascellaro, Jamie Trexler, and Tricia Sanders, I can wholeheartedly say that I could not have done this without you. You each have individually uplifted me in your own special way, and I am sincerely grateful. Thank you for your support, encouragement, laughs, and making Fridays the best day of the week!

To my family and loved ones, a few paragraphs will never do my gratitude justice (for that could be a dissertation of its own!), but I will do my best. To my dearest mother and best friend, Rosa Graham, I am who I am because of you. A girl could never ask for a better mother, supporter, cheerleader, and friend. I dedicate this dissertation, my credentials, and degree to you. To the remainder of the family: my late Grandma Maureen, Tia Vilma, sisters Tiffany and Deshannique, cousins Jasmine, Rodney, Juhnnette, Damiyis, and T.J., and my nephew William, your love and support always pushed me forward. Thank you for everything, and it is an honor to make you proud. To my partner, Christopher, you have been there from the beginning to the end of this journey. I thank you for your love, encouragement, and constant reassurance. Lastly, to my friends, Kris-Ann, Carmen, and Adana, thank you for always being there for me, reading through my endless drafts, and reminding me that this was doable.

To all of my colleagues, friends, and family, I thank you for every bit of guidance and support you've given me. I could not have done this without you and am delighted to share this success with you!

A. G.-P.

TABLE OF CONTENTS

	Page
PREFACE.....	ix
Chapter I—MOVING FORWARD BY LOOKING BACK	1
Purpose of the Study	1
Defining Race	3
Historical Method: Political Framework	6
Race-based Politics of Nursing Education.....	7
Major Questions to be Asked.....	9
Justification for the Study	11
Definition of Terms.....	13
Assumptions	15
Delimitations	16
Significance.....	17
Summary	20
Chapter II—HISTORICAL CONTEXT OF NURSING EDUCATION.....	21
Historical Context of Study Development.....	21
Integration of the Negro Nurse During Crises	23
The Black Hospital Movement	23
Integration versus Segregation in Nursing Education	25
Professionalization of Nursing and Racial Conflict	29
National Association of Colored Graduate Nurses (1908-1951).....	30
Description and Location of the Data Sources	31
Primary Sources	31
Secondary Sources	32
Description of Previous Works	33
Feasibility at Investigation	34
Availability of Data Sources	34
Adequacy of Data Sources	35
Condition of Data Sources	36
Data Collection Outline	36
Summary	37
Chapter III—PROMOTING FACTORS OF LINCOLN SCHOOL FOR NURSES DEVELOPMENT.....	38
Social Determinants in Minority Communities of New York.....	38
As Was Yesterday, Remains Today.....	40
The History of Lincoln School for Nurses.....	42
The “Worthy” Sick	43
Development and Growth of the Colored Home and Hospital.....	46
Admission and Death Rates of the Colored Home and Hospital.....	49
Inmate Labor and Employment at the Colored Home and Hospital.....	50

The Colored Home and Hospital Training School (Opening and Early Years)	52
The First Graduating Class	54
Growth of the Colored Home and Hospital	57
Change of the Colored Home and Hospital's Name	58
The First Decade of the Lincoln Hospital and Home's Nurse Training School	59
1901.....	59
1902.....	62
Admission of Pupils.....	62
1903.....	65
1904.....	67
1905.....	69
1906.....	72
1907.....	74
1908.....	75
Interpretive Summary	79
Chapter IV—MIDDLE YEARS AND PROMINENT LEADERS AND GRADUATES OF LINCOLN SCHOOL FOR NURSES.....	81
Middle Years of Lincoln Hospital and Home's Training School for Nurses	81
Ethel Johns's Report of 1925	84
Ethel Johns's Assessment of Lincoln Home and Hospital	87
The Vitality of Training School Superintendents	90
Mary Wainwright Booth.....	95
Color Me Capable: Adah Belle Samuels Thoms	100
Interpretive Summary	108
Chapter V—LATER YEARS TO CLOSING, SIGNIFICANT EVENTS, AND PROMINENT LEADERS OF LINCOLN SCHOOL FOR NURSES	111
Significant Events During the 1930s to 1940s.....	111
Isabel M. Stewart Survey of Lincoln School for Nurses (1931).....	115
Lincoln School for Nurses' Faculty and Administration.....	116
The Student Body of Lincoln School for Nurses.....	122
The Graduates of Lincoln School for Nurses	123
Colored and Capable: Ivy Nathan Tinkler	126
Significant Events During the 1940s to 1950s.....	132
The Closing of Lincoln School for Nurses	135
Interpretive Summary	136
Chapter VI—SUMMATION.....	138
The Questioned Intellect of Blacks.....	140
Black Pupils of Lincoln School for Nurses.....	141
The Quality and Standards of Lincoln School for Nurses	143
Professionalization of Black Nurses	144

Promoted with an Asterisk.....	147
We've Integrated, Now What?	150
Peeling Back the Layers.....	152
Chapter VII—EPILOGUE.....	155
Black Professionals and the Trend of the Inaugural “Firsts”	155
Race, Class, and Gender in the Nursing Profession.....	157
Moving Forward by Looking Back.....	158
REFERENCES	160
Appendix A—LSN Graduating Classes and Contributions to Nursing.....	173

LIST OF FIGURES

Figure		Page
1	The Colored Home and Hospital, 1899	49
2	Group of Nurses at the Colored Home and Hospital Training School for Nurses, ca. 1899	56
3	The Lincoln Hospital and Home Ambulance, 1902	59
4	Lecture Courses and Clinical Instruction, 1901 and 1902	61
5	Application to the Lincoln Hospital and Home Training School for Nurses, 1902	63
6	Graduating Class of the Lincoln Hospital and Home's Training School for Nurses, 1904.....	69
7	Graduating Class of the Lincoln Hospital and Home Training School for Nurses, 1905.....	72
8	Graduating Class of the Lincoln Hospital and Home Training School for Nurses, 1906.....	74
9	Graduating Class of the Lincoln Hospital and Home Training School for Nurses, 1908.....	79
10	Ivy Nathan Tinkler Yearbook Picture, Lincoln School for Nurses, 1931.....	127
11	Ivy Nathan Tinkler, Superintendent of Lincoln School for Nurses	129
12	The Last Graduating Class of Lincoln School for Nurses Copied from The Chevron, 1961	136

PREFACE

The essential difference between white nurses' professionalization and that of black nurses was the powerful impact of racism and the concomitant necessity to struggle. (Darlene Clark Hine, 1989, p. 190)

Time, experiences, and historical exploration uncover answers to prevailing challenges, highlight errors and triumphs of the past, and prelude future paradigms. Throughout the progression of modern nursing, the concept of diversity in the nursing profession's workforce and academia has been researched. To date, these discussions continue to intensify as direct relationships among nursing diversity, quality of care, and patient outcomes are identified. As one of nursing's top trending sets of issues, organizations have addressed the matter through developed taskforce groups, policies, and "Diversity and Inclusion" committees, to name a few initiatives. Despite advancements in the awareness of the lack of diversity in the nursing profession and resolution attempts sustained by organizations, problems continue to persist (American Association of Colleges of Nursing [AACN], 2017; National League for Nursing [NLN], 2016).

In this study, the researcher utilized the historical research method to explore the evolution of diversity among New York City's nursing faculty during Lincoln School for Nurses' years of operation (1898 to 1961). New York City served as the home of the first formal nursing education at Bellevue Hospital School of Nursing and to two of the largest Black nursing training schools in the nation (Hine, 1989). Lincoln Hospital and Harlem Hospital (1923-1977) schools of nursing are both known for training predominantly Black nurses while administration and faculty were strictly maintained under the management of White faculty (Hine, 1989). The New York Public Library's (NYPL, 2020) Schomburg archives describe Lincoln School for Nurses, founded in 1898, as the "first school of its type" to provide opportunities for Black women to train as nurses. Until the founding of Harlem Hospital School of Nursing in 1923, Lincoln School for

Nurses was the only school that admitted Black student nurses in New York City. Harlem Hospital School of Nursing served as an additional resource for training Black nurses and providing healthcare for underprivileged communities (Bennet, 1984; Hine, 1989). Despite the transformation of New York City's diversity, the diversity of nursing academia was consistently dominated by one race, that is, Whites. This researcher examined the development of Black nursing faculty in New York City during Lincoln's years of operation. Furthermore, this researcher investigated how the nursing institutions (such as Lincoln Hospital of the Bronx, New York) that were specifically founded to educate Black students impacted the perception and actualization of promoting diverse nursing faculty.

Upon conducting research of diversity in nursing academia, there is a notable deficiency in research addressing the lack of diversity among academic nursing faculty. The majority of the research conducted on diversity in nursing pertained to the diversity of the nursing students rather than the faculty (LaVeist, 2014; Phillips & Malone, 2014; Tabi et al., 2013). There have been fortuitous efforts in the nursing profession to increase the percentages of racial and ethnic diversities; however, these efforts must now be transformed to support diverse nurses' graduate level education and faculty acquisition. The 2010 Institute of Medicine (IOM) Report stated that a diverse student body can better relate to a diverse nursing faculty. If there is a continued shortage in diverse nurse educators, the trials of attainment and retention of diverse nursing students could simultaneously persist. Moreover, the inadequacies of diversity in the nursing workforce will remain (Loftin et al., 2012).

The concept of diversity in nursing academia has long been an interest of this researcher. The writer's personal interest in this concept developed primarily due to the zeal of becoming a nursing professor in the academic setting. As a nursing student, this researcher assessed the nursing faculty and realized there was a dearth of many facets of diversity, mainly racial diversity. This observation was noted throughout the

undergraduate, graduate, and doctoral nursing programs attended by this researcher. At first, it may seem as if there is a lack of diversity in nursing academia due to a limited numbers of qualified Black educators to serve in those roles. However, as identified in the following chapters, historically there were in fact sufficient qualified Black educators, but the presence of discrimination and structural racism limited those opportunities. As an African American nurse faculty, and avid lifelong learner, this researcher hopes that this investigation highlights all of the hidden but capable nurse faculty of the past. As the title proclaims, *Color Me Capable*, it is, unfortunately, as simple as black and white when it comes to the perceptions and actualization of the success of Black nursing faculty. It is for this reason that this writer pursued historical research in order to identify understood, assumed, and hidden factors that subjected the nursing faculty to a deficiency in diversity.

Chapter I

MOVING FORWARD BY LOOKING BACK

Purpose of the Study

Nurses should be a reflection of the patients they serve. With regard to the evolution of the United States' racial and ethnical diversity, however, the nursing profession has historically failed to parallel societal transformation. Diversity of patient populations in relation to diversity of the nursing workforce remains an impasse to resolving culturally competent healthcare that demands innovative approaches.

Analogous to nurses representing their patients, nursing faculty should be a reflection of the students they educate. The demographics of nursing faculty has consistently been sustained by White, middle-aged females (National League for Nursing [NLN], 2017) despite publicized calls to action to improve the diversity of nursing holistically.

Between the years of 1879 and 1945, the nursing profession presented substantial, yet sporadic, strides in diversifying nursing academia. One of the first African American women to complete educational nurse training in the United States was Mary Eliza Mahoney in 1879, while the first African American woman to graduate with a master's degree was attributed to Estelle Massey Osbourne in 1945 (Hine, 1989). Since then, the percentages of African American Registered Nurses (RNs) and nurse faculty have yet to adequately represent the percentages of their communities at large (American Association of Colleges of Nursing [AACN], 2019). The purpose of this study is to explore historically the evolution of diversity demographics among nursing faculty of New York

City (NYC) during the period of 1898 to 1961. To do so, this study examined the history of Lincoln School for Nurses established in the Bronx, New York in 1898 as one of the early schools founded to train Black women to become nurses (Lincoln School for Nurses Collection, n.d., p. 1). Research demonstrated that it is during this period that African American RNs experienced heightened access to nursing education in accordance to political, social, and economic advancements (Hine, 1989), which is further addressed later in this chapter. The concept of diversity in nursing education was studied with a specific focus on racial and ethnic diversity.

The need to improve racial diversity in nursing has been researched and discussed at length (American Nurses Association [ANA], 2020; Carnegie, 1991; Godfrey, 2005; Institute of Medicine [IOM], 2010). However, despite the awareness and recognition of this issue, the lack of progress is not only palpable, it is disappointing. In the article, “The 2017 National Nursing Workforce Survey” (Smiley et al., 2019), about 81% of nurses identified as White/Caucasian, 7.5% as Asian, 6.2% as Black/African American, and 2.1% as other. The percentages of nursing racial demographics are inequitably distributed compared to the general population’s diversity percentages. The United States Census Bureau (2019b) surveyed that 72% of the population identified as White/Caucasian; 5.7% as Asian; 2.8% as Black/African American; and a combined 8.4% for those identifying as another race or a combination of races (5.0% and 3.4%, respectively). The incremental and limited progress of diversity in nursing faculty and workforce warrants immediate attention. For instance, prominent nursing academia and healthcare institutions have incorporated “Diversity and Inclusion” committees, diversity policy development, and addition of the taskforce groups, with infelicitous results (AACN, 2019; ANA, 2020; NLN, 2016).

The Institute of Medicine’s (IOM, 2010) report, “The Future of Nursing: Leading Change, Advancing Health Recommendations Related to Diversity,” urged the nursing profession to increase the number of diverse nursing personnel to match the growing

diversity of the population served. Furthermore, the IOM's fifth recommendation called to double the number of nurses with a doctorate by 2020, "to add to the cadre of nurse faculty and researchers, with attention to increase diversity" (p. S-9). The IOM report expanded on the progressive impact of a diverse nursing workforce on the retention of diverse nursing students and optimization of patient outcomes. The IOM committee also embraced the recommendations of the Sullivan Commission report, "Missing Persons: Minorities in the Health Professions" (Sullivan, 2004), to certify the dire need for a diverse workforce in the future.

The 2010 IOM report disseminated data on the importance of diversity in nursing and academia. However, this was not the first time the Institute researched this concept. The 1994 IOM report, "Balancing the Scales of Opportunities: Ensuring Racial and Ethnic Diversity in Health Professions," encouraged the promotion of diverse faculty in an effort to increase the admission and retention of diverse students.

It is evident that as diverse populations have expanded in New York State, and nationwide, the diversity of RNs has failed to keep pace with the changes (AACN, 2019). For this study, the author historically explored the diversity among nurse educators in the academic setting and the social, cultural, and political factors that influenced who became a nurse educator. As the birthplace of one of the first nursing schools in the United States and the cultivation of a diverse population, New York State serves as the leading exemplar of how societal elements can shape academic nursing. In order to move forward and address the progression of nursing's diversity, the profession must first "look back" to how nurses became who they are today.

Defining Race

The historical study of African American nurses' advancement in nursing education demands the definition of "race" throughout history, with emphasis on the micro (individual), meso (community and organizational), and macro (institutional and

structural) levels of analysis. In the book, *Mapping Race: Critical Approaches to Health Disparities Research*, authors Laura Gomez and Nancy Lopez (2013) evaluated the erroneous undertakings of scholars who included the concept of race in research. “Race,” the authors contended, has historically been represented in a dichotomous nature (either Black or White) and as “fixed and biologically rooted” rather than as a socially constructed concept (p. 7). In the text, scholar Dorothy Roberts’s analysis stressed that “race is not a biological category that is politically charged [but rather it] is a political category that has been disguised as a biological one” (p. 6). As a racially charged and conscious researcher, this writer underscored the context of race and the discernment of race in relation to the historical periods examined. Gomez and Lopez (2013) stated, “It is the cumulative, social meaning of race in particular times and places that has shaped and continues to shape both racial discrimination (and racism) and racial meaning” (p. 6).

According to the vicissitudes of time, the words used to identify people of color have varied. As evidenced in research revolving this population, the nomenclature has varied from terms such as Colored, Negro, Black, and African/Afro-American. These terms further reveal how society regarded this population and how they perceived themselves (and their community) in nursing. In the 1925 Ethel Johns Report (later presented in Chapter IV), Johns described the observed factors affecting Black nurses as “definite disabilities arising directly out of racial conflict which bear heavily upon the Negro nurse throughout her training and afterwards in the practice of her profession” (p. 6).

The classification of race predisposed the diverse nurse’s perceived ability to learn, to apply complex concepts to practice, and to lead. The conditioning of the racial consciousness of Black professionals is laced throughout Afro-American history, from the external factors of overt racial conflict to their own community’s internal dissonance of self-approval (Hine, 2003). During the early 1920s, it was common for members of the White community to refuse care from Black nurses. However, Johns’s (1925)

observations of nursing care revealed that Blacks also resented the care of Black nurses. Johns stated,

In the north, especially in New York City, the services of a colored nurse are commonly refused by white people who are themselves very low in the social scale. Furthermore, it is not uncommon for Negroes of the less intelligent type to feel themselves discriminated against when a colored nurse is sent to them instead of a white nurse. In the south, on the other hand, the Negro woman is gladly received as a bedside nurse but discounted as a teacher by white and colored nurses alike. (pp. 7-8)

The quality of education provided at Black nursing training schools and hospitals also contributed to the perceptions of Black nurses' capabilities. Johns's unpublished report of 1925 revealed that of the 23 Black hospitals and nurse training programs, most were of poor educative quality with deplorable working standards for the Black nursing students. Black pupils faced demanding school hours, exploitation of their skills for under- or unpaid work, and unfavorable living conditions. Johns concluded that the condition of the Black nurse worsened upon graduation due to the discernments of [her] in the workplace.¹ In New York City's Lincoln and Harlem Hospitals, superintendents of both institutions described the Black graduate nurses as members of the team that required strict White supervision and control. The absence of Black nurse supervision was justified by concluding that Black graduate nurses were incapable of leading their own peers, nonetheless their White counterparts. It was determined that "the Negro woman is temperamentally unsuited for the constant unremitting grind of a hospital's superintendent's life" (Johns, 1925, p. 25). In regard to the character of supervisors, Johns recounted,

White direction is unquestionably more efficient than colored direction. Negroes do take orders more willingly from white people than from each

¹During this period of time, the majority of nursing staff were female, especially among the minority population, as Black male nurses were not as welcomed into the nursing profession as they are today.

other, but they are learning and learning quickly that if they are to manage and direct their own enterprises “a nigger must work a nigger.”² (p. 22)

While the particular definition of race in nursing research may be distinct, the effects of racial conflict are elusive in nature. The history of racial conflict among Black and White people is deeply rooted in the foundation of nursing education. This, in part, served as an influence on how both parties viewed themselves and each other. Nonetheless, it is safe to say that despite how race is defined in nursing, the progression of the profession was propelled by both Blacks and Whites. Without the philanthropic donations of Whites, many Black hospitals and training institutions may not have survived the hardships of the 19th and 20th centuries. Furthermore, without the contribution and integration of Black nurses into the field, the climate of public healthcare and the health of their own communities may have pointedly declined. It is essential to note that the definition and social constructs of race transcended with time. This, along with the names used to identify Blacks in nursing, was examined throughout the dissertation. In addition, the manner in which Black nurses were viewed by others and themselves in the nursing profession also evolved. These areas are further discussed in the literature review of Chapter II.

Historical Method: Political Framework

The shortage of racial diversity in nursing education can be viewed using social, cultural, and political frameworks. This researcher examined the political framework for data collection to assess national and New York City-based policies that impacted the diversity of nursing faculty during the 1898 to 1961 timeframe. More specifically, the nascent Civil Rights movement of the early 1960s was examined when detailing the

²Derogatory identification of minority and colored nurse using the N-word [sic] is visible throughout the Johns report. It was understood then, as it is now, that the term was offensive and derogatory.

closing of Lincoln School for Nurses and dissolution of Black nursing organizations (presented in Chapter V). As research was gathered, this researcher incorporated relevant aspects of the social and cultural frameworks that supplemented the data. The cultural framework emphasized the behaviors and customs of the people (nursing profession) of the past and present, and the meaning behind their behaviors and beliefs. Social frameworks interpret the past and experiences of ordinary people through “thematic prisms of class, gender, and race” (Lewenson & Herrmann, 2008, p. 46). The policy framework addressed the development and progression of policies that guided the integration of diverse nurse educators and students into the nursing profession. Lastly, policies within nursing organizations and general policies and regulations of nursing education were examined. The main political measures identified were the desegregation of nursing education, access to academic nursing positions for African American nurses, and exploration of those who held prominent leadership positions in nursing.

Race-based Politics of Nursing Education

The history of nursing education presents answers to today’s nursing diversity crisis. The first three nursing schools were founded in the United States in 1873 and mirrored Florence Nightingale’s model of education that was developed at the St. Thomas School in London following the Crimean War (Reverby, 1987). Bellevue Training School for Nurses in NYC opened in May 1873, and the Connecticut Training School in New Haven opened in October 1873; both were established for philanthropic reasons by a group of charitable, socialite White women (Anderson, 1981). The Massachusetts General Nurses Training School, which opened in November 1873 as a diploma nursing program, was developed as part of a progression of educational opportunities for women (Anderson, 1981).

The lack of racial and ethnic diversity within nursing was prevalent in the 19th and 20th centuries, as it is today. White women represented 91% of nurses in 1900 and

continued to dominate the profession as their proportionate representation rose to 95% in the 1930s (D'Antonio & Whelan, 2009). To date, over 80% of the nursing profession identifies as White (AACN, 2019). Research publications have elucidated this disparity and attributed the low rates of diversity in nursing to the low percentages of minority high school and college graduations and the decreased likelihood of minorities seeking higher education (Coffman et al., 2001). Regarding the admission of diverse students in the first three nursing programs of the U.S., Godfrey (2005) stated that, "almost without exception, these schools declined to admit black students" (p. 2). According to D'Antonio and Whelan (2009), during the 1930s, demographically men in professional nursing consisted of 98% White men. There were little opportunities available for African American men to train as nurses. D'Antonio and Whelan stated:

African American men may well have stayed away from nursing because, at a time when their masculinity was under constant political and economic assault from either subtle or overt racist practices, they felt more vulnerable to its gender images. And they may well have been kept away because black women's hands on white bodies may have raised some sexualized anxieties, but those of black men on white bodies represented completely unthinkable sexual images. (p. 4)

In the early 19th century, the development of nursing education was primarily targeted to Caucasian females and was exclusively unattainable for African Americans until the late 1870s, when Mary Eliza Mahoney became the first Black professionally trained nurse to graduate in the United States (Carnegie, 1991). The lack of diversity among nursing faculty has proven to be a factor influencing the admissions of diverse nursing students. Godfrey (2005) stated, "The most persistent, statistically significant predictor of enrollment and graduation of African American graduate students is the presence of African American faculty members" (p. 3). To date, researchers have speculated that the deficiency of diverse nurse faculty may be related to the shortage of qualified nurses with advanced degrees. According to the National Sample Survey of Registered Nurses, underrepresented RNs have statistically higher rates of pursuing

advanced degrees; nevertheless, the current nursing faculty in the United States consists of 80.8% Caucasian females (National League of Nursing [NLN], 2017). Causes of this have been linked to insufficient recruitment and financial compensative efforts for diverse nurse faculty. The recruitment of diverse faculty fosters culturally competent teaching, role modeling of cultural awareness, and mentorship for diverse nursing students.

Major Questions to Be Asked

In this study, major questions to be asked revolve around dynamics that hindered, plateaued, or promoted the advancements of nurse educator racial diversity. If one were to enter a nursing school today and survey the demographics of the nurse educators in comparison with the demographics of students, would there be a notable variance of findings? Furthermore, if one were to examine the racial and ethnic demographics of the nurse educators and associate those data with the demographics of the patient populations, would there be equivalency of findings? In New York City, the need for diversity is present among the nursing faculty and the student body alike. The diversity of citizens and the patient population-at-large is progressively shifting; but this is not the case of nurse educators in the academic setting, which is evident in New York City statistics. According to the New York City census, 42.7% of the population identify as White, 24.3% as Black, 29.1% as Hispanic, and 13.9% as Asian (United States Census Bureau, 2019). The National League of Nursing (2017) census data revealed that 80.1% of nurse educators identified as White, 8.8% as Black, 3.2% as Hispanic, and 2.7% as Asians. The American Association of Colleges of Nursing (AACN, 2019) stated the following regarding the issue of diversity in nursing education:

A lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. Students looking for

academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and a community of support. (p. 3)

Historical research serves as a lucrative approach to investigate how the nursing profession transformed its views on diversity and inclusivity. This method steadily raises questions throughout the entire research while elucidating the impact of past events. According to Lynaugh and Reverby (1987), “history is replete with ambiguity, conflicting stories, and confusing relationships between and among variables” (p. 4). The research problem of diversity and inclusivity in nursing education calls for questions rather than answers.

Researchers are faced with current facts and statistics concerning the lack of diversity in the nursing workforce. However, historians will raise questions pertaining to the trends of diversity in the nursing workforce. What were the original demographics of nursing professionals in the classroom settings and at the bedside? When and why did these data originate? Florence Nightingale is legendarily the historic representation of nursing and the pioneer of healthcare research (Nelson & Rafferty, 2010). However, how did this iconic figure influence the direction of diversity in nursing, and are there any similarities noted in today’s existing leaders of nursing? As referenced by Lynaugh and Reverby’s (1987) “ambiguity,” historic research welcomes continued questioning, for it is through such Socratic exploration that researchers are guided in the interpretation and application of data.

The history of NYC’s Lincoln School for Nurses (LSN) was addressed in the major research questions, as it was the first official educational opportunity for Black nursing students in NYC. The major questions asked are as followed:

1. Who were the faculty at LSN, and what was their characterizing demographic, specifically racial identity?
2. Were there any faculty or leaders of color at LSN, and who were they?

3. What were the qualifications required of Black nurses to serve as a faculty or leader of LSN?
4. Were graduates of LSN promoted to serve as faculty and instructors?
5. What role did the National Association of Colored Graduate Nurses play in the leadership and faculty of African Americans at LSN?
6. Did LSN influence the educational infrastructure of future institutions developed to educate African American students in nursing?

Justification for the Study

The disproportionate transformation of the United States' diverse population compared to the nursing workforce is not a newly developed issue but rather one that is laced through the foundation of nursing and American history (AACN, 2019; LaVeist, 2014). The United States Census Bureau (2019b) has accentuated that, although the current largest ethnic group in the nation is non-Hispanic Whites at 60.4%, this ethnic group is expected to decrease to 43.2% by year 2060 (U.S. Census Bureau, 2015). By the year 2044, it is estimated that more than half of Americans, with a census increase to more than 400 million people, will belong to a minority group (any other group than non-Hispanic Whites alone). In fact, evidence proves that all other ethnic groups demonstrate an increase in percentages while the non-Hispanic Whites' demographic percentages persistently decrease (U.S. Census Bureau, 2015).

In New York State, the majority of RNs identified as White is 80.4% compared to the general population of 65.7%; African American RNs total 8.8% versus 15.9% in the general population; Hispanic RNs total 3.3%, with general population at 17.6%; and Asian RNs are at 5.7% compared to 7.3% in the general population (New York State Future of Nursing, 2019). According to the New York State Diversity and Inclusion Toolkit (NYS State Future of Nursing, 2019),

Health care disparities have been linked to one's socioeconomic status and race. Specifically, individuals who are poor or are from greater ethnic and racial groups are more likely to face challenges to accessing health care, or receive a poorer quality of health care. (p. 3)

Continual discrepancies in nursing diversity may result in unceasing healthcare disparities among underrepresented groups. There is an abundance of supporting research on the correlation of healthcare diversity discrepancies with population health disparities. For example, according to the Centers for Disease Control's (CDC) Health Disparities Report (2013), Black women are more likely to die of cervical and breast cancer than any other racial group. CDC researchers further depicted the racially influenced healthcare disparities of NYC, stating, "In 2008, 2,652 New Yorkers died from colorectal, breast, and cervical cancers combined—reducing disparities could save more than one third of those lives" (p. 1). In addition, according to the CDC's United States Health Disparities and Inequalities Report of 2013, the premature death rates from stroke and coronary heart disease were higher among non-Hispanic Blacks than among Whites; infant mortality rates in non-Hispanic Black women are double the rates among non-Hispanic White women; and fewer rates of Blacks diagnosed with HIV were prescribed antiviral therapy compared with Whites (CDC, 2013). Similar reports have identified incongruence of care and negative consequences on minority health statistics involving various disease processes, such as cancer, diabetes, obesity, stroke, smoking, HIV/AIDS, asthma, and as of late, with the diagnostic and treatment disparities of the COVID-19 pandemic (Penner et al., 2014; Selden & Berdahl, 2020; Williams & Rucker, 2000). Solutions to this unfortunate trend in healthcare should encompass the elimination of healthcare disparities through a robust focus on improving the diversity and inclusivity demographics of the nursing faculty, students, and workforce.

The trends of healthcare disparities among minorities have historically plagued the population with higher rates of morbidity and mortality. For instance, from 1940 to 1990, the rates of Black maternal death were consistently higher than those for Whites.

According to the CDC (1995), when comparing maternal deaths between Blacks and Whites, “the maternal mortality ratio for black women was 2.4 times greater in 1940, 3.6 times greater in 1950, 4.1 times greater in 1960, 3.9 times greater in 1970, 3.4 times greater in 1980, and 3.3 times greater in 1990” (p. 7). It is vital to uncover these persistent and daunting statistics, as one of the goals of this researcher is to evaluate the historic correlations between diverse nurse faculty, nursing education, and the outcomes of patient care.

According to Polit and Beck (2017), historical research is comprised of “systematic studies designed to discover facts and relationships about past events” (p. 703). Historically, what were the diversity demographics of nursing faculty? Were these data collected, or were there assumptions that all nursing faculty were White? Has there been a change in the diversity of nursing faculty, and if so, were there any societal influences that warranted such a change? The purpose of this historic approach is to explore the variations in how the nursing profession regarded diversity, both in the classroom and in the hospital setting, by using the case study at NYC’s Lincoln School for Nurses. The justification for this study is to establish the ethnic/racial discrepancies of the nursing profession and highlight how the discipline has advanced. Although diversity issues persist, there has been notable transcendence in how ethnicity and racial profiling are regarded in nursing. Researchers can utilize what is already known, or assumed, about the research problem of diversity and inclusivity in nursing education and explore the historic timeline of the origins of these concepts and how they have come to be what they are today.

Definition of Terms

Registered Nurse: For the context of this study, a Registered Nurse (RN) is defined as a nurse who has attended and graduated from a school of nursing or nursing

training program. According to the National Council of State Boards of Nursing (NCSBN, 2020), a Registered Nurse is “an individual who has graduated from a state-approved school of nursing, passed the NCLEX [National Council Licensure Examination]-RN Examination and is licensed by a state board of nursing to provide patient care” (p. 1). However, considering the structural racism that African American nurses encountered during the professionalization of nursing, registration was prohibited with the requirement that nurses to be members of the state’s nursing association. This limited African Americans to the ranks of trained, or graduate, nurses until the establishment of Black nursing organizations, such as the National Association of Colored Graduate Nurses (Massey, 1933).

Nursing Faculty: Nursing Faculty refers to professors, instructors, and academic leaders in a school of nursing or nursing training program. The National League of Nursing (n.d.) defined nursing faculty (or educators) based on their competency to:

facilitate learning; facilitate learner development and socialization; use assessment and evaluation strategies; participate in curriculum design and evaluation of program outcomes; function as a change agent and leader; pursue continuous quality improvements in the Nurse Educator role; engage in scholarship; and function within the educational environment. (p. 1)

Diversity: In the position statement on Diversity, Inclusion, and Equity in Academic Nursing, the AACN (2017), defined diversity as the “broad range of individual, population, and social characteristics, including but limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; physical, functional and learning abilities; religious beliefs; and socioeconomic status” (p. 1). For the purposes of this research, the term “diversity” is used in reference to a person’s racial and ethnic demographics, mainly comparing African American and Caucasian percentages of RNs and faculty.

Structural Racism: Systemic oppression against a group of people based on the color of their skin (race) that results in the social, political, and economic inequalities and injustices of said population. Structural racism is defined as “macro-level systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic group” (Powell, 2008, as cited in Gee & Ford, 2011, p. 3).

Assumptions

The historical examination of the impact of race in the nursing profession calls for detailed assessments of available primary and secondary sources. In this portion of the research, the researcher will identify assumptions of the study, in addition to underscoring the awareness of personal biases. It is essential to acknowledge that the experiences and biases of this researcher pose a risk of data misinterpretation. The purpose of this section is to highlight known, overt, and conscious assumptions of this researcher and to detail the tactics employed to deter from a bias-influenced investigation and analysis.

As an African American Registered Nurse and educator, I admittedly acknowledge my conscious and unconscious biases. As aforementioned in the Preface of this research, the presence of racial dominance among nursing faculty was apparent to me during every level of my academic progression, that being associate, baccalaureate, masters, and current doctoral degree pursuits. My assumptions are that structural racism and the disenfranchisement of Blacks in the nursing profession have played a role in the current state of minorities in nursing. Furthermore, my assumption includes my personal bias that the representation of nursing is seen in those that are introduced to students during their academic endeavors. I believe that faculty and leaders who prepared the future generations of nurses served as the exemplification of the profession. For it should be the

most ideal and experienced educators who are chosen to mold the future nurses of tomorrow. This researcher remains vigilantly cognizant of how these assumptions possibly serve as a form of bias toward this investigation and the analysis of finding. For if I believe that nursing faculty serve as exemplars of the nursing profession but acknowledge the lack of diversity or minority representation, then my biases may lead me to believe that the nursing profession illustrated an image of excellence that I could never be a part of because of the color of my skin.

It is pivotal that researchers maintain objectivity throughout their explorative efforts. This researcher planned to do just that. Despite the possibility of encountering troublesome findings in reference to race and perceived notions of minorities in nursing, this researcher recognized that they are a reflection of historical eras and the ethos of those times. My assumption in this study was that the findings on the evolution of African American nursing faculty of New York City, with a specific focus on Lincoln's School of Nursing in the Bronx, New York, were influenced by internal and external structural racism in nursing, healthcare, and society at large. This researcher remained impartial, consciously acknowledging immediate reactive responses to research findings while collecting and interpreting data.

Delimitations

The delimiting factors of this study are the chosen racial demographics of Registered Nurses and nursing faculty, the specific study of New York City's Lincoln School for Nurses, and the time period of 1898 to 1961. With regard to the racial demographics of nurses and nursing faculty, it is understood that there are other races that could be examined. The purpose of this research is to examine the progression of African American nursing faculty, and given the racial constructs that are woven into the foundation of the United States, this results in the exploration of the African American

faculty in relation to the White nursing faculty. The Lincoln School of Nursing was among the earliest schools established to specifically train African Americans in nursing. This factor, in accordance with New York City's progressive regard for minority populations (as compared to Southern states), justifies why the assessment of this New York State institution will most likely contribute to the nursing profession's current climate of diversity, equity, and inclusion.

Significance

The provisions of nursing education and the necessity for available training programs for African American nurses have served as a priority throughout history. Keeling et al. (2018) stated the following regarding the development of training schools for the Black community:

In the immediate post-Civil War era, African Americans experienced significant health disparities, suffering higher morbidity and mortality, increased rates of communicable diseases, and greater maternal and infant mortality. Poor overall health for Black Americans, combined with widespread segregation in many hospitals across the nation and restricted access to medical and nursing schools for students of color, provided the impetus behind the establishment of Black hospitals, medical colleges, and training schools. (p. 60)

While this statement is one of the past, several components of what was stated remain true to present times. The African American community continues to face disproportionately high rates of ailments, such as chronic diseases and maternal and infant mortality. According to the Centers for Disease Control (2017a), African Americans are "more likely to die at early ages from all causes" (para. 1) as a result of social and economic determinants of health. The CDC's research confirmed that, compared to Whites, African Americans in the United States have higher percentages of poverty, obesity, and unemployment, as well as limited access to healthcare due to costs. These facts are comparable to the historic rationale for why availability of Black training

schools for nurses and medical students was necessary for the African American community. Representation of African Americans in healthcare is essential to decrease biases, enhance the availability of care, and salvage the overall health of the minority community.

In the 19th and early 20th centuries, Blacks were denied admissions to White nursing schools in New York (as in the majority of the nation's nursing schools). For instance, the early schools of nursing employed quota systems to restrict the admission of Black students, some limiting each class to one Black and one Jewish student (Carnegie, 2005). Furthermore, in a historical perspective of the educational preparation of a Black nurse, Mary E. Carnegie described how segregation "by law in the South and by custom in the North" (p. 6) consequentially forced the establishment of schools and training programs for Black nursing students. In New York, Lincoln and Harlem Hospital's schools of nursing were the only such educational options available for minority students. Nursing graduates from both institutions became prominent figures in the nursing profession. In her book, *The Path We Tread: Blacks in Nursing 1854-1990*, Carnegie (2005) stated,

The black diploma programs served a real purpose, and most of the black nurses who had successfully completed programs in higher education and now occupy top-level positions in the profession are graduates of these schools. Without the existence of these schools, the percentage of black professional nurses in the total nurse population, although low, would have been even lower. (p. 32)

Mary Elizabeth Carnegie was one of those distinguished graduates she described in her book. Carnegie graduated from Lincoln School of Nursing in 1936 and acknowledged that Black students had very few role models in a school led by White instructors (Houser & Player, 2007). She recognized that not only was she being taught from the narrow perspective of White instructors, during her education she rarely cared for any African American patients. Carnegie stated, "All our patients were from the Jewish neighborhood where the school was located, so I don't remember seeing any black patients" (Houser &

Player, 2007, p. 41). It was during a class presentation by guest speaker Mabel K. Staupers, who at the time was serving as the executive secretary of the National Association of Colored Graduate Nurses, that Carnegie realized one of her passions for the nursing profession. In the Houser and Player book, *Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession*, Carnegie is quoted as saying,

When Mrs. Staupers came to speak to my nursing class, it was at this moment I made a pledge to myself that I would do everything within my power to fight segregation and discrimination in the nursing profession. I planned then to take a leadership role in the fight against discrimination in my profession. (p. 40)

As illustrated by Carnegie's encounter with a Black leader in education, there are benefits to a diverse nursing faculty. In New York City, as the nursing profession progressed in available educational opportunities for Black nursing students, concurrent changes in nursing faculty were also warranted. The African American community has been plagued by healthcare biases, structural racism, and disparaging social determinants of health. At the only two institutions that permitted admission of Black nurses in NYC, who was educating these nursing students and how did this impact their nursing journey? Furthermore, what were the factors at play that promoted or hindered a diverse nursing faculty?

The requisite to write about the evolution of nursing faculty diversity is poignant at this time. New York City not only needs Black nurses but also Black nursing faculty to educate them. The projected outcomes in nursing after the completion of this research is the exposition of constructs that influenced the diversity, or lack thereof, of the nursing workforce and academia. With this information, nursing leaders may set in place effective platforms that not only discuss the issues of diversity but essentially uphold change for the betterment of the profession and the healthcare of all patients.

Summary

The lack of diversity within nursing is not an issue that developed overnight. Deficiencies of diverse nurse educators have been associated with decreased numbers of enrolled minority students, insufficient percentages of minority nursing staff, and the negative stimuli on healthcare that stemmed from unconscious biases and healthcare disparities. If students are unable to relate to or identify role models in the academic setting, nurse leaders are assembling a defective foundation of didactic and clinical education. It is vital that researchers examine the origins of this dilemma and provide clarity to the events and experiences that influenced the nursing profession's current state of diversity, prior to the attempt to resolve an issue that acquired decades to cultivate.

Chapter I provided a comprehensive introduction to the discrepancy of diversity in the nursing workforce and academia. New York City's Lincoln and Harlem Hospitals were both developed for the training of African American nurses, but were consistently maintained under the tutelage of Whites (Carnegie, 1991). As evident in the institutions developed to train Black nurses, the opportunity for career advancement in academia was impervious to minority nurses. This historical research uncovers the clandestine authorities that play a role in this matter historically and to present day. The following is an overview of what is included in each chapter of this dissertation. Chapter II includes the historical methodology, review of literature, primary and secondary sources, and underscores data collection related to this critical subject. Chapter III presents the promoting factors of Lincoln School for Nurses' development and the first decade of the school. Chapter IV presents the middle years of the school and prominent leaders who graduated from the school. Chapter V presents the later years of the school, significant events, and prominent graduates of the school. Lastly, Chapters VI and VII present a summation and epilogue of the research.

Chapter II

HISTORICAL CONTEXT OF NURSING EDUCATION

In this chapter, the literature review will illustrate the historical background of nursing education. This will include, but is not limited to, the transformation of nursing training and educational institutions, the perception of nursing education, and the indispensable processes and standards set in place that propelled this profession's scholastic metamorphosis. The literature review aims to explore the constructs that promoted diversity in nursing academia and the impact of such changes on the education rendered to students. Primary and secondary sources will be identified, description of previous works accessed, and the feasibility of the research will be discussed.

Historical Context of Study Development

Historically, “nursing care” was not the developed and sophisticated concept it is today. Care of the ill was rendered in homes rather than in the hospital setting. In fact, hospitals were known as filthy dwellings that people avoided or were admitted to for expiry before the urbanization and transformation of hospitals in the 18th century (Wilkerson & D’Antonio, 2019). According to Anderson (1981), “most primitive cultures intuitively devised ways to cope with health problems within their families and neighborhoods circles.... Care of the sick was closely allied to religion, superstition, and magic” (p. 14). In the 16th and 17th centuries, religion greatly influenced care of the ill, as the primary caregivers in the home were nuns and members of the clergy (Wilkerson

& D'Antonio, 2019). The social constructs of wars, revolutions, diseases, and women's rights propelled the evolution of nursing and its educational standards (Morin, 2014). Florence Nightingale is known as the originator of modern nursing and professional nursing training following her duties of nursing care in the Crimean War (Anderson, 1981; Morin, 2014 ; Wilkerson & D'Antonio, 2019). Nightingale introduced concepts of sanitation, research, public health, and medical recording to nursing (Wilkerson & D'Antonio, 2019). She published the manuscript "Notes on Nursing: What It Is, and What It Is Not" in 1859, which served as the first manual instruction guide for nurses. This greatly influenced the Nightingale Training School for Nurses instituted in 1860 and future educational institutions (Nelson & Rafferty, 2010).

As introduced in Chapter I, the first formal Nightingale-based schools opened in the United States in 1873. Following the Civil War (1861-1865), an American Medical Association committee called for the re-evaluation and development of training programs for nurses who were equipped to care for the wounded and able to work in hospitalization and private duty. The committee advocated for the ideal nurse to have the following demanding qualities:

The nurse should be of sound constitution, of good muscular strength, and of great power of endurance, capable of bearing up manfully under fatigue and loss of sleep.... Should not be younger than twenty-two or older than thirty-five ... she should be literate, courageous, patient, temperate, punctual, cheerful, discreet, honest, sympathetic, refined, selfless, and devoted...she should be able to notice the character of the secretions and excretions, and the changes in the patient's physical countenance. The nurse should be adept in the application of leeches, blisters, bandages and other dressings. She should be proficient in making up beds, changing sheets, and handling patients exhausted by disease and injury. (Hine, 1989, p. 4)

The suggested "Nightingale" standards for nursing institutions consisted of female-led leadership and echoed the necessary attainment of esteemed candidates, or "women of higher grade," to fill the classes (Keeling, 2018, p. 53). The strict requirements called for young pupils (preferably between the ages of 25 and 35), healthy and fit to fulfill

strenuous work duties, moral, and unmarried, as families and marriages were deemed a deterrent for program commitments (Keeling, 2018). Despite the absence of clear delineation of race in nursing, it was well understood that women of color were exclusively prohibited from applying to and attending the schools of nursing.

Integration of the Negro Nurse During Crises

Although not accepted by all, it was during periods of crisis within the United States that the strictures against the integration of Black nurses loosened. The despairing need for nurses to provide care during wars and pandemics required lessening of restrictive policies and inclusion of any available assistance from Black nurses (whether or not they were trained). The policies of the Army Nurse Corps “made it difficult for African American women to qualify for the corps,” as the Army Corps was maintained as a predominantly White female profession (Threat, 2015, p. 22). African Americans served in the Army during the Civil War, the Spanish-American War, and World Wars I and II. However, similar to the state of racial discrimination and segregation faced prior to participating in the Army, nurses returned to the unchanged climate of limited nursing access at the completion of their tours (Threat, 2015). It was the acts and advocacy of organizations, such as the National Association of Colored Graduate Nurses (1908-1951), that enabled Black nurses to progress in multifarious aspects of the profession.

The Black Hospital Movement

The racial segregation of patients not only resulted in poor health of the Black community, but also limited the medical professional advancements of people of color. After 1865, the post-Civil War era, the Black community faced dismaying health disparities, such as higher morbidity and mortality rates from communicable diseases and maternal and infant deaths (Keeling, 2018). It was apparent to medical professionals and organizations that in order to better the health of the Black community-at-large, the development of Black hospitals was critical. However, officials faced the subsequent

challenge of staffing these hospitals with trained doctors, nurses, and other medical staff (Gamble, 1995).

By the 20th century, there were 432 schools of nursing in the United States, and almost all of them refused to admit Blacks or were governed by strict quota systems (Hine, 1989; Keeling, 2018). The institution of Black hospitals antedated the assembly of race-tailored nursing education. With the exception of an anomalous few, such as Mary Eliza Mahoney in 1879, Black women were not presented with opportunities for education in nursing nor was it beheld as a priority venture. The Black hospital movement catalyzed medical and nursing education prospects, care of the Black community, and amelioration of the crippling health of their growing population. According to Gamble (1995), “racial discrimination, white self-interest, black professional concerns, divergent strategies for black social advancement, and changes in hospital care and medical practice all played major roles in the development of these institutions” (p. 3).

Similar to other hospitals, Black hospitals developed nurse training programs to aid in the development of Black nurses and staff the hospitals. Although this resulted in an increase in available training programs, official qualification and registration of Black nurses were disturbed by the struggling financial status of Black hospitals and the challenges of maintaining profitable patient quotas. Regulations constructed by the National League of Nursing Education (NLNE) prohibited the recognition of nurses that graduated from schools affiliated with hospitals that maintained a daily patient census of fewer than 30 patients. Furthermore, membership was denied by the National Organization for Public Health and the Red Cross to graduates who graduated from schools with hospitals of fewer than 50 patients (Riddle, 1937). Similar regulations by organizations such as the Committee on Nursing established by the General Medical Board of the U.S. Council for National Defense required that applicants be trained in a facility of at least 100 beds (Kalisch & Kalisch, 2004). Riddle (1937) asserted that it was

due to the “definite discrimination against the Negro nurse” by government officials such as the Army Nurse Corps, the Navy Nurse Corps, the U.S. Public Health Service, U.S. Veteran’s Administration, U.S. Indian Service, and the Nursing Division of the Children’s Bureau that crippled the progression of Black nurses (p. 486). In the 1930s United States census, there were 5,000 “Negro” graduate nurses. The majority of nurses were concentrated in and around NYC and the Midwest (Riddle, 1937). During this period, Lincoln School for Nurses consisted of 225 graduate Negro nurses and 114 students. Harlem Hospital consisted of 106 graduate nurses and 128 students. Both institutions were under the direction of a White director.

Integration versus Segregation in Nursing Education

The trajectory of nursing education for Black students has consistently tottered the controversial line of integration versus segregation. During the late 1800s post-Civil War (1861 to 1865) and Reconstruction Era (1863 to 1877) period, the Jim Crow laws (1877-1954) upheld and legalized racial segregation, inequality, and Black disenfranchisement in Southern states (Urofsky, 2020). Despite segregation from White citizens in areas such as public transportation, restaurants, and schools, the Jim Crow laws were constructed under the premise that all citizens were treated “separate but equal” as judged in the ruling of *Plessy vs. Ferguson* in 1896 (Duignan, 2020). Despite this sentiment, it was clear that the conditions for the Black population during the Jim Crow era were deplorable and unequal, to say the least.

Although the Jim Crow laws were not implicitly stated in Northern states, similar, yet covert, practices and customs were cast in Northern societies. With regard to education, it was not until the passing of *Brown vs. Board of Education* in 1954 that it was deemed illegal and unconstitutional to segregate schools along racial lines. Arguably, despite condemnation of such practices legally, segregation has since continued to be an element of incongruent educational standards among Black and White students.

Segregation of nursing education throughout the United States was sustained with restricted admissions access, demanding admissions criteria, and limited professional advancements for minority groups. The marginalized climate of nursing education resulted in the development of Black nursing schools.

As introduced under the aforementioned heading, The Black Hospital Movement, Black physicians played a prominent role in the founding of Black nursing schools. However, the stratification of successful nursing training schools was highly dependent on wealth, profit, and the accreditation of the institution. Before the Civil Rights era (during the late 1890s-1950s), in lieu of attending established, formidable nurse training institutions that were segregated for White nursing students, Black students (or “Negro” students, as referred to in research studies of this era) were limited to the poorly run training schools that were available for them. This was unmistakably apparent to nursing officials, directors, fellow nurses, and accrediting bodies. As researched by Carnegie (1964), during a 1924 survey of Negro schools of nursing, an anonymous White director stated,

The type of training the average colored nurse receives in this part of the county is far inferior to that given to white students. Even the best training for colored nurses hardly approximates the poorest training given to white nurses. From another standpoint, their educational background is not so good. (p. 231)

Black nursing education was afflicted by detestable educational underpinnings that questioned the degrees and merit of Negro nurses. According to Johns (1925), the curriculum taught at Negro schools was often outdated and lacked the necessary standards that were outlined by the State Board of Nursing officers and their educational criteria. For example, in a Southern Negro school of nursing surveyed by Nina Gage and Alma Haupt in 1932 (as cited in Carnegie, 1964), there was a Black nurse superintendent who was also the sole member of the faculty. The entire three-year curriculum was taught by this nurse without any additional content experts. Gage and Haupt doubted that the

curriculum was in accordance with the State Board of Nursing and stated, “The schools of nursing themselves are of so many varieties. Some so poor as to make one question how they can possibly meet the standards of a State Board of Nurse Examiners” (p. 231). The segregation of Black nurses charged Black physicians and community officials to establish their own nurse training schools; however, in many instances due to limited funds and challenges of maintaining consistent income, the students were met with unsanitary conditions, poor educational curricula, arduous work hours without adequate compensation, and debatable merits upon graduation. This, in turn, resulted in the closing of many segregated schools of nursing that were managed by Black leaders (Hine, 1989). Subsequently, although not welcomed by all in the Black community, the incorporation of White philanthropy was necessary to propel Blacks in nursing.

The virtues of the nursing profession were not possible without the interests, initiatives, and funding of White philanthropists. It was through the ventures of White philanthropists and organizations governed by White leaders that the conditions in Negro nursing schools were acknowledged. For example, the Rockefeller Foundation funded Ethel Johns’s 1925 research and report on the status of education available for Black women. In addition, in 1924, the Hospital Library and Service Bureau surveyed the management of Negro schools of nursing in the country; the Rosenwald Foundation surveyed six southern Negro schools of nursing in 1932; and the Surgeon General called for a survey of Negro schools, employment, and professional participation of Negro nurses in 1944 (Carnegie, 1964). The need for better training programs was apparent; furthermore, it was indubitable that this was a venture that could not be upheld solely by the Black community.

Prior to the integration of Black nursing students into the educational system, the self-assured, altruistic, and philanthropic White leaders were catalysts to the establishment of Negro schools of nursing. Notable philanthropists included John D. Rockefeller, Andrew Carnegie, and Julius Rosenwald (Hine, 1989). Their contributions

led to the founding of 12 major Black hospitals (including the Lincoln School for Nurses in New York) and nurse training programs in the United States. According to Hine (1989), “many of the individual creators of black hospitals and nurse training schools acted out of a complex array of motives ranging from altruism, to professional self-aggrandizement, to a commitment to the preservation of racial segregation” (p. 10). Hine supported this sentiment with evidence of Rosenwald’s altruistic rationale for developing Negro schools not for the health of Blacks, but for the well-being of their White counterparts. Rosenwald stated,

The GEB’s [General Education Board] interest is neither sentimental nor merely humanitarian, it is practical. The Negro race is numerous and widely scattered; it is with us to stay. Aside from any concern which on humanitarian grounds might be felt for the Negro for his sake, it is clear that the welfare of the South, not to say the whole country—its prosperity, its sanitation, and its morale—is affected by the condition of the Negro race. (p. 11)

The reign of legalized segregation in education came to an end in the 1950s following a Supreme Court ruling. The integration of Black nursing students into White schools occurred after the Supreme Court ruling of *Brown v. Board of Education of Topeka, Kansas* in 1954 (UScourts.gov, n.d.). *Brown v. Board of Education* ruled against segregated schools. Segregation was deemed unequal and unconstitutional in violation of the 14th Amendment, which “forbids any state from making or enforcing any laws which deny any person within its jurisdiction the equal protection of laws” (Lyons & Chesley, 2004, p. 298). According to Goldstein (1960), integration was “taken to mean entrance and assimilation of the Negro nurse in to the workforce without distinction” (p. 215). Following this ruling, the subsequent years consisted of the closures of Negro schools of nursing. In an article published by in 1964, Carnegie stated, “During the past ten years, 16 schools for Negro nurses came to grips with the problem of continuing and solved their problems by closing their doors. Only three of these schools had national accreditation when they closed” (p. 232). Lincoln School of Nursing in New York City

was among the three nursing schools to close with accreditation. Lincoln closed in 1961 when the board and alumnae realized there was no longer a need for a segregated school in New York (Carnegie, 1964).

Professionalization of Nursing and Racial Conflict

Regardless of racial identity, the declaration of nursing as a legitimate profession was a battle faced by all nurses. Prior to the professionalization of nursing experienced in the present day, Registered Nurses fought against the complacency of assumptions that they were simply assistants to physicians and lobbied to diminish occupational confines with fervor (Matthews, 2012). The instrumentality of promoting nursing as a profession involved advancements in educational standards; the development of national and state nursing organizations; enforcement of licensure requisites for practice; and arguably one of the most challenging feats, remodeling the interdisciplinary perceptions of who nurses were and what they did.

The organized and collective determination of nursing associations distinguished nursing as a profession worthy of recognition. For example, the first nursing association, the Association Alumnae of Trained Nurses of the United States, was formed 23 years after the opening of the first nursing schools of 1873 (Matthews, 2012). This association was later renamed the American Nurses Association (ANA) in 1911. Merton (1958) defined a profession association as “an organization of practitioners who judge one another as professionally competent and who have banded together to perform social functions which they cannot perform in their separate capacity as individuals” (p. 50). The ANA epitomized the shared efforts of the nation’s graduate nursing body to promote the nursing trade into a profession. The inception of the association was charged with instituting the licensure of nurses, attending to the financial needs of nurses, and formulating a nurses’ code of ethics (Purdy, 2015). According to the ANA (n.d.-b), the organization currently exists to advance the nursing profession by “fostering high

standards of nursing practice; promoting a safe and ethical work environment; bolstering the health and wellness of nurses; and advocating on health care issues that affect nurses and the public” (para. 2).

Despite the promising contingencies of nursing organizations, similar to many challenges faced by minority groups, assimilation into the profession proved to be a challenge that would be fought for decades to come. With the continued efforts of Florence Nightingale’s image of nursing, the ANA strove to upgrade the status of nursing and make the profession “attractive to women of a higher social class” (Barbee, 1993, p. 353). This included, but was not limited to, restrictive membership to control the type of nurses that joined the organization and benefited from the profession’s advancement. The membership eligibility was only available to educators and alumni graduate nurses of training programs that were in operation for at least two years and maintained a minimum 50-bed capacity (Lewenson, 1996). The presence of structural racism and discrimination forced ANA membership ineligibility among trained African American nurses, for very few were educators, nor were they employed at hospitals that met the membership criteria (Hine, 1989; Keeling, 2018).

National Association of Colored Graduate Nurses (1908-1951)

As a pioneer in nursing and activist against racial discrimination, Mary Eliza Mahoney, alongside other visionary Black nurses, such as Martha Minerva Franklin, developed the National Association of Colored Graduate Nurses (NACGN) in 1908 (NY Public Library, 2020). The NACGN advocated for the elimination of racial discrimination; integration of Black nurses into professional associations (since without state nursing association membership nurses were not allowed to join the American Nurses Association); and expansion of inclusion for nursing school admission and job placement (NY Public Library, 2020).

The governing board of NACGN encompassed prominent Lincoln School of Nursing alumni, who fought to give Black nurses a “seat at the table.” Board members such as Mary Elizabeth Carnegie (class of 1937) and Adah Thoms (class of 1905) maintained the initiatives of NACGN and worked tirelessly to dissolve the fallacious, racist typecasts of Black nurses in healthcare (Barbee, 1993). The ANA adjusted membership criteria and permitted admission of all nurses, regardless of race, in 1948 (Manley, 1995). This, in turn, resulted in the momentous disbanding of the NACGN in 1951, since the founders believed their mission of inclusion and acceptance of Black nurses as professionals had been fulfilled (Hine, 1989; Keeling; 2018; Manley, 1995). Although progressive in essence, this decision proved premature, as African American nurses, lamentably, remained in a state of disenfranchisement. Nineteen years later, Black registered nurses collectively organized to form the National Black Nurses Association in 1970 to counter persistent discrimination and structural racism that limited the number of Black nurses and leaders in the profession.

Description and Location of the Data Sources

In this next section, the data sources of this research are presented, and the primary and secondary sources are discussed.

Primary Sources

The review of literature is a major component of historical research. In historical research, researchers have a myriad of avenues available for literary review. Archival collections, poetry and letters, and even oral histories are all mediums of literature review (Lewenson & Herrmann, 2008). As with all research methods, the researcher needs to consider the feasible access to data sources. Lewenson (2008) stated, “A review of the literature is an ongoing event that starts with the identified interest in the topic, responds

to the questions that you raise, and focuses on the factors and years you identify in the working title” (p. 32).

The objectives of this research is to identify the factors that promoted or hindered African American nurses into the field of nursing education at Lincoln School of Nursing. The essential primary sources are the archival records of Lincoln School of Nursing, which feature the Lincoln School of Nursing Alumni Association materials, yearbooks, surveys, and newspapers. Examples of primary sources acquired are the Ethel Johns Report of 1925 and the Survey of the Lincoln School for Nurses, New York City (both are detailed in the Description of Previous Works). Primary sources are firsthand accounts of the experiences and accounts of people who lived through an event or period of time (Lewenson & Herrmann, 2008). In addition, oral histories of Lincoln’s alumni, faculty, or their respective relatives were considered in order to uncover firsthand accounts of the school and nursing education. This investigator was unable to identify living relatives or alumnae of this school, although contact had been made with the Lincoln Alumnae Association. After several attempts to communicate with someone from the alumnae, this investigator was unable to obtain an invitation to the alumnae meetings or obtain an oral history for this research.

Secondary Sources

Secondary sources are written, published documents with information on the topic of interest (Lewenson & Herrmann, 2008). The secondary resources studied for this research mainly consist of published journal articles, books, and newspaper articles. The *Journal of the National Medical Association* (1909 to 2007) captured the progression of the nursing profession and its educational standards. All volumes and issues of this journal are available for virtual access on the National Center for Biotechnology Information website (NCBI, n.d.). Nursing-specific journals such as the *American Journal of Nursing* (1900 to present) also have all issues and volumes available for

access. Publications that have paid special attention to the experiences of Blacks in nursing are the *Journal of Negro Education* (1932 to present) and the Association of Black Nursing Faculty (1990 to present), and both are available on their respective websites. Furthermore, databases such as Journal Storage (JSTOR) collectively present primary and secondary sources, books, and current issues of journals (JSTOR, n.d.).

Description of Previous Works

Strategies for Recruitment, Retention, and Graduation of Minority Nurses in Colleges of Nursing (1997), written by Dr. Hattie Bessent, provided detailed chapters on the need to close the race gap in the nursing profession. Nursing issues for populations of color were presented along with the ethical and philosophical issues of nursing. Successful accounts of recruitment, retention, and graduation of minority nurses nationwide were researched through detailed surveys distributed to colleges of nursing. Bessent's book provided some historical context of Blacks in nursing and the condition of minorities in the nursing post-Civil Rights era.

The Ethel Johns Report (1925), written by Ethel Johns, was funded by the Rockefeller Foundation (but never published); it surveyed the education and professionalization of Black women in nursing in the early 1920s. Johns visited, interviewed, assessed, and analyzed Black women in nursing in several states over a four-month period. In addition, *A Survey of the Lincoln School for Nurses, New York City* (1931), written by Isabel Stewart, was acquired from the Gottesman Libraries Archives at Teachers College, Columbia University in New York City. This primary source detailed an extensive survey of Lincoln School for Nurses, administrators, and faculty. Stewart listed the following as objectives of the survey:

The organization and administration of the school and its relation to the hospital.

The educational service rendered to the students.

The nursing service performed for the patients in the hospital.

The unique health problems and need of the Negro and the possibility of educating Negro nurses to meet those needs.

The professional status and success of the graduates. (p. 1)

In 1984, Teachers College Columbia University doctoral graduate Alisan M. Bennet, completed her approved dissertation entitled, *A History of the Harlem Hospital School of Nursing: Its Emergence and Development in a Changing Urban Community, 1923-1973*. Bennet's dissertation provided detailed accounts of the development of Harlem Hospital School of Nursing, the history of New York City, and Black nursing training programs at that time.

In 1950, a graduate of New York University's Bachelor of Science program in Public Health Nursing, Gwendolyn Samuel Bourne, submitted a dissertation entitled *A Social History of Lincoln School for Nurses, Bronx, N.Y. with Emphasis on Present Functions and Services: 1898-1948*. In the dissertation, Bourne outlined a 50-year history of Lincoln School for Nurses and the services of the Lincoln Hospital. Bourne was a graduate of the class of 1936 of Lincoln School for Nurses and offered the first comprehensive history of the school.

Feasibility of Investigation

This section highlights the feasibility of the investigation. The availability, adequacy, and condition of data sources are discussed.

Availability of Data Sources

With the specific focus on nursing education in New York City, this writer planned to access all applicable and available archives. This section describes the possible archives that were scheduled for visiting, but as a result of the limitation created by the

COVID-19 pandemic of 2019-2021, this researcher focused on specific collections that could be visited in person, online, and through the help of supportive archivists. The New York Public Library Schomburg Center for Research in Black Culture, Manuscripts, Archives, and Rare Books Division houses an archival collection of the Lincoln School for Nurses (1869-2002). The collection includes printed materials on the history of Lincoln, its educators, and the Alumnae Association. In addition, primary sources such as yearbook of the nurse training school (1931-1961), school newspapers, annual reports (1906-1961), and photographs of the nursing students are included in this collection (Schomburg Center for Research in Black Culture, The New York Public Library Archives and Manuscripts, n.d.). Although this archive was closed for in-house visits, through the use of the finder's guides and the help of archivists, data were able to be collected. In addition to the Schomburg archives, this researcher had planned to visit the Barbara Bates Center for the Study of the History of Nursing in Pennsylvania, but due to the COVID-19 pandemic of 2019-2021, was only able to access this resource online. The Center for Nursing at the Foundation of New York State Nurses in Guilderland, NY houses an archival collection on Ivy Nathan Tinkler (the first Black director of Lincoln's School for Nurses), which was accessed by this researcher in person, online, and with the help of the archivist. Online access to digitized libraries, such as Teachers College Columbia University's Pocket Knowledge, were employed for this research. Lastly, this researcher accessed copies of the unpublished Ethel Johns Report (only available in the Rockefeller archives) from the dissertation committee sponsor, Dr. Sandra Lewenson.

Adequacy of Data Sources

The adequacy of data sources is specifically tailored to the availability of data. The New York Public Library Schomburg Center houses the most comprehensive collection of data on New York City's Lincoln School of Nursing. Furthermore, these resources presented further secondary resources, such as newspaper articles and journals, that more

clearly elucidated the lived experiences of nursing students and citizens in New York City. Newspapers such as the *Amsterdam News* and the *New York Age* were known to cover stories of the Black community. Journals such as the *Journal of the National Black Nurses Association* and the *National Medical Association* are references for the healthcare of Black communities.

Condition of Data Sources

During the stages of research in 2020 and 2021, this researcher, along with everyone else in the world, was impacted by the regulations and restrictions of the COVID-19 pandemic. This has resulted in the closure and delayed reopening plans of public spaces, including libraries and research centers. Therefore, at this moment data sources are limited to digitized archives and scanned copies of materials sent by archivists and resource consultants of various centers. Until the Schomburg Center reopens, assistance was employed in accessing information and materials through research consultations, online research databases and digital collections, and a free scanning service of single folders from specific archival collections. These are services the researcher utilized throughout the investigation because customary access would only be granted post- COVID-19, i.e., after the completion of this research.

Data Collection Outline

The data collection outline for this study occurred during the timeframe of Spring 2019 to Spring 2021. In conjunction with research and data collection, this researcher acquired the Teachers College Institutional Review Board (IRB) “exempt” approval in December 2020 (IRB Protocol Number 21-106) to fulfill the historical research of nursing education, diversity and inclusion, and Lincoln School for Nurses. According to Polit and Beck (2017), “historical research is the systemic collection and critical

evaluation of data relating to past occurrences” (p. 467). This researcher values historical research and its non-linear study possibilities. As themes were uncovered and major questions were answered, it was understood by this researcher that I would need to maintain, systematize, and frequently revisit data collected throughout the investigation.

Summary

The concept of race is historically interwoven into the fabric of nursing and nursing education. Chapter II’s review of literature further explored how African Americans in nursing fared as the profession evolved. Unfortunately, there remains consistency of the past and present regarding several aspects of nursing. For example, the morbidity and mortality rates of minorities remain high; initiatives to bolster diversity and inclusion in nursing persist; and inadequate representation of nurses and nursing faculty remains problematic. Despite incremental progress, one may argue that given the decades that have passed since the opening of Lincoln’s School of Nursing in New York City, the experiences of Black nursing students and faculty have remained the same. It is with immense gratitude and curiosity that this researcher explored the history of Lincoln’s School of Nursing. As one of the early opportunities of advancement for Black nurses in New York City, did Lincoln serve as a foundation for current circumstances? As introduced in Chapter I’s major questions to be asked, what role did this school play in shaping the climate of diversity in nursing and nursing education, and what charge should we take as leaders of nursing to mend our present-day state? The following chapter, Chapter III, presents the factors that promoted the development of Lincoln’s nurse training program and progressed the education of Black women.

Chapter III

PROMOTING FACTORS OF LINCOLN SCHOOL FOR NURSES' DEVELOPMENT

The research presented in Chapter III emphasizes the principles that fostered the establishment of Lincoln School for Nurses (LSN). In addition, the people and/or organizations that funded the school were examined in correlation with the leadership and management of the institution. In relation to schooling, past alumni and their post-graduate endeavors were investigated. Lastly, the academic faculty, instructors, and leaders were researched. As introduced in Chapter I, there were notable graduates from Black nursing schools such as Lincoln School for Nurses and Harlem Hospital's school of nursing. However, for decades, the leadership and education have been sustained under the hegemony of the White race. This history of LSN serves as a case study to understand how the institution that was specifically founded to educate Black women impacted the perception and actualization of promoting diversity in nursing faculty.

Social Determinants of Health in Minority Communities of New York

The development of institutions to care for an ailing Black population of New York City arose in part from the resettlement of Blacks from the South, domination of structural racism, and the presence of health-debilitating conditions. After the Civil War (1861 to 1865) and the Reconstruction Era (1863 to 1877), the State of New York, along with the nation, entered the Progressive Era. During the Progressive Era of 1897 to 1920, migration shifts of people moving from the South to the North occurred. Specifically,

African Americans, including recently freed slaves, were on the quest to relocate to the North with aspirations of better work opportunities, higher wages, and safer environments (Wright, 1906). Wright's article, "The Migration of Negroes to the North," illustrated the main cause of migration to be the desire for higher wages. Between 1860 and 1900, there was a 164.3% increase of Negroes in the North with a census of 911,025 from 344,719 (Wright, 1906). Wright stated,

Over 50% gave as their reason for leaving the South the desire for higher wages; about 8% wanted, beside higher wages, protection and travel; 10.9% wanted 'to better their condition', while 4.3% left because they were "tired of the South," 13.5% came with their parents, and 9.6% left simply because they "wanted to make a change." (p. 566)

The standards of living for the Black population in New York were limited and deplorable in comparison to those of their White counterparts. In regard to housing, Blacks were segregated in slums (or "ghettoes," as they were called) littered with unsanitary conditions, poor educational opportunities, high crime rates, and odd jobs to choose from to make a living wage (Park, 1913). In New York, the Black ghettoes that expanded during the Progressive Era were "San Juan Hill" in the West Sixties and the Harlem district (Haynes, 1913, p. 109). Haynes described the "sharp cleavage" of segregation between the Negro and White population, in life and even in death (p. 110). According to Park (1913), "in the North, before the war, the most successful Negro business men were barbers and caterers.... The wealthiest Negro in New York today [1913] is an undertaker" (p. 159).

The increased need for undertakers in New York City, and similar cities, corresponded with the debilitating health of the Negro population. Haynes (1913) stated, "Undernourishment due to low pay, bad housing, poor sanitation, ignorant fear of 'night air' and lack of understanding of the dangers of infection make Negroes the prey of diseases now clearly proven preventable" (p. 116). If Negroes were prey to such preventable diseases, structural racism served as their predator. There was a clear

delineation, or “red-lighting,” of the appalling and dangerous conditions of Negro neighborhoods, with a critical lack of sewage and sanitary maintenance (Haynes, 1913, p. 111). Such conditions catalyzed the infection and death rates of the Negro population, thereby obliging an increase of undertakers to care for the dead bodies.

As Was Yesterday, Remains Today

The health condition of the African American population has been noticeably poor since the years of slavery. These conditions, despite advancements in healthcare, contribute to the relentless and unyielding forethought of the trope of Black health. According to the Centers for Disease Control (CDC, 2017a), Blacks are at higher rates of dying from all causes than any other racial group in the nation. African Americans historically have been medically destitute; this ranges from the unparadigmatic conditions of slavery; the justification of slavery through describing Blacks as “subhuman things, separate from white, Western evolution based on medical scientific fact” (Byrd & Clayton, 1992, p. 194); the use of Black bodies for experimentation and medical training, such as the forced “slave breeding” after the outlaw of the Atlantic slave trade to America in 1807 (p. 194) and the infamous Tuskegee experiments on 400 Black men that lasted 40 years under the tutelage and jurisdiction of American government (CDC, 2020; Reverby, 2009). Black health reached its lowest point during the Reconstruction Era after the Civil War. The Black community was plagued by poverty, unsanitary housing conditions, lack of healthcare, and their detested refugee status that subsequently resulted in significant death rates (Byrd & Clayton, 1992).

As detailed in Chapter I’s section, *The Black Hospital Movement*, the development of Black physician education and Black hospitals proved to be a remedy for the frailties of Black health. The presence of Black health professionals and facilities addressed multifaceted health concerns for the Black community. For instance, tuberculosis, infant mortality, and pneumonia were the chief causes of high death rates of Blacks in the 19th

century (Haynes, 1913). In New York, the death rates outnumbered the birth rates of Blacks every year from 1895 to 1904 (Wright, 1906). Byrd and Clayton (1992) reported that the “death rates in 1870, 1880, and 1890 censuses were so staggering, the New York Life’s Equitable’s actuaries confidently predicted black extinction by 2000 AD” (p. 195). It was not until the Black Hospital Movement and the development of Black hospitals/training schools that there was a concretized focus on improving the health condition of Blacks in America. Lastly, specifically in NYC, the trailblazing contributions of nurse leaders such as Adah B. Thoms (discussed in Chapter IV), the National Association of Colored Graduate Nurses, and leaders in public health nursing (such as the Henry Street Nurses Settlement on the Lower East Side of New York City) were instrumental in publicizing the need to advance the health of the Black community and taking action to do just that.

In support of the movement to improve the health of Blacks, the National Association of Medicine (developed by Black physicians) and similar nursing organizations (such as the National Association of Colored Graduate Nurses [NACGN]) held seminars aimed at building the health knowledge and fostering health-conscious behaviors of Black communities. Examples of seminar topics included “The Cause, Prevention, and Treatment of Tuberculosis; Infant Mortality; The Proper Care and Feeding of Infants” (Kennedy, 1911, p. 110). In New York, the Medico-Chirurgical Society held lectures at churches providing education on medical issues (in a simplistic, understandable delivery) and the development of Black nurse training programs that deployed “a large number of colored women, who are not only getting ready employment among the white people but are taking their share of the burden of spreading the gospel of good health and right living among Negroes” (p. 117). However, it was essential that these Black women received the education and training necessary to care for their communities. This necessity served as one of the factors that propelled the development of institutions designed to educate Black women in nursing.

The History of Lincoln School for Nurses

In order to investigate the history of Lincoln School for Nurses, it is imperative that this researcher introduce its predecessor, Lincoln Home and Hospital of the Bronx, New York. The development of Lincoln Hospital is credited to a group of White women who wanted to make a change in the trajectory of the Black community's health. In 1839, this philanthropic group developed a "Board of Managers" and organized a society named The Society for the Relief of Worthy Aged Indigent Colored Persons (SRWAICP) (SenGupta, 2009; Thoms, 1929; Tinkler, 1976). Ten women, often described as "benevolent," gathered in the home of Maria Bauyer (daughter of John Jay, the first Chief justice of the United States Supreme Court) in 1839 (SenGupta, 2009, p. 107). There were a total of twelve individuals that made up the Board of Managers (four officers, seven managers, and one male adviser) (Tinkler, 1976). The four officers were Anne Mott (First Directress), Mary Shotwell (Second Directress), Ann Livingston (Secretary), and Hannah M. Chester (Treasurer) (Annual Report of the Society for the Relief of Worthy Aged Indigent Colored Persons, 1840). According to the Annual Report of the SRWAICP (1840), the inaugural managers were as listed as follows: Catharine Few, Mary Few, Frances Chrystie, Anna H. Shotwell, Susan Proudfit, Mary McCoun, Anna M. Willis, Rebecca Collins, Sarah Munsell, and Maria Harper. The Board of Managers, specifically Mary Bauyer's sister Elizabeth Clarkson Jay, donated one thousand dollars to fund the home that cared for "sick and respectable" Black persons (SenGupta, 2009, p. 108).

Healthcare of the 19th century in NYC was prominently dependent on care rendered in the home or was reserved for the alternative of filthy dwellings. During the late 19th century, the SRWAICP surveyed Black neighborhoods in search of ill persons of color in great need of help and highlighted that the heads of the Black households were typically the daughters of the family (Tinkler, 1976). The income of most families barely

covered their food expenses, much less any medical expenses they incurred. This often led to the unfortunate inevitability of death once a family member became ill. City-owned almshouses were the only available option to seek assistance and care. However, conditions in the almshouses were barely livable, and certainly not conducive to healing (Tinkler, 1976).

Almshouses were buildings dedicated to housing inmates and criminals, caring for anyone who could not care for themselves, had no family members capable of providing care, or were in need of shelter and food (Horn, 2018). It has been recorded that even if Black residents were not criminals, they were treated as such and worse. According to Horn, records from a New York City (NYC) Almshouse showed that a Black man “was put in a coffin while still alive” in 1818 (p. 141). As a benevolent response to the lack of access to adequate care, the SRWAICP was called into action. The SRWAICP’s initial residence was acquired through arrangements with the city officials to obtain two rooms in Almshouses. Increased admission requests for the Society resulted in the filling of an entire floor in the Almshouse and subsequently a second floor. The institution was officially in operation with the modest census of 12 “pensioners” (SenGupta, 2009, p. 108). By 1841, the Society rented a building for fifty dollars a month located at 51st Street and the North River in Manhattan, and the name of the institution was subsequently changed to “The Colored Home” (Tinkler, 1976).

The “Worthy” Sick

The philanthropists and Board of Managers of the Colored Home zealously addressed the failing health condition of the Black population; more specifically, they aimed to assist the “worthy sick.” As the primary nomenclature detailed, the Society was developed to care for those they considered worthy, aged, and indigent. If one was deemed to be worthy, they were considered for admission into the Society rather than being cared for in an Almshouse (which were known for their low quality and unsanitary

conditions). The “worth” of patients was determined through their moral and religious attributes (SenGupta, 2009). In addition, the founders of the Colored Home aimed to provide aid to Black persons who had worked as slaves and were nearing death. In the first Annual Report of the SRWAICP (1840), the Society stated the following when detailing goals for an “unobtrusive and retiring class”:

It is the object of this Society, to ascertain the extent of distress, hitherto silently endured by this superannuated portion of our community, and by applying in their behalf to the humane and liberal, to alleviate their condition, and render the brief remnant of their days less gloomy and forlorn. (p. 1)

In the early years of the Colored Home’s operations (prior to the agreement made with Almshouses in 1845), the admissions of residents (or pensioners) heavily relied on age, their deemed morality, and the gratitude of the colored persons. In order to gain funding and donations, the managers of the Society underscored that the White population was indebted to relieve the needy, indigent Coloreds who had spent years as servile, dependable, and noble additions to their households (SenGupta, 2009). This group of “worthy” poor were delineated from the Colored persons dispatched to the Almshouses due to destitution and unholy acts, such as those “intemperate idlers who were believed to adulterate the halls of the city Almshouses with all manner of vice” (p. 111). The fate of the ill deemed unworthy rested in the Almshouses. Gaining admission into the Society not only resulted in better care, but it also provided an opportunity for employment. According to the Ivy Nathan Tinkler¹ papers, *The Early History of Lincoln Hospital (1839-1849)*, pensioners who were “weakened due to lack of food, but were otherwise healthy were put together, and as their strength increased they were provided with light work for which they were paid. The women assisted with the care of those who were sick” (Tinkler, 1976, p. 2). The opportunity for safe housing and

¹Ivy Nathan Tinkler, graduate of Lincoln School for Nurses, became the first Black Superintendent (Director) of the nurse training school in 1954. A collection of Ivy Nathan Tinkler is located at the Centers for Nursing, Foundation of New York State Nurses archives.

possible paying jobs increased the number of Colored persons who sought admission into the Home. Specifically, young, jobless Colored women viewed the institution as an “employment agency as much as anything else” (SenGupta, 2009, p. 126).

Christianity and religious castigation influenced the obligations of the Colored Home employees and residents in addition to the recruitment of funding and donations. As aforementioned, it was understood that a requirement of admission into the Colored Home was to depict worthiness for relief. Religion served as the foundation of the mission of the Colored Home. In the first constitution of the SRWAICP, Article VI stated, “The Committee shall, according to their best abilities, and as opportunities may offer, endeavor to impress on the subjects of their benefactions, the necessity and importance of Religion” (Annual Report of the SRWAICP, 1840, p. 7). The pensioners were required to read scriptures and receive biblical lessons during their stay in the Colored Home (Annual Report of the SRWAICP, 1840). It is noteworthy that at that time people of color demonstrated their gratitude for Christianity as a refuge for the misfortunes they had sustained (SenGupta, 2009). The Society held this in high regard and was insistent to address religion and morality across the age-span, thereby building a school for children in 1849 where special attention was given to “the moral and religious culture of their minds” (Tinkler, 1976, p. 2).

The Society heavily incorporated religion into its foundation and operations. This was evident in their mission, responsibilities, and even the motto over the entrance: “Thou shalt no more be termed forsaken. Isa. 64:15” (Thoms, 1929, p. 66). In the 1851 published book written by Mary W. Thompson (one of the Managers of the Home), funding and donations were sought through her depictions of the pious, innocent, religious solidarity, and dependability of the Colored persons (specifically the aged and very young) (SenGupta, 2009). The residents’ Christian beliefs were celebrated by the Managers as worthiness for their relief and, in some instances, described as a pardoning spirit that helped the Blacks forgive the Whites for what they had endured during slavery.

For example, in many of the memorials of Thompson's 1851 book, *Broken Gloom, Sketches of the History, Character, and Dying Testimony of the Beneficiaries of the Colored Home in the City of New York*, Evangelical Christianity seemed to serve as a coping mechanism for White supremacy.

SenGupta (2009) stated, "The shared piety of white benevolent women and their black beneficiaries established the ground for not only claiming a common humanity, but also for challenging racial and social rankings based on wealth and intellect" (p. 118). Similar resident depictions are described in Tinkler's papers. For example, Tinkler (1976) illustrated the story of an elderly inmate named Amy Jordan, who was born a slave and spent most of her early years in bondage. Despite becoming freed, Jordan was unable to obtain her freedom papers and as a result was "compelled to wear the galling chains of slavery" (p. 5). After successfully obtaining her papers, she was able to support herself through working after gaining her freedom. Unfortunately, Jordan fell ill and sought shelter in an Almshouse. She was later transferred to the Colored Home. Jordan looked forward to hearing the Scriptures read to her and note worthily cried if she ever missed it. Even up to her death, Jordan spoke of a son that was taken away from her during her slavery years; however, she "never censured those who had been the cause of her sorrow because she was an exemplary Christian" (p. 6).

Development and Growth of the Colored Home and Hospital

The Colored Home's achievement of improved care available for the Black population of New York City fostered donations and upscaling of the institution. A \$2,000 donation attained in 1842 served as the impetus for the purchase of a larger building to accommodate growing demands (Tinkler, 1976). This supported the attachment of an infirmary to the refuge and an upgrade of rental space (SenGupta, 2009). In 1843, a two-story property on 40th Street and 4th Avenue was purchased for \$5,620. The Society petitioned the NYC mayor (Robert M. Morris) and aldermen to pay

for an additional thousand-dollar lien on this property with the proposal “that in exchange, they would upon completion of their asylum, transfer twelve to fifteen ‘aged indigent colored persons’ from the Almshouses and furnish them with permanent means of support” (SenGupta, 2009, p. 108). The capacity of this building was large enough to care for 60 to 100 patients (Tinkler, 1976).

In response to agreements with New York City legislators, the Society further widened the doors of The Colored Home and their admission criteria. In 1844, the Colored Home began to accept all Colored inmates from Almshouses (SenGupta, 2009). In addition, the Society collaborated with the Home for the Aged Infirmary to accept sick Colored people for temporary refuge (Tinkler, 1976). In 1845, the Colored Home and commissioners of the Almshouses made an agreement that the managers of the Colored Home would “take in all black and destitute citizens of the city” in exchange for the Almshouse commissioners’ contribution of 60 cents toward clothing and housing for each inmate (Horn, 2018, p. 141). This mutual agreement was beneficial for both parties, in that the Home received funding while the commissioners fulfilled their duty to care for the indigent Black population of NYC. However, the benefit was much greater for the City of New York, as “the Board of Aldermen noted that it cost them less to support 297 people in the Colored Home than it did to feed and clothe 177 people in the city prison” (Horn, 2018, p. 141). Nonetheless, in 1845, the Colored Home continued to gain momentum as an institution of NYC by becoming incorporated under the New York State Legislature (SenGupta, 2009; Tinkler, 1976).

The state incorporation of the Colored Home furthered the development of regulations and bylaws, as well as propelled the operations of the institution. According to the Ivy Nathan Tinkler papers of the Foundation of New York State archival center, the Colored Home declared to “provide for the support and comfort of infirm and destitute colored persons of both sexes, and for that purpose the said corporation is hereby empowered to take and hold real estate in the city and county of New York not

exceeding in value \$50,000, and personal property to an amount not exceeding \$50,000 (p. 3). As a result of becoming incorporated, the Colored Home was subject to the visitation and inspection of the institution by the New York State governor and other officials. Furthermore, the managers were required to submit annual reports of their proceedings (SenGupta, 2009). In response, the managers developed several bylaws, regulations, and committees in order to address their newly acquired accountability requirements. For instance, the following committees oversaw specific aspects of the home: the House Committee was responsible for visiting the Home at least twice per week to address admissions, discharges, and the overall supervision of the institution; the Hospital Committee visited the hospital weekly to assist the physician with care of residents; the Medical Council was called upon monthly by the resident physician to visit the institution; the Committee of Supplies and Repairs was to oversee all required purchases for the institution; the Reading Committee was responsible to visit inmates and read biblical scriptures to them at least once a week; the Clothing Committee made and distributed clothing; and lastly, the Auditing Committee oversaw the Treasurer's financial reports (Tinkler, 1976).

In 1848, the Colored Home was upgraded to a third location between 64th and 65th Streets and First Avenue. The location comprised a total of 44 lots of land, was purchased at \$13,000, and admitted residents in 1849 (Thoms, 1929). According to Thoms, three stories were added to this location in 1858. Thoms stated, "The three former wings were occupied by inmates; later the lower part was for matron's apartments, doctor's offices, committee rooms and a drug room, while the upper part was used as a chapel, superintendent's stewards and surgical rooms" (p. 68). The environmental expansion and promotion of the Colored Home were in part due to arrangements made with the Almshouses and the quality of care promoted by the benevolent founders. In 1882, the corporation was renamed "The Colored Home and Hospital" (Thoms, 1929, p. 68). The progression of lot space supported the continued growth of admissions. According to

Thoms (1929), the institution cared for over 30 thousand residents and inmates between 1845 and 1884.

The growth of the Colored Home and Hospital continued over the next 50 years and remained on the First Avenue site until 1898 with purchase of larger grounds at 141st Street and South Boulevard, Bronx, New York (Tinkler, 1976). During that year, 1898, the Bronx became a borough of New York City (The Bronx County Historical Society, n.d.). The Board of Managers made the decision to move to the Bronx, after acquiring sufficient funds, to accommodate the expanding patient admissions and the need for larger lots of land. An illustration of the Colored Home and Hospital is noted in Figure 1.

Figure 1

The Colored Home and Hospital, 1899



COLORED HOME AND HOSPITAL

Frontispiece

Admission and Death Rates of the Colored Home and Hospital

The tenacities and functions of the Colored Home and Hospital supported admission rates among Black residents and deprived populations in New York City. The providers of the Colored Home and Hospital faced unimaginable issues in healthcare, more specifically, the epidemics of New York City. In the 1850 Annual Report of the Governors of the Almshouses, New York, the Colored Home's resident physician, James

Fitch (1852), reported that the cholera epidemic contributed to the largest admission period since the opening of the institution. In addition to seeking refuge for medical care, the admission rates were sustained by destitute Blacks and those seeking potential opportunities for employment. Fitch (1852) reported in the Third Annual Report of the Governors of the Almshouses, that the average admission rate was 500 persons per year with a length of stay averaging five months (mainly in reference to those who spent their last days in the institution before their death).

As the Colored Home and Hospital expanded, there were different branches of care established for those admitted. For medical attention, inmates were received by the Hospital and the “Lying-in” Department (Fitch, 1852, p. 73). The aged and destitute were admitted into the Home (Fitch, 1852). As noted in several annual reports provided to the Governors of Almshouses, the number one medical cause of death was phthisis (tuberculosis), with a total of 43 out of 110 deaths in 1852 (Fitch, 1852); 48 out of 116 deaths in 1853 (Fitch, 1854); 41 out of 99 deaths in 1858 (Fitch, 1859); and 31 out of 97 in 1859 (Fitch, 1860). According to Thoms (1929), “admissions from 1845 to 1884 inclusive totaled 20,468. During the same period, the institution cared for 30,431 including those remaining over each year” (p. 69).

Inmate Labor and Employment at the Colored Home and Hospital

The labor and employment of inmates supported the financial sustenance of the Colored Home and Hospital. Fitch (1851) stipulated that the original intention of the Colored Home was to be a “House of Industry” (p. 66) and not just a safe-haven for destitute Blacks. The intention of the benevolent Board of Managers and founders of the Colored Home was to influence and advance the moral and physical character of admitted inmates. This was accomplished through voluntary labor. The inmates volunteered to offer their services in workshops, such as willow work and crafting coverings for bottles (Fitch, 1851; Tinkler, 1976). The inmates received a small

compensation each week depending on the quantity and quality of their work (Fitch, 1851; Tinkler, 1976). They were required to pay a “small tax” for clothing expenses in order to keep themselves well-dressed and decent (Fitch, 1851, p. 66). The managers believed that this not only boosted the inmate’s morale; they stated,

It immediately raises them above the grade of paupers—they feel that they have earned what they possess; and consequently soon become more careful of their own property, having acquired, by habits of industry, some sense of its value, and also become more cleanly in their appearance. (p. 66)

The voluntary labor of inmates did not only involve willow work and cotton spinning, but was also extended into healthcare and nursing. In the Third Annual Report of the Governors of the Almshouses, New York, for the year 1851, resident physician James Fitch (1852), detailed improvements in the hospital environment and care stating,

Our nurses and orderlies, although taken from among the inmates (being elevated to these positions by good conduct), are attentive and kind to sick; and the decorum and cleanliness that prevails throughout the Institution, has elicited the admiration of visitors, and the decided approval of such members of your body as have visited us during the year. (p. 76)

This declaration, in the Home’s 13th year of existence, introduced how valuable training Black women was for the caring of Black patients. The services of Black women were also acknowledged and highlighted after the purchase of the 40th Street and 4th Avenue property in Manhattan in 1842. The Alumnae Association of the Lincoln School for Nurses stated the following regarding the institution’s enhancement of 1842: “This accommodated 60-100 inmates. An infirmary of 14 beds was established. The care was given by convalescents serving as nurses and orderlies, in gratitude for the kindness they had received” (p. 2). The actualization of training Black women to be professional nurses came to fruition more than 50 years later with the development of The Colored Home and Hospital Training School for Nurses (later known as Lincoln School for Nurses).

The Colored Home and Hospital Training School (Opening and Early Years)

The establishment of the Colored Home and Hospital's nurse training school revolutionized the presence and professionalization of Black nurses in America. The school was instituted in 1898 for two reasons: (1) to provide an educative and professional training in nursing arts for Negro women; and (2) to improve access to care for Black patients by having the Negro nurses care for them (Tinkler, 1976). In addition, the nursing profession had taken the steps to advance their profession through educational development, as discussed in Chapter I, with the establishment of the first nursing schools in the United States in 1873. This was an opportune time to open a nursing school to train Black women, as the foundation had already been set 25 years ago. As aforementioned, nursing care from Black women was not a novel concept. In fact, Black women were caring for their community's ill members decades before the conception of a nurse training school. The significance of the school's establishment was that it provided a means of education for Black women that had not been openly available nor easily attainable during that period of time.

Acceptance and support of the nurse training school were not displayed by all. It is reported that some doctors of the Colored Home and Hospital disapproved of the idea of a training school. Thoms (1929) stated, "They feared among other things that the training of young colored women to become professional nurses would be a waste of time as there would be no place for them after they had finished their training" (pp. 71-72). However, under the persistence and direction of the Board of Managers President Mary Wainwright Booth, leaders of the medical ward acknowledged the benefits of a training school (Tinkler, 1976). In the 57th Annual Report of the Colored Home and Hospital (1896-1897), Secretary of the medical board George R. White detailed the following:

One of the wards has been put in charge of a trained nurse. The medical work in this ward has been so much more successful that we hope the entire Hospital may be cared for in a similar manner. We believe that a training

school for colored nurses would give us a cheap, practical, and very efficient means of providing proper nursing for our patients. (p. 12)

The Colored Home and Hospital nurse training school was owned and managed by the Board of Managers for Lincoln Hospital and Home. Upon its development, the “Executive Committee” of the board commissioned rules and regulations for the school, organized an admission form, and decided on the uniform to be worn by students (Herrick [Corresponding Secretary of the Board of Managers], 1898). According to Tinkler (1976), the admitting criteria for pupils were that they were “respectable, intelligent, interested, and colored” (p. 1 of her speech on the History of the LSN for the Alumnae Association of the LSN). By May 1898, there were four accepted students into the school with the ultimate goal of a class size of at least 10 (Herrick, 1898).

The Board of Managers and leaders of the Colored Home and Hospital were confronted with several missions for improvements during the time of the training school’s establishment. In 1898, the hospital was moved to a larger site (equipped to care for at least 200 inmates) located at 141st Street and Concord Avenue in the Bronx, NY (Alumnae Association of the Lincoln School for Nurses, 1995). Thoms (1929) described the moving scene of September 1898 as “a picturesque procession which embarked on old Fifth Avenue—horse drawn stages, while the acutely ill were carried in moving vans” (p. 73). On September 7, 1898, the new buildings and departments were in operation. Thoms detailed the building as follows:

The buildings were plain but substantial, thoroughly modern and sanitary. A separate building for tuberculosis patients and another for maternity patients connected with the main building by a covered corridor, an isolated cottage for contagious diseases, a laundry, a power house, laboratory and morgue completed the new, yet old, institution. (p. 74)

Herrick (1898) explained in the 59th annual report that the nurses in training worked in many of the departments and encouraged outreach to financial donors (including “well to do colored people”) to fund the new building’s operations (p. 10).

The First Graduating Class

The first pupil of the training school was Nettie F. Jarrott, who entered the school in May, 1898 (Thoms, 1929). Jarrott's enrollment was endorsed by her father, who was said to be well-connected with the Board of Managers (Thoms, 1929). The first class grew to a total of six with the corresponding admissions of Grace Newman, Lottie Marin, Elizabeth Harris, Margaret Garner, and Gertrude Johnson (Thoms, 1929; Tinkler, 1976). The inaugural class participated mostly in practical instruction within the hospital. Since there was no set curriculum at that time nor official classroom, the nurses were taught mostly at night by the matron, doctors, and surgeons of the hospital (Tinkler, 1976). Margaret Rogers (supervisor of the Colored Home and Hospital) and Drs. John A. Hartwell and Louis F. Bishop are credited with educating the first class (New York Public Library [Schomburg Center Lincoln School for Nurses Collection], 1936). Margaret Rogers served as the Superintendent of the training school (as the supervisors of the hospitals were customarily charged with overseeing the operation of the schools for nurses) and detailed the education provided to the students in the 59th Annual Report of the Colored Home and Hospital,

A series of lectures on Obstetrics, by Dr. Louis F. Bishop; The Muscles, Nervous System, Circulation, Surgical Emergencies, and Sepsis, by Dr. B. F. Tilton; Contagious and Infectious Diseases of Respiratory Organs, Special Medical Cases, and Children's Diseases, by Dr. Sherwood B. Ives; Bacteria, Wound Infection, Sterilization, Preparation for Operation, Operation, Care of Patient after Operation, Anatomy, Alimentation, by Dr. J. A. Hartwell. Some Special Work with the Microscope by Dr. Ives, was very much enjoyed. The work of the Attending Staff has been supplemented with several lectures on Materia Medica by Dr. A. E. Childs; lectures on Solutions, Urinalysis, Charts and Charting, by Dr. H. C. Haton. During the summer months Dr. R. J. Held's Bandaging class did excellent work. (pp. 11-12)

The inaugural class of the Colored Home and Hospital's nurse training school weathered the adversities of early nursing education but also served as exemplary trailblazers for the unquestionable influence of a Black professional nurse's contribution in healthcare. Their education work was arduous, uncompensated, and tiresome. The

students conveniently lived across the street from the hospital on Concord Avenue in a dormitory (NYPL [Schomburg Center Lincoln School for Nurses Collection], 1936). Fortunately, the nursing students also enjoyed pleasures during their scholarly ventures. In the History of Lincoln School for Nurses papers (1936) of the Schomburg Center's LSN collection, it was stated that "their pleasures were reading fine books, attending museums, seeing good plays and attending religious services. About once or twice a month they met together to discuss the books" (p. 2). In the first report of the training school, Superintendent Margaret Rogers (1898) requested additional funds for the library, stating, "Nurses, like other professionals, are vastly improved by general culture and a knowledge of good literature" (p. 12). The health of the students was overseen by Dr. A. E. Childs, and "very little illness in the school" was reported for the first year of operation (Rogers, 1898, p. 12).

The educational program of the Colored Home and Hospital's nurse training school lasted two years, and the six graduates attained a diploma in nursing on December 7, 1899. The graduation ceremony was held at the New York Academy of Medicine with an address from Dr. T. Gaillard Thomas (American Journal of Nursing [AJN], 1902). The medical board reported in the 60th Annual Report of the Colored Home and Hospital that the graduates passed their theoretical and practical examinations, which proved that they were "in every respect thoroughly equipped for their future work" (Tilton, 1900, p. 12). Upon the inaugural graduation of the six nurses, the Board of Managers (Herrick, 1899) stated,

We bespeak for them kindly interest and consideration from those whose needs and inclinations may prompt their employment as professional nurses, and bid them a hearty 'God-speed' ourselves, and an assurance that in the days to come help and encouragement will always await them within the walls of their Alma Mater. (p. 9)

At the end of the 19th century, professional nurses mainly practiced in homes rather than hospital settings. This was reflected in the employment of the first class of the

Colored Home and Hospital's training school. According to the 64th Annual Report, two of the graduates obtained positions as private duty nurses in New York (Annie Lottie Marin and Gertrude Johnson), one nurse became a district nurse in NYC (M. Elizabeth Harris), and three nurses became married (Grace G. Newman became Mrs. Durham, Nettie F. Jarrott became Mrs. Hatton, and Margaret M. Garner became Mrs. Peterson) (Morgan [Superintendent of the Training School], 1904). Morgan (1901) reported to the Board of Managers,

The graduates of our first class of 1900 send us most encouraging reports of their year's work; one nurse having had 24 cases; another having been retained on one case throughout the year; the others having had a good share of private nursing. (p. 12)

The success of the original class influenced the continued expansion of the program, hospital, and future admissions. Admissions into the training school were irregular and based on vacancies at the time (Tinkler, 1976). For instance, at the time of the graduation of the first class in 1900, there were 13 nurses admitted to the training program out of 33 applicants (14 were admitted on probation, 11 admitted, 3 deemed "unsuitable," and 1 who was dismissed due to illness) (Morgan, 1900, p. 10). Figure 2 presents an illustration of a group of nurses circa 1899.

Figure 2

Group of Nurses at the Colored Home and Hospital Training School for Nurses, ca. 1899



GROUP OF NURSES

As time progressed, a congruence was evident that as the hospital and home grew in size and capabilities, so did the need for trained nurses.

Growth of the Colored Home and Hospital

At the assurance of the Colored Home and Hospital leaders, the institution not only grew in size but also in complexity of care rendered to its worthy patients. In the 59th Annual Report of the Colored Home and Hospital (1899), Benjamin Tilton (Secretary of the Medical Board) reported that the new buildings on 141st Street and Concord Avenue had been functioning satisfactorily due to the efficiency of the House Staff and nurses. Tilton also reported the medical board's enthusiasm for a change in patient cases, specifically "an increasing number of the more acute cases, in response to the new facilities and the addition of trained nurses" (p. 13). As the years progressed, accomplishment of such objectives was evident. In the 59th Annual Report, Superintendent Amzi Lake (1899) reported that the total number of patients cared for was 577, with an average daily census of 217. The following year, Tilton (1900), reported that the Medical Board's wishes were partially satisfied, as the wards had become fuller, but there was a need to attain a greater percentage of Black persons who were being treated at other city institutions. Lake (1900) reported that the annual number of patients increased to 718 (141 more than the previous year), with an average daily census of 221. However, the increase in patient census proved to be insubstantial for the institution's financial standing, as out of the 718 patients, only 21 were able to provide some financial payments amounting to \$871.22 (or 67 cents per day) (Lake, 1900). The 1900 to 1901 fiscal year was the most successful for the institution. Tilton (1901) stated, "The past year has been a busy one in the Hospital wards and operating rooms; all departments—medical, surgical, maternity, and consumptive—have experienced more activity than ever before" (p. 16). To that end, the superintendent's report demonstrated the highest number of admitted patients (945), with an average daily census of 248 (Lake, 1901).

Change of the Colored Home and Hospital's Name

The turn of the 20th century met the Colored Home and Hospital with continued progressive endeavors and developments. On September 15, 1902, the Supreme Court authorized the institution's name change to the Lincoln Home and Hospital, in respect to the Civil War President Lincoln (James, 1902). The Corresponding Secretary, Harriet Parsons James (1902), announced that despite the name change, the management of the Lincoln Home and Hospital was to remain the same. It was the adjustment in the institution's core mission that proved to be progressive. The change of nomenclature also came with a change of the hospital's patient demographics. James stated,

The same love exists toward the colored race, but it has grown broader and more inclusive—there is room for every applicant and better possibilities for help in time of need. Come one and all, is still our invitation, but if there be empty beds we need not because of color refuse hospitality to any of God's creatures. (p. 7)

In 1901, the Lincoln Home and Hospital began to admit all patients, regardless of race, creed, or religion. While the Home was to be maintained for its originally intended population (aged, Colored, and indigent), the Corresponding Secretary, Harriet Parsons James (1902), stated, "Our Hospital is for all and is rapidly taking a place second to none" (p. 7). The revolution of the hospital's original mission of caring for aged and indigent Black persons was attributed to the success of the newly incorporated ambulance services (James, 1902). In the 62nd Annual Report, James stated, "One of the earliest results of our change in policy was the establishment of an ambulance service" (p. 7). Figure 3 presents an illustration of the hospital's ambulance in 1902. On April 28, 1902, the Commissioner of Police stated that the 35th Police Precinct was to become an ambulance-designated district, and the hospital was granted access to ambulance calls the following day (Lake, 1902). According to James (1902), the ambulance services introduced "many interesting cases" to the hospital, and the new experiences, although laborious, were welcomed by the house staff and nurses (p. 7).

Figure 3

The Lincoln Hospital and Home Ambulance, 1902



The First Decade of the Lincoln Hospital and Home's Nurse Training School

This portion of the dissertation will highlight the early classes of Lincoln Hospital and Home during its first decade of operations, the graduate nurses and their professional progress, and the changes within the institution over the years. A majority of the information was obtained from the hospital's annual reports and publications of the school's superintendents.

1901

In the 61st Annual Report of the Colored Home and Hospital (1901), Corresponding Secretary Harriet P. James asserted that the progression of the hospital aligned with the Board of Manager's decision to open its doors to White patients transferred from the Department of Public Charities. According to the Hospital Superintendent's report, the total number of cases treated during the year was 1,144,

which was 426 more cases than the previous year (Lake, 1901). This decision not only increased the quantity of patients to care for, but it enhanced the experience of the hospital staff and nurses. Superintendent of the Training School Harriet D. Morgan (1901) initiated her report, stating, “The growth of the work of the Hospital during the last year, the number of acute cases, the emergency work, and the general activity of the service, have been of the greatest benefit to the Training School” (p. 12). At the time of the Third Annual Report (1901), there were 16 pupil nurses and 3 probationers, with the hope of maximizing the admissions to the school’s capacity of 24. Due to the irregularity of student admissions, the student body’s progress through the nursing program varied. Morgan (1901) reported the following:

Four from this class have already finished their two years course. Miss Ida M. Lightfoot, of Canada, who has been offered a position as Head Nurse in a Hospital and Training School in Columbia, S. C.; Miss Martha F. Barr, of Abbeville, S. C., who has become Superintendent of the Training School of Charleston Hospital, Charleston, S. C.; Miss Ida B. Eason, of Sunbury, N. C., who has been appointed Nurse-in-charge of the Gloucester W. White, of Augusta, Ga., who is engaged in private nursing. The other two nurses of this class, Miss Jeroline Hemsley of Yonkers, N.Y., and Miss Mary E. Conway, of Philadelphia, Pa., will finish their two years’ course in March. (p. 13)

In the following year’s annual report, Superintendent Morgan (1902) reported an update of the graduates. Ida M. Lightfoot and Mittie M. White worked in private duty in New York City; Martha F. Barr worked in private duty in Augusta, Ga.; Ida B. Eason worked as a matron at the Gloucester Industrial School in Cappahosie, Va.; Jeroline Hemsley worked in private duty in Yonkers, N.Y.; and Mary E. Conway worked as a Resident Nurse at the Home for Aged and Infirm Colored Persons in Philadelphia, Pa.. Nurse graduate Mittie White was later appointed as a day assistant in Lincoln Hospital and taught a class in invalid cooking once returning from London, England, where she “had done some special work in a nursing home” (Thoms, 1929, p. 78).

Figure 4 depicts a detailed summary of lecture and clinical courses of the year that were provided by the training school’s academic faculty (who were doctors and surgeons

of the hospital). Over a two-year period, the students were taught lectures ranging from Anatomy to Surgical Preparation and clinical courses with exposure to disease processes such as disorders of the blood, maternity, and caring for patients who suffered paralysis from a cerebral origin (Morgan, 1901).

Figure 4

Lecture Courses and Clinical Instruction, 1901 to 1902

14 *COLORED HOME AND HOSPITAL.*

LECTURE COURSE 1901-1902, THURSDAYS AT 3 P.M., FOR TRAINING SCHOOL OF THE COLORED HOME AND HOSPITAL.

Anatomy, Bones and Muscles, Dr. B. T. Tilton.	One lecture.
Anatomy, Circulation and Nervous System, Dr. B. T. Tilton.	One lecture.
Eye, Diseases and Nursing, Dr. J. N. Hepburn.	Two lectures.
Infection and Inflammation, Dr. B. T. Tilton.	One lecture.
Materia Medica, Dr. A. E. Childs.	Four lectures.
Surgical preparation and after treatment, Dr. B. T. Tilton.	Two lectures.
Urinary Analysis, Dr. E. B. Hart.	One lecture.
Asepsis and Antiseptics, Dr. B. T. Tilton.	One lecture.
Anesthetics, Dr. J. A. Hartwell.	Two lectures.
Temperature, Pulse, and Respiration, Dr. L. G. Weber.	One lecture.
Bacteriology, Dr. John Howland.	Two lectures.
Visceral Surgery, Dr. J. A. Hartwell.	One lecture.
Surgical Emergencies, Dr. J. A. Hartwell.	One lecture.
Diseases of Children, Dr. John Howland.	Two lectures.
Ethics of Nursing, Dr. J. A. Hartwell.	One lecture.

SIXTY-FIRST ANNUAL REPORT.

15

Clinical Instruction

For the Winter of 1901-1902.

BY DR. LOUIS F. BISHOP AND DR. NATH. R. NORTON.

Diseases of the Blood, with Demonstration of Cases of Secondary Anemia, Leukemia, and Pernicious Anemia.
Typhoid Fever, with Exhibition of Six Cases and the Tub Bath Treatment.
Diseases of the Peripheral Nerves, with Demonstration on Two Cases of Acute General Neuritis.
Acute Lobar Pneumonia and Broncho-Pneumonia, with a Consideration of Pneumonia in Childhood and Old Age.
Acute Articular Rheumatism.
Diseases of the Stomach, Including Gastritis, Ulcer, and Cancer.
Diseases of the Liver—Jaundice, Cirrhosis, and Fatty Liver.
Acute Peritonitis, due to Appendicitis, Perforating Ulcer of the Stomach or Intestines, or Other Causes.
Pelvic Inflammations and Diseases of the Uterus.
The Forms of Consumption, their Course and Treatment.
Pleurisy, with Demonstration of Removal of Fluid from the Chest.
Diseases of the Heart, Affecting the Valves, the Muscle, Causing Hypertrophy, Dilatation, or Irregular Action.
Aneurism of the Aorta, with Demonstration of Cases for a Long Time under Observation.
Bright's Disease, with Demonstration of Cases of Uremia, Delirium, Coma, and Paralysis.
The Conduct of Labor, with Demonstration in the Maternity Hospital at Such Time as may be Possible.
The Relations of Food to Disease, Illustrated by Patients fed in Various Ways.
Paralysis of Cerebral Origin, with Demonstration of Numerous Cases of Hemiplegia and Aphasia.
Diseases of the Spinal Cord, with Demonstration of Cases of Locomotor Ataxia, Muscular Atrophy, Bulbar Paralysis, Spastic Paralysis, and Other Cases from the Home Department.
The Care of the Patient during Confinement and the Care of the New-born Infant.
Lues, with Demonstration of Acute and Chronic Manifestations.
Tonsillitis, Influenza, Insanity.
Diabetes, with Consideration of Causes of Gangrene.

GENERAL NOTE:
Included with the lecture each Wednesday afternoon at three o'clock will be a demonstration of such cases as are of unusual interest or are particularly engaging the attention of the House Staff. Physicians and nurses from other hospitals will always be welcome.

1902

The success of the hospital's increased admission rates, ambulance services, and treatment of acute cases nourished the experiences of the class of 1902. The cohort was engaged in the thorough and rigorous lecture and clinical instructions depicted in Figure 4, along with the arduous work in the hospital. The cohort graduated on June 10, 1902 (Morgan, 1902). The graduates and their professional ventures were detailed as followed: Lestella E. Dixon worked as a private duty nurse (PDN) in Pittsburg, Pa.; Rosa Lee Morrow, Fannie E. Witcher, and Ada Jackson Senhouse worked as a PDNs in New York City; and lastly, Cecile L. Batey and Annie S. Henson worked as PDNs in Augusta, Ga. (Morgan, 1902).

In the 62nd Annual Report of the Lincoln Hospital and Home, the Board of Managers, Superintendents, and committee members presented rules for admissions of training school pupils, a code of conduct for the hospital's nurses, rules and regulations for patients and visitors, and a copy of the admission form for the training school (illustrated in Figure 5).

Admission of Pupils

Applying to the Lincoln Hospital and Home Training School for Nurses was a competitive quest for Colored women, especially due to the 24-pupil capacity at the time. In 1902, the school presented a set of rules for those who chose to apply. The application, displayed in Figure 4, was to be sent to the Superintendent of the Training School. If approved by the superintendent, the students were admitted under probation for one term. The students received free room and board during probation, but were not compensated in any other means. The expenses incurred were tuition costs and clothing/uniform costs. For the first year, students paid six dollars a month and seven dollars a month for the second year. "This sum is allowed for dress, text-books, and other personal expenses of the nurses, and is in nowise [sic] intended as wages, it being considered that the education given is full equivalent for the services rendered" (Board of Managers, 1902,

Figure 5

Application to the Lincoln Hospital and Home Training School for Nurses, 1902

SIXTY-SECOND ANNUAL REPORT.

43

N. B.—THIS SIDE is to be filled out in the Candidate's own handwriting, and sent to the Superintendent of TRAINING SCHOOL of the Lincoln Hospital and Home, in New York City.

Questions to be Answered by Candidate.

1—Name in full and present address of Candidate.	} _____ _____
2—Are you a single woman or widow? If you have been divorced please state the fact.	} _____ _____
3—Your present occupation or employment.	} _____ _____
4—Age last birthday, and date and place of birth.	} _____ _____
5—Height.	_____
	Weight _____
6—Where educated?	_____
7—Have you had any previous experience in nursing, and if so, where?	} _____ _____
8—Have you been connected with any other Hospital, and if so, what is its title?	} _____ _____
9—Are you strong and healthy, and have you always been so?	} _____ _____
10—Are your sight and hearing perfect?	} _____ _____
11—Have you any physical defects?	_____
12—Have you any tendency to pulmonary complaint?	} _____ _____
13—If a widow, have you children? How many? Their ages? How are they provided for?	} _____ _____
14—Where (if any) was your last situation? How long were you in it?	} _____ _____
15—The names in full and addresses of two persons to be referred to. State how long each has known you. If you have been previously employed, one of these must be the last employer.	} _____ _____
	Has known me _____ years

	Has known me _____ years

16—Have you read and do you clearly understand, and agree to, the rules and regulations?	} _____ _____

I declare the above statement to be correct.

Date _____

Signed _____

Candidate.

p. 40). The “probationer” was required to bring the following once accepted to the Lincoln Hospital and Home Training School for Nurses:

Two dresses of gingham or calico, made plainly; six or eight large white aprons, made to come within an inch of the bottom of the dress skirt, a ten-inch hem, two and one-half inch buttoned band; comfortable shoes with “common sense” heels; two bags for soiled clothes, one pocket match box, one pocket tape measure, one pinball, one needle case, one thimble, one pair of scissors, one lead pencil with rubber, few knickknacks, and no expensive clothing. All clothing should be made plainly and marked with the name of owner. (Board of Managers, 1902, p. 41)

The applicants to the training school were expected to demonstrate the intellectual capacity deemed necessary to succeed in the program. Therefore, during their probationary trial, they were tested on the following: “reading, penmanship, simple arithmetic, and English dictation. The examination is to test the applicant’s ability to read aloud well, to write legibly and accurately, to keep simple accounts, and to take notes of lectures” (Board of Managers, 1902, p. 40). Depending on her performance during the probationary term, the Superintendent decided whether or not the applicant advanced in the program. Once satisfactorily completing their probationary term, the student was officially accepted as a pupil nurse and was expected to “perform any duty assigned to them by the Superintendent” (p. 40). The nurses worked a 12-hour day (7 a.m. to 7 p.m.) and were allotted one hour for a meal break.

The health of the pupil was equally as important as her intellect. The acceptable age for an applicant was between 21 to 35 years old (Board of Managers, 1902). The applicant was responsible to submit two letters with her application, one letter of good moral character from a clergyman and another of adequate health from a physician. In addition, the applicant was to have “their teeth in perfect order” and have been recently vaccinated prior to entering the school (p. 40). It is noteworthy to reference that the application for the training school, depicted in Figure 5, is exactly the same as what was used for Bellevue Hospital’s Training School for Nurses in New York (Fifth Annual

Report of the Society of the Training School for Nurses Attached to Bellevue Hospital, 1878). However, despite the questionnaires about physical health, there is no evidence of White nursing applicants needing to demonstrate good oral health. Furthermore, in Jane Hodson's book, *How to Become a Trained Nurse* (1911), the application questionnaire that detailed inquiries about education, health, personal life, and experiences did not include any query on the standing of oral health. It is presumed by this investigator that incorporation of this requirement was a residual derivative of practices during slavery. For during the auctions of slaves, they were forced to display their teeth and gums, with healthy teeth serving as an indicator of overall good health (Sherwin, 1945). It is unclear why oral health was added to the requirements for admission, nor was a rationale included in the annual report, but it is important to note who were setting the standards for admission into the school. Once accepted as a student, the health of the student was overseen by a house doctor at no cost. Overall, the Superintendent possessed all decision powers regarding the capability and fitness of the applicant and was granted the control of retaining or dismissing the pupil. The rules stated,

At the end of the first six months the record of each pupil shall be carefully scrutinized to determine her fitness for the vocation of nursing, and the right reserved by the Superintendent and Executive Committee to terminate the connection of the pupil with the School if it should seem to them best. (Board of Managers, 1902, p. 40)

1903

For the fiscal year of 1902 to 1903, the Lincoln Hospital and Home and Training School for Nurses continued to progress. According to the Corresponding Secretary, Harriet James (1903), the hospital grew to the capacity of 400 beds. Superintendent Lake (1903) reported that during the year, 2,189 patients were admitted (an increase of 671 from the previous year), and the average daily patient census was 304 patients (an increase of 22 from the previous year). Lastly, the hospital responded to a total of 825 ambulance/emergency calls (Lake, 1903).

As the hospital flourished with achievements, the training school consequently benefited as well. Morgan (1903) stated that there were a total of 40 applicants, 14 of whom were on probationary status and 8 officially accepted as students. At the time, the school consisted of 29 nurses, 11 belonging to the class of 1904; 9 to the class of 1905; 9 to be graduated as the class of 1903; and three students who had completed the two-year course (Morgan, 1903). The applicants were mostly “young women educated in the Normal and Industrial schools of the South, or graduates from the Public Schools of the North” (p. 35). Lastly, Morgan reported that additional courses in massage and cooking were included thanks to members of the Executive Committee, Mrs. Herrick and Mrs. Julliard. Other notable additions in lecture courses included lectures in Bacteriology and Urinary Analysis, Obstetrics, Gynecology, and Poisons and Antidotes (Morgan, 1903). The clinical instruction remained consistent with what was offered in 1902-1903, as displayed in Figure 4.

The graduates of 1903 were: Sadie E. Poole, Ernestine E. Jackson, Anna E. Anderson, Louise M. Wright, Minnie R. King, Miranda E. Conley, Julia Maria Cogswell, Frances L. Johnson, Martha Johnson, Hortense E. Trent, Pernella A. Jefferson, and Lulu L. Nixon (Morgan, 1903). All graduates, except Miranda Conley, were reported to have worked as private duty nurses in the 1904 Report of the Superintendent of the Training School (Morgan, 1905). In the 1903 report, Morgan described the Board of Managers’ promotion of a graduate to work in the hospital and the school. This was the first documented mention of graduates returning to be employed at the training school. Morgan (1903) stated,

The privilege offered by the Board of Managers to the nurses who pass the best examinations, to remain in the school as Head Nurses for a stated term at a larger salary, was taken advantage of by Miss Louise M. Wright, who was in charge of the school during the month of July, conducting the work at that time in a very loyal and efficient manner. (p. 36)

1904

The 64th Annual Report of the Lincoln Hospital and Home commenced with the Corresponding Secretary's plea for donations on behalf of the Board of Managers. James (1904) described the hospital's continued struggles with maintaining the financial responsibilities to keep the hospital's functions afloat. Fortunately, the city recognized this need and initiated a plan to alleviate these difficulties. James stated, "Last year, the city recognizing its duty toward these unfortunates, appropriated thirty cents per patient daily toward the care of the chronic, incurable, and infirm cases" (p. 9). At this time, the Colored Home remained in operation along with the General Hospital containing medical, surgical, emergency, maternity, and the latest addition of the Cathleen Vanderbilt Children's Ward (James, 1904).

Superintendent Lake (1904) reported that over the past year, 3,583 patients were cared for with an average daily number of 360 patients. In addition, the ambulance responded to 1,040 calls, and 167 patients were treated during the "Great Slocum Disaster" (Lake, 1904, p. 32). The Great Slocum Disaster is known to be the worst disaster of New York City before the terrorist attacks of September 11, 2001 (King, 2012). On July 15, 1904, a boat called the Great Slocum, took sail from the Lower East Side of Manhattan with about 1,350 people on board (mostly women and children from St. Marks Evangelical Church's end of the year school outing). Shortly after taking sail, the boat set on fire (thought to be caused by a tossed cigarette or match) and the passengers scrambled on board for help and rescue. Unfortunately, the firehose malfunctioned and the life jackets were eroded and useless. The passengers' only hope was to jump off of the boat; however, most of them did not know how to swim. Onlookers on shore were terrified at the site of the boat ablaze in the middle of the water and helpless passengers jumping for their lives. The captain, Van Schaick, was able to dock 25 feet from the shore and was reportedly the last to jump from the ship (King,

2012). Tragically, the total death toll was 1,021. Lincoln Hospital was among the many hospitals that were bombarded by this tragedy.

Following the Great Slocum Disaster, the Corresponding Secretary to Lincoln's Board of Managers, Harriet James, stated the following in the annual report of 1904:

When the great "Slocum" disaster fell with its terrific force upon our city, on the fifteenth of last June, almost at the door of Lincoln Hospital, Superintendent, doctors and nurses responded to the calls for aid with almost superhuman strength and wisdom. One hundred and sixty-seven names were entered on the hospital books at that time, and beds were given to the rescued throughout the building. Doctors and nurses from other hospitals gave glad assistance in that dire catastrophe, and we would like to thank them in this recording way, as we do our own noble staff, for their prompt and efficient aid. Ten thousand people passed through the building, hunting, with aching hearts, for their own lost ones. Little did we, who were spending our summer days in comfort, know of the possibilities of service which on that day taxed the energies of our splendid hospital and management. (p. 13)

Between 1903 and 1904, the nursing students' experience and exposure to nursing practice broadened in response to the opening of the emergency and children's wards. There were 120 nursing school applications submitted to the superintendent over the year, with some applications coming from South Africa, where missionaries were located. In addition, a few requests were submitted for post-graduate courses. Although these services were not offered at the moment, the Board of Managers found it promising to the extent of growth, dedication, and fervor among Colored nurses (Morgan, 1905).

In the Report of the Superintendent of the Training School, Morgan (1904) reported a total of 30 pupil nurses with 2 graduates; the class of 1904 graduated in December with 9 nurses (4 nurses remained in the school); the class of 1905 had 8 nurses; and the class of 1906 had 16 nurses (after 26 were placed on probation, 10 were rejected, 14 received as pupil nurses, and 2 were placed on probation) (Morgan, 1904). The graduates of 1904 (displayed in Figure 6) were Florence Ellis, Lillian A. Williams, Catherine E. Hoffman, Eva A. Simms, Ada D. Taylor, Lawon M. Randall, Clara M. Harris, Gertrude R. Henry, and Estella M. Cary (Morgan, 1905). All nurses were reported

to have worked as private duty nurses (Morgan, 1905). A “Nurses’ Home” was established at 61 West 134th Street as a place of residence for nurses, with the expectation that through monetary gains from employment they would be able to maintain the home (Morgan, 1905, p. 49). Lastly, Morgan (1904) detailed how the graduate nurses were recruited to work within the hospital:

To incite the ambitious nurse to the best that is in her, two positions have been established by the Managers of the Hospital, to be occupied by our graduate nurses, and are now being ably filled by Miss Mary E. Conway, class of 1901, as night Supervisor, and Miss Miranda E. Conley, class of 1903, as Day Assistant, demonstrating the fact that our confidence in their ability as nurses is not misplaced. (p. 49)

Figure 6

Graduating Class of the Lincoln Hospital and Home’s Training School for Nurses, 1904



CLASS OF 1904

1905

The burgeoning demands on The Lincoln Hospital and Home led to an admissions record of 3,562 patients and the total number of treated cases of 3,904 (Lake, 1905). The average daily patient load was 392, and the ambulance responded to 1,150 calls, warranting the supplementary addition of a second ambulance (James, 1905).

The Board of Managers legislated the training school to be converted from a two-year to three-year course of training (Morgan, 1905). This amendment was in accordance with the National League of Nursing Education's (NLNE) recommendations of 1893 for nursing schools to be converted from a two-year to three-year diploma. Nine years after this recommendation, the American Society of Superintendents of Training Schools for Nurses (later known as the NLNE) reported on the nursing school's progress after the recommendation. The extension of the training program, at that time incorporated in 56 hospitals in the nation, lessened the stress of the nursing students (by decreasing the duties on the wards and increasing the class times) and allowed for sufficient time to teach theoretical and additional nursing courses to the program (Eighth Annual Convention of the American Society of Superintendents of Training Schools for Nurses, 1901). The establishment of the nursing program's third year brought about the school's eligibility necessary to register at the University of the State of New York and "keep in line of advance with the large schools" (Morgan, 1905, p. 48). The registration of the school also granted the graduates who resided in New York State the credentials of Registered Nurse (R.N.). It was suggested by the First Assistant Commissioner, Howard J. Rogers, to increase the number of students to adequately meet the hospital's needs. In response, the Board of Managers decreased the hours of active duty and increased the hours for study. Furthermore, as aforementioned, the student nurses had access to the Nurses' Home to delineate from the stressors of the hospital and focus on their studies (Morgan, 1905). The University of New York State required the training school to integrate the following aspects of nursing into the curriculum:

- Medical Nursing (including *Materia Medica*)
- Surgical Nursing, with operative technic [sic] including Gynecology
- Obstetrical Nursing (each pupil to have had the care of not less than six cases)
- Nursing of sick children
- Diet cooking for the sick, including
- 12 lessons in cooking in a good technical school, or with a competent diet teacher.
- Food values, and feeding in special cases, to be taught in classes, not by lecturers

A thorough course of theoretical instruction in contagious nursing where practical experience is impossible. (Morgan, 1906, p. 45)

The education and instruction were sustained by the attending staff of the Hospital. However, the Board of Managers demonstrated their assurance in the capabilities of the school's graduates to succeed within their institution. Morgan (1905) stated in the Report of the Superintendent of the Training School,

The staff of the school consists of thirty-six nurses, Miss White of the class of 1901, has been appointed to the position of Day Assistant to the Superintendent and being a graduate in High-Class Cookery of the Arachne Club, London, England, she is now conducting a class in Invalid Cooking in addition to her other duties. Miss Upson, class of 1905, is Night Supervisor, and Ms. Samuel, also class of 1905, and a graduate of New York School of Massage, is giving the nurses a course in massage. (p. 47)

There were 8 students in the class of 1905; 12 for the class of 1906; and the remaining 18 pupils were to be split into two cohorts. Those who entered after October 1905 were registered into the three-year course (Morgan, 1905). The graduates of 1905 (presented in Figure 7) were Martha B. Upson (Night Supervisor of Lincoln Hospital in NYC), Carrie E. Cole (private duty in Richmond, Va.), Martha W. Durell (private duty in Baltimore, Md.), Elizabeth T. Harris (private duty in Philadelphia, Pa.), Alma M. Farry (private duty in NYC), Adah B. Samuel (Lincoln Hospital in NYC), Harriet B. Barney (Lincoln Hospital, NYC), and Margeret R. Robinson (Lincoln Hospital, NYC) (Morgan, 1905). Adah B. Samuel (later known as Adah B. Thoms) was employed in the operating room of the hospital and was the "first operating room nurse appointed with a salary of \$25 monthly. This position covered the entire surgical division and carried with it twenty-four hour duty, a thing unheard of in the present day set-up" (Thoms, 1929, p. 78).

Figure 7

Graduating Class of the Lincoln Hospital and Home's Training School for Nurses, 1905



1906

The 66th Annual Report of the Lincoln Hospital and Home celebrated the distinguished accomplishments of the institution and the training school's graduates. Specifically, the Board of Managers expressed their support of the graduate nurses' purpose of servicing their communities. The Report of the Board of Managers stated,

Each year the School graduates a class of twelve young women, who are doing much both in the North and South to raise the standard of their race. Letters come to the Managers, often from both patient and physician, commending the work done in the sick rooms, recommending them both personally and professionally. The Managers feel no hesitation in urging the friends of Lincoln Hospital and Home to employ these nurses in their own homes. (Board of Managers, 1906, p. 9)

To that end, the Board of Managers shared the location of the Nurses' Home (61 West 134th Street) and the telephone number (2935 Harlem) as a resource to contact nurses (Board of Managers, 1906). The graduate nurses were urged to work in private duty nursing and to provide aid to the ailments of their race. These recommendations were in

accordance with the nursing profession at the time. Whelan (2012) stated that during the early decades of the 20th century, private duty nursing (also, in a sense the pinnacle of nurse entrepreneurship) was the most lucrative and fulfilling aspect of nursing.

Registered nurses worked in the homes of patients and doctors, under their request, 7 days a week for 24 hours a day until the improvement of the patient's health (Whelan, 2012). In the graduation address to the class of 1906, Dr. Frissell (Principal of Hampton University) advised the graduates that "in the close relation of nurse, be enabled to weld more securely the bond between the races" (Morgan, 1906, p. 44). In addition, Superintendent Morgan (1906) supported these sentiments by concluding the report stating, "The exceptional advantages offered by this Hospital for the training of colored women as nurses take no small part in the general uplift of the colored race" (p. 45). After the registration of the training school by the University of New York State, the prestige of nurses was elevated, especially with the incorporation of the Registered Nurse credentials. Notably, Superintendent Morgan began embellishing her signature with the credentials R.N. in the 66th Annual Report.

The graduates of 1906 (presented in Figure 8) and their post-graduate work were as follows: Ella M. Chives (private duty in Waterbury, Conn.), Marjorie E. Hill (Head Nurse at Lincoln Hospital in NYC), Aginora J. Mackey (private duty in NYC), Ora L. Kinsley (private duty in Baltimore, Md.), Gertrude E. Lee (private duty in NYC), Harriet H. Griffin (private duty in NYC), Essie D. Anderson (private duty in Savannah, Ga.), Flora A. Anderson (private duty in Detroit, Mich.), Jennie M. McDaniel (private duty in NYC), Gertrude A. Welch (private duty in Bethlehem, Pa.), Bertha A. Sams; and Maude M. Joyner (private duty in Detroit, Mich.) (Morgan, 1906, p. 47). Marjorie Hill's experience was an outlier at this time, as not many graduate nurses were granted leadership positions (such as Head Nurse) in the hospital.

Figure 8

Graduating Class of the Lincoln Hospital and Home's Training School for Nurses, 1906



CLASS OF 1906

1907

The 67th Annual Report of the Lincoln Hospital and Home commenced with departmental reports of consistent progress of developments and expansion of capacities. This was inclusive of the training school's status. By the end of the 1907 fiscal year, the training school continued the transition from a two-year program to three years under the management of a newly appointed superintendent of the training school, Alice Elspeth Pierson. Corresponding Secretary James (1907) declared that due to the improvements in the curriculum, the admission of pupils was reserved for those who could complement the institution's prestige as a graduate nurse. In addition, the virtues of the training school's mission were reiterated. James stated, "That they shall have the best spirit of helpfulness toward their own people and be fitted to lead useful lives is the earnest wish of every Manager" (p. 13).

The process of revolutionizing the training school's curriculum brought about the necessity for enlisting staff for the education department. In addition to the new

superintendent of the training school, Alice Elspeth Pierson, Mittie W. White was listed as the assistant superintendent; Miranda E. Conley as night supervisor; Adah Belle Samuel oversaw the General Operating Room; and Pamela A. Jefferson managed the Phyllis Pavilion (Pierson, 1907). Pierson added that the position of “Instructor” was posted during the year, to which Miss Marion D. Spooner, a graduate of Allegheny General Hospital, was appointed (p. 34).

The training school’s 1906 statistics were: 15 Senior and 25 Junior pupils in training; a total of 27 probationers admitted with 7 dismissed by the superintendent and 5 pupils voluntarily dropping out of the program; and lastly, 10 graduates of the 1906 cohort. The 1907 statistics were: 22 Intermediates, 13 Juniors, and 5 probationers in training with a graduating class of 5 students (Pierson, 1907). A preparatory course for probationers, with indications of remediation, was added to the curriculum. Pierce (1907) stated, “It has been made very simple to meet our special needs, and the limited time of two months does not permit a fuller course” (p. 34). Lastly, to support the learning of the student nurses, equipment such as a skeleton and reference books were acquired for classroom teaching with the hopes of attaining a model of the human body to assist in future instruction on anatomy (Pierson, 1907).

1908

The year 1908 was the capstone of the first decade of the Lincoln Hospital and Home’s Training School for Nurses. In the 68th Annual Report of the Board of Managers, Mabel W. Stimson (corresponding secretary) proclaimed the unique and special distinction of the year 1908, as it was the 10th anniversary of the hospital’s establishment of the 141st Street and Southern Boulevard quarters and incorporation of hospital services in addition to the 10th anniversary of the training school for nurses (Stimson, 1908). At that time, the hospital consisted of four wards: Maternity, Gynecological, “semi-private Pay ward,” and the Children’s and Emergency wards

(p. 13). Nevertheless, Stimson described the Board of Managers' proudest accomplishments as the historical work of the Colored Home that continued to aid destitute and aged Colored persons and the training school for Colored nurses. In response to this timely anniversary, Stimson stated the following on behalf of the Board of Managers:

The Training School is exclusively for young colored women; of whom we have at present forty-five. It is under the management of two white women, Miss Pierson, the Superintendent of the school, and Miss Spooner, the Instructor to the nurses. It is a work requiring time and patience before the best results may be expected, but under Miss Pierson's inspiring leadership we believe that the School has a great future before it. While the high standard of character and efficiency we have set often means a drastic weeding out of poor material, we believe that the good effects are already manifest, and we look forward to a time which we feel is surely coming when the young colored woman will not only equal her white sister in this profession but in some respects may even surpass her. One of our most successful graduates is Miss Samuels, now holding the position at Lincoln Hospital as Assistant to Miss Pierson. Miss Samuels has proved most efficient and reliable, and fills her position so admirably that she should be encouragement and incentive to all young colored women who desire to follow in her footsteps. Many of our nurses come from the South, and after graduating return to work in their own land, often becoming the heads and superintendents of schools there. In this way the work at Lincoln is, in a measure, a work for the uplift of the whole colored race and we feel, therefore, that we are doing our humble part in helping to solve the great problem of their future along the lines of progress approved by the most enlightened sentiment of the North and South. (pp. 14-15)

The 68th Annual Report of the Lincoln Home and Hospital glowingly reminisced about the growth of the institution and its contribution to the healthcare of New York City. The superintendent of the hospital, Lake (1908), reported that the hospital cared for a total of 4,411 cases in 1908 compared to 558 total cases of 1898. Furthermore, the hospital had started with 9 physicians (compared to the 1908 total of 38 physicians) and 3 nurses (compared to the 1908 total of 50 Registered Nurses). Lastly, Lake reported that the hospital's payroll initially only had 4 names, while at the present date (1908) there were 43 names on the payroll. Given that there were 38 physicians and 50 nurses in the

hospital at that time, it is evident to this investigator that the hospital continued to benefit from the free labor of nursing students.

The Training School for Nurses' remarkable decennial report was presented by the superintendent of the school, Alice Elspeth Pierson (1908). who stated,

We have kept in mind the purpose of the Managers in founding this school for Negro women, viz.: to fit them for the intelligent care of the sick, and to send them forth among their own people to inculcate right standards of living. (p. 38)

The 1908 training school statistics were: 21 Seniors, 7 Intermediate, 11 Juniors, and 11 Probationers in training, totaling 43 student nurses. The staff, markedly different from the previous year, included Instructor Marion D. Spooner (White); Assistant Superintendent Adah B. Samuels Thoms; night Supervisor Florence Ellis (class of 1904); and Supervisor of Gynecological Pavilion Mary Louise Waiters (class of 1907); while the General Operating Room position was vacant and to be appointed (Pierson, 1908). In compliance with the requirements for the three-year program and the training school's registration, alterations to the educational program persisted. Pierson (1908) stated, "For the third year we have plans for a few lectures by members of the Medical Board along practical lines" (p. 39). This is a vast difference from the early years of curriculum that was totally taught by physicians and surgeons. Three past graduates of the training school (Mittie W. White, Pamela A. Jefferson, and Miranda E. Conley) who held supervisory positions resigned from Lincoln Hospital to work in private duty nursing (Pierson, 1908). There was no further explanation as to why the former graduates resigned from their positions to work in private duty nursing. Pierson (1908) underscored the graduate nurses' zeal to excel in various aspects of the nursing profession through the following statement:

The pupil nurses are showing a deeper interest in executive work and ward management, several of them expressing a desire to follow district nursing among their people in the South. The spirit of helpfulness has manifested itself in a more definite way than by a desire "to do something" in the future. (p. 38)

It is evident through Pierson's statement that the graduates of Lincoln were interested in exploring facets of nursing other than private duty. Supportive reports told of graduate nurses' placements after Lincoln, such as Martha Beatrice Upson (class of 1905) appointed as the District Nurse by the Brooklyn Bureau of Charities and the Resident Nurse of the Lincoln Settlement in Brooklyn; Rosa Williams (class of 1907) appointed as the Head Nurse of the Howard Orphan Asylum in Brooklyn; and Clara M. Harris (class of 1904) appointed as the Inspector in Health Department of New York (Pierson, 1908). That being said, it is worth highlighting that three graduate nurses resigned from lead clinical positions at Lincoln Hospital to work in private duty. This investigator will attempt to identify factors that deterred graduate nurses from hospital and academic positions, despite the acknowledged virtues of promotion to higher tiers in nursing.

The graduating class of 1909 was the largest group to graduate from the Training School for nurses thus far. There was no graduating class reported for 1908, and the graduating group of 1909 was the first to receive a nursing badge and diploma from the training school's three year program (Tinkler, 1976). The following are the names of the 21 graduates listed in the 68th Annual Report of Lincoln Hospital and Home: Ella S. Kiel, Christine L. Holmes, Martha C. Harris, Jane C. Turner, Bessie V. Brown, Alice J. Jordan, Angie L. Pullins, Anna Saunders, Margaret E. Green, Bessie E. Davis, Anna G. Papino, Maude L. Cross, Ellen M. Patterson, Margaret L. Baker, Annie C. Taylor, Adele E. Oliver, Mary E. Boyd, Jeannette O. Myers, Della C. Cotton, Libbie V. Jennings, and Marie A. Clendennin (Pierson, 1908). A majority of the nurses originated from Southern states; however, it is promising to note that there were three nurses from overseas: Haiti, Jamaica, and St. Thomas. Figure 9 depicts a photograph of the graduating class of 1908.

Figure 9

Graduating Class of the Lincoln Hospital and Home's Training School for Nurses, 1908



GROUP OF NURSES

Interpretative Summation

The establishment of Lincoln's nurse training school in 1898 was stimulated by the presence of compromised determinants of health of the Black community of New York City (many of them ex-slaves) and the benevolence of a group of White women. The Society for the Relief of Worthy Aged Indigent Colored Persons granted the city, and one of its most vulnerable populations (Blacks), an opportunity to acquire adequate healthcare and housing during a time when such services were not available. As the demands for these services grew and the institution subsequently grew in size and function, the need for nurses to care for ill Blacks was evident. It is essential to note that the purpose for training Black women in nursing was to care for their own (Blacks) and improve the health of the Black community. The underlying concept of "caring for your own" is essential. As noted in today's integrated healthcare, the undeniable partition of equality is present, bringing to the forefront whether similar ideologies of attaining Black nurses to avail the Black community of its state of poor health are warranted.

The early years of Lincoln's training school presented remarkable challenges to the applicants and pupils that may be unimaginable by today's nursing student body. Despite the demanding education and tiresome clinical duties, the students were grateful for the opportunity to attain an education in nursing. Similar to the gratitude shown by the "worthy" sick, the students of the training school gracefully accepted grueling prospects and excelled in nursing, even during the early years of the school's founding. At this time, it is the investigator's deduction that the applicants and students did not question the leadership of their White superintendents, nor did they aspire to join the faculty of the school because of the indications and expectations of the times. The nurses were expected to abide by the rules and regulations (even the slavery derivative of ensuring "good oral health") because this was the only opportunity in New York (nonetheless, most of the country) to gain access into the nursing profession.

The successful graduates upheld their expectations by working in Lincoln Hospital and Home and as private duty nurses to remedy the infirm health of the Black community. As discussed in Whelan's (2012) article, "When the Business of Nursing was the Nursing Business: The Private Duty Registry System, 1900-1940," this was, in fact, the employment trend in nursing. To that end, the nursing graduates of the Lincoln Hospital and Home's Training School for Nurses were capable of adjusting to the novelties of the nursing profession. As this dissertation continues to unfold, this investigator will show how Black women in nursing transformed as professionals during the metamorphosis of the profession. Chapter IV continues with the history of Lincoln School for Nurses' middle years (1910s to 1920s) and will be supplemented with biographical sketches of prominent leaders and graduates of the school.

Chapter IV
MIDDLE YEARS AND PROMINENT LEADERS AND GRADUATES
OF LINCOLN SCHOOL FOR NURSES

In Chapter IV, the middle years (1910s to 1920s) of the Lincoln Hospital and Home's Training School for nurses and biographical sketches of prominent leaders and graduates are presented. In addition, the association between the history of the institution and the promotion (or lack thereof) of these figures will be discussed.

Middle Years of Lincoln Hospital and Home's Training School for Nurses

The major factor that contributed to the development of the training school occurred when Lincoln Hospital was sold to the Department of Welfare, City of New York in 1925 (Tinkler, 1976). The Board of Managers maintained management of the training school (later named Lincoln School for Nurses [LSN]), the nursing care provided in Lincoln Hospital, and the Home that housed the poor, Black elderly. In exchange for the services of the nursing students, the Board of Managers signed an agreement with the city to have the charges for lighting, heat, laundry services, and compensation for each student nurse in the hospital (Tinkler, 1976). This agreement remained in effect until the closing of LSN in 1961. Furthermore, the training school was maintained as a privately owned institution (owned and managed by the Board of Managers) with the fortunate standpoint of being independent from the constraints of hospital management. The leadership of the nursing school was maintained by White Superintendents, with Adah

Samuels Thoms (a Black graduate of LSN) as the Assistant Superintendent (discussed further in this chapter).

After the first decade of establishment, the Lincoln Hospital and Home's Training School for Nurses proceeded to expand in size and assimilate the advances in nursing education through adjustments of education staff and curriculum. In the 77th annual report of the Lincoln Hospital and Home (1916), the Board of Managers disclosed their latest initiative of acquiring housing on the hospital grounds for the growing number of nurses (Whiting, 1916). Furthermore, in the following year's annual report of 1917, superintendent Amelia Hall reported that the total number of nurses graduated since the opening of the school was 176, with 96 successfully passing their nursing boards. This was significant, as state registration of Black nurses was historically a challenge met with the barriers of structural racism. As discussed in Chapter I, in order for nurses to apply for state registration, there were several requirements, such as being employed at a hospital with more than a 50-bed capacity and having membership in a nursing organization. In 1917, the senior class was also offered an elective course in the Social Service Department to meet the growing demand for nurses in expanding branches of the profession (Hall, 1917).

Graduates of the training school continued to be promoted to lead wards within the hospital. Anna G. Papino (class of 1908) supervised the Home department; Ruth I. Strickland (class of 1915) was placed in charge of the Children's Ward; and Nellie Larsen (class of 1915) was appointed as the Day Supervisor. In addition to promotions within the institution, graduates continued to make strides around the nation. Superintendent Hall (1971) reported that Cora L. Winston (class of 1911) was the first nurse to be "appointed the Superintendent of the Sojourner Truth Home for delinquent colored girls," and two graduates (names not provided) were permanently employed by the Henry Street Settlement in New York, while four others were employed as substitutes during the summer.

As the school grew, so did the admission criteria for the students. Thoms (1929) reported that the admissions requirement was adjusted to reflect a four-year high school diploma (of an accredited high school), and graduates were urged to continue to advance their education with post-graduate degrees. The Committee for the Study of Nursing Education's 1923 report, *Nursing and Nursing Education in the United States*, called for the qualifications for nursing students to include a four-year high school diploma because those who did not complete this preliminary education were considered to be handicapped and incapable of grasping the complex and essential concepts of nursing.

The competitive nature of nursing education was also distinct, as hundreds of pupils applied per year and only a fraction of them graduated. In 1930, four dismissed students of LSN filed a discrimination case against the school and superintendents with the representation of William T. Andrews of the National Association for the Advancement of Colored People (NAACP) (Papers of the NAACP, 2014). The dismissed students alleged that they were mistreated and dismissed from the school, specifically by Superintendent Elizabeth Miller, not because of failing grades but because they were Black. The students claimed that they had several supporting witnesses who were also mistreated by Superintendent Miller during their courses (out of the 46 students admitted, only 25 remained after probation). Furthermore, a graduate of the school, Janie E. Price, supported the lawsuit in a letter stating that Superintendent Miller never regarded the nurses as graduate professional nurses, but as slaves (Papers of the NAACP, 2014). Superintendent Loraine Dennhardt (who served as the director of nursing from 1930 until her retirement in 1953) responded to the claims, stating that they were warranted to uphold the standards of nursing. Is it unclear in the NAACP archives what was the result of these lawsuits; however, the claims and corresponding communications regarding the matter did identify the possible presence of racial discrimination, even in a school developed to train Black women.

The nursing profession, concerning both the present and the past, is one of the most competitive academic pursuits of students. That being said, it is intriguingly noteworthy that students admitted to a school specifically designed to educate people of their race were represented in a discrimination lawsuit by the NAACP against the superintendent of the school. Unbiased surveys of the Lincoln Hospital and Home Training School furnished spectators with detailed accounts (from the perspectives of the leaders, students, and investigators) of the institution and the quality of education rendered to Black nursing students. The following report, although unpublished, granted readers with the unhindered scrutiny and assessment of the status of Black women in nursing.

Ethel Johns's Report of 1925

The *Study of the Present Status of the Negro Woman in Nursing* was conducted by Ethel Johns under the direction of the Rockefeller Foundation in 1925. Johns, an Englishwoman trained in Canadian hospitals, sought to objectively study the nursing profession's population of Negro women in America (a group she admittedly had had little direct contact with). The survey lasted a total of 47 days with the investigation of 23 hospitals within 16 states with large prominent Black nurse training schools and institutions where large numbers of graduate nurses were employed. New York was among the 16 states visited, with Lincoln School for Nursing and Harlem Hospital's nurse training schools as the main areas for academic observation. In addition, Johns assessed the Black nurse graduates in institutional work, private duty, and public health roles. The Ethel Johns report is laced with troubling, yet concretely objective, impressions on the Black women in nursing, the presence of racial conflict, standards of their education, and attitudes toward them from professional groups and educational institutions.

New York City was identified as a more optimal opportunity for advancement of the Black woman than any other part of the country. Johns (1925) shortly followed this declaration with the disclosure of racial divide that limited the Negro woman. For instance, Bellevue's School of Nursing prohibited Black students of the Harlem division, despite their superior qualifications in comparison to their White counterparts. Johns also stated,

Yet in the Civic Bureau of Child Hygiene [located in New York City] where forty colored graduate nurses are now employed the bare possibility of the promotion of a single one of their number to supervisory rank gives to grave alarm. Such an appointment would inevitably bring about most serious complications. (p. 6)

Compared to the Southern nurse training schools, the Northern states were equipped with adequate educational standards required for the schools to become accredited. Johns (1925) reported that although several superintendents of the Black hospitals initially feared the state boards, they soon considered them their "best friend since it insisted upon fair standards and brought pressure to bear on the governing boards that the superintendent dared not to exert for fear of stirring up bad feeling against herself" (p. 11). In regard to the general relationship between White and Black nurses, the White nurses reported to Johns that they were unthreatened by the Black nurses from an economic standpoint because the Black nurses were willing to acquire jobs (specifically those of the Black race) and private duty assignments with domestic duties that they were unwilling to do. This parallels the large percentage of nurse graduates of Lincoln that were employed as private duty nurses, although it was noted in Johns's report that as Blacks progressed in nursing, they became "uppity" and started to refuse domestic duties they were previously willing to do (p. 29) The White nurses did not oppose supervisory roles of Black nurses "as long as their authority was confined to members of their own race" (p. 14).

At the time of the investigation, Johns (1925) reported that there was no discrimination against the Negro nurse from national nursing organizations, although there was such evidence in state organizations. She also reported that the American Nurses Association (ANA) had a “special committee” that handled the eligibility of Negro nurses, but the “failure of the National Organization of Colored Nurses to do its part interfered with its functions to some extent” (p. 15). Further explanation for this statement was not provided; however, it is interesting to note that Johns interpreted the National Association of Colored Graduate Nurses as playing a role in interfering with the membership of Black nurses in the ANA, especially since the NACGN’s mission was to foster equality and inclusion of Black women in nursing.

The nurse graduates of LSN began to infiltrate the public health field in the middle years of the school’s establishment. According to Johns (1925), Negro nurses of NYC were afforded the opportunity to visit White and Negro homes. The visiting services of the Henry Street Settlement in NYC employed 25 Black nurses and 150 White nurses. Although their salaries and responsibilities were the same, Johns reported, “There is no compulsion to employ colored nurses at all. They have simply been found to be preferable for work among their own people” (p. 31).

The centers for tuberculosis care in NYC also depicted racial friction, as Negro nurses were allowed to serve both races. However, Johns (1925) acknowledged that the Negro nurses were necessary for public health to protect the Whites. In other words, sick Negroes posed a threat to the health of Whites, so the promotion of Negro nurses to public health (to care for the sick Negroes) was ultimately an attempt to protect the health of Whites. Overall, Johns openly admitted that her opinion of public health nursing was that the direction of White nurses was necessary for its success but that Black nurses possessed skills of relatability and culture to connect with the Negro community (qualities that the White nurse did not possess). Johns assessed the public health field as

more suited for the Negro nurse than the hospital setting. She concluded her impressions of Negroes in public health, stating,

Negro nurses in every part of the country feel very keenly that they are debarred from qualifying themselves for leadership and it is true that most doors are closed to them. At present it is useless to insist that these doors be opened though they may open of themselves someday [sic]. Until that time comes the best that can be done is to give these women such measure of opportunity as their own institutions can reasonably be expected to provide for them. (p. 40)

Ethel Johns's Assessment of the Lincoln Home and Hospital

At the time of Johns's visit (December 1925), the Lincoln Home and Hospital consisted predominantly of White clientele in both hospital and outpatient departments, with less than 5% of the active cases being Black persons. The Home remained with the bedridden Negro inmates, which Johns identified as a chronic ward. The immediate surroundings of the hospital consisted mostly of White residents who willfully received treatment at the hospital with no objections to the Negro nurses. Johns (1925) described the building as "not intended for hospital purposes and the floor finish, plumbing, and elevators are inadequate. Repairs in plaster and painting are badly needed" (Exhibit A-2). The medical staff and physicians were all White, and the interns were "white and are all Hebrew" (Exhibit A-2). An attending staff reported he viewed the Negro nurses as "competent and kindly, but that he thought they required white supervision" (Exhibit A-3). The hospital was in the process of negotiations with the city to sell at a price of \$750,000. The training school and home was to remain in the control of the Board of Managers (elite, influential White women), with the remaining endowment funds applied to these departments instead of the hospital.

The nurse training school was accredited by the State of New York and was under the direction of Superintendent Sarah J. Ford (White). Ford was a superintendent of Flower Hospital and transferred to the LSN as the superintendent (a position she had held

for more than four years at the time). Ford reported to Johns that during the first years of her assignment, it was necessary to dismiss more than 50 nursing staff. Most of the administrative heads were indifferent to her decisions, and some were in opposition, but afterwards they were in full support of her. Ford's assistant (Black, but name not provided) served as an instructor to the nurses and was deemed a "fairly competent teacher" by Ford (Exhibit A-4). All of the staff, except for the director of social service and outpatient departments, were Black. This is a change from the school's first decade as there were more Black faculty. There were 97 student nurses (24 first year, 3 second year, and 38 third year) and 22 staff nurses (all Black). The housing conditions for the nurses were described as "bad" with 40 beds (each bed 30 inches apart) completing two dormitories.

The nursing students were enrolled in a three-year course with 56 hours of active duty per week. They were allotted three weeks of vacation annually and afforded an allowance of \$10 per month, including housing and laundry (with the expectation to purchase textbooks and uniforms on their own). The nursing students and staff's most active wards were the medical and fracture wards, and the least active was the children's ward. At the time of the assessment, the school was affiliated with Henry Street Nurses Settlement (for visiting nurse services) and Teachers College, Columbia University (post-graduate courses). The curriculum, as well as teaching equipment, was considered satisfactory and met the standards of the New York State Board of Examiners. By September 1925, there were 385 nurse graduates, with most of the nurses working in private duty (77); 67 working in public health; 11 working in school nursing; 6 in social service; 1 each in mission work and industrial nursing (respectively); 29 in hospital services; the status of 17 nurses was unknown; 68 were married and retired; and 22 deceased.

In her closing remarks about Lincoln's nursing school, Johns (1925) expressed that overall the institution was satisfactory and the spirit of the school was excellent. Johns

considered Superintendent Ford as the most important factor to the school's success, stating, "So long as she remains in charge the outlook for the school is most hopeful" (Exhibit A-8). The consensus of Superintendent Ford, along with the White directors of the hospital, was that the Black nurses were equipped to conduct private duty nursing and some hospital duties, but were incapable of supervision or leading. It is this investigator's opinion that these outlooks were either overtly or covertly conveyed to the generations of Lincoln's nurse graduates and, without a doubt, played a role in the actualization of promoting diversity among the faculty of the school. Regarding this subject, Johns stated,

Miss Ford thinks that the colored head nurses, who are almost without exception, graduates of Lincoln, do their best to supervise their wards properly, but she is doubtful about their capacity to fill positions which entail very heavy responsibility. She is sure that discipline cannot be maintained unless there is firm and competent white direction. The white directors of the social service and outpatient departments agreed with Miss. Ford, though they presented the case from a different angle. They told me that the colored nurses are accepted quite naturally by the white patients because they know that these nurses are under white direction. Were they to be placed under colored supervision, they would not be accepted at all and a valuable nursing experience would thus be lost to them. I inquired whether white patients would not accept the services of colored physicians since they were willing to have colored nurses wait upon them. The reply was strongly in the negative. This apparently is the reason for the exclusion of colored interns. (Exhibit A-6)

Ethel Johns was directed by the Rockefeller Foundation to survey the education of Negro nurses to consider contributing to the field of nursing education. In a report of Rockefeller Center, dated February 25, 1925, it was determined that as the number of Negro nursing schools increased, it was important to support institutions that trained Negro teachers and supervisors. The sum of \$12,500 was set aside in the Rockefeller budget to support the education of Negro nurses in the United States (Rockefeller Archive Center, Box 121, Folder 1504, 1926). However, at the completion of Johns's report, no action was taken. The Minutes of the Rockefeller Foundation meeting on May 26, 1926 stated the following:

It was reported the survey of the present status of the Negro woman in nursing in America had been completed; that the report prepared by Miss Johns was in hand; and that because of the difficulties of the situation the officers were not ready to recommend to the Foundation definite action. (Rockefeller Archive Center, Box 121, Folder 1504, 1926)

The Rise of Nurse Training School Superintendents

The first superintendent of the training school ever recorded was Margaret L. Rogers (Superintendent in 1898) with no further record or data about Rogers. Rogers was superseded by Harriet D. Morgan in 1899. Morgan graduated from St. John's Riverside Hospital of Yonkers, New York (Bourne, 1950) and served as the superintendent of Lincoln's Hospital and Home's training school for nurses from 1899 to 1907. Morgan (White) was the superintendent of the school during the early years of the professionalization of nurses. As aforementioned in Chapter III, Morgan, along with the LSN students, began to add nursing credentials to her name in 1905 after the board state examinations became available.

It was noted by Tinkler (1976) that Morgan's successor, Alice Elspeth Pierson (Superintendent 1907 to 1910), was the first professional nurse to be employed as director (superintendent) of nursing. Pierson (White) was a graduate from Presbyterian Hospital (Bourne, 1950) and is credited with re-organizing the school and its curriculum, and removing inordinate pupil duties (by hiring orderlies and maids) to allot sufficient time for nursing care (Tinkler, 1976). During her initial year of superintendence, Pierson and the Board of Managers appointed an instructor to the nurses, Marion D. Spooner (graduate of Allegheny General Hospital) (Pierson, 1907). The following superintendents were in that office after Pierson: Wilhelmina Ahrens (1911 to 1913), Blanche M. Thayer (1913), and Amelia A. Hall (1914 to 1916). The succeeding superintendents were all White female nurses (with the exception of Adah B. Samuels and Ivy Nathan Tinkler—

discussed later in this dissertation) who maintained the rigorous and rewarding standards of the training school.

The education and training of Black women in nursing evolved from a principally physician-led curriculum to the integration of nurses as educators. The nursing students at Lincoln encountered ward supervisors, matrons, superintendents, and assistant superintendents during their course of study. In the 70th Annual Report of the Lincoln Hospital and Home, Superintendent Alice Pierson (1910), invited an instructor from Barnard College, Mrs. Harriet C. Jameson, to teach a course in invalid cooking for senior nurses, which was reported to not only better the diets of patients but improve the health of all the patients. The courses and expectations of the training program remained rigorous, where at times more than half of the students who initiated the program were dismissed or dropped out.

As the program persisted, and the nursing profession expanded, the Superintendent and Assistant Superintendent added post-graduate courses in public health nursing¹ in 1912 that were open to students from other schools (the first two students were from the British West Indies and British Guiana (Ahrens, 1912). The informal lectures were maintained by the Medical Board, while the teaching of courses was conducted by the House Staff (Pierson, 1912). Throughout the middle years, the house staff officers varied, due to resignations and reappointments; however, the role of the Superintendent was always maintained by a White woman. Interestingly, the nurse graduates were encouraged and called upon to serve as superintendents of Black nursing schools of the South. Superintendent of the training school Pierson (1908) stated,

We have had many calls during the year from the smaller hospitals in the South for competent women who are willing to go and help solve their

¹This is significant as in order to work in public health, nursing graduates were required to attain additional post-graduate courses in public health. However, due to racial biases and discrimination, Black nurses had a lack of sufficient opportunities to obtain post-graduate education.

problems. It is clear that it is our duty to use the excellent opportunities our school offers to fit our nurses for leadership and work on broad lines. (p. 38)

The promotion of Lincoln's graduate nurses into executive positions (specifically in regard to being employed superintendents of nursing schools) seemed to be deemed acceptable only when referring to schools of the South. In the 1915 annual report of Lincoln Hospital and Home, the training school's statistics consisted of 159 graduates during its 16th year of establishment. Out of the 159 graduates, a majority of the graduates worked in private duty nursing. A total of 6 nurses (out of 159) were listed as holding superintendent, assistant superintendent, and educational positions. Martha Johnson (class of 1903) was listed as the Superintendent of the Convalescent Home in White Plains, New York; Adah B. Samuel (class of 1905) worked as Assistant Superintendent of Lincoln Hospital in the Bronx, New York; Rosa Williams (class of 1907) worked as the Superintendent of Provident Hospital in Jacksonville, Florida; Jane C. Turner (class of 1908) was the Superintendent of Sanatorium in Jacksonville, Illinois; Lula Warlick (class of 1910) was the Assistant Superintendent of Provident Hospital in Chicago, Illinois; and Mattie Mays (class of 1914) worked at Teacher State College (position unspecified) in Orangeburg, South Carolina (Hall, 1915). LSN Superintendent Amelia Hall (White) (1915) reiterated the mission of the school in her report to the Board of Managers, stating,

Our aim is to furnish an efficient nursing staff to the Hospital, and to prepare the graduates to meet public needs for effective care of the sick in the many fields of work to which they are called; also to prepare those who possess natural ability for executive positions in Public Health, Visiting Nursing and Social Service Work. (p. 56)

The case of executive and educational positions held by Lincoln's nurse graduates in the middle years warrants investigation of the communications from Lincoln Hospital leaders and the nursing community to the Black nurse graduates. In Jane Hodson's 1911 book, *How to Become a Trained Nurse*, a chapter detailed how the trained nurse became a superintendent. The author of the chapter, Anna M. Lawson (White), forthrightly

clarified why a woman is more than competent, if not deservingly qualified, to uphold the executive position of superintendent of an institution. Evidence of the suffrage movement and the woman's fight for equality is palpable in Lawson's diction. Lawson stated,

We have women bank-presidents, lawyers, physicians, women who manage large and well-known enterprises; so why should we not see them chief executive officers of institutions? ... Women, as a rule, are more tactful than men, and perhaps better fitted to meet, with the grace so needed, the average institutional manager. (p. 80)

Lawson continued with a detailed account of the qualities of a trained nurse that make her a suitable superintendent. Lawson advised that a superintendent primarily be chosen on the basis of her being a trained nurse of experience because she would have a better understanding of the entire hospital after months of service (arguably, more of an understanding than the surgeon or physician). Lawson also described how superintendents are chosen based on their leadership skills displayed while working as trained nurses. She stated,

To some, the larger number, the life of a private nurse possesses sufficient interest, and the path of duty lies straight before them. To others, the routine of a hospital, the regular hours and well-defined duties possess a charm hitherto unknown. With this, fortunately, there is usually an adaptation to what is called institutional method; these pupils make good head-nurses, are recognized as such by those over them, and gradually other responsibility is given; then, when the superintendent of the hospital or school is appealed to, by some similar institution, for a nurse to fill a vacancy, the name of the woman who showed executive power is suggested. The young graduate thus finds herself in charge of a branch of work, untried, but to which all her years of training have tended. It has seemed to me that an educated, trained nurse is best fitted to fill all institutional places, except perhaps, that of superintendent, and each year brings a larger number who can and do fill this also. (pp. 80-81)

The vitality of the superintendent role and the need for nursing governance of training programs resulted in the development of the prominent nursing organization, the American Society of Superintendents of Training Schools for Nurses (ASSTSN) (renamed the National League of Nursing Education [NLNE] in 1912 and the National League for Nursing [NLN] in 1952). This society was founded and chaired by Isabel

Hampton in 1893 (the superintendent of Johns Hopkins). The objectives and missions detailed in the first annual report of the ASSTSN (1897) were “1) To promote fellowship of members, 2) To establish and maintain a universal standard of training, 3) To further the best interest of the nursing profession.” Rightfully, this society revolutionized nursing education; however, for decades African American nurses were almost exclusively restricted from the organization and its mission.

The ASSTSN progressed into forming one of the nation’s most prestigious nursing associations through the development of an alumnae association, named the Associated Alumnae of Trained Nurses of the United States (later known as the American Nurses Association) in 1897 and the establishment of its first official journal, the *American Journal of Nursing* in 1900 (NLN, 2020). The groundbreaking accomplishments of the National League for Nursing played a major role in the advancements of the nursing profession and training of nurses. Certainly, it is also significant to include the underlying influences the organization perpetuated over the decades regarding the capabilities and leadership of Black nurses. The nursing profession had a prominent organization for superintendents and leaders in nursing education that laid the foundation of American nursing; publicized and governed standards of education and curricula for nursing; collaborated with other prominent nursing associations; and even acquired the responsibility of developing standardized examinations for licensing and registrations of professionally trained nurses (NLN, 2020). All of these ventures were maintained under the hegemony of White nurses, and it was not until the year 1951, when the National Association of Colored Graduate Nurses dissolved and joined forces with the American Nursing Association, that Black nurses were openly welcomed into the organization. Disputably, despite the ground-breaking accomplishments of the NLN and ANA, the exclusion of Black nurses from 1893 to 1948 conveyed and preserved the detrimental discernment of Black women as superintendents and leaders of nurse training schools.

Superintendence of a nurse training school represented significant dominance in that the person who wielded this position had the authority over policies, the educational program, the hiring of staff, and the overall operations of the institution and care of the sick. That said, the hiring choice of a superintendent played a significant factor in the experience and influence of the students she oversaw. McCleery (1923) stated, “The superintendent of nurses faces two responsibilities: one, the care of the sick in the hospital; the other, the education of young women as nurses” (p. 124). The appointment of a superintendent sets the precedence and perception of exemplary leadership and respect. To that end, in terms of racial preferences, the leadership of a superintendent by a Black graduate nurse was carefully considered and, in some instances, concealed (as noted in the concealment of the leadership of Black nurse graduates under assistant and ancillary leadership titles). At the Lincoln Hospital and Home, these decisions were paramount to the success and prestige of the institution and were determined by the President and Board of Managers. Below is a biographical sketch of Mary Wainwright Booth, President of Lincoln Hospital and Home for 58 years.

Mary Wainwright Booth

Mary Wainwright Booth, born on March 29, 1839, was one of the most pivotal influencers of the Lincoln Hospital and Home and its Training School for Nurses. Booth began working at the Colored Home in October, 1863 (Thoms, 1929). In 1876, Booth became the first directress of the Colored Home and served in this role until 1898, when she became president of the Board of Managers and “the recognized head of the Lincoln Hospital” (Thoms, 1929, p. 84). In the book, *Pathfinders: A History of the Progress of Colored Graduate Nurses*, Thoms (1929) favorably described Booth as a leader who kept tabs on all aspects of the hospital’s operations, empathized with all departments and showed interest in their progress, and swimmingly executed her duties while always

making time to visit inmates and nurses. Thoms stated, “Miss Booth possessed a magnetic personality, and was the devoted friend of every one within the hospital’s doors” (p. 84). Similarly, accounts of Ms. Booth were described in Ivy Tinkler’s speech on the history of Lincoln School for Nurses in 1926. Tinkler described Booth’s persistence on starting the training school for nursing (despite objections from medical doctors of the hospital) and stated, “This lady was very outstanding and well thought of. She was written up as the first Directress, but her duties were managerial, however, she gave inspiration, guidance, and leadership that was needed in the Lincoln Hospital and Home” (p. 2 of Chapter 2 of the speech).

The connections between Mary W. Booth and the departments of the hospital were quite apparent through readings. Although not clear on what exactly Booth did for the hospital, her leadership was acknowledged by many within the annual reports of the Lincoln Hospital and Home. For instance, in the 61st Annual Report of the Colored Home and Hospital, Superintendent Lake (1901) concluded his report and stated,

Miss Booth, especially, has been most helpful by giving at all times, most willingly, her good advice and counsel in all details pertaining to the Institution. She never allows a clouded sky or the brazen sun to keep her from spending Thursday of each week with us. She comes and brings sunshine with her; she goes and leaves it with us. (p. 19)

Thoms (1929) wrote about the close relationship Booth had with Superintendent Lake and how patients and nurses looked forward to her weekly visits (Mondays and Thursdays). Furthermore, Thoms described Booth’s long journey to the hospital and her determination to consistently visit the hospital. In the Annual Reports of Lincoln Hospital and Home, Booth’s residence is listed as Englewood, New Jersey (Board of Managers, 1902). Thoms (1929) stated,

At the ferry she was met in the early by Mr. Amzi Lake, the superintendent, in a horse-drawn buggy at ten o’clock in the forenoon, and returned over the same route at four o’clock in the afternoon. Those were long, full days for her. She had every fact of the management of the hospital

so firmly fixed in her mind that everything that affected its interest in any way rested very much on her heart. (p. 84)

In the 63rd Annual Report of the Lincoln Hospital and Home, the Secretary of the Medical Board Benjamin Tilton (1903), concluded his report with bestowing appreciations of Booth: "Our gratitude to Miss Booth, the President, increases each year. Her active interest in each department of the work and her constant readiness to provide for the needs of the Medical service are greatly appreciated" (p. 12).

Mary W. Booth greatly influenced the training school and experiences of the nursing pupils as the President of the hospital. Thoms (1929) stated, "She knew each one [nursing students] by name and always wanted to talk with them; their problems were hers and she was always interested and anxious about their health and happiness, their religious life and recreation" (p. 85). Despite the enthusiastic appraisals of Booth's relationship with the training school, Booth's expectations of the nurses were grave and strict. It goes without saying that the experiences of nursing students, especially those during the early years of the Lincoln Hospital and Home, were demanding in all aspects of their lives.

In the 62nd Annual Report of the Lincoln Hospital and Home, the report, *Rules for Nurses*, was presented by Mary W. Booth (1902), President. The following describes information and rules for nurses. The nurses were to be awakened at 6 a.m. and be prepared for breakfast for either the "first breakfast at 6:30 a.m." or "second breakfast at 7:30 a.m." The nurses were only fed during appointed times and were not allowed to have any food in their quarters without the consent of the superintendent. Furthermore, the nurses were not granted access to the kitchen, and should there be any incidents of breaking the rule, they faced the consequences of termination from the superintendent. The nurses were expected to neatly and precisely maintain their rooms; no visitors were allowed, nor were the nurses allowed to visit each other's rooms; baskets were provided to each nurse to dispose of burned matches and hair; and "no matches may be struck on

the walls” (p. 44). The nurses were subjected to daily inspection by the superintendent to ensure compliance of the rules.

The day and night nurses were confronted with firm curfew restrictions by Booth. The day nurses were to be on duty from 7 a.m. to 7 p.m., with a half an hour allotted for meal times. It was expected that “each nurse will habitually attend some place of worship” on Sundays and was to be in bed with by 9:30 p.m. with lights out by 10 p.m. (Booth, 1902, p. 44). The night nurses were on duty from 7 p.m. to 7 a.m. and were expected to remain in their rooms from 9 a.m. to 4 p.m. without any distractions or phone calls from friends. In addition, the nurses were allowed 19 pieces of “well-marked” clothes (p. 44). The nurses were to oversee their own laundry by writing a weekly record of clothing sent to the laundry department of the hospital. While on duty, the nurses were expected to only wear their uniforms with no jewelry nor accessories of any kind. Regarding illnesses, the nurses were to be seen only by the designated physician and were not to consult with any other physician without the consent of the superintendent. Booth concluded the rules with an overarching expectation of all nurses. She stated, “Faithfulness, strict punctuality, personal neatness, general order, quiet dignity and courteous manner are essential in a nurse” (p. 45).

Mary W. Booth served as the president and first directress of the Lincoln Hospital and Home for 58 years (Tinkler, 1976; Thoms, 1929). She died on July 21, 1920. The electing of Booth’s successor demonstrated the dearth of confidence in the graduates of Lincoln to uphold such a demanding leadership position. Historian Davis (1994) stated the following regarding Booth’s death:

Her death, after fifty-eight years of service to the Lincoln Hospital and Home, signaled the end of an era for the institution and its graduates; yet the white philanthropists who, like Booth, had been visionary enough to found and support the home, the hospital, and the school for “colored” people, were not progressive enough to appoint an African American administrator to replace Booth whose position in her later years had become largely ceremonial. (p. 138)

This sentiment was evident by the survey of Ethel Johns in 1925. The then Superintendent, Miss Ford, discussed with Johns that the Black nurses were not capable of withholding leadership positions. According to Johns,

Miss Ford thinks that the colored head nurses, who are almost without exception, graduates of Lincoln, do their best to supervise their wards properly, but she is doubtful about their capacity to fill positions which entail very heavy responsibility. She is sure that discipline cannot be maintained unless there is firm and competent white direction. The white directors of the social service and outpatient departments agreed with Miss Ford, though they presented the case from a different angle. They told me that colored nurses are accepted quite naturally by the white patients because they know that the nurses are under white direction. Were they to be placed under colored supervision, they would not be accepted at all and a valuable nursing experience would thus be lost to them. (Exhibit A, p. 6)

The lack of consideration for promotion of African American nurses was pointedly discernible at the time of Booth's death. Though graduates of the Lincoln Hospital and Home were trusted to supervise small wards in the hospital, they were limited to the charges of head nurse and private duty nursing. As aforementioned in Chapter II, the prospects of structural racism influenced the progression of African American women in nursing.

It is critical to remain cognizant of the underlying perception of Blacks in society without dismissing the inescapable influence of the historical biases from slavery to present times. The founders and Board of Managers were in fact compelled by these realities, despite their "benevolent" endeavors. The Lincoln Hospital and Home was established for the indigent, Black, and poor persons of the city (Board of Managers, 1902). As the institution evolved into a hospital and the indication for a nurse training school for Black women acknowledged, the Board of Managers and superintendents touted that their mission was to uplift the Black women in nursing and the Black community (Board of Managers, 1902). However, during Johns's survey of the 450-bed institution in 1925, she found that "the clientele in both indoor and outdoor departments is almost exclusively white" (Exhibit A, p. 2). This reality limited just how far the

graduates of the Lincoln Hospital and Home's training school were able to progress in a program that was purposely developed for them. The replacement of Mary W. Booth's presidency was noted to be Mrs. John H. Perry (White), but it was the unofficial, historic leadership of the 1905 graduate Adah B. Thoms that initially demonstrated the true leadership aptitude of Lincoln graduates.

Color Me Capable: Adah Belle Samuels Thoms

Adah B. Samuels (later known as Adah B. Thoms after marrying Dr. Thoms) was quintessentially one of the most critical and extraordinary graduate leaders of Lincoln School for Nurses. Adah B. Samuels was born in Richmond, Virginia to parents Harry and Minerva Samuels on January 12, 1870 (Davis, 1999). She was raised in Richmond during the Reconstruction Era and attended schools taught by Black women (which, at that time, proved to be more beneficial for children of color) (Dobschuetz, 2020). In previous biographies, it is noted that the Samuels family valued education and that this was an influencer on Samuels's interest in education. As a young woman, Samuels worked as a teacher in Richmond, Virginia before pursuing a career in nursing and moving to New York City. In 1893, she studied elocution and public speaking at the Cooper Union in Harlem, New York (Davis, 1999). There is no indication whether a diploma was received, but it is presumed by this investigator that the education gained from the Cooper Union strengthened Samuels's leadership skills and her forthcoming navigation through the nursing profession.

In 1900, Adah B. Samuels Thoms received a diploma from the Woman's Infirmary and School of Therapeutic Massage in New York City, where she was the only Black pupil in a class of 30 (Thoms, 1929). She remained in NYC to work in private duty nursing and then moved to North Carolina in 1902 and worked as a head nurse in Saint Agnes Hospital (Thoms, 1929). Unsatisfied with the informal nursing education she

received at the Women's Infirmary and School of Therapeutic Massage, Thoms later returned to NYC in 1903 when she entered the Lincoln Hospital and Home Training School for Nurses. Thoms graduated with the class of 1905, obtained a position in the hospital's surgical ward as a head nurse, and was later promoted as the supervisor of the surgical ward and operating rooms (Thoms, 1929). As aforementioned in Chapter III, Thoms was the first appointed operating room nurse and was endowed a \$25 monthly salary for her role. She was responsible and expected to be available 24 hours a day to manage the surgical ward, a concept now of present day's "on call" system (Davis, 1999, p. 108). This was an unprecedented opportunity at that time and proved Thoms to be a pathfinder in the history of Black nurses.

As noted in much of Thoms's career, as her knowledge, networking, and leadership matured, the footprint of her success steadily rose. In 1906, Thoms was selected as the assistant superintendent of nurses (or acting director of the nursing school), a position that was held for a total of 18 years (Davis, 1999). In this role, Thoms kept her pulse on the latest advancements in nursing and education and moved to incorporate the necessary adjustments in the training school. Davis stated,

Although Thoms was only given the title of acting director of the nursing school, she took the initiative, evaluated and reorganized the curriculum, and instituted a graduate nurse program to meet the needs of society, health care and new trends in nursing education. (p. 109)

The elevation of Thoms's authority in Lincoln's training school for nurses was reportedly admired by many of the nursing students but was also a historical moment of enlightenment of the limitations of their own success. Hine (1999) stated, "Thoms was admired for her pioneering administrative work at Lincoln Hospital—few black women were accorded such opportunities" (para. 4). The students of the training school and the nurses of the hospital acknowledged the discrepancies of roles and the undeniable element of race as an eligibility criterion. In a biography of Nella Larsen (graduate of Lincoln School for Nurses and renowned Harlem Renaissance author), author George

Hutchinson (2006) stated, “Thoms was the most consistent black authority figure Larsen knew at the school—possibly the first black supervisor she had ever encountered” (pp. 86-87). In her 1961 book, *No Time for Prejudice: A Story of the Integration of Negroes in Nursing in the United States*, Mabel Staupers stated,

Thoms’s experience was an example of this type of discrimination. Even though the School of Nursing at Lincoln Hospital was set up as an institution for Negro students, although qualified, Adah Thoms was never appointed as a director. She served in the capacity of director, but was given the title of acting director. (p. 22)

In the 1913 annual report of Lincoln Hospital and Home, Thoms was temporarily acknowledged as the Acting Superintendent of the Training School. Corresponding Secretary Frances Whiting (1913) reported, “In August, the superintendent of the training school resigned because of her approaching marriage, and her duties were faithfully performed by the assistant superintendent until the new superintendent, Miss Thayer, took office early in October” (p. 16). Thoms also briefly resigned from her position that year to join her husband in the South but is noted in the following annual reports to have returned to the hospital to resume her duties as assistant superintendent (Whiting, 1913). The Board of Managers announced that the position of Assistant Superintendent was to be filled by another graduate of the training school (Whiting, 1913). This is significant, as it exemplifies the limit of promotion for graduate nurses. There was an opportunity to promote an LSN graduate as the director of nursing, but that was not upheld. However, the assistant position was. Thoms’s position of Assistant Superintendent was temporarily replaced by Ada J. Senhouse (class of 1902) in 1914 (Whiting, 1913). Nonetheless, despite being an anomaly of Black leadership, Thoms preserved her ideal of equality for Black women in nursing and was a notable influence on the future success of Lincoln graduates and Black nurses around the world.

Similar to the progression of Thoms’s career when the recognition of inadequacies of her education impelled her on the quest to attain higher learning, Thoms was

responsible for the addition of several post-graduate courses in public health at LSN to broaden the opportunities of graduate nurses. She developed a six-month post-graduate course in 1913 (an opportunity that had been denied to Black nurses at that time) (Davis, 1999). Furthermore, in 1917, Thoms added to the repertoire of Lincoln's nurse training school by developing and incorporating a course in public health nursing into the curriculum. Thoms collaborated with Lillian Wald (founder of American community nursing and the Henry Street Settlement) to choose an instructor from the Henry Street Settlement (Jane Hitchcock) to teach the public health nursing course (Davis, 1999). As an avid lifelong learner, Thoms sat alongside her pupil nurses and took the first course with them (Davis, 1999). Throughout her career, she continued to collaborate with Wald as well as build connections with other prominent leaders of the medical and nursing professions. In the preface of Thoms's 1929 book, *Pathfinders: A History of the Progress of Colored Graduate Nurses*, Lillian Wald warmly praised Thoms, stating, "Mrs. Thoms' leadership is significant not only for her own race but for those socially minded persons of every race who cherish high purposes and unselfish accomplishments that bring promise of better relationships between peoples" (p. x).

The power and intellect of Adah B. Samuels Thoms not only influenced the Lincoln Hospital and Home, but were disseminated throughout the nursing profession. Thoms was riveted by the inequalities Black women faced in the nursing profession and served as a prime advocate for the betterment of inclusion, acceptance, and progression of Black women in this field. In addition to her supervisory role in the surgical division of Lincoln, Thoms led the Lincoln graduates as the president of the alumnae association for ten years (Thoms, 1929). In addition to her great achievements within Lincoln Hospital and Home, Thoms extended her mission of equality and acceptance of Black nurses to the national and international levels. In 1911, Thoms, along with two other graduates of Lincoln, traveled to Cologne, Germany to represent Lincoln's training school at the International Congress of Nurses (Ahrens, 1912). In 1925, Thoms assisted

Ethel Johns in her investigation of education for Negro nurses by providing supporting information on the nursing organizations, public health nursing, and the Negro nurse registry. In regard to Thoms and her leadership, Johns (1925) stated that Thoms is “much respected by all with whom her work brings her in contact. She is a woman in middle life of a distinctly Negroid [sic] type but with native dignity and refinement” (Appendix 1, p. 3).

One of Thoms’s most acclaimed accomplishments and contributions to the nursing profession was her work in the National Association of Colored Graduate Nurses (NACGN). In 1908, nurse Martha Franklin, graduate of Women’s Hospital Training School of Philadelphia Graduate Nurses, organized and founded the NACGN to advocate nationally for the equality and inclusion of Black nurses (Davis, 1999). Through her organization and research of the status of Black nurses in America, Franklin connected with Adah Thoms and Mary Eliza Mahoney (first professional Black nurse in America) and the three worked as a collective through the NACGN. As the then president of Lincoln’s Alumnae Association, Thoms invited Franklin to have the first NACGN meeting in New York and sponsored the event through the alumnae association. Fifty-two nurses were present for the first meeting where Thoms was appointed treasurer of the organization. Years later, Thoms was voted into the office of the presidency of NACGN in August, 1915, and she held the position from 1916 until her retirement from Lincoln in 1923 (Hine, 1999).

As president of the NACGN, Thoms challenged the historical exclusion of Black nurses in nursing state associations and fought to better the opportunity for Black nurses to serve in the military. The registration of nurses in the American Nurses Association (ANA) was met with the prerequisite for the nurse to be an active member of a local (state) nursing association. Since there were state associations that barred Black nurses from joining, they were subsequently barred from joining the ANA (Carnegie, 1991). Davis (1999) stated, “State registration and acceptance into post-graduate nursing courses

was a major concern for Black nurses because of discrimination in the state registration practices and admission to not only generic nursing programs but post-graduate nursing courses as well” (p. 116). Thoms, through the NACGN, charged national Black nursing leaders to organize local chapters of the NACGN. Furthermore, Thoms was avidly concerned about the lack of registries available to place Black nurses in desirable positions after graduation. The Black nursing registry was established in 1926 by NACGN and was housed at the Office of the National Health Circle for Colored People at 370 Seventh Avenue in NYC (Davis, 1999). The registry was evidenced to be successful as during the first year 321 nurses were placed in private duty nursing, hospital positions, and in some instances, as directors of small Black nursing schools (Staupers, 1961).

The utilization of Black nurses during crises, specifically during wartimes, without general professional acceptance is a concept that Thoms and the NACGN fought to reverse. During World War I, Black nurses enlisted in the army but were never called for duty. At that time, the American Red Cross’s nursing service was the singular path available to nurses to join the U.S. Army Nurse Corps (Threat, 2015). During World War I, Thoms temporarily assumed the duties of Acting Superintendent of Lincoln’s training school in the absence of an officially appointed superintendent. The Superintendent of the Hospital, Dr. Frederick Gwyer (1917), stated in his annual report,

The nursing in the school is better than ever before, the instruction more thorough and elaborate and discipline is of high order. Mrs. Thoms is filling a most difficult position with very great tact and ability and deserves the highest praise. (p. 38)

Thoms encouraged Black nurses to enroll in the American Red Cross, then organized and chaired by Jane A. Delano, but soon recognized the limitations that Black nurses faced. Davis (1999) stated,

Membership in the ANA, the Army Nurse Corps, and the American Red Cross was required to join this reserve group. This was a dilemma for Black

nurses, most of whom were barred from their states' nurses' associations because of their race. (p. 118)

Thoms and the NACGN campaigned against these dividing and limiting legislations. In the 1917 Report of the Superintendent, Dr. Frederick Gwyer introduced to Lincoln's Board of Managers the application to include Black nurses in the Army Nurse Corps. Gwyer stated, "Plans are afoot for the entrance of our colored nurses in Red Cross work; they are very anxious to do their share and are only awaiting acceptance by the Red Cross authorities" (p. 38). In 1919, after ongoing communications with Delano, Thoms received notification that Delano was willing to start accepting Black nurses; however, the overall decision was left up to the surgeon general—whose refusal was persistent (Davis, 1999).

In response to structural racism and discrimination barriers, Thoms founded the Blue Circle Public Health Nurses in 1917 for Black nurses to aid to locals of their communities during wartime (Dobschuetz, 2020). In collaboration with the Circle of Negro Relief, Black public health nurses were recruited to aid rural communities with duties similar to those of the American Red Cross Town and Country Nursing Service. According to Davis (1999), the nurses' duties were to "teach proper nutrition, sanitation and appropriate dress and make home visits as a community health nurses. The Blue Circle Nurses worked with county and state agencies advising them of potential health problems" (p. 121). Unfortunately, Thoms's efforts to affiliate with the American Red Cross and the Blue Circle Public Health Nurses were forced to cease due to insufficient funds and lack of philanthropic donations (Davis, 1999; Lewenson, 2021). Nonetheless, it was the tragic influenza epidemic of 1918, with tremendous deaths and scarcity of available nurses, that forced the surgeon general to authorize the enlistment of Black nurses. It was not until December 1918 that the first 18 nurses were appointed and deployed (despite the war being over) (Jones & Saines, 2019). Thoms was dedicated to continue the support of official acceptance and acknowledgement of the capabilities of Black nurses, and not only during the last hour of desperation.

Adah B. Samuel Thoms's historical impact on the nursing profession is worthy of appreciation from all nurses and is extensive enough to individually fulfill a dissertation of its own. Thoms was a politically active leader of Lincoln School for Nurses who not only fought for the inclusion, acceptance, and equality of Black nurses but also for the overarching betterment of nurses in the nation. Thoms remained well-networked throughout her career and collaborated with many several organizations, such as the National Urban League and the National Association for the Advancement of Colored People (Hine, 1999). For instance, Thoms rallied the NACGN chapters and members to support the women's suffrage movement of the 1920s (Davis, 1999). In 1921, Thoms was appointed by the United States Army's Assistant Surgeon General (Dr. C. C. Pierce) as the member of the Women's Advisory Council of Venereal Diseases of the United States Public Health Service to combat the high rates of venereal disease among African American women in the nation (Dobschuetz, 2020). Thoms retired from her position as the assistant director at Lincoln Hospital in 1923 and married Henry Smith (although little is known of Smith, it is documented that he died months after their marriage) (Davis, 1999). In 1936, Thoms was awarded the first Mary Mahoney Medal from the NACGN for her unyielding contribution in the acceptance of Black nurses in the Army Nurse Corps and was posthumously inducted into the Nursing Hall of fame in 1976 (Davis, 1999).

Adah B. Samuels Thoms died on February 21, 1943 in Lincoln Hospital due to complications from heart disease and diabetes (Davis, 1999), but her legacy continues through the nursing profession of today. This is evident in the nursing curriculum's inclusion of public health nursing; the acceptance of Black nurses in the U.S. Armed Forces; the professional registration of Black nurses (through membership of NACGN, which later merged with ANA); the first historical book detailing the accomplishments of Black graduate nurses in America (the 1929 publication of *Pathfinders: A History of the Progress of Colored Graduate Nurses*), and countless initiatives to mentor and guide

future Black leaders in nursing. It is through her numerous and trailblazing achievements that Thoms proved that she was capable not only of leading Black nurses but inspiring them to recognize their own potential. Prior to the closing of *Pathfinder's* chapter on Lincoln and the biographies of some of Lincoln's nurse graduates, Thoms (1929) stated, "It is hoped that those who read and learn of their success will realize that the colored nurse is making a definite contribution to the nursing profession and to racial betterment" (p. 83).

Interpretive Summary

The middle years (1910s to 1920s) of the Lincoln School for Nurses highlighted the hidden but capable academic nursing leaders of the school. In Chapter IV, the superintendents of the school and the ascent of their role were explored. Furthermore, the structural racism of nursing organizations and the exclusion of Black nurses from serving as superintendents were investigated. The biographical sketches of Mary W. Booth (a White woman) and Adah B. Samuels Thoms (a Black woman) were presented. Booth's presidency of the Lincoln Hospital and Home was essential in that she governed, supervised, and counseled every department of the institution, with a reportedly unique connection with the training school. Booth, along with the Board of Managers, decided who served as superintendents and faculty of the nursing school. This is deserving of analysis into the question of whether a nursing institution, specifically founded to educate Black women in nursing, impacted the perception and actualization of promoting diversity in nursing academia. The nurse graduates of Lincoln demonstrated they were capable of withstanding the rigorous academic obligations to attain their professional titles. Additionally, post-graduation, the Board of Managers praised the nurses' leadership as clinical head nurses and external requests for superintendents of Southern schools. However, when faced with the subject of promoting a Black graduate to serve as

the school's superintendent, the President and Board of Managers consistently diverted from such actions and hired external, White superintendents to lead the school.

It is evident that the perception of Black nurses as leaders or faculty was acceptable and celebrated if they were leading an institution of their "own" that cared for "their own." In other words, although LSN was developed to train Black women in nursing, a dilemma was faced when addressing who those nurses cared for. As explained in the Johns report of 1925, the Lincoln Hospital's clientele transitioned to being predominantly White. It was explained that the confidence of the White clientele would diminish should they discover that the leadership of the nurses was under a Black woman. Moreover, if the clientele was predominantly Black, the President and Board of Managers (and seemingly the Southern society) approved of Black superintendents and faculty because the graduates would not only be leading other Black nurses but would be overseeing the care of Black patients.

The case of Adah B. Samuels Thoms is a clear example of a capable candidate to serve as superintendent and faculty of the nursing school. Thoms's unhindered accomplishments and contributions to the school and the nursing profession demonstrated that she could not only lead a local school but influence nursing internationally. As discussed in Chapter IV, graduates of LSN identified Thoms as the first official Black leader they ever encountered. Furthermore, their experience of witnessing the capable leadership of Thoms limited to the Assistant Superintendent position was a testament to the structural racism within the organization. That being said, it is supposed that Thoms wanted to be promoted to the superintendence; however, given her taxing accolades (such as serving as the president of NACGN and the LSN Alumnae Association, in addition to her national and international endeavors), it is possible that Thoms was indeed comfortable as the assistant superintendent. In this role, she was able to concentrate on leadership roles outside the school. This remains enigmatic, as Thoms (1929) made no mention of it in her book *Pathfinders*; however, the speculation from Mabel Staupers

(Secretary of NACGN) and past graduates such as Nellie Larsen suggests otherwise. In the following chapter, the last years of LSN and biographical sketches of pioneering nurse graduate leaders from these later years are presented.

Chapter V

LATER YEARS TO CLOSING, SIGNIFICANT EVENTS, AND PROMINENT LEADERS OF LINCOLN SCHOOL FOR NURSES

If you cannot see it, you cannot become it. The Lincoln School for Nurses bestowed upon the nursing profession prestigious Black leaders and educators. These leaders, disseminated across the nation and overseas, left their imprint on the nursing profession and, inevitably, on the perception of Black nurses within it. This chapter outlines the later years to closing of the Lincoln School for Nurses (1930s to 1961), with emphasis on significant events in respect of the available data retrieved from archives. In addition, the progress of the Black nurse graduates and ultimate promotion of the first (and only) Black nurse superintendent in 1954 (Ivy Nathan Tinkler) will be presented with an analysis of the impact of her advancement on the actualization of Black nurses as faculty and leaders.

Significant Events During the 1930s to 1940s

The 1930s era was laced with the remnants of World War I, detriments of the Great Depression and economic crises, and the turmoil of racial conflict. This, indisputably, trickled into the experiences of Black nurses at the time. In Mabel Staupers's (1961) book, *No Time for Prejudice: A Story of the Integration of Negro Nurses in the United States*, Staupers stated the following about this period of time,

In 1934, the great depression was still showing its effects on nurses and nursing. There were many indications that the Negro nurse was faring badly. Among the many problems still causing concern to the Board of Directors of the NACGN were inadequate nursing schools for Negro students; the failure of the majority of nursing schools in the United States to accept students without regard to race; the denial of opportunity for employment in hospital and public health agencies; lack of opportunity for admission to many universities offering graduate courses in nursing; the exclusion from membership in seventeen state units of the American Nurses' Association and the National League of Nursing Education in southern and border states; the exclusion of qualified Negro nurses from administrative and teaching positions, even in schools for Negro students; denial of opportunity for postgraduate courses on the clinical level; the denial of opportunity for affiliations in subjects like psychiatry that were badly needed by students in Negro schools of nursing since these affiliations would improve their potential for employment after graduation. (pp. 29-30)

The Lincoln School for Nurses continued to offer three-year courses for Black women ages 18 to 35. The admission criteria for students included a diploma from an accredited four-year high school and health clearance (Board of Managers, 1931). In 1930, the Board of Managers appointed Loraine Dennhardt (White) (1888-1972) as the director of nursing, a position she held until her retirement in 1953 (Gray, 1997). Dennhardt was a graduate of Oshkosh State Teachers College and of Bellevue Hospital School for Nursing in 1919. Her professional history involved the establishment of a nursing school in Brazil, employment as an inspector of nursing schools in Wisconsin, and the director of nursing for Lincoln Hospital (1930-1953) (Gray, 1997). Dennhardt welcomed the extracurricular undertakings of Lincoln's students (such as clubs and school-based organizations) and even served as the hostess of the first regional conference for National Association of Colored Graduate Nurses (NACGN) in 1934 (Staupers, 1961). According to Staupers (the then secretary of NACGN), this historic conference was not only presented to the members of the association but included "executive secretaries of the American Nurses' Association, the National League for Nursing Education, and the National Organization for Public Health Nursing; officials of the Julius Rosenwald Fund, the National Medical Association, and the National Health

Circle for Colored People” (p. 30). Additionally, the editors of Black magazines, directors of schools of nursing for Negro students, and representatives of local Negro nursing associations were in attendance. Dennhardt’s acceptance and willingness to participate in this historic regional conference is telling of her respective regard for Black nurses and contributing to their advancement.

The clinical experiences of the student nurses of LSN were expanded due to the school’s growing collaborations. Experiences in caring for tuberculosis patients were obtained through affiliations with Sea View Hospital of New York (Tinkler, 1976). In 1937, the students gained psychiatric nursing experience through LSN’s affiliation with Bellevue Hospital in downtown New York City (Bourne, 1950). It was through such experiences that the pedigree of LSN graduates was enhanced, students gained opportunities for employment post-graduation, and the purpose of the school’s development was sustained.

The year 1939 was the centennial celebration of the long-standing history of Lincoln Hospital and the incontestable impression it left on the healthcare profession. In 1839, the Society for the Relief of Worthy, Aged and Indigent Colored Persons initiated their benevolent ventures with the renting of New York City almshouses to care for deprived and destitute Blacks. Through its progressive growth in size, services rendered, and targeted clientele, the hospital became one of the largest healthcare institutions in NYC. The nurse training school, founded in 1898, modestly began with the graduation of six nurses. In 1939, there were a total of 868 graduates, 133 students enrolled, and 39 instructors at the school (Board of Managers, 1939).

The admissions requirements of applicants differed greatly from those of the founding year of the training school. The preliminary requirements included a four-year high school diploma, certificate of positive moral character, and a healthy physical examination. The physical examination (assessed annually once enrolled in the school) included chest x-rays, immunization records, blood work, routine urinalysis, monthly

weight records, and even a posture class taught by the nursing instructor of massage and posture (Board of Managers, 1939).

The advancement of nursing faculty at Lincoln School for Nurses (LSN) progressed from a predominantly physician-controlled education to courses and instruction taught by Registered Nurses. This shift, in accordance with the general position of nursing education, included several graduates of LSN. Graduates upheld the clinical education of nursing students as assistant supervisors and head nurses of hospital wards. Hazel Stewart and Lillian Holland (both of the class of 1939) were appointed as assistant instructors of the nursing school in 1939 (Board of Managers, 1939). As assistant instructors, the graduates were able to participate in a teaching program at Teachers College, Columbia University for experiences as laboratory assistants in science courses. The objective of the nursing faculty at LSN was to closely correlate the education provided in the classroom to the nursing experience on the wards (Board of Managers, 1939).

The Fourteenth Annual Report of LSN, submitted by the president of the school Mrs. John P. Hazen Perry (1940), presented the influence of LSN on the nursing profession and graduates. The educational program of LSN was offered and extended to various groups of Lincoln Hospital. Head nurses and supervisors of the hospital were taught by the director of LSN (Lorraine Denhart) how to assess patient cases and develop nursing care plans during the "General Faculty Conferences" (Perry, 1940, p. 11). The nurses of hospital wards participated in ward conferences to assist in developing their leadership abilities in the hospital. Courses for supervisors focused lessons on the principles of supervision and how to incorporate such practices in schools of nursing. The science instruction, specifically planned for the two student teachers who were assistants in the science department (Hazel Stewart and Lillian Holland), focused on the planning and execution of education in the science laboratory. The student education program was described as an essential feature of the ward teaching program. The

program included education fusing the clinical experience with lessons taught in the classroom as well as granting senior students the experience to work alongside head nurses as assistants (Perry, 1940).

In the year 1940, several graduates of LSN proceeded to grow and develop as leaders of nursing and education outside of LSN. Beatrice Durham (class of 1927) resigned from LSN to become the superintendent of nurses at the Norfolk Community Hospital in Norfolk, Virginia. Beatrice Alston (class of 1931) resigned from assisting in the teaching program or the operating room to work as a supervisor at the Provident Hospital (a Black-owned and Black-operated hospital) in Chicago. Ivy Nathan (class of 1931) resigned from Lincoln Hospital's operating room to serve as a medical supervisor at Provident Hospital in Chicago. Evelyn Henley (class of 1935) received appointment as a nurse anesthetist at Howard University (an Historically Black College and University [HBCU]) after completing her courses, with the help of a tuition scholarship, from Ann Arbor University (Perry, 1940). The 1941 annual report of LSN revealed the successes of the educational program and promotions of past graduates as nursing faculty. President Perry reported that the following instructors were added to the staff: Eunice Mattis, graduate of the class of 1941, was appointed as assistant to the anatomy instructor; Grace Marr (assistant to the chemistry instructor); Frances Reid (class of 1937) as assistant to the medical supervisor; Edith Harris (assistant to the surgical supervisor); and Doreen DeShong (class of 1937) as assistant to the pediatric supervisor.

Isabel M. Stewart Survey of Lincoln School for Nurses (1931)

The objective and impartial evaluation of an educational organization distinguishes the status and quality of the organization's education and administration. Isabelle M. Stewart, Professor of Nursing Education at Teachers College, Columbia University in New York, conducted a survey of Lincoln School for Nurses in 1931. Isabel M. Stewart was a pioneer in the development of nursing education (advanced standards and curricula

of nursing programs), nursing leader of Teachers College, and nationally recognized as an esteemed nurse historian (American Nurses Association [ANA], n.d.; Lewenson, 1996). According to Tinkler (1976), this was the first survey of a nursing school and set the standard for future surveys of nursing schools and professional organizations. The school and its curriculum for the years 1925 to 1928 were evaluated in comparison to the latest standards of the National League of Nursing Education (1927) and the nation's top 15 nursing schools (Stewart, 1931). Furthermore, 26 nurse graduates of 1926 were assessed. Stewart (1931), along with other professors and nursing education students of Teachers College, Columbia University, completed the survey of LSN with the following objectives of evaluation:

The organization and administration of the school and its relation to the hospital.

The educational service rendered to the students.

The nursing service performed for the patients in the hospital.

The unique health problems and needs of the Negro and the possibility of educating Negro nurses to meet those needs.

The professional status and success of the graduates. (p. 1)

Lincoln School for Nurses' Faculty and Administration

For the purposes and objectives of this dissertation, this investigator focused on the survey's evaluation of Lincoln's administration and student body. Chapter Five of Stewart's survey described Lincoln's classroom teaching and environment. The essential role of the superintendent, or director of nursing education, and the functions of such a role (planning and scheduling of classes; directing and supervising students; maintaining adequate records of the school; and teaching) were discussed. At that time, Stewart (1931) assessed that the general classwork complied with the standards of the New York State Board syllabus. The science courses were taught by nursing instructors. Physicians

and attending staff of Lincoln Hospital provided clinical lectures, which were chaperoned by the charge nurses of the respective departments. Lastly, the social and professional subjects of nursing were guided by “special lectures” and conducted through class discussions (p. 37). Stewart commended the school for not having night classes (except for instances where special lecturers were unavailable during the day) and that work in the clinical wards did not interfere with class attendance. The professional titles of lecturers were not disclosed; however, through various reports it is noted that LSN’s affiliations with other nursing organizations granted their students nursing lectures from external nurse professionals and some of the past graduates of LSN.

The teaching load of the nursing faculty, the number of students each instructor was responsible for, and the efficiency of teaching were evaluated during the survey. When comparing the teaching hours found in several nursing schools, that of Lincoln was not considered excessive. However, Stewart (1931) stated, “Compared with the standards recommended for professional schools, the first and second instructors carry too many subjects and the first and third have too many hours on duty” (p. 38). In regard to the total hours invested in teaching (including time to prepare for lessons), 50-58 hours were accounted for the first instructors (taught Anatomy and Physiology, Bacteriology, Psychology, Drugs and Solutions, Bandaging, Professional Problems), 34-39 hours for second instructors (History of Nursing, Sanitation, Medical Nursing, Bacteriology, Laboratory, Bandaging, and Personal Hygiene), and 58 hours for third instructors (who taught Elementary Nursing, Advanced Nursing, and Hospital Housekeeping) (Stewart, 1931). The part-time instructors of Nutrition and Cookery, Chemistry and Materia Medica, and Social Service taught for five, three, and one hour per week, respectively.

The efficacy of teaching was determined through the assessment of students’ transference of information taught into practice and the scores of examinations from the school and nursing boards. Stewart acknowledged that such an assessment was a novelty in nursing research, thereby attributing to the difficulty in determination of teaching

efficiency. The students of the nursing school were able to reflect using critical thinking skills during discussions and while on duty on the wards. However, compared to other nursing school classes, the students at Lincoln had high percentages of failures. Stewart (1931) stated,

If there were any uniform method of setting and grading examinations, these results might be significant, but it is well known that a low percentage of failures is by no means an indication of high standards of teaching or of student accomplishment. Indeed, the reverse is often the case in nursing schools where the marking system is usually much too easy and mediocre students may win grades of 90 to 100% with little difficulty. A higher proportion of failures may therefore indicate not lower but higher standards of educational work in Lincoln School. (p. 41)

There were several hypothesized reasons for student failures, ranging from a heavy theoretical and practical schedule (contributing to little energy for study), inadequate selection of nursing students after the probationary period, and even the possibility of a lack of motivation after acceptance into the school. Recommendations were made to reinforce teaching standards and selection of students into the program. It was also recommended to enhance the staff education program with supervision and training of junior instructors by the director of nursing. Stewart (1931) stated, "Every effort should be made to encourage promising graduates to secure such training" (p. 44).

As discussed throughout this investigation, graduate nurses of LSN were employed as staff of the nursing school. However, before the survey of 1931, the qualifications of the faculty of Lincoln (especially those of graduate nurses) had not been objectively explored nor reported. Stewart examined whether the 28 members of the school's administrative and teaching team were qualified, experienced, and overall capable of fulfilling their designated roles. Questionnaires were distributed to the 28 staff members. The demographics of this group were as follows: out of the 28 staff, 27 of them completed the questionnaires; 23 identified as Black and 5 as White; and the age range was from 22 to 49 years, with an average age of 30.4 (indicating that most of the staff

sampled were young and active members of the nursing profession). The Black faculty (total of 23) served roles such as instructors, head nurses, and, in some instances, supervisors. The White faculty (total of 5) held positions such as the Acting Principal, Educational Director, Dietitian, Operating Room Supervisor, and Ward Supervisor. It was conferred that during this time Black nurses were not adequately prepared to possess such positions. Moreover, Stewart (1931) stated, "But there seems to be no reason why these positions should not be filled by Negro nurses just as soon as they are prepared to assume such responsibilities" (p. 127).

The preparation and qualifications to serve as nursing faculty were contingent upon the nurse's educational and professional history. With regard to education, all 27 staff members completed eight years of elementary school, and 23 of them graduated from high school. The remaining four nurses that did not graduate from high school did attend high school but did not complete a total of four years. It is presumed that these were nurse graduates of Lincoln that attended the school prior to addition of a four-year high school diploma as a requirement for admission. Twenty-two of the respondents were graduates of Lincoln, and the remaining five were from different schools of nursing. This was considered a typical condition of most nursing schools in the nation, which implies that most schools hired their graduates as staff. There was only one nurse (unidentified) who had completed a master's degree. Two of the Lincoln graduates were reported to have taken a post-graduate course in other hospitals, and one had completed a professional course during the summer at a university. None of the staff reported completion of a civil service examination prior to obtaining their position.

The professional progress of nurses was assessed through the nurses' memberships in professional organizations. Thirteen of the nurses were members of the Lincoln Alumnae Association; six belonged to the American Nurses Association (ANA); five to the National League for Nurses Education (NLNE), one to the National Organization of Public Health Nursing (NOPHN); and three were members of the Red Cross. Stewart

(1931) identified that most of the professional organization memberships were of the White staff members and older Lincoln graduates. She stated, "It is very apparent that little interest is shown in professional affairs" (p. 134). It is critical to note that during this time, Black nurses were excluded from all of the aforementioned nursing organizations except for the Lincoln Alumnae Association, NACGN, and the NOPHN.

The professional experience of the staff varied and proved to contribute to the inconsistency of the expectations of the staff's obligations in the nursing school. The largest amount of nursing experience from the group was obtained within Lincoln Hospital as head nurses with little background experience in teaching (18 responses stating they had no prior experience in the positions they held). Twenty-five were Registered Nurses, with the remaining two (recent graduates) awaiting their board examinations. According to Stewart (1931), the length of service from the 27 staff members collectively totaled over 72 years in Lincoln Hospital, with an average of two and a half years. However, Stewart reported that this may have been due to the employees' lack of motivation to progress within the institution, and she stated, "There is no evidence of any planned scheme of promotion within the organization" (p. 131). In addition, there was no apparent intention to increase salary wages based on experience and quality of work. The salaries of head nurses began at \$95 a month with an incentive of \$5 increase a month after six months of service. Instructors' beginning salary was \$90 per month, with a possible increase of \$10. The Ward and Operating Room Supervisors' beginning salaries were \$135 and \$150 per month, respectively. The Acting Principal and Educational Director salaries were \$225 and \$175 per month, respectively. Lastly, at that time, private duty nurses collected a monthly salary of \$100. It is possible that the lack of promotion served as a deterrent of nurse graduates pursuing positions in education. The most lucrative positions for Black nurses were head nurses and private duty nurses, as the other positions in education were unattainable at that time.

The duties of education and teaching not only varied, but were particularly disorderly. The average duty for the staff surveyed was 54 hours per week. The responsibilities of the head nurses were to supervise the work of pupil nurses, orderlies, and ward maids. They also reported that they were in charge of rounding with doctors on the wards and assigning hours and duties to everyone on the unit. There was no mention of having to teach the nurses as a head nurse. Ward supervisors' duties varied based on their specialties; however, the consensus was that their duties were to teach and supervise the work of nursing students in addition to the management of ward operations. The assistant superintendent reported her responsibilities of ward supervision and teaching of ethics and charting courses in the nursing school. The roles of educational director (also known as superintendent) and instructors were described as follows:

The educational director, 'plans the work connected with the department, teaches some subjects and is responsible for the records of the department'. One instructor teaches practical nursing and is responsible for the probationers, and the other 'supervises the work of students on the floor', teaches Bacteriology, Sanitation, Laboratory Techniques and History of Nursing and supervises the study periods of the students. (Stewart, 1931, p. 134)

Stewart (1931) determined that there was a lack of organization within the administration of the nursing school and inadequacy of supervision of both Lincoln students and graduates. For example, Stewart stated, "The head nurses, for instance, who come into closest touch with both patients and student nurses were responsible to no one person, yet several people had some responsibility for the head nurses and their work" (p. 134). In addition to the suggestion of increasing staff to meet patient and educational needs, Stewart recommended clearly defining the roles of each staff member with different levels of responsibility, establishing contacts with external professional organizations, and inclusion of a staff education program.

The Student Body of Lincoln School for Nurses

The selection of a nursing school's student body aligns with the quality of the nurses the school produces. The 1931 survey of LSN surveyed 142 students of the school (44 third year students, 45 second year students, 24 first year students, and 29 students in the probationary period). The socioeconomic status of the students and their families was evaluated in addition to the intellectual capacities of the students. Lastly, the methods for selecting the most qualified students were examined. Based on the questionnaire results, a majority of the students' fathers worked as skilled laborers in domestic and professional services, while their mothers largely worked in domestic services of the home. Stewart (1931) stated that this was "some indication that the better class of Negro family is well represented" at Lincoln (p. 135). The average age of students was 22 years old (the minimum age for admission was 18 years old). There was some evidence that students were admitted prior to attaining the minimum age, but overall it was determined that the age of students was satisfactory. Most of the students originated from Southern states or the West Indies, a nod to immigration to the North for better opportunities.

The educational requirement of the applicants was a four-year high school diploma, another indication presented by Stewart (1931) as a quality of the better class of the Black community. There was evidence that a few students did not complete a full four years of high school, which indicated that there needed to be stricter academic surveillance of the students entering the school. In addition, the students were expected to be physically fit and of good moral character. However, during the survey, it was noted that there were high rates of illness during their courses, which was determined to be due to inadequate assessments of the applicants' health. In regard to the enhancement of the school's application process, it was recommended that the school initiate standardized testing. A trial of standardized tests was completed during the survey, and the students fared below the average in academic ability and educational preparation in comparison to other high school graduates. In response to these findings on the student body, it was

recommended that the administrators of LSN closely monitor and select physically fit applicants; require a minimum of a four-year high school diploma; and pilot standardized tests (developed by Teachers College) to select the optimal students, decrease failure rates, and improve the quality of Black nurses.

The Graduates of Lincoln School for Nurses

In the case of the proficiency of the teaching and training of Black nurses at LSN, the alumnae's post-graduate success was surveyed. Stewart (1931), and her peer investigators, mailed out surveys to all alumnae whose addresses were available at the school. Out of 254 mailed surveys, 81 were returned with responses (a total of one-sixth of the total number of graduates). Stewart prefaced the presentation of results with the disclosure of the limitations of Black nurses, at that time, due to racial prejudices. The nurses were either confined to the care of people from their own race or working in an institution that catered to Blacks. Therefore, the professional advancement of Black nurses was extremely limited to aspects of nursing where they were permitted. The alumnae, all Registered Nurses, addressed the following questions presented to them in the survey:

- Type of work engaged in at present
- Professional experience since graduation
- Professional and economic success
- Professional problems encountered
- Opinions as to the quality of their professional training. (p. 162)

Fifty-six percent of the nurses were employed in public health nursing, 25% in institutions, and 19% in private duty. The nurses seemed to favor public health nursing as, once they were employed in the field, they did not make the effort to leave that field of nursing. Nine out of the 81 responses demonstrated roles that could be classified as administrative or supervisory. The rationale offered to explain this discrepancy was the

lack of facilities available for training Black nurses for professional advancement. Another obstacle faced by Black nurses was the racial prejudice and refusal by organizations to have Blacks in leadership positions. Stewart (1931) stated, "In those organizations which serve both races it is almost a practical impossibility for colored nurses to become directors or supervisors" (p. 167). The majority of the nurses worked in New York City (over 90% of nursing positions were in New York), with a few of them working in Western or Southern states. Stewart noted that this was expected, stating, "Nurses who have been reared and educated in the northern cities are not inclined to accept the less favorable economic and social conditions of southern communities" (p. 163).

The survey responses revealed that the LSN graduate nurses encountered minimal difficulties in securing employment at Lincoln Hospital. The nurses were able to maintain steady employment, and only 9 (out of 81) reported being unemployed due to marriage and family responsibilities. At the time, there was a lack of demand for nursing services in private duty; this propelled Black nurses into the public health field. In general, the graduates of Lincoln reported that they were satisfied with their employment; however, 7% of them voiced that they preferred other types of work, such social service, office work, teaching, and nursing probation officers. With regard to salaries, the graduate nurses were paid less than their White peers, and due to responsibilities in the home, they struggled to develop solid monetary savings. It was reported that in all fields of nursing, White nurses made an average of \$1,700 annually in 1926. This salary was more than twice what Lincoln graduates made that year.

Generally, the Lincoln graduates found their education and training to be satisfactory but desired clearer directing of students and training of specialty fields in nursing. Largely, disciplines who worked alongside of the nurses (for example, White physicians) considered the work and conduct of Lincoln graduates to be "good" but admitted to preferring White nurses and their belief that "colored nurses are not as

efficient as white nurses” (Stewart, 1931, p. 173). Stewart recommended that the school look beyond the undergraduate training of nurses and the private duty field and begin to train graduates for leadership roles. At that time, Black hospitals had a shortage of qualified instructors and leaders, and Stewart believed this could be mitigated by furthering the education of Black nurses. She stated, “The health service which is now so inadequate for Negroes will not be improved, at least by members of the colored nursing group unless trained leaders are provided” (p. 176). It was suggested that a staff educational program be developed with focus on improving the functions of roles held by Black nurses as well as expanding affiliations with institutions such as Henry Street and Teachers College for post-graduate education.

The 1931 survey of Lincoln School for Nurses illustrates that above all the institution satisfactorily prepared African American nurses in the undergraduate program. There were recommendations to improve the selection of students after probationary periods; provide clearer definitions of the school’s staff and their roles; reorganize the faculty; and most importantly develop post-graduate education to train Black nurses. The survey of LSN comprehensively assessed all aspects of the school and made recommendations on how the institution could not only develop nurses but cultivate channels for them to professionally advance as leaders in nursing. There was no indication that the graduates of Lincoln were incapable of serving in such roles, but it was critical that the training they received at Lincoln be updated to meet the pressing needs of their race. Throughout the survey, Stewart and Teachers College investigators confirmed their assessments of Black nurses’ shortcomings in the profession due to the prevailing racial prejudices against them. Below is an all-encompassing statement of the survey that clearly summarizes the investigators’ overall recommendations:

For the immediate future, at least, there is an obvious need for well qualified leaders in nursing among the colored people. All the evidence obtained in connection with the survey shows a definite need for administrators, instructors and supervisors in hospitals, nursing schools and

public health organizations devoted to the care of colored people. (Stewart, 1931, p. 142)

Colored and Capable: Ivy Nathan Tinkler

Ivy Nathan Tinkler (1906-2007), Lincoln graduate in the class of 1931, made history when she was appointed as the first Black director of LSN in 1954. This historic appointment came 54 years after the establishment of LSN in 1898 and in many aspects was the personification of the school's leadership evolution and acknowledgement of the capabilities of its Black graduates. The decision to appoint Tinkler was not only influenced by Tinkler's accolades but through multifaceted, external authorities. As aforementioned in Chapter I, the early 1950s marked the historic union of the National Association of Colored Graduate Nurses (NACGN) and the American Nurses Association (ANA). Furthermore, the Civil Rights Movement was in full effect during this period, and the nursing profession, along with other facets of civilization, was in transition of breaking down the barriers of segregation and discrimination. The Civil Rights Movement rallied against segregation of medical facilities and advocated for access to quality, safe healthcare for all (Hoffman, 2016). These ideals subsequently influenced the public's support and acceptance of promoting Blacks to leadership positions in healthcare.

Ivy Nathan (later known as Ivy Nathan Tinkler after marrying Robert Tinkler in 1950) was born on March 11, 1906 in New York to parents Alexander Nathan and Jesse Nathan. Her educational background includes early education (completed overseas in St. Kitts) and a four-year high school education from Wadleigh High School in New York (Geni.com, 2014). Tinkler entered Lincoln School for Nurses at age 25 and graduated with the class of 1931. Figure 10 depicts Tinkler in the Lincoln School for Nurses yearbook of 1931. In 1947, Tinkler received her bachelor's degree in Teaching and Supervision from Teachers College, Columbia University. Three years later, Tinkler

completed her education at Teachers College with a master's degree in Nursing Service Administration (Geni.com, 2014). During her courses at LSN, Tinkler was among the eight pioneer nursing students that were sent to Sea-View Hospital to practice in the tuberculosis wards (Gray, 1997). During this time, the Lincoln School for Nurses was building its affiliation with external facilities, and it is presumed by this investigator that the Board of Managers would have made careful selection of the students chosen to represent the school. Tinkler shared her most memorable experience (one she playfully entitled "An Ill Wind Blows No Good") at Lincoln in Janice Gray's (1997) book, *The Lincoln School for Nurses, A Retrospective: The Way We Were, 1920s-1960s*,

A memorable experience occurred while I was a student assigned to an Isolation Unit located in the yard above the morgue. It was a four-room facility where irrational patients were held. Only one nurse was assigned to attend four patients who were always restrained. One night, after I became exhausted, I sat at the desk to take a breath of fresh air. I raised the window and saw a deceased patient on a stretcher in the yard, and the wind had blown her sheet off! (p. 65)

Figure 10

Ivy Nathan Yearbook Picture, Lincoln School for Nurses, 1931



IVY NATHAN

"Learn as if you were to live forever:
Live as if you were to die tomorrow."
That mysterious gift of charm
Sought by many, possessed by few,
"Personality" we call it
Ivy, it's surely found in you.

After graduating from LSN, Tinkler worked as a staff nurse in Lincoln Hospital's operating room until 1940. After working in this department for almost ten years, Tinkler resigned to serve as the medical and pediatric supervisor of Provident Hospital in Chicago, Illinois from 1940 to 1942 (Staupers, 1961). Provident Hospital was historically owned and operated by Black leaders of medicine and nursing. In 1891, African American surgeon, Dr. Daniel Hale Williams, established a Black nurse training facility and hospital in response to the limited opportunities of such education and medical care available in the community (The Provident Foundation, n.d.). Given the fact that LSN graduates were unable to acquire leadership positions within LSN or Lincoln Hospital, graduates often reverted to Black hospitals and nursing schools (often located in the South) to gain leadership experience.

Ivy Nathan Tinkler continued to validate her leadership capabilities by working as the director of nursing at the Norfolk Community Hospital (1915-1998) in Norfolk, Virginia and the supervisor of nursing services at Harlem Hospital (founded in 1887) in New York. Prior to her leadership appointment to LSN, Tinkler held the titles of Afternoon Duty Supervisor at Delafield Hospital and Assistant Superintendent in Charge of Staff Education at the Francis Delafield Hospital (1951-1975) in New York City (*The Chevron*, 1954; Staupers, 1961). Francis Delafield Hospital was a municipal hospital of New York established to treat the indigent population of the city. There was no indication of this hospital specifically treating the African American population; however, the 1975 *New York Times* article "Delafield Hospital Shuts Doors After 24 Years' Service," stated that the only other option for patients was to travel to Harlem Hospital for medical care (Franks, 1975). This suggests that the patient clientele were probably minorities or immigrants, and although described as a desperately needed asset for the community, it was closed in 1975 due to city budget cuts (Franks, 1975). In 1954, Ivy Tinkler was appointed as the superintendent of nursing education at LSN. The LSN student newspaper's (*The Chevron*) March 1954 issue, showcased a brief, professional biography

of Tinkler and featured her welcome message to the student body. Figure 11 depicts the picture of Tinkler, as Superintendent, that was included in her welcome message in *The Chevron*. Tinkler stated,

It is my hope that during the course of your training, you will be stimulated and inspired with a determination to develop, not only into well-adjusted efficient nurses, but into good citizens with a basic understanding of the importance of good personal relationships, desirable attitudes and human kindness.

Figure 11

Ivy Nathan Tinkler, Superintendent of Lincoln School for Nurses (Picture included with welcome message of the student newspaper, The Chevron, 1954)



The direction of Ivy Nathan Tinkler in Lincoln Hospital's nursing department and the nursing education of LSN opened the doors to other Black leaders of nursing. Under Tinkler's tutelage, the nursing administration of LSN became more diverse and consisted of several Black leaders, including Eliza Martin (LSN class of 1930) as the clinical

director, Ager Boozer Moore as the Educational Director, Edwine Smyer (LSN class of 1926) as the assistant superintendent of nurses, and Leonore Cox as the recreational director (Gray, 1997). The inclusivity of Tinkler's leadership, with approval of the Board of Managers, continued with the school's admission of the first White student (Esther Eshelman). Eshelman graduated from LSN in 1957 (Staupers, 1961).

Ivy N. Tinkler's professional and leadership experiences developed alongside the subtle, yet progressive, dismantling of structural racism and discrimination in nursing. After the completion of her undergraduate education at LSN, Tinkler proceeded with advancing her education at Teachers College, Columbia University (an affiliate of LSN and one of the few institutions that admitted Black nurses for post-graduate education). Her professional experiences, specifically those of leadership positions, were supported and made possible through institutions that were developed to serve minority and indigent populations. Through the influences of the Civil Rights Movement and integration of Black nurses in nursing associations, Tinkler obtained the superintendent role at LSN. Even after the closure of LSN in 1961, Tinkler continued to progress as a leader and exemplary figure of nursing through positions such as the Associate Clinical Professor of Nursing at Albert Einstein College of Medicine in New York (following its affiliation with Lincoln Hospital in 1968). Throughout her career, Tinkler was a member of several nursing organizations and chaired several committees within the Lincoln Nurses Alumnae Association; District # 13 New York Counties Registered Nurses; the American Nurses Association; New York State Board of Nursing (Tinkler was the first African American appointed); the National League for Nurses; and an honorable membership in Chi Eta Phi Sorority (a nursing organization founded in 1932) and the Omicron Chapter of New York (Ivy Nathan Tinkler Papers [MC40, Box 1, Folder 23], n.d.-b).

Ivy N. Tinkler was committed to fostering the professionalism of nurses, promoting the integration of Black nurses, and strengthening the nursing arts. Tinkler was

the recipient of several awards, including but not limited to the Certificate of Service from the City of New York, Department of Hospitals (1999); Award for Outstanding Leadership from Lincoln Hospital (1970); Certificate of Appreciation upon Retirement from Lincoln Hospital (1970); Recognition of Outstanding Service from the Southern Poverty Law Center (1984); Distinction as a Black Pioneer in Nursing from Chi Eta Phi (1986); Certification of Appreciation from the New York Counties Registered Nurses Association (1989); and the Support of the Capital Image Campaign from the American Nurses Association (1990-1992) (Ivy Nathan Tinkler Papers [MC40, Box 4]), n.d.-c). Ivy Tinkler died on April 10, 2007, yet her legacy forever remains a watermark on the nursing profession. In a speech given at Lincoln Hospital on September 12, 1970, Tinkler shared a series of memories that had, thus far, shaped her career and pride in the nursing profession. Tinkler stated,

I remember when as a young graduate I met the Negro Pioneers who were the backbone of the National Association of Colored Graduate Nurses—Mabel K. Staupers, Margaret Creth Jackson, Estelle Massey Osborne and others. They had their fingers on the pulse of what was happening in nursing, and would keep us all informed of the struggles they were encountering in their efforts to attain equal opportunities on all levels for Negro nurses.

I remember when these pioneers said to us as young graduates “Go to school, and qualify for the position of your choice, because we are going to fight to the finish, and when the positions become available you must be prepared.”

I remember when, in the early 1950s the NACGN went out of existence and we were accepted as members of the ANA we were encouraged to join the organization, attend meetings, participate on committees, let your voice be heard. To this day I am attending meetings and working on committees. I want the nurses from Lincoln to know this is where it originated with me. (Ivy Nathan Tinkler Papers [MC40, Box 2, Folder 20], n.d.-a)

Similar to the accounts of other prominent Black leaders in nursing, Tinkler acknowledged the significance of minority representation, Black nursing associations,

and the role modeling of leadership for Black nurses. She continued her nostalgic speech, stating,

I remember when as an Assistant Director of Nurses at Delafield Hospital Esther Austin, who was the Director of Nurses called me to her office and said Ivy, Miss Dennhardt is retiring and Lincoln will be needing a new Director, I want you to apply, I hesitated, because this position carried a dual-role, and I was not sure. She said think about it. I discussed it with my husband and members of my family, who also provided the self-assurance I needed.

I remember when on March 1, 1954 I was appointed and accepted the challenge. I also remember shortly thereafter, a meeting of the Directors of the Dep't [sic] of Hospitals was held at Goldwater, and while waiting in the boathouse for the Ferry I said to Alida Dailey, How long would it take to get things under control? She said a minimum of 5 years. I said Oh. I thought to myself Why should it take so long? Having spent 15 years at Lincoln, I can truly say I know now.

I remember when in September 1961 the Lincoln School for Nurses terminated its program because the purpose for which it originated no longer existed. However, the contributions which some of its graduates have made are outstanding, and for these we are proud. (Ivy Nathan Tinkler Papers [MC40, Box 2, Folder 20], n.d.-a)

In a sense, the reminiscence of Tinkler's speech mirrored the journey of Black students and nurses at Lincoln. Amid the institution's progressive growth, the students themselves transformed through the evolving perceptions of their identity as Black nurses and the actualization of them illuminating their true capabilities as leaders in the profession, unfalteringly, progressively, and triumphantly.

Significant Events During the 1940s to 1950s

The Lincoln Hospital and Lincoln School for Nurses were among the numerous New York City institutions called upon to aid in the service of World War II during the 1940s. The declaration of war warranted an increased demand of nurses, despite the limited supply of trained nurses available at the time. The United States Congress

sanctioned the Public Health Service to initiate a “Training Nurses for Defense” program to meet the demands for nurses through accelerated education and training for nurses. A committee called the Educational Policies and Resources Committee, chaired by Isabel M. Stewart of Teachers College, Columbia University, developed an educational program that provided refresher courses for inactive graduate nurses, basic training for student nurses, and specialty training for established nurses. The programs were government-funded and offered to all accredited schools of nursing across the nation (Public Health Records , 1942). Lincoln School for Nurses participated in the program by sending six students to Bryn Mawr College summer school for pre-clinical courses (Bourne, 1950).

In 1943, the New York State Department of Education and Public Health Service approved LSN to provide 14 advanced and 17 preclinical students to join the United States Cadet Nurses Corps. The association between the LSN and the Cadet Nurses Corps demonstrates the caliber of the institution and capabilities of its students. The U.S. Cadet Nurses Corps required for affiliated schools to have approved curriculums of 24 to 30 month programs and possess the capacities to accommodate the necessary requirements to fulfill the senior cadet nurse obligations. For instance, Spalding (1943) reported that the nursing schools were required to arrange supervised experiences of senior cadet nurses, provide written contracts for the institutions where the cadet nurses were sent and arrange for cadet nurse transfers to federal nursing services. In 1944, 60 LSN nursing students were enrolled in the Nurses Corps. In total, during World War II, a total of 60 Lincoln graduates were enrolled into the Army Nurse Corps and two nurses in the Navy Nurse Corps (Bourne, 1950). This proved to be a stark advancement for African American nurses and Lincoln graduates, as there was only a total of three Lincoln graduates accepted into the Army Nurses Corps following the armistice after World War I. Phyllis Mae Daley (class of 1941) was the first African American nurse to be sworn into the Navy (National Museum of African American History and Culture, n.d.).

The students and graduates of LSN progressed within the nursing profession to their greatest ability (mainly, in respect of racial barriers set before them). Throughout the annual reports of the school, the Board of Managers reported on the students' expanding clinical experiences, graduates gaining employment in specialty fields in the nation and overseas, and the increasing number of graduates pursuing post-graduate education. For instance, in the 23rd Annual Report of Lincoln School for Nurses (Board of Managers, 1949), it was reported that four students received bachelor's degrees from New York University; two from Hunter College; and one student was working on her master's degree from New York University. The school became affiliated with Kingston Avenue Hospital of Brooklyn, New York for clinical experience in communicable disease and nursing. Psychiatric nursing experience was gained in 8-week clinicals in the Psychiatric Nursing Department at Bellevue Hospital. In addition to such advances, the students of the nursing school continued to gain memorable experiences through their extracurricular activities, such as the Glee Club, Newspaper Club, Dramatic Club, Fencing Club, basketball team, dances, and outings (Board of Managers, 1949).

The year 1952 marked the first year the school was accepted for Agency Membership in the National League for Nursing (NLN), which was also the first year the NLN accredited schools for nursing (Smith [President of Lincoln School for Nurses], 1952). That same year, it was reported that in order to meet the needs of educating students on the care of premature infants, two graduate nurses (Katherine Nesbitt and Minnie Hargrove Bailey) were sent to receive two months' training at Johns Hopkins Hospital in Baltimore to assist with teaching at LSN. As mentioned previously in this chapter, in 1954 the first Black nurse, Ivy Nathan Tinkler, was appointed as the Director of Nursing and Nursing Education of Lincoln Hospital and the nursing school. The mid-1950s proceeded with such advances, the school and graduates continued to grow in function and progress. It was not until 1959 that the beginning of the end of LSN came to the forefront.

The Closing of Lincoln School for Nurses

The LSN Board of Managers was met with a financial conundrum that eventually resulted in the closing of the school in 1961. According to Tinkler (1976), in the late 1950s the Board of Managers requested for the city of New York to fund the financial deficits incurred during the school's operations. Tinkler stated, "The city refused, and the board could not use Capital funds, and relied on the city's help as contracted. The then Commissioner of Hospitals reminded the Board that the purpose for which the school originated no longer existed" (p. 4 of her 1976 speech to the Lincoln Alumnae Association). This point was in reference to one aspect of the school's purpose. The nurse training school was developed to educate Black women to become nurses and care for the sick Black members of society. In 1954, the Supreme Court ruling of *Brown v. Board of Education* ruled against the segregation of educational institutions, thereby making it unconstitutional to refuse the admissions of Black nursing students (UScourts.gov, n.d.). As a result, the need for Black nursing schools ceased and several of them began to close after the Supreme Court ruling (Carnegie, 1964).

At the time of LSN's closure, eligible Black students were allowed to integrate into predominantly White nursing programs, and the blatant exclusion of Black students (in New York City) from these schools no longer posed a limitation. The last cohort of students was admitted in 1959, as the school was scheduled to be officially closed by September 1961. The final annual report of LSN (for the year ending on September 19, 1961) reported on the unfaltering determination of students and faculty to uphold the standards of Lincoln, the closing of the school along with donations of the school's teaching equipment, and the graduation exercises of the school's last 24 students (Smith, 1961). The last issue of the student newspaper, *The Chevron* (1961), presented a picture of the last graduating class (shown in Figure 12), and the students illustrated the somber end of an era and the historic contributions of LSN. The students stated,

In keeping with most educational processes here in America who have undergone dramatic change in response to modern, social, and technological demands, Lincoln has undergone a metamorphic change from a “training” school for the preparation of Negro nurses to care for Negro patients to an institution of higher education of class “A” rating, recognized and approved by the National League for Nurses and the American Nurses Association and is deeply respected throughout the world. (p. 2)

Figure 12

The Last Graduating Class of Lincoln School for Nurses Copied from The Chevron, 1961



Front row: F. Simmons, S. Richards, Mrs. I. N. Tinkler, Mrs. Harold E. B. Pardee, Miss V. Anglin, Miss Sallie Powell, D. Tir-cuit, M. L. Thomas.

Second row: R. Pless, S. Pearson, K. Murray, C. Hedgley, M. Maynard, D. Moore, S. Williams, L. Martin, E. Floyd, I. Baptiste, Y. Harrison, M. Sierra.

Back row: E. Bailey, V. Hollingsworth, M. Jones, Joyce S. Lesane, D. Brooks, G. Emanuel, M. Lee, P. Griffin.

Interpretive Summary

Chapter V presented the last to closing years of Lincoln School for Nurses with an emphasis on significant events, discussed the 1931 survey of the nursing school, and

presented the biographical sketch of the first Black superintendent of the school, Ivy Nathan Tinkler. This investigator further illustrated *colored* and *capable* attributes of Lincoln graduates. The nurse graduates did not falter under the tribulations they encountered. Whether it was the adversities of joining fellow nurses to serve in World War II, advancing as nurses through post-graduate education, or navigating the barriers of success prior to the Civil Rights Movement, graduates of Lincoln “bent with the wind” rather than resisting and breaking under its pressure. The plight and advancement of Black nurses, especially those of the humble beginnings of LSN, is one to behold and commend.

Ivy Nathan Tinkler represented remarkably the triumphant culmination of the LSN establishment. She possessed qualities that gracefully defied the misconceptions about Black nurses (such as those described in the Ethel Johns report). For instance, Tinkler pursued and accomplished advanced nursing education; obtained multi-departmental, clinical, and academic leadership positions; and strengthened the nursing profession through her advocacy and pioneering vision of inclusion. Furthermore, Tinkler encouraged the nurses she led, both directly and indirectly, to recognize their abilities and pursue any venture in nursing they desired. Ivy Nathan Tinkler, among all of the Black and capable graduates of LSN, remains an illuminating figure of the evolution of Black nurses and the forecasts of success when the clouds of underestimation and doubt no longer linger in the shadows.

The next chapter will examine the significance of LSN’s history on the actualization of present-day Black nursing faculty; the impact of Black nursing faculty on nursing education and the experiences of patients; and consideration of how LSN’s history influenced future nursing schools and the accomplishments of Black nursing students.

Chapter VI

SUMMATION

Me first, and then you can follow. The Lincoln School for Nurses' (LSN) history is a story of triumph and evolution for the institution, its graduates, and Black women of the nursing profession. Furthermore, Lincoln's history is one that unquestionably shaped the nursing profession and the education of Black nursing pupils. Chapter VI will present the summation of the historical case study of LSN and discuss the evolution of African American nursing faculty and the attributes of Lincoln graduates that qualified them as leaders.

The investigation of LSN and African American nursing faculty was presented as a historical case study to evaluate the discrepancy of diversity in present day's nursing education. Throughout the United States, the percentages of African American nursing faculty and students are lacking in comparison to their respective percentages in the general population (American Association of Colleges of Nursing [AACN], 2019; American Nurses Association [ANA], 2020 National League for Nursing [NLN], 2017). New York City, identified as one of the most diverse cities in the nation, was chosen as an area of focus for this investigation with the prospect that the research findings may uncover barriers that led to the nursing profession's lack of diversity.

In nursing education, there is a lack of research examining the low percentages of diverse nursing students and faculty. However, there is sufficient evidence that the lack of diversity among practicing nurses has been linked to culturally incompetent healthcare,

the presence of unconscious (subconscious) biases, and the negative effects of healthcare disparities (Penner et al., 2014; Selden & Berdahl, 2020; Williams & Rucker, 2000). For example, this includes (but is not limited to) the high rates of Black maternal and infant mortality and the incongruent death rates of Blacks during the COVID-19 pandemic. Nursing organizations, such as the American Association of Colleges of Nursing (AACN), American Academy of Nursing, National League for Nursing (NLN), and the American Nurses Association (ANA), have each provided public statements on the importance of improving the diversity of nursing and the care of all patients. Similarly, the Institute of Medicine (IOM, 2010) has recommended that the nursing profession increase diversity percentages to decrease the detriments of healthcare disparities.

Throughout the early chapters of this dissertation, this investigator has acknowledged that there is limited research that identified the lack of diversity in nursing education. Despite a growing diverse population and nursing body, the nursing education departments have overwhelmingly been sustained by middle-aged White women (NLN, 2017). It is not to say that the leadership of White women in nursing is inadequate in any nature; however, it should be examined as to why such a vital component of the profession is dominated by one race. The presence of diverse nurse educators has been researched to impact the admission, retention, and success rates of diverse nursing students. Subsequently, the improvement of diverse nurse faculty will further enhance the future percentages of diverse nurses.

Diverse nursing faculty fosters culturally competent nursing education, cultural humility, and ultimately, culturally competent healthcare. When considering how to approach the research of lack of diversity in nursing education, this researcher's major questions to ask revolved around the facilitating and hindering factors of promotion of Black nursing faculty; are there any deficiencies of our current nursing profession's infrastructure that promote the limitations of diversity; who were the Black nurse educators and how did they overcome the obstacles set before them; and how can we, as

the nursing profession, learn from their experiences to better the current state of nursing? When there are more questions than answers, historical research is the optimal undertaking.

The Questioned Intellect of Blacks

Throughout this investigation, it was evident that the perceived intellect of Blacks impacted their positionality within the nursing profession. The research began with the examination of Blacks' exclusion from nurse training schools. This was not based on merit, but rather, their perceived incapability by society and White leaders of nursing schools. As a result, separate Black nursing schools were established (primarily by Black physicians) and later with the assistance of White philanthropists. The notion of "separate but equal" was not in effect during the early years of Black nurse training schools, as research demonstrated that Black nurse graduates were viewed as too incompetent to care for patients other than those of the Black community and incapable of fulfilling leadership roles in nursing. The Ethel Johns Report of 1925 provided exemplary notions of this sentiment through the declarations of White superintendents surveyed that Blacks were "temperamentally unsuited" to lead nurses in the hospital, including her fellow Black peers (Johns, 1925, p. 25). Furthermore, the structural racism that persisted for decades in nursing organizations and education complemented the notion that Black women were deemed incapable and were subconsciously therefore unwelcome in the nursing profession.

In the United States, structural racism and discrimination crippled the progress of Black nurses for decades. In regard to admissions to nursing schools, although not transparently stated, Blacks were almost exclusively barred from entering predominantly White nursing schools (Godfrey, 2005). For instance, several nursing schools did not have an absolute exclusion clause but instead implemented quota systems that permitted

up to one Black nursing student per year (Hine, 1989). This, in no way, was sufficient to meet the healthcare needs of the Black community. Therefore, the establishment of Black nursing schools and hospitals was necessary, though it did not quell the doubts about Black nurses' capabilities.

Black Pupils of Lincoln School for Nurses

In order to investigate the Black nursing faculty in Lincoln School for Nurses, it was essential to first examine when Blacks were granted admission into nursing schools. The history of Blacks in nursing began (and unfortunately persists) with the presence of structural racism and discrimination. In New York City, the opportunity for Black women to become nurses originated with the establishment of LSN in 1898, as at that time Blacks were not granted admission into the general nursing schools. The philanthropic considerations of a group of White women, with the initial founding of the Society for Relief of Worthy, Aged and Indigent Colored Persons, grew into the Lincoln Hospital and its affiliated nurse training school. Black women were admitted to LSN with the intention of using their trained services to care for the Black community. The initial and modest criteria for admission into the nursing school were to be a Black woman with good physical and oral health and proof of a good moral character. In accordance with the vicissitudes of nursing education, the admission criteria, along with the pedigree of students admitted into LSN, progressed.

The Black women who applied to LSN and successfully completed the rigorous nursing program shared similar characteristics of determination and grit. Similar to the current climate of nursing education, pursuing such a degree is universally understood to be a stressful, demanding, and competitive venture. Nonetheless, the history of LSN and the legacies of its graduates illustrated that Black women were not only capable, they were triumphant. Throughout the historical research, the doubts about whether Black

women were able to fulfill the roles of nursing were evident. Their intellectual abilities were questioned, as evident during the early phases of Lincoln Hospital when doctors opposed the suggestion of Black women in the arts of nursing. However, after the contributions of the first graduating class (such as the improvement of care provided to patients and the assistance of the medical team), the physicians and medical teams commended the nursing program and its graduates (Tinkler, 1976).

The history of LSN pupils and graduates is, in a sense, comparable to a classic underdog story. Despite all odds, and several barriers to success, the graduates withstood the challenges presented to them and were able to succeed in the nursing profession. The early graduating classes endured some of the most difficult years of LSN, for they joined the training school at a time when there were no regulations for the laborious expectations for nursing students. Nonetheless, the historical research demonstrates the perseverance of these graduates. For example, the current success of Lincoln Hospital would not be possible if it were not for the contributions of Black nurses. The hospital, primarily developed to care for sick, Black patients, grew in size and function as a result of the incorporation of trained nurses and improved patient care. Furthermore, three years after the opening of the school (in 1901), the Board of Managers made the decision to open the doors of Lincoln Hospital to all patients, regardless of race (James, 1902). This change came about 62 years after the establishment of the hospital (in 1839) and only three years after the start of the nurse training school. The contributions of Black nurses at Lincoln Hospital fostered its physical growth, advancement of healthcare provided, and financial sustenance.

The first decade of Lincoln School for Nurses' establishment presented the uphill journey of Black women in nursing in New York City. Between 1898 and 1908, the graduate nurses of LSN "answered the call" and fulfilled the Board of Managers' expectations as nurse graduates. As the Board of Managers insisted, the nurse training school was developed to intellectually prepare Black women in the nursing arts and

utilize them to improve the standards of healthcare and living among their own people (Pierson, 1908). The list of graduates and their contributions to nursing, presented in Appendix A, portrays the graduates of the first decade of LSN abiding to their expectations. The majority of graduates were employed as private duty nurses. Although there were a few nurses that pursued hospital and leadership positions (such as head nurse or supervisor of a hospital unit), the majority of nurses did as they were encouraged and maintained positions in private duty nursing. The opportunity for Blacks to join the nursing profession was a novelty at that time, and LSN was the only prospective opportunity in New York. That being said, this investigator deduced that the early graduates of the LSN did not question their leadership nor their positionality within the nursing profession, for they were in the initial stages of leaving their mark on the profession. Furthermore, it seems as if the graduates of the early years of LSN were simply grateful to be trained as nurses. Similar to the “worthy sick” of the early years of Lincoln Hospital, the early graduates of LSN were learning how to navigate an opportunity that had not previously been available.

The Quality and Standards of Lincoln School for Nurses

Prior to the integration of Black nursing students into the general academia of nursing, the quality of the education of Black nurses often contributed to the rationale for their limitations in nursing. Throughout the historical exploration of LSN, it is evident that their educational curriculum and standards kept pace with the general nursing academic field. In addition to the stringent student lifestyles placed on LSN students (for instance, the governing rules of Lincoln Hospital President Mary Wainwright Booth), the students persevered with outstanding academic success. The Ethel Johns Report of 1925 (completed under the direction and funding of the Rockefeller Foundation) and the survey of LSN by Isabel M. Stewart (of Teachers College, Columbia University) both

illustrated satisfactory reports of the nursing education provided at LSN. In regard to the questioned intellect of Black nurses, it is essential to highlight that both Johns and Stewart surveyed LSN in comparison to other major nursing schools at that time. It is through these surveys that one can gather that the students, and subsequent graduates, of Lincoln possessed the intellectual capacities to fulfill the roles of nurses.

The educational experiences of Black nurses at Lincoln were further developed through the school's growing affiliations. The students' experiences and education flourished through affiliations with Seaview Hospital (for tuberculosis patient care), the Henry Street Nurses Settlement (through public health care), Bellevue Hospital (for psychiatric nursing education), and Teachers College, Columbia University (for advancing the standards of nursing education and developing nurse educators, administrators, and public health nurses). These affiliations not only fostered LSN students' learning, but it expanded their outlook on nursing and the endless possibilities for growth and advancement.

In addition to the quality education received at Lincoln, nurse graduates demonstrated their intellect through their post-graduate endeavors. As the history of LSN progressed, it was evident that so did the zeal of the Black nurses. The early years of Lincoln depicted nurses who were enthusiastic to answer their call to action and care for their fellow Black communities through private duty nursing. This was accomplished through the increased percentages of Black women working in public health nursing. However, as the nursing profession developed, the graduates of Lincoln followed suit.

Professionalization of Black Nurses

In order to discuss the evolution of African American nursing faculty, it is critical to present the professionalization of Black nurses. The professionalization of a nurse consists of the educational preparation, quality nurse training and experience, and

successful passage of professional examinations. In regard to Black nurses and the graduates of LSN, the road to professionalization was grim, yet redemptive.

The professionalization of nurses included the passage of licensure examinations. The attainment of professional registration and credentialing as nurses was met with barriers of structural racism by Black nurses. Although it was not clearly described as such, nursing organizations presented barriers against qualification for those who pursued the examinations. For instance, applicants were required to have graduated from hospitals consisting of at least 100 beds. Due to financial constraints, most Black nursing schools and their affiliated Black hospitals did not meet this expectation. Furthermore, applicants for nursing examinations were required to be members of a professional nursing organization. At that time, Blacks were omitted from such organizations and thereby did not qualify for the credentialing examinations. In response to these obstacles, Black nurse leaders banded together to develop the National Association for Colored Graduate Nurses (NACGN) in 1908. In addition to this organization, the Lincoln graduates also had the option of joining the Lincoln Alumnae Association, which was established in 1905. The establishment of such organizations further exemplifies the LSN graduates' ability to "bend with the wind" rather than collapse in response to its pressures.

The historical exploration of Lincoln's nursing school conveyed additional measures for professionalization of the Black nurse graduate. In addition to the general expectations of professionalization (such as passage of nursing board examinations and gaining experiences in nursing¹), the Black nurse graduate faced the challenge of professionalization in respect of racial biases. The graduates of Lincoln navigated the nursing profession with the armor of collegiality, support of Black nursing associations, and the mentorship and role modeling of past graduates. For instance, as a Black nurse

¹The passage of nursing practice board examinations did not occur until 1903, and it was not until the 1950s that these acts were passed by each state legislation.

graduate, there were set expectations for post-graduation, and if she ventured to surpass these expectations and further advance as a leader, it required the unremitting support of fellow Black nurses. The Lincoln graduate's success was dependent on calculated and supported navigation of the nursing profession. From Adah Thoms to Ivy Nathan Tinkler (and all the graduates in between), it was the collective growth of Black women in nursing through shared advocating for inclusion and acceptance (whether it was for the acceptance into nursing organizations, the army, or access to postgraduate education) that helped them realize their potential and aim for higher aspirations.

The educational experience and professionalization of Black nurses at Lincoln were attributed to external forces rather than the singular influence of the nursing school. This, in part, may be due to the White tutelage and governance of the nursing school and hospital. It is essential to emphasize the critical influence diversity plays on the progress of students. For the graduates of Lincoln, they sought guidance from past graduates, Black nursing associations, and the limited numbers of Black leaders within the institution (for example, Thoms and Tinkler). This is discussed throughout the dissertation as several students distinctly attributed their success, or interest to advance in nursing, to the influence of Black leaders. For example, Adah Thoms progressed as a nurse leader after joining forces with Martha Franklin and Mary Eliza Mahoney in the National Association for Colored Graduate Nurses (NACGN). Furthermore, Nella Larsen (Harlem Renaissance author and nurse) has reportedly stated that the only figure of Black leadership she knew at Lincoln was Adah Thoms, and success as a nurse was due to Thoms's guidance. Mary Elizabeth Carnegie (ground-breaking nurse educator and author) has stated in several instances that if it were not for a class presentation of guest speaker Mabel Staupers (then secretary of NACGN), she would not have recognized her passion for leadership and education. These are a few examples of how professionalization of Black nurses does not start with the education provided nor the

passage of an exam. Rather, it starts with the epiphany (usually through a Black role model) that one's identity as a Black nurse is not a hindrance, but a badge of honor.

Promoted with an Asterisk

As with most historical explorations, this investigator's research on the educational experiences and diversity of nursing faculty at LSN evolved based on research findings. In this investigation, the researcher realized that an additional major question to be asked is not whether there were any Black faculty at LSN, but were there any channels of promotion to attain such positions? Throughout this dissertation, it was noted that the advancement of Black nurses was encouraged, but with an asterisk of specifications. Black nurses were limited to ancillary positions, clinically and academically, and their promotions were closely monitored and critiqued.

The Ethel Johns Report of 1925 presented direct depictions of how Black women were revered in leadership positions. The attitudes toward Black women from professional groups, educational leaders, and her fellow nursing peers were telling of the limited scope of progression in nursing. For instance, professional groups, such as doctors and medical staff, reported to Johns that the contributions of Black nurses were satisfactory and acceptable as long as they were under White supervision. Furthermore, the superintendents of LSN shared this sentiment with supporting statements about Black nurses' success being attributed to that of White direction, and without such supervision, the Black nurses would not prosper.

Clinically, Black nurses were granted the opportunity to supervise their own peers; however, at that time the prospect of Black nurses supervising White women was unthinkable. Furthermore, the acceptance of Black nurses depended on the underlying acknowledgment that they were supervised under White direction. During the Johns survey of 1925, Superintendent Ford stated, "The colored nurses are accepted quite

naturally by the white patients because they know that these nurses are under white direction. Were they to be placed under colored supervision, they would not be accepted at all” (Exhibit A-6). Johns even reported that this sentiment was true among Black patients. It is essential to underscore the underlying biases of society, including both Black and White races, of what it means to be led by and dependent on Black nurses. There is a lurking sense of mistrust, and biased doubt, that precedes the imagery of Black women in healthcare and leadership positions.

You lead by example. In the academic setting, the nurse faculty exemplify the excellence of the nursing profession and are role models for nursing pupils. The presence of Black nurse faculty was promoted, but with an asterisk. LSN graduates as nurse faculty were promoted to the limited positions of head nurses and clinical instructors. However, as mentioned previously by this investigator, the prominent superintendent and leadership’s influence on this matter was present in the research as they led by example. Furthermore, as the nurse graduates progressed, it also became apparent to them that some doors were in fact closed to them. The primary example of this was presented in the case of Mary Wainwright Booth.

Mary Wainwright Booth served as one of the most influential leaders of Lincoln Hospital and the training school for 58 years. She was noted to be most involved with the nurse training school and its governance. As detailed in Chapter IV, Booth played a critical role in developing the strict standards and rules for the nursing pupils and the leadership of their superintendents. After Booth’s death in 1920, it was clear that students and graduates of LSN believed that was an opportunity for one of them (specifically Adah Thoms) to be recognized as capable and promoted to an administrative position. However, the leadership team of Lincoln Hospital and the training school understood the concept of “leading by example.” The leadership of a Black woman would have undoubtedly deterred the almost exclusively White clientele of the hospital, the medical team, and possibly would have negatively impacted the training school. This is not to say

that a Black woman was incapable of upholding such a position, but the mistrust and doubt from others at that time would have never made that possibility a reality. This was an eye-opening realization to the Black nurses and graduates of LSN that, although they could be promoted in the institution, the asterisk of limitations was an invisible but palpable barrier.

In present-day nursing academia, there is ostensible evidence of asterisked promotions that bears some similarities to what was noted in Lincoln's history. In the National League for Nursing's Faculty Census Survey of 2019 (n=10,350), the disposition of full-time nurse faculty reports that 82.0% of nursing faculty identify as White, non-Hispanic, in comparison to the 9.0% that identify as African American. The majority of the minority faculty are employed as associate professors and clinical instructors. Similar to Lincoln's promotion of Black nursing faculty, most of the faculty at LSN were reserved for ancillary teaching positions, such as assistants and clinical teaching in the hospital setting. However, in the promotion of didactic (classroom lectures) or academic leadership promotions, there were reservations and doubts. The improvement of diversity at the bedside directly correlates with the diversity in the classrooms. If students are not able to identify role models, their perceptions (and ultimate actualizations) of success are compromised. The American Association of Colleges of Nursing's 2019 position statement, *Enhancing Diversity in the Workforce*, stated the following,

A lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. Students looking for academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and a community of support. Academic leaders are working to address this need by identifying minority faculty recruitment strategies, encouraging minority leadership development, and advocating for programs that remove barriers to faculty careers. (p. 3)

It is promising to note that the nursing profession and its leading associations are cognizant of the dangers of inadequate diversity in nursing and how it may cripple students' outlook on nursing. In nursing, leading by example encompasses the removal of barriers for diverse nurse faculty and openly promoting them to positions that not only highlight their capabilities, but project comparable successful prospects onto their students.

We've Integrated, Now What?

The closing of Lincoln School for Nurses may have served as an element of further interference with the promotion of Black nurse faculty. LSN closed in 1961 after it was determined (by city officials and the Board of Managers) that the goals for the nursing school had been met and that there was no longer a need for a Black nursing school since segregation of educational institutions was outlawed during the Civil Rights Movement. However, as demonstrated in Ivy Nathan Tinkler's biographical sketch, at the time of Lincoln's closing, Black nurses were at the pinnacle of advancing within nursing academia. During the last years to closing, the LSN leadership promoted Tinkler (a Black nurse) to the superintendent role, past graduates were promoted to professorial roles, and there was a move to integration with the admission of the first White student. However, once LSN closed, Black nurses were integrated into a pool of competition with all nurses. In other words, the presence of Black nurses in nursing academia after the closure of LSN is analogous to joining a race after everyone else has had a head start. Essentially, Black nurses were competing in a race not designed with them in mind. One's projections on success will be dependent on exhaustive efforts or the integration of a balancing compromise considering one's handicap.

As discussed, the establishment of LSN provided a margin of insertion for Black women in the nursing profession, as other means of education was not yet available. The

education of Black nurses was not only desired by Black women (thereby maintaining rising graduating class numbers), it was necessary to address the healthcare of the growing Black population in NYC. This fostered the development of a second nurse training school for Blacks. The Harlem Hospital School for Nursing was established in 1923 as the second institution of New York that trained Black women in the nursing arts. Under similar pretenses as Lincoln School for Nurses, the Harlem School for Nursing furnished the education of Black women in response to the steady segregation of nursing training schools and the need to train Black nurses to care for Black patients. The training school was directly affiliated with Harlem Hospital, which like Lincoln Hospital, was developed to care for the ailing Black community. After the closing of LSN, the Harlem School for Nursing was the alternative option for nurses to work in academia. However, this too was short-lived, as Harlem School for Nursing closed in 1971. It is important to note that Harlem School for Nursing, and other similar diploma schools, closed in response to the nursing practice moving toward a baccalaureate entry into practice and away from diploma schools (Bennet, 1984).

The closing of black Nursing schools warrants further investigation and future research. Comparable to the premature dissolution of the National Association of Colored Graduate Nurses (NACGN) in 1951 after the members proclaimed victory of its mission, the Black schools of nursing closed after nursing schools began to open their doors to Black students. However, what occurs after integration? For instance, in the Isabel M. Stewart report of 1931, LSN reportedly had 23 Black nursing faculty in the school (albeit they were not supervisory positions). In today's current climate of nursing education, is there a nursing school with 23 Black faculty members within the school? This is very unlikely, and the question to ponder is where did Black faculty go (if they were working in LSN) after the school closed? Does integration signal the end of racial barriers, discrimination, or structural racism? As evident with NACGN, unfortunately this is not the case, as 20 years after NACGN merged with the American Nurses Association, Black

leaders founded the National Black Nurses Association to continue the mission to improve the health of Black people in the United States and the advancement of Black nurses in leadership and education. Furthermore, despite decades of integration, the racial discrepancies in nursing education persist.

Peeling Back the Layers

This investigator ventured into the historical exploration of Lincoln School for Nurses to examine whether an institution specifically designed to educate Black women in nursing influenced the current deficiencies of racial diversity in nursing academia. What was discovered, as the layers of Lincoln's history were explored, is that Lincoln developed and trained Black nurse leaders who were capable of successfully fulfilling various roles in nursing, including academia. The question to consider regarding the origins of New York City's nursing academic diversity is whether the first Black nursing school in the city developed, promoted, and employed Black nurses to work in academia.

The nursing students of Lincoln School for Nurses were enrolled in a segregated, White-led institution that was comparable to the adequate academic standards of other White nursing schools in New York. The nursing pupils, dedicated to the demands of the nursing school, were developed as nurses to meet the needs of their fellow Black communities. As discussed in Chapter III, the Black community's health status and compromised social determinants of health have remained consistently poor throughout history. Both Black and White leaders of healthcare determined that a solution to aiding the destitute health Blacks necessitated trained Black nurses in their community. As the issue has persisted over decades, healthcare leaders are met with the same mission of increasing the numbers of Black nurses to improve the care of the Black community. The difference between the past and present is that in the past the driver to increasing the percentage of Black nurses was the development of Black nursing schools. Now, as

nursing schools are integrated, academic leaders need to employ other strategies to boost the recruitment and retention of Black nursing students. This includes increasing the percentages of Black nursing faculty. The question to consider here is, from the origins of Lincoln School for Nurses, were there ever any graduates of Lincoln that were capable of setting the foundation of Black nurses in academia?

As Lincoln Hospital and the nursing profession evolved, so did the students of LSN. As Lincoln graduates, the nurses contributed their nursing skills to several fields of nursing, including but not limited to: private duty; public health; clinical nursing specialties; the United States Army Nurse Corps; nursing academia; and nursing leadership. Their contributions sowed deeper roots within the foundation of nursing, as the nurse graduates also enriched the perceptions and inclusion of Black nurses within the profession. Appendix A of this dissertation lists all of the graduates and some of their prominent contributions to the nursing profession. There is still much to be learned about the Lincoln graduates (as illustrated in the blank gaps of the appendix) and this demonstrates the necessary ongoing process of historical research to fill those gaps.

As rudimentary as it may seem, representation of diverse nurses matter. In regard to diverse nursing students, *one cannot become what you cannot see*. The biographical sketches of Adah Thoms and Ivy Nathan Tinkler demonstrated the importance of Black representation in nursing academia. After the completion of Lincoln School for Nurses' history, this investigator concluded that in regard to the perceptions of the society at large, *one cannot trust what you cannot see*. The competence of Black nurses and faculty has been questioned throughout history, and it is reflected in the plight of their acceptance and inclusion. This reservation has transcended throughout generations; however, the history of Lincoln School for Nurses and its legendary graduates upholds the reliability of Black nurses. The nurse graduates of Lincoln, clouded by structural racism and discrimination, triumphed against such hardships to ascertain to others (and in many aspects, themselves) that the color of their skin is not a determinant of their

capabilities. *One cannot become what you cannot see and one cannot trust what you cannot see.* In this dissertation, this investigator, as a Black nurse educator, intersects the history of Lincoln School for Nurses and the existing culture of nursing to proclaim “*Color Me Capable!*” The school’s history has revealed the resilient foundation of Black nurses in New York City and the importance of Black nurses in healthcare. The representation of diverse nurses and nursing faculty bridges the gap between misconceptions, biases, and doubt to the balancing prospects of competencies, equality, and capabilities. The history of Blacks in nursing is essential, as it demonstrates that the socially constructed concepts of race are deeply rooted (and illuminatingly troubling at times), but most importantly, it is redemptive.

Chapter VII

EPILOGUE

Black Professionals and the Trend of the Inaugural “First”

Black professionals, of any discipline, are catapulted in their status after an inaugural “first” is deemed capable, qualified, and competent. In other words, the presence and persistence of structural racism and discrimination consistently suppress the Black professional into a minority, limited, and constrained state. The inaugural “first” of a Black professional sets the precedence of evolved standards and notifies the public that they are Colored yet capable. In many aspects, without the inclusion of the “first” Black of a profession, the standards of exclusion persist to be sustained. The narrative of the “first” Black professional, of any profession, perpetuates the impression that an individual within a profession was capable of breaking through the impossible feats and conquering their respective achievement. The issue with this trend is that it continues to consolidate the bias, whether implicit or explicit, that members of the Black race are unqualified and incompetent.

The presence of a “first,” although deserving of celebration, in the opinion of this investigator is a detriment to the Black community. The “firsts” achieved their status by overcoming the impediments, such as structural racism, built by those in dominant and authoritative positions (commonly Whites). The celebration of the inaugural “first” without the elimination of such structures of limitations perpetuate members of this race to continue to struggle to attain these roles. It is noteworthy to raise the question of

hypocrisy and temerity of society's acknowledgment of the Black community's professional breakthroughs without the elimination of such limitations. In true essence, these breakthroughs are worthy of acknowledgment because of the fact that Black individuals had to overcome obstacles that were unjustly placed before them. Celebrating this victory, without addressing the trepidations that cause such a success to be deemed impressive, warrants contemplation. This investigator believes that it is not the "firsts" that should be celebrated, but rather the "seconds" and the "thirds," and so forth. The moral validation of the inaugural first is verified when that figure is no longer the exception, but the rule. For in this instance, it is evident that the metaphorical bricks of structural racism were removed and created a clearer pathway of equality.

The investigation of Lincoln School for Nurses (LSN) originated on the foundation of this researcher's inquiry of the history of African American nurse faculty in New York City. There is an apparent discrepancy of African American nursing faculty, in juxtaposition to the student body, nursing profession, and patient population at large. This investigator pondered on who were "the firsts" to diversify nursing education in New York City, what barriers they overcame, and whether such limits were still in effect in the present day. Thus, the historical case study of LSN was commenced to discover the underlying and delicate details of the evolution of New York City's nursing faculty.

Lincoln School for Nurses was established as a school to train Black women in the nursing arts to care for and alleviate the conditions of the ailing Black community. In New York City, this school was one of the "firsts" of its kind, developed and managed by benevolent White women. Analogous to many "firsts," of any nature, the Black nursing pupils of the LSN confronted arduous and demanding nursing education in order to take a rightful stand as members of the nursing profession. Furthermore, similar to many "firsts" in the Black community, it is the belief of this investigator that the nursing pupils' zeal was not

to be the “first” of anything, but to join a professional community, of their choosing, for the sake of belonging by will and not as an exception.

Race, Class, and Gender in the Nursing Profession

The question of who was capable of fulfilling the duties of nursing succumbs to the inadvertent truths of the roles race, class, and gender played toward acceptance. Chapter I of this dissertation introduced the modernization of nursing arts through the work and research of Florence Nightingale. Despite Nightingale’s trailblazing contributions to the nursing profession, it is critical to consider her influence on the profession’s regard toward race, class, and gender. Furthermore, it is essential to emphasize the permeability of generational customs and beliefs in the nursing profession. It is quite easy to publicize the positive contributions of nursing leaders and celebrate how they have strengthened the profession; however, this investigator believes it is equally powerful to discuss those influences that have hindered the profession. In other words, the thoughts, customs, and beliefs of the past nursing leaders do not cease to exist after they expire; rather, the remnants seep into each generation of nurses—forever leaving a trail of such ideals.

In the case of Florence Nightingale, research demonstrates that her preference of whom to train in nursing was reserved to the middle class, White women. This was discernibly evident with Nightingale’s refusal to recruit nor collaborate with nurse Mary Grant Seacole (Black) during the Crimean War. Seacole, despite multiple attempts and letters requesting to work alongside Nightingale, was repeatedly refused by Nightingale (Griffin, 1998). As a result, Seacole resorted to working independently, notwithstanding the limitations presented to her because of the color of her skin, and was able to finance her travels to the Crimean War; built and managed a hotel (named the British Hotel) that included a restaurant to provide shelter and care of soldiers; and managed to work alongside Nightingale at night as a volunteer nurse (Messmer & Parchment, 1988). In

addition to these achievements, Seacole became known for her healing herbalist treatments during pandemics in Jamaica, Panama, Crimea, and England. Seacole is often described as the “Black Florence Nightingale” and began to gain recognition for contribution to nursing decades after her death. In some literature findings, it is reported that, although Nightingale refused to collaborate with Seacole, she commended her virtues. It is apparent that the divide between Black and White nurses was evident during the days of Nightingale and Seacole and remains visible in present day. As aforementioned, in addition to the recognition of the triumphs in the nursing profession, it is equally essential to discuss the disabling qualities of the profession. The presence of structural racism and discrimination did not begin with Nightingale and Seacole, nor did it end with them.

Moving Forward by Looking Back

Prior to the integration of Black nurses, the nursing profession (in accordance to the status of other health professions) reserved exclusivity in regard to who was deemed capable. After the modernization of nursing (through Florence Nightingale) and the professionalization of the nursing arts, the training of nurses was reserved for White women (as they were deemed most capable). The inclusion of Black women in nursing was introduced with the realization that nurses were needed to care for the failing health of Blacks. It is not to say that Black women were not practicing nursing prior to this invitation; however, this was their opportunity to enter nursing as professionals. In New York City, Black women took advantage of this opportunity with the opening of Lincoln School for Nurses in 1898. Their history, similar to Seacole’s, has not received the publicized praise it deserves. It remains an honor for this investigator (who has only learned about Lincoln School for Nurses in her doctoral studies) to share the history and significance of this school with others. When faced with the task of summing the

dissertation, this investigator asked herself a contemplative two-word question. After years of research, thousands of words typed, and countless learned facts about Lincoln School for Nurses, “*So What?*” It is reassuring to this investigator that the beauty and power of historical research is not to answer such a question. For when it comes to historical research, it is good enough to simply tell a story, one that was most likely unheard of, or missing connections, or told from various perspectives. The power of history is that its exploration uncovers deeply rooted truths of mankind, veiled to those whose influences are superficial and enlightening to those who dare to question and discover.

REFERENCES

- Ahrens, W. (1912). *Report of the Superintendent of the Training School*. The Lincoln Hospital and Home, Seventy-Second Annual Report of the Lincoln Hospital and Home. Irving Press.
- Alumnae Association of the Lincoln School for Nurses. (1995, June 17). *The origin and history of the Lincoln School for Nurses* (Call No. Sc C 10-23, Box 1, Folder 1). The Schomburg Center's Manuscripts, Archives, and Rare Books Division.
- American Association of Colleges of Nursing (AACN). (2017, March 20). *Diversity, inclusion, and equity in academic nursing: AACN position statement*. <https://www.aacnnursing.org/Portals/42/News/Position-Statements/Diversity-Inclusion.pdf>
- American Association of Colleges of Nursing (AACN). (2019, April 10). *Enhancing diversity in the nursing workforce*. <https://www.aacnnursing.org/News-Information/Fact-Sheets/Enhancing-Diversity>
- American Journal of Nursing* (AJN). (1902). Hospital and training-school items. *American Journal of Nursing*, 369.
- American Nurses Association (ANA). (2020, March 1). *Diversity awareness*. <https://www.nursingworld.org/practice-policy/workforce/clinical-practice-material/diversity-awareness/>
- American Nurses Association (ANA). (n.d.-a). *Isabel Maitland Stewart: ANA Hall of Fame inductee*. <https://ojin.nursingworld.org/FunctionalMenuCategories/AboutANA/Honoring-Nurses/NationalAwardsProgram/HallofFame/19761982/stewim5585.html>
- American Nurses Association (ANA). (n.d.-b). *About ANA*. <https://www.nursingworld.org/ana/about-ana/>
- The American Society of Superintendents of Training Schools for Nurses. (1897). *First and Second Annual Conventions of the American Society of Superintendents of Training Schools for Nurses*. Harrisburg Publishing Company.
- Anderson, N. (1981). The historical development of American nursing education. *Journal of Nursing Education*, 14-26.

- Annual report of the Society for the Relief of Worthy Aged Indigent Colored Persons.* (1840, January 1). <http://web.b.ebscohost.com/ehost/archiveviewer/archive?vid=0&sid=be24284a-4ec3-4972-ad3e-f1bb33f78902%40pdc-v-sessmgr03&bdata=JkF1dGhUeXBIPWNvb2tpZSxpcCx1cmwsY3BpZCZjdXN0aWQ9bnlwbCZzaXRIPWVob3N0LWxpdmU%3d#kw=true&acc=false&lpId=div1007&ppId=divp0017&twPV=&xOff=0&yOff=0&zm=fit&fs=&rot=0&docMapOpen=true&pageMapOpen=true&AN=74100906&db=h7i>
- Barbee, E. (1993, December). Racism in U.S. nursing. *Medical Anthropology Quarterly*, 7(4), 346-362.
- Bennet, A. (1984). *A history of the Harlen Hospital School of Nursing: Its emergence and development in a changing urban community, 1923-1973*. Teachers College Columbia University.
- Board of Managers. (1902a). *62nd annual report of the Lincoln Hospital and Home*. Knickerbocker Press.
- Board of Managers. (1902b). *Rules for admission of pupils to the Lincoln Hospital and Home Training School for Nurses*. Knickerbocker Press.
- Board of Managers. (1906). *Sixty-Sixth annual report of Board of Managers (The Lincoln Hospital and Home)*. Irving Press.
- Board of Managers. (1931). *Annual feport of Lincoln Hospital (The Lincoln Hospital and Home)*. Irving Press.
- Board of Managers. (1939). *The centennial celebration of the Lincoln School for Nurses (Thirteenth Annual Report of the Board of Managers)*. Lincoln School for Nurses.
- Board of Managers. (1949). *Twenty-third annual report of the Lincoln School for Nurses*. Lincoln School for Nurses
- Booth, M. (1902). *Rules for the nurses (62nd Annual Report of the Lincoln Hospital and Home)*. Knickerbocker Press.
- Bourne, G. (1950). *A social history of Lincoln School for Nurses, Bronx, N.Y. with emphasis on present functions and services, 1898-1948*. Lincoln School for Nurses.
- Brandley-Saunders, C. (2020, July 13). *Bellevue School of Nursing* . <https://archives.med.nyu.edu/collections/bellevue-school-nursing>
- The Bronx County Historical Society. (n.d.). *The Bronx: A historical sketch*. <http://bronxhistoricalsociety.org/about/bronx-history/#:~:text=After%20the%20City's%20consolidation%20with,boroughs%20were%20already%20separate%20counties>).

- Byrd, W., & Clayton, L. (1992). An American health dilemma: A history of Blacks in the health system. *Journal of the National Medical Association*, 84(2), 189-200.
- Carnegie, M. (1964). Are Negro schools of nursing needed today? *Journal of the National Medical Association*, 230-236.
- Carnegie, M. (1991). *The path we treat: Blacks in nursing 1854-1990*. National League for Nursing Press.
- Carnegie, M. (2005). Educational preparation of Black nurses: A historical perspective. *The Association of Black Nursing Faculty*, 6-7.
- Centers for Disease Control and Prevention (CDC). (1995, January 13). *Differences in maternal mortality among Black and White women, United States 1990*. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00035538.htm#00000497.gif>
- Centers for Disease Control and Prevention (CDC). (2013, November 13). *CDC health disparities and inequalities report (CHDIR)*. <https://www.cdc.gov/minorityhealth/CHDIRreport.html>
- Centers for Disease Control and Prevention (CDC). (2017a, May 2). *African American death rate drops 25 percent*. <https://www.cdc.gov/media/releases/2017/p0502-aa-health.html>
- Centers for Disease Control and Prevention (CDC). (2017b, July 3). *VitalSigns: African American- health creating equal opportunities for health*. <https://www.cdc.gov/vitalsigns/aahealth/index.html>
- Centers for Disease Control and Prevention (CDC). (2020, March 20). *U.S. Public Health Service Syphilis Study at Tuskegee*. <https://www.cdc.gov/tuskegee/faq.htm>
- The Chevron. (1954, March 26). Welcome to Lincoln. *The Chevron: For Comparative Freedom of Speech*, 21(10), 1.
- The Chevron. (1961, August 16). A tradition ends. *The Chevron: For Comparative Freedom of Speech*, 26, 1-3.
- Coffman, J., Rosenoff, E., & Grumbach, K. (2001). Racial/ethnic disparities in nursing: gaps in educational attainment account for much of nursing's lack of diversity. *Health Affairs*, 20(3), 263-272.
- Committee for the Study of Nursing Education. (1923). *Nursing and nursing education in the United States: Report of the Committee for the Study of Nursing Education and a Report of a Survey by Josephine Goldmark, secretary*. Macmillan.
- D'Antonio, P., & Whelan, J. (2009). Counting nurses: The power of historical census data. *Journal of Clinical Nursing*, 18(19), 2717-2724.

- Davis, A. (1999). *Early Black American leaders in nursing: Architects for integration and equality*. Jones and Bartlett.
- Davis, T. (1994). *Nella Larsen, novelist of the Harlem Renaissance: A woman's life unveiled*. Louisiana State University Press.
- Dobschuetz, B. (2020). *Biography of Adah Belle Samuels Thoms, 1870-1943*.
https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C4744402/biographical-sketch-adah-belle-samuels-thoms#page/1/mode/1/chapter/bibliographic_entity|bibliographic_details|4744402
- Duignan, B. (2020, May 11). *Plessy v. Ferguson*. <https://www.britannica.com/event/Plessy-v-Ferguson-1896>
- Eighth annual convention of the American Society of Superintendents of Training Schools for Nurses. (1901). *Proceedings of the Eighth Annual Convention of the American Society of Superintendents of Training Schools for Nurses*. Harrisburg Publishing Company.
- Fifth annual report of the Society of the Training School for Nurses Attached to Bellevue Hospital* (Bellevue Hospital , The Society of the Training School for Nurses). (1878). S. Angell.
- Fitch, J. (1851). *Second annual report of the Governors of the Almshouse, New York, for the year of 1850* (The Colored Home). W.M.C. Bryant & Co..
- Fitch, J. (1852). *Third annual report of the Governors of the Almshouses, New York, for the year 1851*. W.M.C. Bryant & Co..
- Fitch, J. (1854). *Fifth annual report of the Governors of the Almshouses, New York, for the year 1853* (The Colored Home). Joseph W. Harrison.
- Fitch, J. (1859). *Tenth annual report of the Governors of the Almshouses, New York for the year 1858* (The Colored Home). Hall, Clayton, and Co. Printers.
- Fitch, J. (1860). *Eleventh annual report of the Governors of the Almshouse, New York, for the year 1859* (The Colored Home). Hall, Clayton, and Co. Printers.
- Franks, L. (1975, August 2). Delafield Hospital shuts doors after 24 years' service. *New York Times*, p. 20.
- Gamble, V. (1995). *Making a place for ourselves: The Black hospital movement, 1920-1945*. Oxford University Press.
- Gee, G., & Ford, C. (2011). Structural racism and health inequities: Old issues, new directions. *Du Bois Review: Social Science Research on Race*, 8(1), 115-132.

- Geni.com. (2014, October 29). *Ivy Nathan (Tinkler)*. <https://www.geni.com/people/Ivy-Nathan-Tinkler/4124121>
- Godfrey, C. (2005). African American nursing faculty: Where are they? *Association of Black Nursing Faculty*, 11-13.
- Goldstein, R. (1960). Negro nurses in hospitals. *American Journal of Nursing*, 60(2), 215-217.
- Gomez, L., & Lopez, N. (2013). *Mapping "race": Critical approaches to health disparities research*. Rutgers University Press.
- Gray, J. (1997). *The Lincoln School for Nurses, A retrospective: The way we were, 1920s-1960s*. Alumnae Association of the Lincoln School for Nurses.
- Griffin, D. (1998). "A somewhat dusker skin": Mary Seacole in the Crimea. *Nursing History Review*, 6, 115-127).
- Gwyer, F. (1917). *Report of Superintendent (The Lincoln Hospital and Home, 78th annual report of the Lincoln Hospital and Home)*. Irving Press.
- Hall, A. (1915). *Report of the Superintendent of the Training School (75th annual report of the Lincoln Hospital and Home)*. Irving Press.
- Hall, A. (1917). *Seventeenth annual report of the Training School for Nurses (The Lincoln Hospital and Home)*. Irving Press.
- Haynes, G. (1913, September). Conditions among Negroes in the cities. *Annals of the American Academy of Political and Social Science*, 49, 105-119.
- Herrick, H. [Corresponding Secretary of the Board of Managers]. (1898). *The beginning of the Training School*. The Foundation of New York State Nurses, Bellevue Alumnae Center for Nursing History.
- Herrick, H. [Corresponding Secretary of the Board of Managers]. (1900). *Sixtieth annual report of the Colored Home and Hospital, for the year ending September 30, 1900*. Knickerbocker Press.
- Hine, D. (1989). *Black women in white: Racial conflict and cooperation in the nursing profession 1890-1950*. Indiana University Press.
- Hine, D. (1999). *Adah Belle Samuels Thoms*. <https://www-anb-org.ezproxy.cul.columbia.edu/view/10.1093/anb/9780198606697.001.0001/anb-9780198606697-e-1200911;jsessionid=39EF721FE18BAF8EDE161FA80E6D4A1B>
- Hine, D. (2003). Black professionals and race consciousness: Origins of the Civil Rights Movement, 1890-1950. *Journal of American History*, 89(4), 1279-1294.

- Hodson, J. (1911). *How to become a trained nurse: A manual of information in detail with a complete list of the various training schools for nurses in the United States and Canada* (3rd ed.). William Abbatt.
- Hoffman, B. (2016, January 14). *The Medical Civil Rights Movement and access to healthcare*. <https://circulatingnow.nlm.nih.gov/2016/01/14/the-medical-civil-rights-movement-and-access-to-health-care/>
- Horn, S. (2018). *Damnation Island: Poor, sick, mad, and criminal in 19th-century New York*. Algonquin Books of Chapel Hill.
- Houser, B., & Player, K. (2007). *Pivotal moments in nursing: Leaders who changed the path of a profession*. Sigma Theta Tau International.
- Hutchinson, G. (2006). *In search of Nella Larsen: A biography of the color line*. Belknap Press of Harvard University Press.
- Institute of Medicine (IOM). (1994). *Balancing the scales of opportunity: Ensuring racial and ethnic diversity in health professions*. National Academies Press.
- Institute of Medicine (IOM). (2010). *The future of nursing: Leading change, advancing health: Report recommendations*. National Academies Press.
<https://www.mapn.org/Resources/Documents/IOM%20Report%20on%20Nursing.pdf>
- Ivy Nathan Tinkler Papers [MC40, Box 2, Folder 20]. (n.d.-a). *Speech given at testimonial luncheon, September 12, 1970*. Bellevue Alumnae Center for Nursing History, Foundation of New York State Nurses.
- Ivy Nathan Tinkler Papers [MC40, Box 1, Folder 23]. (n.d.-b). *List of Donations from Lincoln School to Schomburg Center, New York Public Library*. Bellevue Alumnae Center for Nursing History, Foundation of New York State Nurses.
- Ivy Nathan Tinkler Papers [MC40, Box 4]. (n.d.-c). Series 6: Awards and artifacts. Bellevue Alumnae Center for Nursing History, Foundation of New York State Nurses.
- James, H. (1902). *Sixty-second annual report of the Lincoln Hospital and Home*. Knickerbocker Press.
- James, H. (1904). *Sixty-fourth annual report of Board of Managers (The Lincoln Hospital and Home)*. Irving Press.
- James, H. (1905). *Sixty-fifth annual report of Board of Managers (The Lincoln Hospital and Home)*. Irving Press.
- James, H. (1907). *Sixty-seventh annual report of the Board of Managers (The Lincoln Hospital and Home)*. Irving Press.

- Johns, E. (1925). *The Ethel Johns report*. Rockefeller Foundation, Record Group 1.1, Series 200, Box 122, Folder 1507, pp. 1-43, Exhibit A-P [Appendixes I and II], unpublished report. Rockefeller Archive Center, Pocantico, New York
- Jones, M., & Saines, M. (2019). The eighteen of 1918-1919: Black nurses and the Great Flu Pandemic in the United States. *American Journal of Public Health*, 877-884.
- JSTOR. (n.d.). *About JSTOR*. <https://www.jstor.org/>
- Kalisch, P. A., & Kalisch, B. J. (2004). *American nursing: A history* (4th ed.). Lippincott, Williams, and Wilkins.
- Keeling, A. W., Kirschgessner, J., & Hehman, M. C. (2018). *History of professional nursing in the United States: Toward a culture of health*. Springer.
- Kennedy, J. (1911, March). Health problems of the Negroes. *Annals of the American Academy of Political and Social Science*, 37(2), 110-120.
- King, G. (2012, February 21). *A spectacle of horror – The burning of the General Slocum*. <https://www.smithsonianmag.com/history/a-spectacle-of-horror-the-burning-of-the-general-slocum-104712974/>
- Lake, A. (1899). *Report of the Superintendent* (59th annual report of the Colored Home and Hospital). Knickerbocker Press.
- Lake, A. (1900). *The Superintendent's Report*. (60th annual report of the Colored Home and Hospital). Knickerbocker Press.
- Lake, A. (1901). *Report of the Superintendent* (61st annual report of the Colored Home and Hospital). Knickerbocker Press.
- Lake, A. (1902). *Report of the Superintendent* (62nd annual report of the Lincoln Hospital and Home). Knickerbocker Press.
- Lake, A. (1903). *Report of the Superintendent* (63rd annual report of the Lincoln Hospital and Home). Irving Press.
- Lake, A. (1904). *Report of the Superintendent* (64th annual report of the Lincoln Hospital and Home). Irving Press.
- Lake, A. (1905). *Report of the Superintendent* (65th annual report of the Lincoln Hospital and Home). Irving Press.
- Lake, A. (1908). *Report of the Superintendent* (68th annual report of the Lincoln Hospital and Home). Irving Press.
- Lewenson, S. (1996). *Taking charge: Nursing, suffrage, and feminism in America*. NLN Press.

- Lewenson, S. (2021). Rest on Placement, Take up Preparation: The Educational Mission of the Circle of Negro Relief, Circa 1920s. In *Nursing History Review* (Vol. 29, pp. 163-178). New York: Springer Publishing Company.
- Lewenson, S., & Herrmann, E. (2008). *Capturing nursing history: A guide to historical methods in research*. Springer.
- Lewenson, S., & McAllister, A. (2019). History of nursing education in the United States. In S. Dyson & M. McAllister (Eds.), *Routledge international handbook of nursing education* (pp. 30-50). Routledge.
- Lincoln School for Nurses Collection. (n.d.). Schomburg Center for Research in Black Culture, New York Public Library. <http://archives.nypl.org/scm/20728>
- Loftin, C., Newman, S., Dumas, B., Gilden, G., & Bond, M. (2012). Perceived barriers to success for minority nursing students: An integrative review. *International Scholarly Research Network*, 1-9.
- Lynaugh, J., & Reverby, S. (1987). Thoughts on the nature of history. *Nursing Research*, 69.
- Lyons, J., & Chesley, J. (2004). Fifty years after Brown: The benefits and tradeoffs for African American educators and students. *Journal of Negro Education*, 73(3), 298-313.
- Manley, J. (1995). Sex- segregated work in the system of professionals: The development and stratification of nursing . *Sociological Quarterly*, 36(2), 297-314.
- Massey, E. (1933). The National Association of Colored Graduate Nurses. *American Journal of Nursing*, 33(6), 534-536.
- Matthews, J. (2012, January 31). *Role of professional organizations in advocating for the nursing profession*. <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Professional-Organizations-and-Advocating.html>
- McCleery, A. (1923, November). The relation of the Superintendent of Nurses to the Superintendent of the Hospital. *American Journal of Nursing*, 24(2), 124-127.
- Merton, R. (1958). The functions of the professional association. *American Journal of Nursing*, 58(1), 50-54.
- Messmer, P., & Parchment, Y. (1988, January). Mary Grant Seacole: The first nurse practitioner. *Clinical Excellence for Nurse Practitioners*, 2(1), 47-51.
- Morgan, H. (1900). *Report of the Superintendent of the Training School to the Board of Managers* (60th annual report of the Colored Home and Hospital). Knickerbocker Press.

- Morgan, H. (1901). *Third annual report of the Superintendent of the Training School to the Board of Managers* (61st annual report of the Colored Home and Hospital). Knickerbocker Press.
- Morgan, H. (1902). *Report of the Superintendent of the Training School* (62nd annual report of the Lincoln Hospital and Home). Knickerbocker Press.
- Morgan, H. (1903). *Report of the Superintendent of the Training School* (63rd annual report of the Lincoln Hospital and Home). Irving Press.
- Morgan, H. (1904). *Report of the Superintendent of the Training School* (The Lincoln Hospital and Home). New York: Irving Press.
- Morgan, H. (1905). *Report of the Superintendent of the Training School* (65th annual report of the Lincoln Hospital and Home). Irving Press.
- Morgan, H. (1906). *Report of the Superintendent of the Training School* (66th annual report of the Lincoln Hospital and Home). Irving Press.
- Morin, K. (2014). Nursing education: The past, present and future. *Journal of Health Specialties*, 136-141.
- National Center for Biotechnology Information (NCBI). (n.d.). *Journal of the National Medical Association*. <https://www.ncbi.nlm.nih.gov/pmc/journals/655/>
- National Council of State Boards of Nursing (NCSBN). (2020). *Definition of nursing terms*. <https://www.ncsbn.org/nursing-terms.htm>
- National League for Nursing (NLN). (2016, February). National League of Nursing: Transforming nursing education, leading the call to reform. In *Achieving diversity and meaningful inclusion in nursing education*. NLN.
- National League for Nursing. (2017). *Nurse educator demographics*. <http://nln.org/newsroom/nursing-education-statistics>
- National League for Nursing (NLN). (2020). *NLN historical timeline*. <http://www.nln.org/about/history-of-nln/nln-history-timeline>
- National League for Nursing (NLN). (n.d.). *Nurse educator core competency*. <https://www.nln.org/profession-development-programs/competencies-for-nursing-education/nurse-educator-core-competency>
- National Museum of African American History and Culture. (n.d.). *Hidden herstory: Phyllis Mae Dailey, first African American in the U.S. Navy Nurses Corps*. <https://nmaahc.tumblr.com/post/158155252595/hidden-herstory-phyllis-mae-dailey-first-african>

- Nelson, S., & Rafferty, A. (2010). *Cornell University ILR School*. Retrieved from Notes on Nightingale: The Influence and Legacy of a Nursing Icon: <https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1060&context=books>
- New York Public Library (NYPL). (1936). *History of Lincoln School for Nurses* (written in 1936). The Schomburg Center for Research in Black Culture, Manuscripts, Archives, and Rare Books Division.
- New York Public Library (NYPL). (2019). *National Association of Colored Graduate Nurses Records*. <http://archives.nypl.org/scm/20744>
- New York Public Library (NYPL). (2020, June 15). *Lincoln School for Nurses collection, 1869-2002*. https://browse.nypl.org/iii/encore/record/C__Rb11868587__SLincoln%20School%20for%20Nurses.__P0%2C2__Orightresult__X6?lang=eng&suite=def
- New York State Future of Nursing. (2019). *The Future of Nursing: New York State Action Coalition*. http://media.wix.com/ugd/bd3719_b10f0f5a7b3a49e2a7c62e0343952e6a.pdf
- Papers of the NAACP. (2014). *Lincoln Hospital School for Nurses dismissal of Black students* (P. 1.-1. Papers of the NAACP, Producer). <https://congressional.proquest.com/histvault?q=001421-025-0249&accountid=10226>
- Park, R. (1913, September). Negro home life and standards of living. *Annals of the American Academy of Political and Social Science*, 49, 147-163.
- Penner, L., Blair, I., Albrecht, T., & Dovidio, J. (2014). Reducing racial health care disparities: A social psychological analysis. *Policy Insights Behavioral Brain Science*, 1(1), 204-212.
- Perry, J. (1940). *Educational program* (14th annual report of Lincoln School for Nurses). Lincoln School for Nurses.
- Pierson, A. (1907). *Report of the Superintendent of the Training School* (Lincoln Hospital and Home). Irving Press.
- Pierson, A. (1908). *Report of the Superintendent of the Training School* (68th annual report of the Lincoln Hospital and Home). Irving Press.
- Pierson, A. (1910). *Report of the Superintendent of the Training School* (70th annual report of the Lincoln Hospital and Home). Irving Press.
- Pierson, A. (1912). *Report of the Superintendent of the Training School* (72nd annual report of the Lincoln Hospital and Home). Irving Press.

- Polit, D., & Beck, C. (2017). *Nursing research: Generating and assessing evidence for nursing practice*. Wolters Kluwer.
- The Provident Foundation. (n.d.). *History-The Provident Foundation*. <https://provfound.org/index.php/history/history-provident-hospital>
- Public Health Records. (1942). Training for nurses (National Defense). *Public Health Records (1896-1970)*, 57(9).
- Purdy, E. (2015, August 21). *American Nurses Association*. <https://www.britannica.com/topic/American-Nurses-Association>
- Reverby, S. (1987). *Ordered to care: The Dilemma of American nursing, 1850-1945*. Cambridge University Press.
- Reverby, S. (2009). *Examining Tuskegee: The infamous syphilis study and its legacy*. University of North Carolina Press.
- Riddle, E. M. (1937). Sources of supply of Negro health personnel. Section C: Nurses. *Journal of Negro Education*, 483-492.
- Rockefeller Archive Center, Box 121, Folder 1504. (1926). *Minutes of the Rockefeller Foundation*. The Rockefeller Foundation, Hospital Library and Service Bureau.
- Rogers, M. (1898). *Report of the Superintendent of the Training School to the Board of Managers* (59th annual report of the Colored Home and Hospital). Knickerbocker Press.
- Schomburg Center for Research in Black Culture, The New York Public Library Archives and Manuscripts. (n.d.). *Lincoln School for Nurses Collection*. <http://archives.nypl.org/scm/20728>
- Selden, T., & Berdahl, T. (2020, July 14). COVID-19 and racial/ethnic disparities in health risk, employment, and household composition. *Health Affairs*, 1624-1632.
- SenGupta, G. (2009). *From slavery to poverty: The racial origins of welfare in New York 1840-1918*. New York University Press.
- Sherwin, O. (1945). Slave auctions and jails. *Negro History Bulletin*, 8(5), 101-104.
- Smiley, R., Lauer, P., Bienemy, C., Berg, J., Shireman, E., Reneau, K., & Alexander, M. (2019, January 1). *The 2017 national nursing workforce survey*. [https://www.journalofnursingregulation.com/article/S2155-8256\(18\)30131-5/pdf](https://www.journalofnursingregulation.com/article/S2155-8256(18)30131-5/pdf)
- Smith, H. [President of Lincoln School for Nurses]. (1952). *Twenty-sixth annual report of the Lincoln School for Nurses*. Lincoln School for Nurses.

- Smith, H. (1961). *Thirty-third and thirty-fourth annual reports of the Lincoln School for Nurses, Ending September 19, 1961*. Lincoln School for Nurses.
- Spalding, E. (1943). The Senior Cadet Nurse. *The American Journal of Nursing*, 43(8), 749-751.
- Staupers, M. (1961). *No time for prejudice: A story of the integration of Negro nurses in the United States*. Macmillan.
- Stewart, I. (1931). *A survey of the Lincoln School for Nurses, New York City*. Department of Nursing Education, Teachers College, Columbia University.
- Stimson, M. (1908). *Sixty-eighth annual report of the Board of Managers (Lincoln Hospital and Home)*. Irving Press.
- Sullivan, L. (2004). *Missing persons: Minorities in the health professions (A report of the Sullivan Commission on Diversity in the Healthcare Workforce)*. Sullivan Commission.
- Thoms, A. (1929). *Pathfinders: A history of the progress of Colored graduate nurses*. Kay Printing House.
- Threat, C. (2015). *Nursing civil rights: Gender and race in the Army Nurse Corps*. University of Illinois Press.
- Tilton, B. (1899). *Report of the Medical Board (59th annual report of the Colored Home and Hospital, 1898-1899)*. Knickerbocker Press.
- Tilton, B. (1900). *Report of the Medical Board (60th annual report of the Colored Home and Hospital)*. Knickerbocker Press.
- Tilton, B. (1901). *Report of the Medical Ward (61st annual report of the Colored Home and Hospital)*. Knickerbocker Press.
- Tinkler, I. (1976). *The history of Lincoln School for Nurses [Unpublished Papers]*. Foundation of New York State Nurses. Bellevue Alumnae Center for Nursing History.
- United States Census Bureau. (2015, March). *Projections of the size and composition of the U.S. population: 2014 to 2060: Population estimates and projections*. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>
- United States Census Bureau. (2019a, July 1). *Quick facts: New York City, New York*. <https://www.census.gov/quickfacts/newyorkcitynewyork>
- United States Census Bureau. (2019b). *Race and ethnicity*. <https://data.census.gov/cedsci/profile?q=United%20States&g=0100000US>

- Urofsky, M. (2020, August 21). *Jim Crow Law*. <https://www.britannica.com/event/Jim-Crow-law>
- UScourts.gov. (n.d.). *History: Brown v. Board of Education re-enactment*. <https://www.uscourts.gov/educational-resources/educational-activities/history-brown-v-board-education-re-enactment>
- Whelan, J. (2012, May 12). When the business of nursing was the nursing business: The private duty registry system, 1900-1940. *Online Journal of Issues in Nursing*, 17(2), 1-11.
- White, G. (1896). *Fifty seventh annual report of the Colored Home and Hospital, First Ave. Bet. 64th and 65th Streets*. Knickerbocker Press.
- Whiting, F. (1913). *Seventy-fourth annual report of the Board of Managers (73rd annual report of the Lincoln Hospital and Home)*. Irving Press.
- Whiting, F. (1916). *Seventy-sixth annual report of the Board of Managers*. Irving Press.
- Wilkerson, K., & D'Antonio, P. (2019, February 22). *Encyclopaedia Britannica*. <https://www.britannica.com/science/nursing>
- Williams, D., & Rucker, T. (2000). Understanding and addressing racial disparities in health care. *Health Care Financing Review*, 21(4), 75-90.
- Wright, R. (1906). The migration of Negroes to the North. *Annals of the American Academy of Political and Social Science*, 27, 97-116.

Appendix A

LSN Graduating Classes and Contributions to Nursing

Class of 1900	
LSN Graduating Class	Contributions to Nursing
Grace G. Newman Durham	
Nettie F. Jarrott Hatton	
M. Elizabeth Harris	District Nurse, NYC
Annie Lottie Marin	Private Duty Nursing, NY
Margaret M. Garner Peterson	
Gertrude Johnson Hunter	Private Duty Nursing, NY

Class of 1901	
LSN Graduating Class	Contributions to Nursing
Martha F. Barr Taylor	Superintendent of the Training School of Charleston Hospital, Charleston, S.C.
Ida M. Lightfoot Benjamin	Head Nurse; Hospital & Training School in Columbia, S.C.
Mittie Willis White	Day Nurse; Assistant to the Superintendent; Instructor of Invalid Cooking at Lincoln School for Nurses; NY
Ida B. Eason Winder	Matron; Gloucester Industrial School in Cappahosie, Va.
Jeroline Hemsley Winfield	Private Duty Nursing; Yonkers, NY
Mary E. Conway	Head Nurse; Lincoln Hospital, NYC; Resident Nurse at the Home for Aged and Infirm Colored Persons; Philadelphia, Pa.

Class of 1902	
LSN Graduating Class	Contributions to Nursing
Lestella E. Dixson Roberts	Private Duty Nurse; Pittsburg, Pa.
Rose Lee Morrow	Private Duty Nurse; NYC
Famnie E. Withcer	Private Duty Nurse; NYC
Cecile L. Batey Anderson	Private Duty Nurse; Augusta, Ga.
Annie S. Henson Johnson	Private Duty Nurse; Augusta, Ga.
Ada J. Senhouse	Ass. Supt. of Lincoln School of Nurses (1913); Private Duty Nurse; NYC

Class of 1903	
LSN Graduating Class	Contributions to Nursing
Sadie Electa Poole	Private Duty Nurse; NYC
Ernestine E. Jackson	Private Duty Nurse
Anna E. Anderson	Private Duty Nurse
Louise May Wright	Private Duty Nurse; NYC
Minnie R. King	Private Duty Nurse
Miranda E. Conley	Head Nurse and Night Supervisor; Lincoln Hospital, NYC
Julia Maria Cogswell	Private Duty Nurse; NYC
Frances Louise Johnson	Private Duty Nurse; NYC
Martha J. Johnson	Private Duty Nurse; NYC; Superintendent of Convalescent Home in White Plains, NY
Hortense Elizabeth Trent	Private Duty Nurse; NYC
Pamela Alvina Jefferson	Private Duty Nurse; NYC
Lula Lurella Nixon	Private Duty Nurse; New Haven, Connecticut

Class of 1904	
LSN Graduating Class	Contributions to Nursing
Florence Ellis	Private Duty Nurse; Night Supervisor, Lincoln Hospital, NYC
Lillian Albertha Williams	Private Duty Nurse
Catherine Elizabeth Hoffman	Private Duty Nurse
Eva A. Simms	Private Duty Nurse
Lawon M. Randall	Private Duty Nurse
Clara M. Harris	Private Duty Nurse; Inspector in Health Department; NY
Gertrude R. Henry	Private Duty Nurse
Estella M. Cary	Private Duty Nurse
Ada D. Taylor	Private Duty Nurse

Class of 1905	
LSN Graduating Class	Contributions to Nursing
Martha Beatrice Upson	Night Supervisor of Lincoln Hospital; NYC; District Nurse of Brooklyn Bureau of Charities; Resident Nurse of Lincoln Settlement; NYC
Carrie Ellen Cole	Private Duty Nursing; Richmond, Va.
Martha W. Dowell	Private Duty Nursing; Baltimore, Md.
Elizabeth T. Harris	Private Duty Nursing; Philadelphia, Pa.
Alma M. Favey	Private Duty Nursing; NYC

Class of 1905 Continued	
LSN Graduating Class	Contributions to Nursing
Adah Belle Samuel Thoms	OR Nurse Supervisor; Lincoln Hospital, NYC; Asst. Supt.
Harriet A. B. Barney	Nurse; Lincoln Hospital, NYC
Margaret R. Robinson	Nurse; Lincoln Hospital, NYC

Class of 1906	
LSN Graduating Class	Contributions to Nursing
Ella M. Chives	Private Duty Nursing; Waterbury, Connecticut
Marjorie Hill	Head Nurse at Lincoln Hospital; NYC
Aginora Mackey	Private Duty Nursing; NYC
Ora Lee Kinsey	Private Duty Nursing; Baltimore, Md
Gertrude Lee	Private Duty Nursing; NYC
Harriet Griffin	Private Duty Nursing; NYC
Essie Anderson	Private Duty Nursing; Savannah, Ga.
Flora Joyner	Private Duty Nursing; Detroit, Mi.
Jennie McDaniel	Private Duty Nursing; NYC
Gertrude Welch	Private Duty Nursing; Bethlehem, Pa.
Bertha A. Sams	Private Duty Nursing; Detroit, Mi.
Maude Joyner	Private Duty Nursing; Detroit, Mi.

Class of 1907	
LSN Graduating Class	Contributions to Nursing
Francenia Holland	
Mary Powell	
Daisy O'hagen	
Mary Calloway	
Eva Mulford	
Louise Marcellus	
Mamie Langford	
Carrie Miller	
Alice Deas	
Amy Corea	
Mary Louise Waiters	Supervisor of Gynecological Unit; Lincoln Hospital, NYC
Clara M. King	
Rosa Williams	Head Nurse, Howard Orphan Asylum, Brooklyn, NY; Superintendent of Provident Hospital, Jacksonville, Fl.

Class of 1907 Continued	
LSN Graduating Class	Contributions to Nursing
Effie Anna Brooks	
Birdie M. Butler	

1908—No Class

Class of 1909	
LSN Graduating Class	Contributions to Nursing
Ella Kiel	
Christine L. Holmes	
Martha Harris	
Jane Turner	Superintendent of Sanatorium, Jacksonville, Illinois
Bessie Brown	
Aleice Jordon	
Angie Pullins	
Anna Saunders [Papino]	Supervisor of Lincoln Home; NYC
Margaret Green	
Bessie Davis	
Maude Cross	
Ellen Patterson	
Margaret Baker	
Annie Taylor	
Adele Oliver	
Mary Boyd	
Jeannette Myers	
Dellie Colton	
Libbie Jennings	
Marie Clendinen	

Class of 1910	
LSN Graduating Class	Contributions to Nursing
Daisy Green	
Salome Taylor	
Luly Warlick	Assistant Superintendent of Provident Hospital; Chicago, Illinois
Edith Blair	
Josephine Jenkins	
Eugeina Schuster	

Class of 1910 Continued	
LSN Graduating Class	Contributions to Nursing
Ada Laren	
Clara Matthews	

Class of 1911	
LSN Graduating Class	Contributions to Nursing
Josephine Newberne	
Madge Hagerman	
Cora Winston	Superintendent; Sojourner Truth Home for Delinquent Colored Girls
Isabel Hall	
Maude Thomas	
Emily Davis	
Durscilla Washinton	
Mabel Crawford	
Ella Crawford	
Mary Roston	

Class of 1912	
LSN Graduating Class	Contributions to Nursing
Mary Tucker	
Bertha Lewis	
Alice Scott	
Charlotte Jackson	
Mae Belle Bird	
Mary Taylor	
Rachael Thomas	
Lulah Patterson	
Alberta Bynoe	
Josephine Anderson	
Wilhelmina McCullum	
Lillian Farley	
Levenia Moore	

Class of 1913	
LSN Graduating Class	Contributions to Nursing
Olivia Johne	
Ella Mills	
Adelaide Olton	
Margaret Boone	
Anna Greene	
Mamie Bascome	
Lolita Ferrier	
Hilda Lyons	
Florence Moore	
Maud Williams	
Anne Washington	

Class of 1914	
LSN Graduating Class	Contributions to Nursing
Elizabeth Vanvranken	
Edith Moore	
Mary B. Taylor	
Essie P. Hines	
Alice M. Duffan	
Marie A. Bush	
Ella M. Alexander	
Mattie L. Mays	Teacher State College; Orangeburg, South Carolina
Laura E. Mundon	
Venita T. Bright	
Sylvia McPherson	
Alice E. Wesley	
Alleah B. Bonner	
Noral C. Broadford	

Class of 1915	
LSN Graduating Class	Contributions to Nursing
Sarah E. Gantt	
Nettie B. Vick	
Ruth I. Strickland	Supervisor of Children's Ward, Lincoln Hospital, NYC
Aurelia St. C. Gumbs	

Class of 1915 Continued	
LSN Graduating Class	Contributions to Nursing
Florence E. Johnson	
Muriel F. Fletcher	
Annie M. Johnson	
Nella Marian Larsen	Day Supervisor of Lincoln Hospital, NYC
Priscilla Bryan	
Olive B. Taylor	
Lucille V. Miller	

Class of 1916	
LSN Graduating Class	Contributions to Nursing
Minne Pieters	
Lucille Hyder	
Mary Amy Caines	
Agnes Smith Mason	
Edna Marie Benjamin	
Elberta Bowling	
Frances Claibourne	
Arlene Stovel	
Mabel Roper	
Dora Armstead	
Eleanor Brown	
Willette Owens	
Marjorie Jackson	
Antoinette Faust	
Lulu Estelle Hagan	
Hattie May Scott	
Daisy Lillian Hardy	

Class of 1917	
LSN Graduating Class	Contributions to Nursing
Ada Dottin	
Rachael Sanford	
Sarah McCoy	
Lauarel Clarke	
Olive Boggess	
Mabel Mumford	
Mary Weaver	

Class of 1917 Continued	
LSN Graduating Class	Contributions to Nursing
Hermine DaShields	
Ada Webb	
Jessie Fisher	
Lyllian Johnson	
Cornelia Lockwood	
Marie Louise Scott	
Olive Louise Freeman	
Bertha Schenck	

Class of 1918	
LSN Graduating Class	Contributions to Nursing
Octavia Stallsworth	
Gladys Renwick	
Effie Speid	
Mary Rae Seymour	
Marie Louise Ross	
Genevieve Mullen	
Lucy Fletcher	
Helen Lee Stovall	
Pearl Eliza Proctor	
Eva R. Evans	
Louise L. Nash	
Katherine Mills	
Frances Alberta Stewart	
Gay Golden Thomas	
Bella Grace Noel	
Genevieve Haiyhman McKinney	First black nurse to be appointed to membership on the New York State Board of Nurse Examiners
Anna E. Oliver	
Gille G. Greene	
Christine A. Johnson	
Pearle Helen Billings	
Sadie Steen	
Daphne Palmer	

Class of 1919	
LSN Graduating Class	Contributions to Nursing
Inell Elizabeth Roy	
Edna D. Allen	
Cecilia Bailey	
Julia Bell	
Frances Garnes	
Corinne E. Nelson	
Margaret Harris	
Margaret Jackson	
Jennie Minus	
Muriel Bell	
Marguerite Harrison	
Artelia Louise Gilliam	
Elizabeth M. Jones	
Nahketah Evangeline Williams	
Margaret Z. Jackson	

Class of 1920	
LSN Graduating Class	Contributions to Nursing
Elise Viola Parker	
Mabel C. Hargett	
Ida V. Battle	
Frances E. Walker	
Pauline Milliner	
Harriet Williams	
Phylistine McKenney	
Florence Mae Holmes	
Nellie Moseley	
May Louise Williamson	
Minnie Thelma Grant	
Louise Ethel Congo	
GeorgiaC. King	
Julia C. Dickerson	
Agnes Wisdom	
Beatrice White	
Nettie Bost	Army Nurses Corps
Florence Jacobs	

Class of 1920 Continued	
LSN Graduating Class	Contributions to Nursing
Sadie Bouifeuillette	
Bertha Ward	
Gladys Naomi Walker	
Ethel Lee Dutton	
Elsie Victoria Rogers	
Jessie Christine Gosman	
Natalie Anita Marriot	
Ethel Carr	
Marion Pettiford	

Class of 1921	
LSN Graduating Class	Contributions to Nursing
Mary Steele	
Hilda E. Rhone	
Harriet J. Young	
Florence Vloney	
Ruth Occomy	
Mattie L. Dortch	
Nannie E. Washington	
Pauline E. Gill	
Mabel A. Brown	
Annie M. Ferguson	
Vivian J. Gregory	
Geraldine L. Thompson	
Arline J. Ader	
Janie A. Reid	
Nannie B. Weeks	
Winifred Outerbridge	
Lucy Moore	
Nancy L. Darnell	
Mary H. Howard	
Priscilla Archer	
Martha J. Dowden	
Blanche W. Williams	
Angelina A. Ogden	
Lina M. Ford	

Class of 1922	
LSN Graduating Class	Contributions to Nursing
Theresa Parker	
Mabel Turner	
Fay Taylor	
Inez Neely	
Mary L. Williams	
Alma Wilder	
Marion Skinner	
Marion Kirby	
Mabel Wiley	
Elizabeth Cook	
Naomi Webb	
Janie Jones	
Lillian Richards	
Elizabeth Campbell	
Ida Bell	
Corinne Carlton	

Class of 1923	
LSN Graduating Class	Contributions to Nursing
Janie Price	
Eames Duck	
Sadie Stewart	
Katherine Frazier	
Mildred Chance	
Geneva Sparrow	
Sarah Morgan	
Georgia Williams	
Margaret Sears	
Martha Hicks	
Aida Johnson	
Ruth Lee	
Mary Miller	
Dorothy Morrow	
Lucille Todd	
Eveanna Dailey	
Sarah Morris	
Pauline Ballard	

Class of 1923 Continued	
LSN Graduating Class	Contributions to Nursing
Rosa Marshall	
Edna Murray	
Annie Rorie	
Bessie Whitman	
Inez Hine	

Class of 1924	
LSN Graduating Class	Contributions to Nursing
Irene Ross	
Ruth Beach	
Gertrude Jones	
Claudia Magahee	
Ruth Hodges	
Martha Jackson	
Wilhemina Cooke	
Rena Francis	
Pereta Dorsey	
Beulah Simpson	
Bessie Braddon	
Magdalene Cooper	
Rosetta Clark	
Felicita Sterett	
Annie Edness	
Dorothy Jenkins	
Iris Vilain	
Hilda Townsend	
Marguerite Cass	
Beryl Barnett	
Ruby Williams	
Jennie Trezevant	
Alice Brooks	
Esther Ambleman	
Nerissa Mathews	
Lulu Scott	
Fannie Brown	
Maggie Nevils	
Zurline Wolff	

Class of 1924 Continued	
LSN Graduating Class	Contributions to Nursing
Ethel Hill	
Agnes Gibbs	
Florine Brooks	
Alice Higginbotham	
Gladys Weeks	
Evelyn Woods	
Louise Malone	
Viola Francis	
Elizabeth Jackson	

Class of 1925	
LSN Graduating Class	Contributions to Nursing
Ruth Upshaw	
Isabelle Young	
Mary Ayers	
Edna Charles	
Eleanor Driggins	
Irene Fisher	
Marietta Clarke	
Anita Blanchard	Army Nurses Corps
Bessie Tolbert	
New Zealand Gunn	
Lillian Smith	
Corine Trezevant	
Annie Humphrey	
Julia Martin	
Edna Hume	
Alyce Jackson	
Grace Haywood	
Ella Harris	
Lena Ogden	
Goldie Donnell	
Josephine Bragg	
Eva Darden	
Gertrude Sheridan	
Marguerite Harris	
Gertrude Barnes	

Class of 1925 Continued	
LSN Graduating Class	Contributions to Nursing
Louise Elm	
Mayme Beavers	
Eva Council	

Class of 1926	
LSN Graduating Class	Contributions to Nursing
Dorothy Gordon	
Alexandra Glasgow	
Helen Smith	
Harriett Lee	
Edith Butler	
Muriel Richards	
Violet Waters	
Elizabeth Easley	
Susie Ferguson	
Annie Williams	
Gladys Wilson	
Suvelia Dunson	
Hattie McKinney	
Oricca Howard	
May McGill	
Callie Woods	
Mildred McPhail	
Georgia Waters	
Ulysses Cox	
Mae Elston	
Myrtle Pierson	
Jeanette Howard	
Hiris Harris	
Marion Richardson	
Madeline Gray	
Gladys Boston	
Ethel Edwards	
Frances Edmonds	
Lillian Thomas	
Madeline Hilton	
Nazelle Flake	

Class of 1926 Continued	
LSN Graduating Class	Contributions to Nursing
Eva Patrick	
Clarice Williams	
Edwine Smyer	Assistant Superintendent; Lincoln School for Nurses, New York
Thelma Horton	
Helen Thomas	
Grace Brown	

Class of 1927	
LSN Graduating Class	Contributions to Nursing
Carrie Humphrey	
Esther Clark	
Dorothy Bailey	
Bernice Wheeldin	
Julia Brown	
Eugenia Johnson	
Clarice Turner	
Hazel Thomas	
Alys Long	
Cassandra Allen	
Florence Blackett	
May Parker	
Beatrice Durham	
Iva Wallace	
Christine Webb	
Mary King	
Anastine Watkins	
Ethel Perry	
Flossie Spencer	
Helen Brugin	
Hazel Byrd	
Ella Travis	
Sarah Jackson	Army Nurses Corps
Mabel Bird	
Edna Flournoy	
Louise Strause	
Ruth Yeiser	
Mattie Fitzgerald	

Class of 1927 Continued	
LSN Graduating Class	Contributions to Nursing
Lena Willis	
Mary Bost	

Class of 1928	
LSN Graduating Class	Contributions to Nursing
Frances Atkins	
Estella Bell	
Frankie Bost	
Alice Crawley	
Josephine Davis	
Eddie Diggs	
Jowo Faduma	
Mildred Fisher	
Ruth Fitzgerald	
Josephine Harris	Army Nurses Corps
Athelia Hayden	
Grace Hogans	
Lucy Johnson	
Dorothy Kemp	
Ruth McKinnon	
Euphemia Mickens	
Editha Nurse	
Alice Brown	
Cornelia Nutter	
Leota Powell	
Emma Parker	Army Nurses Corps
Eliza Reddick	
Sara Ross	
Lauretta Smith	
Leona Smith	
Mary Sims	
Jessie Spence	
Harriet Sparrow	
Isola Stovel	
Beatrice Sterling	
Helen Starks	
Ethel Thomas	

Class of 1928 Continued	
LSN Graduating Class	Contributions to Nursing
Margielee Turner	
Vandelia Taylor	
Justina Taylor	
Lucille Williams	

Class of 1929	
LSN Graduating Class	Contributions to Nursing
Isolene W. Brown	
Mary L. Brown	
Ruth A. Buchanan	
Frances H. Cann	
Consuelo Clendening	
Lavenia E. Coulbourne	
Jennie B. Cox	
Winifred L. Ellis	
Dora T. Fisher	
Dorothy Fletcher	
Marion E. Hartgrove	
Marion C. Harris	
Madge I. Haynes	Army Nurses Corps
Eleanor Hill	
Rachel A. Jennings	
Bertha L. Johnson	
Alyce Jones	
Wilhemina Lester	
Muriel Lee	
Cornelia B. Lewis	
Vivian A. Moore	
Ivy G. Pearman	
Catherine Plato	
Laura A. Richardson	
Cherith M. Scayle	
Norean J. Slaughter	
Doris May Soares	
Caro Adaline Spencer	
Dorothy M. Sheridan	
Alma G. Shepherd	

Class of 1929 Continued	
LSN Graduating Class	Contributions to Nursing
Olive M. Shuman	
Nora E. Thaxton	
Erma I. Thompson	
Helen E. Thomas	
Anna B. Vaughn	
Ruth Williams	
Gertrude A. Wilson	
Enid I. Williams	
Grace E. Wares	
Ruth L. Webster	
Nena B. Mullings	
May Murphy	
Virginia L. Odom	

Class of 1930	
LSN Graduating Class	Contributions to Nursing
Lillian M. Addison	
Garnett S. Atkins	
Adleth C. Beckford	
Hilda S. Bradley	
Octavia M. Bridgewater	Army Nurses Corps
Leoniza Cipriani	
Hazel L. Clarke	
Evelyn S. Davis	
Beatrice S. Fischer	
Laura L. Francis	
Gladys M. Frzier	
Mary C. Garrett	
Anna M. Harris	
Espanola Holliday	
Mae R. Holmes	
Elma A. Hubbard	
Helen M. Jennings	
Agnes G. Johnson	
Olive R. Jackson	
Ruth C. Johnson	
Gladys P. Knight	

Class of 1930 Continued	
LSN Graduating Class	Contributions to Nursing
Lauretta V. Lee	
Leola V. Lee	
Eliza Martin	Clinical Director of Lincoln School for Nurses, New York
IdaBelle I. Nickerson	
Grace Y. North	
Julia M. Osborne	
Anna E. Powell	
Ruth I. Powell	
Evelyn S. Robertson	
Eunice M. Robinson	
Marcella Robinson	
Essie L. Ryland	
Maizie I. Skeene	
Enid E. Spooner	
Julia M. Striplin	
Sarah E. Tucker	
Rebecca R. Valentine	
Edna C. Warren	
Oneta Waters	
Harriet O. Williams	
Gertrude L. Wood	
Lulu B. Woods	

Class of 1931	
LSN Graduating Class	Contributions to Nursing
Beatrice F. Alston	Supervisor at Provident Hospital; Chicago, Illinois
Mildred Ann Brown	
Ada Elizabeth Davis	
Rebecca Deas	
Bessie W. Elliot	
Blanche Violet Elm	
Edna May Ford	
Leona Frances Glover	
Vera Wilhelmina Goldstein	
Drusa Vashtie Goodison	
Helen Kent Henderson	

Class of 1931 Continued	
LSN Graduating Class	Contributions to Nursing
ll	
Florence Roberta Hill	
Doris Castleberry Johnson	
Naomi Monroe	
Evelyn Beverly Moore	
Ivy Nathan Tinkler	Medical Supervisor, Provident Hospital (Chicago); first black Director (Superintendent) of Lincoln School for Nurses, New York
Anna Elizabeth V. Perry	
Iona Lascalles Peters	
Nicra Jaune Meadows	
Laura Leonetta Narrell	
Thelma Agnes Pierce	
Anna Elizabeth Rector	
Dorothy Frances Ricks	
Marguerite Rogers	
Marjorie Gwendoline Simons	
Alberta Louise Sloan	
Marvis Alexandrra Taylor	
Olga Maud Stephens	
Millie Marjorie Thompson	
Mary Synora Waller	
Doris Rosetta Williams	
Rafina Marguerite Wilson	
Class of 1932	
LSN Graduating Class	Contributions to Nursing
Thelma Laura May Becket	
Kathryn Yiensena Bough	Army Nurses Corps
Lois Kirk Bray	
Bennie Louise Dorris Brown	
Orrie Carlyle Brown	
Charlotte Rhonda Butler	
Dorothy May Campbell	
Theresa Colwell	Army Nurses Corps
Virginia Louise Davis	
Grace May Flournoy Fields	
Ruth Charlotte Giles	

Class of 1932 Continued	
LSN Graduating Class	Contributions to Nursing
Emma Lee Harmon	
Marguerite Alyce Harrison	
Eula Mae Hill	
Homzell Ruby Johnson	
Bertha Mae King	
Bertha Jeannette Lee	
Elna May Lee	
Mayme Louise Marrow	
Carrie Virginia Marshall	Army Nurses Corps
Alice Roosevelt Means	
Ethel Moore	
Katherine Belle Mudd	
Ada Ioni Osbourne	
Eula Louise Phillips	
Rosetta Pauline Pierce	
Ida Adelpia Ransom	
Mamie Lou Robinson	
Rachel Rebecca Rose	
Jessie Louise Ross	
Phoebe Leah Scott	
Calma Whiting Shephard	
Adele Corene Smith	
Eliza Arthur Smith	
Sarah Isabell Smith	
Martha Ellen Snowden	Army Nurses Corps
Sarah Leah Tennessee	Army Nurses Corps
Eva Frances Tudos	
Gwendolyn Winifred Walker	
Maude Mae Washington	
Martha Henrrie Waters	
Margaret Edna Webster	
Dorothy Eleanor Weeks	
Evelyn Amanda Williams	
Evelyne Woodson	

Class of 1933	
LSN Graduating Class	Contributions to Nursing
Mary Agnes Brodgen	
Veronica Marie Chase	
Helen Muriel Brown	
Marjorie Louise Brown	
Marietta Evelyn Christopher	
Dorothy Elizabeth Cisco	
Florence Evelyn Cooper	
Dorothy Douglass	
Adelaide Catherine Gilliard	
Marjorie Geraldine Gunning	
Dorothy Goldstein Hopson	
Ethel Bernice Jenkins	
Emily Lillian Johnson	Army Nurses Corps
Louise Johnson	
Cicely Gunner Jones	
Evelyn Thelma Kea	
Ethel Mae Mitchell	
Orangie Beatrice Moore	
Mildred Josephine Petway	
Charlotte Dell Phillips	
Ruth Hazel Pigott	
Maude Beatrice Quander	
Myrtle Thelma Robinson	
Eugena Rachel Smith	
Alda Vardrine Wharton	
Anna Cecelia Williams	
Octavia Tyree Williams	
Margaret Loraine Wilson	
Elizabeth Josephine Worthen	

Class of 1934	
LSN Graduating Class	Contributions to Nursing
Mary Elizabeth Allen	
Alice Louise Anderson	
Dorothy Elizabeth Arnett	
Christine Pauline Blanheim	

Class of 1934 Continued	
LSN Graduating Class	Contributions to Nursing
Evelyn Montease Brown	
Marjorie Gladys Burroughs	
Dorothy Virginia Carter	
Matty Essaree Cheatham	
Isadora Denike	
Irma Enola Dixon	Nurse Educator, Anatomy and Physiology Faculty; Lincoln School for Nurses, New York
Mary Elizabeth Gilbert	
Mozella Hall	Army Nurses Corps
Genevieve May Huffman	
Nina Lee Jackson	
Louise Jessie	
Susie Gene Landum	
Georgia Albertha Moses	
Marie McDougald	
Rhoda Maude E. Striplin	Army Nurses Corps
Elizabeth Walker	

Class of 1935	
LSN Graduating Class	Contributions to Nursing
Marjorie Clair Armstrong	
Helen Emily Baker	
Stiversa Bethel	
Drusilla Gertrude Boddie	
Celia Belle Chambers	
Beatrice Ellen Cook	
Aljurita LaVerne Downey	
Esther Josephine Franklin	
Evelyn Elnora Henley	Nurse Anesthetist; Howard University
Alice Roosevelt Greene	
Henrie Berksdale Hodges	
Lillian Florence Howard	
Anna Thophia Landrum	Army Nurses Corps
Hortense Elizabeth Lilly	
Mary Louise Long	
Emma Mae McCants	
Iris Olivia McDaniel	
Alma May McGerald	

Class of 1935 Continued	
LSN Graduating Class	Contributions to Nursing
Zaida Eileen McGregor	
Sallie Will Powell	
Caroline Harriet Robinson	
Anna May Sewall	
Phyllis Martin Thomas	
Stella Mae Vanison	
Frances Eloise Watson	
Vivian Margareise Wenham	Army Nurses Corps
Gertrude Alexandria Williams	

Class of 1936	
LSN Graduating Class	Contributions to Nursing
Mary Louise Alleyne	
Mary Elizabeth Allsop	
Hattie Louise Atkinson	
Marjorie Ausby	
Bessie Baskerville Barbour	
Alicia Esmeralda Brown	Army Nurses Corps
Clara Ora Cassell	
Winifred Frances Davis	
Anita Julia DeLaTorre	
Annie Eugene Drayton	
Mae Madeline Ford	
Althea Henrietta Hamilton	
Bessie Frances Hamlette	
Edith Gloria Harris	
Georgina Eldeca Haynes	
Helen Virginia Hoey	
Enola IsaBelle Jones	
Marie Louise Lawrence	
Marjorie Butcher Nicholas	
Gwendolyn Elizabeth Oliver	
Helen Maude Powell	
Doris Eloise Russell	
Gwendolyn Louise Samuel	
Louise Wilhelmina Savage	
Ruth Stanley	

Class of 1936 Continued	
LSN Graduating Class	Contributions to Nursing
Mildred Irene Terry	
Vivian Augusta Tolson	
Helen Stansberry Trice	
Agatha Frederica Weech	
Class of 1937	
LSN Graduating Class	Contributions to Nursing
Pearl Harriet Ailstock	Army Nurses Corps
Dorothy Louise Anderson	
Myrtle Naomi Booker	
Dorothy Elizabeth Brown	
Hilda Maud Carey	
Muriel Hilda Cheesman	
Bertha Comer	
Doreen Dorothy DeShong	Assistant to Pediatric Supervisor, Lincoln School for Nurses, New York
Marie Bernice Elliot	Nurse Educator; Pediatric Nursing; Lincoln School for Nurses, New York
Madeline Virginia Fisher	
Marie Madison Fryer	
Mae Evelyn Greene	Army Nurses Corps
Mary Ann Hackett	
Edithe Izora Hall	
Catherine Harris	
Beatrice Virginia Johnson	
Ella Nora Johnson	
Rosa Lee Jones	
Mary Elizabeth Lancaster Carnegie	Author of Pathfinders; Dean of Florida A&M University; Nurse Educator at St. Phillips; Virginia; First black nurse to be appointed to the editorial staff of the American Journal of Nursing
Hattie Marie Lewis	
Margaret Helene Livisay	
Althea Whaley Mason	
Everil Matilda Myles	
Aviegale Marshall Reid	
Frances Barbour Reid	Assistant to the Medical Supervisor, Lincoln School for Nurses, New York
Lois Janet Saunders	
Elinor Marie Smith	

Class of 1938 Continued	
LSN Graduating Class	Contributions to Nursing
Genevieve Elaine Persico	Army Nurses Corps
Dorothy Elizabeth Plummer	
Mildred Louise Ringgold	
Laurabelle Simons	
Irene Frances Slade	
Rose Maree Smith	
Evelyn Kathaline Spencer	
Edith Elizabeth St. Lawrence	
Beatrice Odessa Teasdale	
Alice Mildred Wilson	
Elizabeth Young	

Class of 1939	
LSN Graduating Class	Contributions to Nursing
Ruth Hattie Briggs	
Cora Nedra Brown	
Evelyn Georgiana Brown	
Frances May Drewe	
Edith Louise Edwards	
Daisy Enever	
Bessie Flora Lee Evans	
Ruth Everett	
Agnes Elaine Gordon	
Quinetta Ruth Griffin	
Eltanah Gundy	
Adelaide Valerie Hawkins	
Lillian May Holland	Assistant Instructor at Lincoln School for Nurses, NY
Alice Farnsworth Holmes	
Mildred Eldora Jones	
Eliza Rebecca Knight	
Elizabeth Priscilla Laury	
Bernice Ellen Lett	
Ada Baranetta Lewis	
Emma Louise Mitchell	
Hannah Quander Mitchell	
Laura Lucinda Moorhead	
Evelyn Lolita Nurse	Army Nurses Corps

Class of 1939 Continued	
LSN Graduating Class	Contributions to Nursing
Emmie Wilkinson Perkins	Army Nurses Corps
Doris Ildeica Phillips	Army Nurses Corps
Olwen Eloise Ransom	
Corrine Delores Scott	
Elaine Conrad Shorter	
Rosa Stanley Sidney	
Ada Victoria Spann	
Hazel Jean Stewart	Assistant Instructor at Lincoln School for Nurses, NY
Mary Frances Suthern	
Emma Turnage	
Ida Bell Turnage	
Helen Fredericka Turner	Navy Nurse Corps
Dorothy Maurice Wagner	
Edna Frances Waters	
Bernice Christina Wilson	
Julia Mae Winston	
Reva Troice Woods	
Eleanor Eugenia Yorke	Army Nurses Corps

Class of 1940	
LSN Graduating Class	Contributions to Nursing
Helen Veronica Ambrose	Army Nurses Corps
Lena Grace Baylor	
Edna Elene Blackman	
Ruby Gertrude Browne	
Mary Elizabeth Bush	
Thelma Elizabeth Calloway	Army Nurses Corps
Edith Virginia Carr	
Helen Jeanette Clark	
Rose Nesbit Colter	
Doris Marie Connolly	
Wilhelmina Beatrice Cooke	
Vivian Ione Davenport	
Bessie Lee Dillard	
Doris Jeannette Evans	
Lillian Russell Farrill	
Dorothy Audrey Fleming	

Class of 1940 Continued	
LSN Graduating Class	Contributions to Nursing
Marie Louise Gellineau	
Juanita Priscilla Gibson	
Loretta Jeanette Green	
Louise Marie Jacobs	Army Nurses Corps
Essie Elizabeth Jacobs	
Audrey Matilda Lynch	
Kathryn Elizabeth Madrey	
Sarah Lucille Marks	
Virginia Mobley	Army Nurses Corps
Katherine Yvonne Newberry	
Edith Evelyn Payne	
Marie Louise Pearce	Army Nurses Corps
Georgia Maria Pollard	
Vivienne Cleora Pough	
Muriel Ione Segre	
Lucille Martha Sykes	
Ruth Elizabeth Thomas	
Idamae Adele Tyler	
Myrtle Elizabeth Weinglass	
Letha Mae West	

Class of 1941	
LSN Graduating Class	Contributions to Nursing
Zenia Silvia Aarons	
Kathryn Elizabeth Anderson	Army Nurses Corps
Hester Norene Awkard	
Leona May Baker	
Helen Wilhelmina Corbin	
Phyllis May Daley	First African American Nurse Sworn into the U.S. Navy
Willa Ruth Davis	
Winifred Eulalie Dunn	
Marion Louise Dyson	
Evelyn Olivia Felton	
Lucille Marie Francis	
Frances Bernice Garnes	
Mary Virginia Gorham	
Winifred S. Gunn	

Class of 1941 Continued	
LSN Graduating Class	Contributions to Nursing
Ruth Elizabeth Kydd	
Marie Rosamond Marks	
Vivian Selby Martin	
Eunice Mattis	Assistant to Anatomy Instructor at Lincoln School for Nurses, New York
Mildred Ernestine Maynard	Army Nurses Corps
Loretta Gertrude Miles	
Violet Millicent Moore	
Muriel Helen Oliver	
Mary Kathryn Parker	
Flora Marian Peters	
Dorothy Sylvia Powell	
Phyllis Marjorie Quallo	
Mary Ellen Savage	
Opal Florence Seabrook	
Virginia LaConda Scott	
Myrtle Brands Singleton	
Viola Irene Sullivan	
LaMar Virginia Tarver	Army Nurses Corps
Ione Gladys Taylor	
Dorothy Lewis Vaughn	
Gladys Amelia White	
Margaret Alma Winston	
Alma Maude Wright	
Mollie Anne Wynn	Army Nurses Corps

Class of 1942	
LSN Graduating Class	Contributions to Nursing
Ruth Estrella Armistead	Army Nurses Corps
Letitia Marie Bates	
Muriel Adelaide Billups	
Alice C. Copeland	Army Nurses Corps
Lena Ophelia Crawford	
Cynthia Elodie Cumberbatch	
Mildred Iola Cummings	
Nancy Jane Dunlap	
Sadie Barton Ezelle	
Madlyn Harriet Fitzgerald	

Class of 1942 Continued	
LSN Graduating Class	Contributions to Nursing
Grayce Dianna Franklin	
Willabelle Virginia Graves	
Millicent Alethia Green	
Catharine Sianna Gross	
Rose Elizabeth Heywood	Army Nurses Corps
Lucille Antoinette Hudlin	
Evelyn E. Hughes	
Mildred Louise James	
Ruth Lolita Johnson	
Alice Marie Jones	
Arabella Jane Jones	
Pauline Charlotte Jones	
Ada May Knight	
Sadie Martin Lee	
Ruby Louretta Lewis	
Louise Alice Jennie Lord	
Evelyne Alice Maxwell	
Alice M. McKoy	Army Nurses Corps
Ellen Miama Moore	
Josephine Lois Morris	
Lilas Mabel Norman	
Marion Alene Oliver	
Constance Lane Perkins	
Florence Hill Phillips	
Vivian Marie Powell	
Gillespie O. Poyer	
Berniece T. Saunders	
Estelle Alma Singleton	
Ruth Gladys Skeete	
Lauralee Doris Skinner	
Elsie Doris Smith	
Clara V. Springer	
Dorothea Mavis Thompson	
Ethel Tillison	
Harriet Ophelia Trimble	
Mary Hill Tucker	
Alma Elizabeth Washington	

Class of 1942 Continued	
LSN Graduating Class	Contributions to Nursing
Mary Frances West	
Louvenia Wright	
Class of 1943	
LSN Graduating Class	Contributions to Nursing
Alvilda Marie Allen	
Bessie Mae Anderson	
Mary Hollings Boston	
Vivian Harris Broaddus	
Lillian Mae Brown	
Alberta Bryant	
Frances Albertina Coleman	
Louise Watson Compton	
Ivy Leanda Daly	
Cynthia Agnes deBarnard	
Gwendolyn Irene Epps	
Carmen Lucetta Estwick	
Doris Belle Farrar	
Lucille Margaret Fredericks	
Martha Augustine Gilliamme	Army Nurses Corps
Rose Melita Grannum	
Myra Ethney Greenidge	
Jane Millicent Haithman	
Minnie Theda Hargrove	Assistant Instructor, Lincoln School for Nurses; New York
Valeria Rhoda Haynes	
Eunice Clarita Jones	
Helen Lucille Kellam	
Ida Eleanore May	
Madge Inez Morgan	
Marjorie Eileen O'Connor	
Vivian Estelle Overton	
Elinor Elizabeth Powell	Army Nurses Corps
Obelia Scott	Army Nurses Corps
Cyril Vivian Smith	
Geraldine Virginia Smith	
Josephine Wylheart Thomas	
Irene Wiles	

Class of 1943 Continued	
LSN Graduating Class	Contributions to Nursing
Wilhelmina Williams	
Mavis Kathleen Wilson	
Louise Ruth Wright	Army Nurses Corps

Class of 1944	
LSN Graduating Class	Contributions to Nursing
Frances Adelia Bowe	
Janet Laraine Blackwell	Army Nurses Corps
Ina Elmira Brown	Army Nurses Corps
Lois Evelyn Browne	
Beatrice Burley	
Leona Robinson Carmichael	
Dorothea Eloyce Cherry	
Harriet Louise Elizabeth Clarke	
Carmen Maria Chisholm	Army Nurses Corps
Vivian Beatrice Crabbe	
Thomasene Davis	
Barbara Hall Farrow	Army Nurses Corps
Lois Evelyn Fordham	
Ida Mae Goosby	
Eleanora Garnet Graves	
Alethea Elliott Greenlief	
Marcella Tabitha Harrell	Army Nurses Corps
Mary Louise Harrison	
Stella Rosemond Haynes	
Audrey Frances Heath	
Emily Hildegard Hill	
Charlotte Marie Jarvis	Army Nurses Corps
Hazel Althea Johnson	
Alma Elizabeth Jones	
Nancy Carol Leftenant	Captain; Lockbourne Army Air Base
Patricia Ann Leftwich	
Doris Elizabeth Nelson	
May Norman	
Ruth Alexandra Phillips	
Glovinia Agatha Phipps	
Maxine Inez Pitter	

Class of 1944 Continued	
LSN Graduating Class	Contributions to Nursing
Aldean Louise Powell	
Catherine Gloria Ramsey	
Carolyn Elizabeth Rumber	
Laura Henrietta Skinner	
Marion Elizabeth Stewart	Army Nurses Corps
Clarice Marie Taylor	
Doris Marguerite Thomas	
Vivian Tuck	
Mildred Ernestine Tucker	Army Nurses Corps
Bernice Gwendolyn Vickers	
Irma Alethea Williams	
Gwendolyn Maude Watson	Army Nurses Corps
Frances Jeanette Willis	
Margaret Elizabeth Wilson	Army Nurses Corps
Dessie Walker	
Ethel Mae Wood	

Class of 1945	
LSN Graduating Class	Contributions to Nursing
Vivian Elizabeth Booker	Army Nurses Corps
Jean Dolores Boyer	
Thelma Gertrude Brock	
Adelaide Vernon Brown	Army Nurses Corps
Ethel June Brown	
Cordella Ransom Burwell	
Frances Catherine Callender	
E. Virginia Campbell	
Alison Virginia Carter	
Effie Mozella Chance	
Anne Elizabeth Chisum	
Eula Narcissa Cornell	
Mollie Virginia Crocker	
Barbara Thompson Edwards	
Mary E. Everette	
Mildred Edwynna Ferrell	
Osenda George Findlay	
Bernice Vivian Ford	

Class of 1945 Continued	
LSN Graduating Class	Contributions to Nursing
Patricia Edna Goddard	
Goldie Walton Graves	
Lolita Helen Green	
Naomi Elizabeth Hamilton	
Leatha Virginia Hines	
Madeleine Vivian Howard	Army Nurses Corps
Dorothy S. R. Jackson	
Oouida Davis Jackson	
Dorothie Christine Jones	
Louise Thalita LaVeille	
Rebecca Lewis	Army Nurses Corps
Geraldine Lydia Lynch	
Elizabeth Yvonne Lyons	
Savanna Junice Mack	
Lolette Jenine Maillard	
Nathalie Castro Mais	
Minnie Jeannette Maxfield	Army Nurses Corps
Nancy Elizabeth Moody	Army Nurses Corps
Pearl Sylvia Moore	
Enestine V. McKnight	
Fredericka Mildred Pemberton	
Ruby E.C. Phillips	
Alice Willias Price	
Eleanor E. Rankin	
Edna Earle Redden	
Ethel Adeline Rigby	
Marion L. Sasser	
Katherine Phyllis Simington	
Katherine Elizabeth Simmons	
Willeta Eugenia Simonton	First black nurse to serve as Associate Executive Secretary to ANA headquarters staff
Viola I. Taylor	
Amy Melia Theobald	
Clara Etta Todd	
Blanche Hill Toran	
Dorothy Louise Trice	
Beverly Blanche Washington	

Class of 1945 Continued	
LSN Graduating Class	Contributions to Nursing
Juanita Washington	
Ruby Elaine Weston	
Doris E. Wattlely Williams	

Class of 1946	
LSN Graduating Class	Contributions to Nursing
Emily Moore Adcock	
Evelyn Winifred Armstrong	
Ceola Arbelle Brown	
Flora Louise Bryan	
Sundee Rebecca Butler	
Stella W. Campbell	
Mary Carolyn Chapman	
Doris Cornie Clark	
Enid Lenore Clarke	
Olga Veronica deFreitas	
Helen Harriet Diggs	
Elaria Dolores Durant	
Julia Gibson	
Gloria Jane Griffin	
Evelyn Lucille Gupton	
Betty Lou Haithman	
Julia Hamilton	
Clarice Albertha Hayney	
Dorothy Equilla Haywood	
Clarine Ened Branch Holder	
Pearl Mae Hume	
Norma Irene Lett	
Elfreda Viola Liburd	
Frances Lyons Mitchell	
Helen Odessa Savage Mitchell	
Eugenia Iona Moore	
Florence Loretta Mouzon	
Ludie Pearl Myers	
Barbara Elizabeth Nelson	
Katharine Kelley Nesbitt	Assistant in Nursing Education, Lincoln School for Nurses; New York

Class of 1946 Continued	
LSN Graduating Class	Contributions to Nursing
Beryl Eileen Nightingale	
Cecile Nevils Payne	
Anna Robinson Perry	
Enid Gwendolyn Pilgrim	
Olive Marie Place	
Alfreda Helen Roachford	
Dorothy Elizabeth Robinson	
Katherine May Rutledge	
Eleanor Katherine Sams	
Ingid Teresita Samuels	
Doris Mae Selvy	
Florence Rosetta Small	
Ella Jean Thomas	
Helen Nadine Walker	
Elizabeth Harriet Ward	
Anastasia Mary Williams	
Rebecca Lillian Winters	
Mable Leron Wright	
Virginia Wright	
Daisy Alaissielee Young	

Class of 1947	
LSN Graduating Class	Contributions to Nursing
Gladys Sarah Allen	
Sadie Alberta Benjamin	
Ernestine Black	
Muriel Carlotta Bland	
Vivian Harriet Campbell	
Phyllis Harriet Chapman	
Marjorie Constance Collins	
Roberta Virginia Daly	
Marye Lilly Davis	
Alma Helen Dorsey	
Ruth Elizabeth Duncan	
Almeda Edwards	
Gracie Lee Edwards	
Beatrice Lucille Faulkner	

Class of 1947 Continued	
LSN Graduating Class	Contributions to Nursing
Eldred Graham	
Margaret Mary Graham	
Helen Louise Green	
Ianthe Clothilde Harris	
Myrtle Loleta Holder	
Rosecleer Hurley	
Joy Elizabeth Jeffress	
Alma Louise Jenkins	
Edith Carolyn Johnson	
Phyllis Anne Lassiter	
Katheryn Liferiedge	
Grace Elaine Marshall	
Alice Geneva McCoy	
Edith Chester Mitchell	
Juanita Noah Morris	
Marion Ruth Peters	
Gwendolyn Jane Phillips	
Elnora Phillips Pickens	
Margaret LaVerne Richardson	
Eunice Mae Rivers	
Bernice Winifred Robinson	
Bertha Selena Robinson	
Dolores Agatha Simes	
Marie Louise Simon	
Corriene Margaret Thompson	
Sadie Iva Thompson	
Ruth Lillian Tudos	
Dorothy Valdez	
Pauline Victoria Weldon	
Mary Matilday West	
Beulah Elaine Wiggins	
Phyllis Alberta Williams	
Lucille Marion Winston	

Class of 1948	
LSN Graduating Class	Contributions to Nursing
Emily Laurretta-Jean Allen	
Josephine Williams Anthony	
Thelma Veronica Beale	
Ilva Flaurece Benjamin	
Olga Naomi Bernanrd	
Verlie Mae Brown	
Marilyn Vandella Coker	
Marion Marie Crews	
Stella Dixon	
Laura Lillian Dore	
Jeannette Lorraine Fieulleteau	
Bernice Finley	
Gwendolyn Anna Gorham	
Gloria Louise Grant	
Janice Meredith Gray	
Edna M. Greene	
Alice Audrey Hall	
Elizabeth Margaret Hush	
Coretha Johnson	
Goldie Key	
Evelyn Elizabeth King	
Alice Louise Lazenby	
Theda Bara Lee	
Cynthia Neita Lynch	
Helen Meredith Lewis McLean	
Frances Palmaline McReynolds	
Yvonne Marilyn Marsh	
Maudine M. Marshall	
Mary Etta Miller	
Marilyn Virginia Mitchem	
Enid Monica Modest	
Peggy Joyce Monroe	
Irene Lillian Morgan	
Dorothy Mae Mosley	
Jeanette F. O'Garro	
Clarissa Sylvia Oliver	
Monica Olivia Roper	

Class of 1948 Continued	
LSN Graduating Class	Contributions to Nursing
Ursula A. Sandiford	
Wynona Marie Sparks	
Beryl Clarissa Thompson	
Marcella Tomlinson	
Ruby Theresa Williams	
Lois Anne Wilson	
Teresa M. Wood	
Lillian Yarbrough	
Emma Elizabeth Young	
Marion Cecelia Young	

Class of 1949	
LSN Graduating Class	Contributions to Nursing
Gwendolyn Williams Allen	
Rosalyn Smith Atkinson	
Rosemarie Whitley Banks	
Doris Beazer	
Ruth Bailey Branch	
Constance Bowen	
Geraldine Jones Brown	
Lavenia Anderson Brown	
Eloise Spooner Clarke	
Marion L. Ridley Connell	
Juanita Reeves Cotton	
Inez Jones Dixon	
Constance Eubanks	
Willie Lee Mitchell Everhart	
Gertrude Seaton Foster	
Lorraine Farrow Gross	
Bertha Fowler Hamilton	
Thelma Vauls Harris	
Gloria Phynes Holder	
Mildred Walker Holmes	
Lillian Hunter	
Elaine Johnson Innis	
Sarah Miller Jackson	
Dolores Flanagan Johnson	

Class of 1949 Continued	
LSN Graduating Class	Contributions to Nursing
Flora Callender Joseph	
Irene King	
Janie King Lauray	
Helen Kellam Lawrence	
Betty Williams Martin	
Madeline Peters M. Martin	
Agnes Watson MacBeth	
Esther Wise Mason	
Sadie Devoe McNair	
Edna Small Melenders	
Whillemina Mikel	
Mattie Pugh Moore	
Hattie Moyer	
Marian Goady Patrick	
Phyllis Todd G. Reynolds	
Natalie Ellington Rose	
Shirley Rankin Schimdt	
Gloria Vargas Soyles	
Evelyn Freeman Stats	
Constance MacArthur Thornhill	
Florence Wair	
Theresa Roper Warren	
Edna Wason	
Willa Mae Morgan Wiggins	
Barbara Tinney Williams	
Doris Wood Wilson	
Elizabeth Kendall Wilson	
Muriel Wilson	

Class of 1950	
LSN Graduating Class	Contributions to Nursing
Velma Hilliard Abernathy	
Elsie May Bennett	
Sybil Buckmire	
Gloria A. Cannon	
Sylvia Odelle Chevers	
Carrie Willie Clark	
Katherine Jean Clarke	

Class of 1950 Continued	
LSN Graduating Class	Contributions to Nursing
Katherine Henriquez Clayton	
Viola Elizabeth Davis	
Celia Estelle Deas	
Lorraine Juanita Edelen	
Clara Wilkins Freeman	
Dorothy Alice Fullerton	
Lorraine Priscilla Furbert	
Gloria Priscilla George	
Ruth Johnson Gihan	
Mary Ethel Hamilton	
Norma Bertha Harris	
Barbara L. Hicks	
Jacqueline Delores Hughes	
Eleanore Mae Jackson	
Irene Jarvis	
Mary Eunice Leftenant	Lieutenant; Lockbourne Army Air Base
Marguerite Louise Lewis	
Alma Helen McCraney	
Joyce Elaine McFarland	
Elida Valadia Major	
Anna Frances Monroe	
Linnette Maud Moore	
Yvette Nazaire	
Gloria Mae Nicholas Edith Payne	
Phillis Louise Porter	
Phoebe LaViscount Prime	
Barbara Puryear	
Percymae Ella Reed	
Doris Robbins	
Ella Louise Sparks	
Suzanne Elaine Stanford	
Fransarah Stephens	
Rilla Alexander St. John	
Mae Esabel Tabbanor	
Eleanor Frances Taylor	
Juanita Smith Vaughan	
Florence Ray Wair	

Class of 1950 Continued	
LSN Graduating Class	Contributions to Nursing
Virginia Bessie Wallace	
Cora Elizabeth Warren	
Virginia Geraldine Woodyard	
Irene Dorothy Young	

Class of 1951	
LSN Graduating Class	Contributions to Nursing
Jeanette Anderson	
Lynnette Anderson	
Lillian Clement Austin	
Rebecca Beasley	
Muriel Bell	
Goldie Conwell Benjamin	
Martha Vann Benjamin	
Dolores Robinson Best	
Marjorie Sims Campbell	
Elaine McCoy Cheeks	
Esther Josey Chong	
Rosemary Harris Colfield	
Miriam Smith Crawley	
Carolyn Ancrum Cooper	
Pearl Ashley DeSana	
Esther DeWindt	
Virgina Doswell	
Geraldine Wilson Ealy	
Ivy Kelly Gayle	
Carmen Gumbs	
Martha Wilson Hall	
Willetta Burton Hamilton	
Dorothea Fountain Hodge	
Marion Sith Hanson	
Carol King	
Lois Shaw Lawrence	Surgical Clinical Instructor; Lincoln School for Nurses, New York
Ann Lewis	
Evelyn Lewis	
Sallie Lockett	
Emogene Taylor McGill	

Class of 1951 Continued	
LSN Graduating Class	Contributions to Nursing
Margarite Fountain Martin	
Elizabeth Jordan Miller	
Winifred Heath Minott	
Annamae Scott Mitchell	
Margaret Jones Neale	
Dorothy Price Porter	
Verma Elliott Pringle	
Thelma Butcher Reid	
Prenella Roberts	
Jacqueline Smith Sanderson	
Evelyn Ulmer Sims	
Doris Carter Smith	
Lolita Soares	
Elma Solomon Tamar	
Jean Maiden Taylor	
Betty Thompson	
Ethel Underwood	
Edla Kelly Valentine	
Cynthia Fisher Warren	
Yvonne Wylie	

Class of 1952	
LSN Graduating Class	Contributions to Nursing
Louise Allen	
Shirley Anderson	
Vivian J. Baker	
Emma Ballard	
Ruby Beale	
Lorraine Bell	Surgical Clinical Instructor; Lincoln School for Nurses, New York
Wilhelmina Bentley	
Martha Boatwright	
Ann Marie Booker	
Georgianna Brevard	
Geraldine Brink	
Barbara Brooks	
Barbara Clark	
Alberta Cole	

Class of 1952 Continued	
LSN Graduating Class	Contributions to Nursing
Lucille Wilkerson Cross	
Mizpah Duncan	
Sarah Ellis	
Priscilla Gates	
Rosalind Goodrich	
Roslee Green	
Ursula Hall	
Doris Hare	
Virginia Harris	
Geraldine Johnson	
Elizabeth Kelly	
Winifred Lammers	
Greta Lee	
Mavis McFarlane	
Lucy McIntyre	
Jan Patience	
Daisy Pena	
Beatrice Pitts	
Marjorie Powell	
Gloria Reynolds	
Helen Richardson	
Miriam Robertson	
Grace Rivera Russell	
Venetta Morales Ryan	
LuElla Scot	
Verna Self	
Venus Shea	
Barbara E. Smart	
Ethel Smith	
Naomi Snyder	
Kathleen Stewart	
Beulah Taylor	
Zurline Thompson	
Margaret Paula Williams	
Evelyn L. Willis	
Marjorie Woodle	
Anne Young	

Class of 1953	
LSN Graduating Class	Contributions to Nursing
Viola Arrington	
Dorothy Louise Astwood	
Joan Bassett	
Adele Roslyn Beene	
Lois Ann Benson	
Velda Claudine Blackman	
Brontie A. Blenman	
Wyneva Hortense Gilliam Bookman	
Joycelyn Alphababy Bowser	
Ianthe Patricia Bradshaw	
Jean Patricia Braxton	
Thelma Theora Brown	
Valerie Elizabeth Brown	
Shirley anne Browne	
Linda Florabella Butler	
Alberta Grace Colbert	
Elaine Dixon	
Yolanda Alica Domingo	
Bernice Virginia Drummond	
Beatrice Echols	
Glorai Constance Edden	
Beryl Fergusson	
Elaine Cleola Fraser	
Helen Ruth Randolph Foote	
Valeska Malcinia Gay	
Theresa Geneva Gholston	
Shirley Arvene Gray	
Shirley Adele Hardy	
Gloria Elizabeth Heard	
Barbara Lois Holt	
Vashti Holt	
Mary Jean Jasper	
Loretta Johnson	
Norma Ernestine Johnson	
Edith Montgomery Lee	
Joan Annette Leftenant	

Class of 1953 Continued	
LSN Graduating Class	Contributions to Nursing
Lydia Ann McCord	
Marilyn Elaine Marable	
Cynthia May Marsh	
Juanita Alburtus Mayhams	
Thelma Jame Lewis Miller	
Elsie Adelaine Moralis	
Cora Ada Murray	
Geraldine Meely	
Thelma Marie Oliver	
Janet Crawford Palmer	
Johnea Dorothy Phillips	
Juanita Wilkins Richardson	
Lois Ann Richardson	
Fannie Ricks	
Ruth Robinson	
Geraldine Rosemond	
Loretta May Rucker	
Elizabeth Mae St. John	
Irma Santiago	
Shirley Adelaide Selvy	
Violet Smiley	
Caroline Theresa Stoute	
Joan Patricia Sturup	
Eunice Taylor	
Iris Valdes	
Mildred Victor	
Faye Edythe Vivian White	
Gloria Workman	

Class of 1954	
LSN Graduating Class	Contributions to Nursing
Ann Alexander	
Edith Guiles Alston	
Mary Askew	
Susie Miller Badger	
Natalie Varlack Bodden	
Doris Harrison Boswell	

Class of 1954 Continued	
LSN Graduating Class	Contributions to Nursing
Wilhelmina Wright Brooks	
Ida Mae Broxie	
Gloria Edwards Byrd	
Lulu Mae Walker Campbell	
Arzellna Miller Carter	
Christine Carter	
Joyce Clarke	
Bernel Hemmings Connolly	
Gloria Banks Edwards	
Dorothy Nicholas Evans	
Eleanor Dolores Foster	
Ronnie Gilbert	
Doris Gilmore	
Elaine Dehaney Gowie	
Yvonne Grafton	
Ida Cunningham Green	
Celestine Guzman	
Gloria Howard Hall	
Lillian Randolph Hall	
Althea Murray Harper	
Sephlyn Jones Holden	
Willie Mae Battle Jones	
Rowena Avry Kearns	
Shirley London	
Hortense Burwell Marshall	
Margaret Duckenfield Marshall	
Nancy Burrell Mason	
Evelyn Thomas McWan	
Rose Thornton Miles	
Anne Francis Murphy	
Anne Richardson Norris	
Gladys Shajobi Olummuyiwa	
Adeliade Parker	
Bertha Smith Profet	
Bertha Anna Rayzer	
Janet Robinson	
Clara Woods Sealy	

Class of 1954 Continued	
LSN Graduating Class	Contributions to Nursing
Leanna Bosley Sneed	
Geneva Harris Stewart	
Cynthia Brown Sweetland	
Alice Cherry Thomas	
Agnes Van Hook Thorne	
Patricia Brown Tripp	
Mariah Wilson Vassall	
Elizabeth Walker	
Betty Mosley Waters	
Bessie Still Webster	
Geneva Williams	
Margaurite Williams	
Gertrude Agatha Wills	
Audrey Epps Wilson	
Alma Holmes Winn	
Grace E. Young	

Class of 1955	
LSN Graduating Class	Contributions to Nursing
Martha Askew Bennett	
Glorai Bernabella	
Edith Douglas Blackman	
Gladys Boykin	
Alberta Callender	
Mildred C. Codrington	
Gloria Annette Dallas	
Mildred Cash Dames	
Thelma DeVoe	
Constance Perkins Dews	
Hyacinth Douglas	
Catherine Conwell Dozier	
Dolores Gaspard Drew	
Elizabeth Robbins Evans	
Joan Fields	
Peggy Mosely Fisher	
Esther G. Galloway	
Eulalie Greaves	

Class of 1955 Continued	
LSN Graduating Class	Contributions to Nursing
Betty Hawkins	
Gwendolyn Floyd Holly	
Bertha L. Holmes	
Lucy Alston Montague	
Lucia A. Mitchell	
Daisy Simmons Morgan	
Lottie Brunson Parsons	
Alfretta Perry	
Vivian Wilson Richardson	
Katherine Dews Russell	
Anna Scott	
Betty-Joe Smith	
Marion Spearman	
Jeanne Scott Synder	
Regina Thompson	
Velma Valvaree	
Anna Wanger	
Glenora Watts	
Florence Carrott Williamson	
Helen Luck Willis	

Class of 1956	
LSN Graduating Class	Contributions to Nursing
Bettye Johnson Aggerup	
Sylvia Weeks Alston	
Edwina Kenney Ahenkora	
Juanita Rose Barham	
Gertrude Sinclair Bedford	
June Jenkins Broadway	
Bernice Edwards Bush	
Victoria White Chin-Sang	
Dorothy Eldridge Clark	
Norma Washington Clarke	
Joyce Coleman	
Yolanda Coy	
Shirley Doughlas Donaldson	
Barbara Dixon	

Class of 1956 Continued	
LSN Graduating Class	Contributions to Nursing
Ismay L. Edwards	
Barbara Tarrant Fant	
Marion Harrison French	
Janet Abrams Goldson	
Ruth Graves	
Martha Roberts Haughton	
Doris Smallwood Jennings	
Carolyn Payne John	
Elsie Martin Livingston	
Frances Rangel McDermott	
Carolyn Mossey	
Isabelle Francis Overton	
Kathryn Gordon Patterson	
Ada Tyson People	
Doris Williams Poyner	
Marian Ford Pryce	
Gwendolyn B. Reed	
Gloria Hammond Roberts	
Beverly Beaton Schulerbrant	
Ruth Colbert Sergenten	
Nancy Fortson Simmons	
Loretta Gibbs Simms	
Pearl Verley Stanford	
Valeria Carraway Weems	
Alyce Hardaway Williams	
Angela Williams	
Catherine Phipps Williams	
Marie Williams	
Shirley Westcarr	

Class of 1957	
LSN Graduating Class	Contributions to Nursing
Susie Mae Bailey	
Vivienne Gloria Batticks	
Rosalyn Marie Beavers	
Yvonne Dorsey Bolton	
Dolores Catherine Bowman	

Class of 1957 Continued	
LSN Graduating Class	Contributions to Nursing
Barbara Jean Brown	
Cecily Joan Brown	
Lenora Pecola Brown	
Drucylla Marion Butler	
Muriel Josephine Carter	
Sheriel Lorraine Carter	
Joyce Evelyn Dean	
Gloria Lottie Howard	
Eva Richardson Johnson	
Addie Bell Leslie Jones	
Beverly Price Levicie	
Milford Smith Lockhart	
Sarah K. Mack	
Claudette Alexandria Michael	
Vera Lee Moore	
Carmen Justina Morris	
Carolyn Moore Mosley	
Thelma Margaret Payne	
Candida Delgado	
Vivian Geraldine Doe	
Elsie Alberta Dunham	
Christine JanetDye	
Esther N. Eshleman	
Ruth Viola Fowlkes	
Patricia Ellen Fuller	
Roberta Gills	
Gloria Jacqueline Hall	
Shirley Maxine Hall	
Noel Frances Hammond	
Doris Alfreda Harris	
Ethel Cora Redd	
Marjorie Louise Rollerson	
Marian Virginia Sheppard	
Mildred Eugenia Simms	
Myrtle Lucinda Simpson	
Helen Swanston	
Ernestine Taylor	

Class of 1957 Continued	
LSN Graduating Class	Contributions to Nursing
Doris Mary Ward	
Joyce Elaine Wilson	
Aiela Luvinia Yard	
Patricia Olive Young	
Shirley Gwendolyn Younge	

Class of 1958	
LSN Graduating Class	Contributions to Nursing
Betty Ann Allen	
Annie Miller Beasley	
Jean Kathleen Berkeley	
Joan Andree Bethel	
Frances Lois Brockington	
Gustine Brown	
Julia Brown	
Cara Yvonne Collins	
Ethel Ferguson Dial	
Catherine Drysdale	
Demeter Kendall Epps	
Joan Foster	
Dorothy Regina Myles	
Elinor Mercedes Nesby	
Lauretta Angela Orr	
Thelma Louise Paisley	
Mavis Naomi Patterson	
Florine Patriza Plaskette	
Helen Polhill	
Annie Spencer Pope	
Teresa Ramirez	
Pearline Fedricka Reid	
Shirley Theresa Richardson	
Evelyn Marie Gaines	
Mildred Kristine Hammond	
Dell Louise Harper	
Mabel Glen Harris	
Dorothy Hicks	
Ella Geraldine Hunter	

Class of 1958 Continued	
LSN Graduating Class	Contributions to Nursing
Jean Oneita Jules	
Vivian Armenta Leslie	
Allie Laura McClelland	
Gloria Joseph McGivney	
Merle Eunice Milton	
Eloise Marie Moncur	
Bertha Rochelle Robertson	
Lynnette Samuel	
Elois Dyvonne Sharp	
Irma Ann Still	
Rosa Amos Thomas	
Edythe Louise Urquhart	
Geraldine Ella Ward	
Ruth Raysor Webb	
Leatrice Ann White	
Audrey Mae Whiting	
Lera Mae Whittaker	

Class of 1959	
LSN Graduating Class	Contributions to Nursing
Marie Gittens Barno	
Betty Jean Barry	
Alberta E. Brasfield	
Gladys Louise Broxie	
Thelma C. Coleman	
Alfreda Yvonne Cook	
Olivia Alstons Cruz	
Roberta Daniels	
Thelma Dantzler	
Bessie Magnolia Dupree	
Joan Louise Edwards	
Jeanette C. Ferris	
Raye C. Green	
Phyllis Marjorie Harper	
Jocelyn Haynes	
Maude Hoheb Hodge	
Grace Brown Ingleton	

Class of 1959 Continued	
LSN Graduating Class	Contributions to Nursing
Desiree R. Joseph	
Edith Oliva Kidd	
Doris Elizabeth Leevy	
Rosa Sylvia Ramos	
Carrie D. Reese	
Jeanne Shockley	
Lois Naomi Sutton	
Edna Esella Venn Williams	
Bernice Alaine Wilson	
Thelma Nembhard Woods	