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# NURSING HISTORY REVIEW

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**AAHN**  
*American Association for the  
History of Nursing*



FORT WORTH, TEXAS

# “Girls Don’t Strike without Provocation”: African American Women, the General Strike, and the Good Samaritan Hospital School of Nursing, Charlotte, North Carolina, 1956–1959

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On August 17, 1956, seventeen Black women graduated from Good Samaritan Hospital School of Nursing (GSHSN). Once their commencement activities ended, the women submitted a petition, signed by each of them, to the board of directors of Good Samaritan Hospital (GSH). In the document, the graduates detailed that they had received “harsh and crude discipline” and that they were frustrated with “receiving an inferior education for exorbitant fees.”<sup>1</sup> The all-White senior leadership summarily ignored the petition. Just two months later, the administration suspended twenty of the twenty-one junior nursing students still in the program for protesting their perceived poor treatment at the hands of their matron or director of nursing. Three years later, in 1959, the entire junior and senior classes held a general strike that led to GSHSN’s final closure and aided the desegregation of medical care and nursing education in Charlotte, North Carolina.

What happened at GSHSN? Why did the students risk so much by openly protesting their treatment, living conditions, and education? Why did the school of nursing close when it did? How does this largely forgotten student strike fit into Charlotte’s desegregation arc? This article attempts to answer these questions while presenting three different yet connected protest actions



taken by young Black women at a hospital-based school of nursing in the years prior to North Carolina’s more commonly acknowledged student activism of the 1960s and 1970s. The article begins with a chronological account of the student protests supported with secondary scholarship on nursing education history in Black hospital-based nursing schools, and closes with an exploration of the lasting results of the nursing student general strike at GSHSN.

But for media attention garnered by an October 1956 protest, the action taken by the graduating class of 1956 might never have been made public. Sarah Hill, Brunelle Dawkins, Earcelle Richmond, Bettye Henderson, Ellen Wilson, Mary Tinsley, Florence Mizelle, Eunice Jones, Cherye McFadden, Clastine Carer, Jannie Hargrove, Doris Simms, Blondell Smith, Thelma Tyson, Mattye Burch, Elnora Bivings, and Julia Foster—the entire graduating class of 1956—expressed their concern and displeasure with their education at GSHSN by penning a postgraduation petition to the hospital’s board. This petition detailed their frustration with “harsh and crude discipline” they experienced while obtaining an “inferior education for exorbitant fees.”<sup>2</sup> The hospital’s all-White senior leadership summarily ignored the petition and the strength it took students embarking on their careers to challenge their institution. Just months later, student nurses still at the school protested their treatment during the fall of 1956 to share similar complaints.

A disciplinary committee of graduate nurses and hospital staff issued ten-day suspensions to twenty of the twenty-one members of the junior class after the nursing students held what the hospital’s administrator labeled a “riot” on Monday, October 22, 1956.<sup>3</sup> The lone unsuspected student was not on campus during the protest. Hospital administrator Edward R. Frye told the press that the strike occurred after he punished a junior student nurse for “insubordination and defiance of an instructor in a classroom,” resulting in her being stripped of her white nursing uniform and being forced to wear a green smock instead. Later accounts showed that the nursing student asked to go home to see an ill relative. She then called the school to inform the faculty that she was now ill and could not return to campus in time for her scheduled work hours. A faculty member who was not the student’s personal physician demanded that she come in for an examination to prove her illness. The student returned to campus on Sunday, October 21, packed her clothing and belongings, and withdrew from the nursing school. Not only was this potential privacy breach relatively normal, but hospital-based nursing schools commonly used uniform demotion as punishment for student nurses. One student at another Black nursing school, Lincoln Hospital School of Nursing, said that she was so often stripped of her uniform that she forgot how the standard nursing uniform

looked.<sup>4</sup> At GSHSN, the remaining twenty students held a one-hour noise protest the next night. The suspended students returned to class and work on November 4.<sup>5</sup>

## The Context

The problems at GSHSN were not new. Months before the strike, the director of nursing, Mary Dye, had resigned due to “two years of disintegration of discipline.”<sup>6</sup> Elma Moncrieffe then took her place. Frye, the hospital administrator, said that the school had experienced two years of “severe behavior problems” because he had instituted new rules and regulations for student behavior in response to unspecified complaints about student nurse behavior, community complaints about a decrease in academic performance, and “carelessness about dress.”<sup>7</sup>

To be sure, all nursing schools at this time heavily policed students’ perceived morality and behavior. Black nursing schools—particularly those in hospitals—prided themselves on near militaristic control of their nursing students. According to historian Darlene Clark Hine, this control was due to the stereotypes inflicted on nurses and on Black women.<sup>8</sup> Sometimes society labeled nurses in general, but often Black women—including Black nurses—were labeled as morally and sexually corrupt and thus needing stringent surveillance and control. Indeed, both White philanthropic organizations and state governments favored institutions that adhered to strict regimes of control and funded them accordingly.<sup>9</sup> External evaluations of Black nursing schools focused on “order” more than on the status of the curriculum or the working conditions in the hospital.

In 1954, a Charlotte-based community organization, the Negro Hospital Study Committee, released findings of a recent study. With regard to GSHSN, the nursing school graduates scored lowest on state examinations and the school ranked thirty-five out of the state’s thirty-six nursing schools.<sup>10</sup> Moreover, nurses at GSH had the highest nurse-patient ratio of the four hospitals in Charlotte. The study also found a serious lack of qualified nursing educators in the nursing school. GSHSN had only one trained nurse educator with a Bachelor of Science in nursing, while the three White hospitals combined had thirty-three trained nurse educators with this advanced degree. The segregated nature of university-based nursing education and the relatively low pay offered by Black hospitals led to a dearth of adequately trained nursing

educators for Black nursing schools.<sup>11</sup> Importantly, the North Carolina state nurse standardization committee and the board of examiners did not require university training for nurse educators until the mid-1940s.<sup>12</sup> Last, the study summarized the problems with the hospital’s environment with one sentence: “Good Samaritan suffers from a shortage of almost everything—operating rooms, equipment, and trained medical and nurse personnel.”<sup>13</sup>

In response to the strike of 1956, Frye instituted changes. His new regulations, which focused on nursing student dress, prohibited students from wearing shorts or using hair coverings in public, and controlled the location and time that students could devote to studying. The administration forbade nursing students from studying in their bedrooms. Instead, all studying was to take place during nightly two-hour sessions held in the library. Nursing students could not get into cars with anyone other than their parents. These changes were in line with the previously discussed militaristic control of Black female nursing students and with other Black hospital-based nursing schools in the state. At the Lincoln Hospital School of Nursing in Durham, North Carolina, student nurses were also under heavy scrutiny, surveillance, and control. Rules were “rigidly enforced” and “focused mostly on the moral and ethical values of the student nurses.”<sup>14</sup> Alumni oral history interviews show that students felt like they were being “checked by the police.”<sup>15</sup>

While much of the historical scholarship on Black girls and women pursuing postsecondary education centers their treatment on emerging college and university campuses, the treatment of these students is nearly identical to that of Black girls and women in *hospital-based* nursing schools. Administrators and educators at any level of postsecondary education scrutinized, tightly constrained, and micromanaged the activities and education of Black girls and women. Lucy Diggs Slowe, an early progenitor of the student affairs field, pointed out how Black postsecondary educational institutions were a continuation of the religious conservatism found in many Black homes. “The belief exists,” Slowe wrote, “that college women must be shielded and protected to such an extent that the most intimate phases of their lives are invaded by rules and regulations.”<sup>16</sup> In 1940, Charlotte Hawkins Brown, the founder of the Palmer Institute and one founder of the North Carolina Federation of Negro Women’s Clubs, published an etiquette book, *The Correct Thing to Do, To Say and To Wear*.<sup>17</sup> Brown described proper etiquette for school and college-aged male and female students at schools across the country. Much of her book, and thus the focus of her talks, outlined rules for girls and young women. In fact, the length of one section devoted to rules for

girls and women's clothing exceeded the length of all the sections devoted to boys and young men.

The increase in discipline issues at GSHSN during the two years after the new rules took effect points to the possibility that the student body—either as individuals or as a collective—resisted their lack of input into the rules that governed their lives. While GSHSN students openly rebelled, students at other Black hospital-based schools of nursing persistently helped each other break the rules in a near constant flow of boundary testing.<sup>18</sup> Later, three of the GSHSN students involved in what the hospital administration referred to as a “riot” told a press representative that they protested “tyrannical actions of the dormitory house mother.” One student recounted,

We just got tired of being bossed around, so we all got together and planned what to do. At five minutes until 11 pm, we cut the lights. Then we got in the hall with noise-makers and hollered and threw bottles just to devil [the house mother]. Then we all ran to our rooms. We thought we'd get campused [forbidden from leaving campus], but on Wednesday they told us we were suspended.<sup>19</sup>

The students' frustrations aligned with those of alumni from other Black hospital-based nursing schools who said that some of the house mothers “were motherly. Others were motherly to the point of almost smothering.”<sup>20</sup> Conversely, during the post–World War II years, White hospital-based nursing schools relaxed some of the social controls on their student nurses.<sup>21</sup> For example, during the 1950s, Charlotte's Presbyterian Hospital School of Nursing allowed its students to experience extracurricular activities comparable with those offered to traditional college students.

At GSH, Frye publicly dismissed the student strike as “an act to discredit the hospital,” and the hospital's board conducted a cost-benefit analysis to keep the nursing school open.<sup>22</sup> The school continued to exist through December 1959.

During the late 1950s, GSHNS garnered a great deal of attention because of growing desegregation after the Supreme Court's decision on *Brown v. Board of Education*.<sup>23</sup> The hospital, some argued, was ill-equipped to continue the medical treatment for over 60,000 residents of Charlotte's rapidly increasing Black population. As desegregation of public institutions progressed, key Black community members wanted the better funded and resourced Charlotte Memorial Hospital (CMH) to admit Black patients, educate Black nursing students, and employ Black medical and nursing staff instead of having separate inherently unequal institutions in their city.

## The Strike

In October 1959, GSHSN administrators expelled senior nursing student Rubena Little for “breaking restrictions after she had been campused for other offenses.”<sup>24</sup> Little countered that the administrator sent her home because she “became hysterical due to the pressure of discriminatory practices” against her.<sup>25</sup> Little’s explanation tracks with existing understandings of the pressures associated with attending hospital-based nursing training programs. Darlene Clark Hine provides an example highlighting nursing students at Tuskegee Institute: “Many Tuskegee students required periodic leaves of absence simply to recover from the damage done to their health while working in the hospital.”<sup>26</sup>

In response to Little’s expulsion and what the students perceived as the last of a longstanding list of slights, the thirteen junior nursing students (Alice Anderson, Shirlean Cobb, Juanita Collins, Mabel Drake, Nancy Gibson, Mary Hightower, Doris Hill, Madglean Huskey, Ethel Jones, DeLois McCullough, Juanita Streat, Frances Thomas, and Lovell White) and nine senior nursing students (Lois Barrow, Gwendolyn Braye, Christine Featherstone, Shirley Hairston, Betty Holman, Camilla Lane, Rubena Little, Edna McCray, and Annie Thomas) refused to attend morning classes or work assignments on Thursday, October 8, 1959. The striking students penned a unanimously signed letter to the director of nursing stating: “We feel the expulsion of Rubena Little was unjust and unfair and we refuse to return to classes and duty until they show just cause.”<sup>27</sup>

After the administration dismissed their request and threatened to expel them, all the students—including Little—returned to their afternoon classes. When teachers barred Little from class, the students held a mass meeting and reignited their protest. No junior or senior nurse went to class or work on Friday, October 9. Instead, they picketed with signs containing slogans such as, “Not Asking for Much, Just a Little” and “On Strike! ‘Little’ Must Stay. Striking Until ‘Little’ is Received as a Student Nurse Again.” Those who did not join the strike, particularly the freshman nursing students, remained in their rooms.<sup>28</sup>

That the freshmen students did not take part in the strike points to the design and intent of the student protest. This was not just a strike in which students refused to attend their classes. This was a general labor strike intended to impede the hospital’s operations until it met student demands. Following state mandated curriculum design, the school of nursing was a three-year program in which freshmen entered the school in a six-month preclinical phase.

During this time the hospital faculty and supervising nurses observed the new students for the “fit” for the nursing profession. Students in this phase “were confined to practice periods [in the wards] under close graduate student supervision.”<sup>29</sup> Freshmen had little responsibility for total patient care. Once the preclinical period ended and students deemed unfit were removed from the program, remaining students received increasingly more intense assignments. In their second and third years, students routinely received full assignments and worked full-time hours. With this structure in mind, freshmen participating in the strike would not have created a labor vacuum like that created by junior and senior nursing students.

### Obtaining Community Backing

Under the promise of anonymity, striking students told the press that they had “powerful backing outside the hospital.”<sup>30</sup> The students never disclosed who comprised this “powerful backing,” but dentist Reginald A. Hawkins, attorney Thomas Wyche, and several other community organizers prominent in the Black medical community were some of the key figures in desegregation efforts in Charlotte. Hawkins returned to Charlotte after his 1943 graduation from Howard University College of Dentistry. His time at Howard only further contributed to his organizing efforts as he aided the NAACP in organizing desegregation protests at his undergraduate institution, Johnson C. Smith University. While at Howard, law instructors invited Hawkins to attend weekend salons where prominent members of the Black community introduced law students to the power of the ballot, the power in endorsing political candidates whose platformed aligned with the Black community’s aims, and the power in directly affecting the economic condition of businesses and other institutions via nonviolent direct action. Hawkins met attorney Thomas Wyche while participating in these salons. Both men took part in NAACP organized sit-ins in Washington, D.C. in 1943.<sup>31</sup>

When Hawkins arrived in Charlotte to open his dental practice, the president of the Charlotte branch of the NAACP tapped him to join the organization and take on various leadership roles. Wyche was the chair of the Legal Committee. Charlotte, however, was not Washington. Political leaders in both locations knew the damage open protest could inflict in the business arena. Charlotte, however, more decidedly believed in its own mythology. White political and economic leaders perceived the city as progressive on

race relations because of its lack of bloody desegregation efforts and counterprotests. Hawkins deemed the city “very sophisticated in its denial.”<sup>32</sup> Scholars of desegregation in Charlotte unveiled the ways White political and economic leaders engaged in a controlled and tokenizing form of desegregation in order to convince the Black community to accept plodding incremental change that protected the city’s image while doing very little to change the status quo.<sup>33</sup> Hawkins and the NAACP president disagreed on the degree to which the community should accept, for example, a sprinkling of children of the city’s Black elite being allowed to attend White schools, or if the community should fight harder for full integration. Hawkins used both litigation and nonviolent direct action to agitate for full integration of all public facilities. His tactics put him into direct opposition not only with the city’s White elites, but with Black elites who believed in maintaining peaceful relationships to preserve incremental change. Besides organizing protests to desegregate Charlotte’s public schools and the state’s medical societies, Hawkins also pushed to desegregate the four hospitals in the city. With Hawkins’s leadership, the Charlotte Medical Society, an organization of Charlotte’s Black physicians and dentists, studied the city’s hospitals and hospital-based nursing schools. In 1957, the administrator and other leaders of CMH met with Hawkins’s organization to gain Black support for a bond that was to fund the construction of a nursing residence hall. In this meeting, administrator R. Z. Thomas agreed to desegregate the Charlotte Memorial Hospital School of Nursing. The nursing residence hall opened in 1959, but the school’s leaders continued to reject Black nursing students. Thomas feigned memory loss and denied making any binding desegregation promises.<sup>34</sup> With these developments in mind, Hawkins clearly influenced the nursing students’ strike at GSH in 1959.

### The Charlotte Medical Society’s Report

Several days after the strike began, a representative of the Charlotte Medical Society Committee on Hospitalization released a public statement concerning a report the committee had shared with the hospital leadership in February 1959. Because GSH was the only hospital available to serve 60,000 potential patients, the committee found that Charlotte’s Black community had “no place to turn.”<sup>35</sup> The representative further argued that the hospital’s leadership refused to listen to any community critique or allow any input on

hospital matters. This was troubling, as the unsustainable 130-bed hospital that treated all of Charlotte's Black patients and trained a considerable swath of the Black nursing staff had an administration made up of White men and women who considered no feedback from Black people. The hospital was unsustainable: its location prevented physical expansion, and its status as a private denominational hospital owned by the North Carolina Diocese of the Episcopal Church disqualified it for federal funding.<sup>36</sup>

While the Charlotte Medical Society publicly distanced itself from the student strike and the methods students used to express their frustrations, the organization argued that the students were "simply protesting conditions which understandably could lead to discontent and poor morale among nurses. It is a human problem. Girls don't strike without provocation."<sup>37</sup> The report drew attention to "the gross inadequacy of ward teaching and supervision and too many failures on state boards."<sup>38</sup> Graduate nurses, the report claimed, "[were not] accorded the recognition their profession and status demanded, were hired without contracts, were fired without notice, and worked under non-uniform salary scales."<sup>39</sup> The report also exposed the lack of Black professionals among those hired in the business office and the Jim Crow nature in treatment of Black and White employees. Black employees, for example, walked through a line to get their lunches, while cafeteria staff served White employees at their respective tables. Next, the report called for a Black assistant administrator to work beside Edward R. Frye. The committee's report ended with a recommendation to close both the school of nursing and the nursing student residence due to "a marked lack of adequate teaching and poor course organization."<sup>40</sup>

The administration of GSH largely ignored the report when they received it in February 1959, but finally had to reckon with its damning findings during the nursing student strike in October. The report was part of a larger strategic aim to force the desegregation of CMH. The student strike was important in that, within a couple of days, the junior and senior nursing students refusal to work or attend class created both an immediate and long-term labor shortage at GSH. While there were many protest actions the students could have taken, only a general strike would bring public attention to deficiencies at the hospital. Closing GSHNS would not be enough to force the desegregation of CMH and the nursing school; GSH would have to close completely, lest its existence allowed a segregated clinical site to continue the divided training of Black nursing students and interns and the staffing of residents, graduate nurses, and physicians.



## The Students’ Case

It is telling the Rubena Little’s parents secured attorney Thomas Wyche to represent their daughter’s interests in being readmitted to the nursing school. According to Hawkins, he and Wyche worked together very often on civil rights cases because Wyche “was the only Black lawyer that would file a civil rights case [in Charlotte] because he [like Hawkins] was a little more economically secure.” Both Hawkins and Wyche had only Black patients and clients—a fact that freed them from overdependence on the White establishment for their livelihoods. It is impossible to know if Hawkins was involved in the student strike from the beginning, or if Black political organizations seized the moment to direct the students toward the organization’s desired outcomes. However, what is clear is that Hawkins put the Little family, the striking students, and Wyche into communication with each other.

It is possible that, in the moment, the protesting students did not see their efforts as a general strike designed to force the closure of their school and of the hospital. They may have fully believed in the actions they took as necessary to remedy the things they felt needed improvement at GSHSN. Students told the *Charlotte Observer* that the strike was the “culmination of long-standing grievances about things in general—recreational facilities, the rules here . . . nothing is adequate.”<sup>41</sup> As the young women described the situation:

We don’t have adequate facilities for a good nursing school. We don’t use the library. Seniors have one book but are taking seven classes. Juniors also had seven classes and they have NO books. There is no recreation except badminton [during warm weather] and card playing during the winter.<sup>42</sup>

Scholarship on Black student protests on college campuses consistently shows that administrators and community members dismissed student grievances as frivolous. The summary of grievances listed above are in line, however, with requirements set forth by the state board of nurse examiners and GSH’s administration. GSH, for example, established a library for the school as a part of mandated improvements during the 1940s, and administrator Frye required students to spend two hours per evening studying in the library. It seems bizarre, then, that students could not use the space.

By the 1950s, nursing schools experienced a definite shift to increase class time and decrease work time, as state accreditation boards recommended that hospital-based schools hire enough staff to allow students to concentrate

on their studies. World War II had exposed the degree to which U.S. nurses had received inadequate nursing education in hospital-based nursing schools. Charlotte's Presbyterian Hospital, for example, received reports that their nurses were skilled in basic bedside manner but lacked theoretical and scientific knowledge of nursing and medical practices.<sup>43</sup> These revelations led to increased and more rigorous class time and decreased workloads for Presbyterian Hospital's student nurses. That second and third-year students at GSHSN had no textbooks shows that the hospital foregrounded student labor to the detriment of their coursework. The lack of textbooks also helped explain low RN test scores due to a lack of study materials. Former nurse and author Evelyn Wicker noted that the state board leadership "recognized that leisure activities were necessary for a well-integrated individual."<sup>44</sup> The scheduling guidelines for student nurses provided them with two to four hours per day of recreation. As the students could not leave campus at will, they rightly expected recreational facilities in their residence.

Administrator Frye and Director of Nursing Moncrieffe declared the striking nursing students unethical because professional nurses could not strike per their governing body. It seemed irrelevant to both the hospital and the nursing school that these students were not yet professional nurses. The *Charlotte News* was equally indifferent to the protesters' student status. In an editorial published on the first day of the strike, the paper disavowed the strike while acknowledging the validity of the student grievances. Patient care simply had to come before student complaints. The editorial, however, neither called for an increase in the quality or quantity of the professional nursing staff nor questioned the overreliance on student labor.<sup>45</sup>

That administrators expected Black female nursing students to put the care of the Black community ahead of their own wellbeing was not unique to GSH. Hine detailed how nursing students at the hospital-based nursing school controlled by Tuskegee Institute, for example, had to agree to "remain in this school until the course is completed and during that time to faithfully obey the rules of the school and the hospital and to be subordinate to the authority granting the same."<sup>46</sup>

## The Response

The junior and senior nursing students of GSHSN refused to leave their campus residence, and Frye wrote the parents and asked that they retrieve

them.<sup>47</sup> During a three-hour meeting held on October 12, 1959, the board expressed its support for how Frye handled the student strike and argued that the hospital’s hiring decisions were outside the purview of the Charlotte Medical Society. Several of the physicians, the board argued, worked at GSH, and could have used the proper chain of command and existing hospital standing committees to address their concerns. The powerful backup outside the hospital may have also existed inside the hospital as the city’s physicians, including the ones on staff at GSH, comprised an important element of the city’s civil rights organizers and activists. The board voted to close the school and place first-year students at other institutions.<sup>48</sup> The head of the North Carolina State Board of Nursing Accreditation scheduled a campus visit on Wednesday, October 14, to interview the fourteen freshman to try to get them admitted to the schools “of their choice.”<sup>49</sup>

Administrator Frye continued to insist that the hospital did not rely on the labor of nursing students to operate. He said, “Normally, the student nurses in their clinical training assist graduate nurses in hospital routine, although classwork is emphasized.”<sup>50</sup> The graduate nurses, he claimed, provided the nursing care needed for the hospital’s patients and volunteered to work extra shifts to “pick up the slack” from the striking student nurses.<sup>51</sup> On Tuesday, October 13, however, eighteen of the forty-nine graduate nurses met and drafted their own list of demands. The nurses presented their unanimously signed document to the hospital administration, to the board, and to the North Carolina Diocese of the Episcopal Church. The document read:

We, the graduate nurses’ staff, have for a long time kept quiet about the student situation at Good Samaritan. Although we have our own grievances, we are more deeply concerned about the suspension of twenty-one nurses from the school of nursing. We cannot condone the student strike, but we know that the protest is clearly justified and that their efforts to resolve the mounting emotional and physical difficulties through the director of nurses and the administrator have been met with rebuff and reprisal. We feel that if the girls had been given the guidance and the counseling they deserve, that if Mrs. Moncrieffe was more democratic in her actions, more flexible and less dogmatic in her thinking, the strike would never have occurred. Any effort by the graduate nurses’ staff to discuss problems has been met with the attitude: All those who oppose or disagree with what I say answer by saying, ‘I resign.’”<sup>52</sup>

In direct contradiction of Frye’s assertion that the hospital did not rely on student labor to function, the letter revealed that the hospital was not adequately staffed with graduate nurses and that “student nurses are being used for more than auxiliary work at the hospital.” The graduate nurses closed

their document by saying, “We maintain that the school of nursing and the hospital should be closed or that Mr. Frye and Mrs. Moncrieffe be replaced immediately by persons with more progressive ideas and a more democratic way of thinking.”<sup>53</sup>

### An Eyewitness Account

Charlotte native and one of the state’s first Black public health nurses Thereasa Elder graduated from Lincoln Hospital School of Nursing and worked at GSH between 1943 and 1962. This made her an eyewitness to each of the student protests discussed. Though Elder did not mention the protests or the nursing school closure in various oral history interviews, her experiences illuminate conditions at GSH over time and offer comparisons to Charlotte Memorial Hospital and Lincoln Hospital School of Nursing. She poignantly captures the pressures Black employees, particularly Black women, faced advocating for themselves while also trying to provide the best care possible for their community. Elder worked at CMH while in high school, allowing her a more intimate lens with which to see differences between the two institutions. When asked about those differences, Elder listed a litany of duties that GSH nurses had to carry out while providing adequate nursing care. She remembered, “It [working at GSH] was a lot of manual labor. You didn’t use a lot of the knowledge that we had learned in school, and it was due to the time that we lived in.”<sup>54</sup>

Noting that the Lincoln Hospital School of Nursing also had many of the same problems, Elder remembered that GSH required the nursing staff to wash walls, bed pans, surgical instruments, and windows. She remembers nurses having to take up collections to buy drapes for the windows in the maternity ward and a consistent lack of bed linens. Elder often worked every day of the week while receiving no benefits and less than ninety dollars per month in pay.<sup>55</sup> This, she argued, was not the case at CMH, as it had an adequate auxiliary staff and supplies to carry out those duties. Elder’s reference to the “times we lived in” is a common euphemism for the Jim Crow era—a time marked by segregated facilities rigidly put in place to protect the Southern social hierarchy. Signaling the commitment to and degree of community care inherent in nursing practice at the institution, Elder said, “Good Samaritan was ‘loving and caring’ but without proper

resources.<sup>56</sup> We gave, gave, gave . . .” she said, “It went beyond our duties [as nurses].”<sup>57</sup>

Clearly, the nursing students’ strike was not the only problem at GSH. The hospital’s medical staff, while distancing themselves from the student protest, said, “The effect on the medical service of the suspension of the student nurses was a matter of concern” for them.<sup>58</sup> The medical staff further charged that Frye displayed “a lack of concern and neglect of longstanding problems at the hospital.”<sup>59</sup> A staff member admitted that “teaching aids are inadequate [at the nursing school]” and another said that “some physician instructors refused to teach students until facilities were improved.”<sup>60</sup> One physician said that if improvements were not forthcoming, the medical staff would “appeal to state officials for an investigation.”<sup>61</sup>

Attorney Wyche, now representing the group of striking students, met with the hospital board on October 16, 1959, and informed reporters that “[the students] made some commitments and [the board] made some. We want to avoid legal action if possible. We have hopes that all twenty-two girls will be reinstated at the hospital.”<sup>62</sup> Reinstatement was not forthcoming, and by Sunday, October 18, the students had vacated their campus residence. On Wednesday, October 21, the students formally requested readmission to the nursing school with stipulations concerning the quality of instruction, equipment, and facilities. The first two demands were that the school readmit Rubena Little and not punish the rest of the juniors and seniors.<sup>63</sup> The board chair said, “There was no use pursuing the remaining eighteen [demands]; the first two were impossible.” He blamed the school of nursing’s closure on the striking students. He said, “The school would not have been closed had the twenty-one nurses not gone on their so-called strike.”<sup>64</sup>

More recent scholarship on Black girls, in line with their historical treatment, notes that administrators met the questioning of authority or disobedience with extreme and age-inappropriate punishment.<sup>65</sup> A recent study of adultification bias found that authority figures hold nearly all Black girls “to adult-like standards of behavior” evidenced by Black girls being heavily punished for age-appropriate behavior and being seen as less deserving of protection or comfort.<sup>66</sup> Socialized adultification differs from adultification bias. In socialized adultification, Black girls have adult levels of responsibility such as taking care of younger siblings while still children or, with GSHSN and other hospital-based nursing schools, being responsible for total patient care while under twenty-one years of age. Because girls assume the responsibilities given to them, authority figures perceive and punish them as adults. This discussion of how Black girls and women experienced postsecondary education

helps explain how the nursing students at GSHSN existed as girl-women. Some of them may well have been under the required age of eighteen, as it was common practice to accept younger students when hospitals needed more labor. Regardless of a student's age, however, hospital leadership policed the nursing students as girls while simultaneously expecting them to hold adult responsibilities. The students received adult punishment and correction without traditionally respected adult rewards. The board of managers and the hospital executive boards clearly felt that the striking nursing students had to be punished by losing their respective future careers.

## Conclusions

Frye held a conference with the first-year students on Wednesday, October 28, 1959 and informed them of the impending school closure and tuition refunds.<sup>67</sup> He placed only four of the fourteen freshman students in other schools. The next day, GSH's administration publicly announced the school's closure, and Wyche announced he would file a civil lawsuit against the hospital for not finding placements for the entire student body before closing the school.<sup>68</sup> One of the junior nursing students, Juanita Collins, filed for an unsuccessful restraining order on behalf of the junior and senior classes to stop the administration and hospital leadership from closing the school. The school closed for good on November 7.<sup>69</sup> The twenty-two nursing students, school administrators stated, were to be given the chance to enroll at a hospital-based nursing school elsewhere if they had satisfactory grades.<sup>70</sup>

In late December 1959, the *Charlotte News* interviewed former student Rubena Little. Little shared that she spent her time helping her mother around the house and reading. Little, missing her classmates, lamented that her "days [were] not nearly as long as they [were] lonesome."<sup>71</sup> She still wanted to be a nurse and awaited a decision from a nursing school in Baltimore, Maryland. Missing transcripts delayed her transfer, she was told. Little's thirteen-year-old sister, Eileen, previously excited to pursue the same career as her sister, said that she had lost her interest in nursing.

GSH's leadership not only closed the nursing school but asked CMH to assume control of the hospital while also lobbying for an infusion of expansion funds.<sup>72</sup> The details of the nursing student strike at GSHSN faded from public discourse after the school's closure, but in September 1960, the *Charlotte Observer* ran a story that followed up with the students who took part in

the strike. Rubena Little married and continued to live in her hometown of Thomasville, North Carolina. She still awaited transfer to a state-supported nursing school. Charlotte Memorial Hospital School of Nursing denied admission to the six women from GSHSN who submitted applications.<sup>73</sup> Black community leaders believed the rejections were race-based. That the hospital administrator suggested the establishment of a nursing school at Johnson C. Smith University to fill the vacuum left by GSHSN’s closure supports the belief that the administration of CMH simply did not want full desegregation of any part of its operations. Provident Hospital in Baltimore, Maryland admitted four or five nursing students, and Community Hospital in Wilmington, North Carolina admitted four or five students. However, these students could not transfer their credits from GSHSN and had to begin as first-year students. The nursing students’ attorney reported that schools found the junior and senior students “advanced in practical nursing but behind in nursing theory”—directly contradicting Frye’s insistence that “classwork [was] emphasized” at GSHSN.<sup>74</sup> It is unclear what became of the students or if any of them completed their nursing education. Hawkins and Wyche went on to organize and litigate several key desegregation cases in Charlotte.<sup>75</sup>

The media and subsequent scholarly publications positioned the student strike held in October 1959 as “the storm [that] was the final blow,” which led not only to the closing of the nursing school but hastened the merger of GSH and CMH.<sup>76</sup> Three points provide needed nuance to these assertions. First, neither of the incidents of student protest—the petition by the class of 1956, the student “riot” during the fall of 1956, or the student strike held in 1959—was the first time that the hospital considered closing the nursing school. As early as May 1950, the board of GSH conducted a cost-benefit analysis and discussed “the question of whether it would be possible to continue the school of nursing” because of operational costs.<sup>77</sup> Second, hospital-based nursing schools were already in decline because of the establishment of more university-based nursing schools and the increasing desegregation of higher education. Each of the state’s seven Black hospital-based nursing schools closed between 1953 and 1971.<sup>78</sup> By 1955, two historically Black universities offered nursing programs—Winston Salem State and North Carolina A&T.<sup>79</sup> Last, the merger of the two hospitals was already in the works when the students held their strike. In May 1959, Charlotte voters approved an \$800,000 bond to the Charlotte Hospital Authority to be used to upgrade GSH prior to its merger with CMH. Hawkins and other local leaders in the Black community opposed the bond, as they felt it allowed CMH to avoid integrating by completing surface-level improvement at GSH.<sup>80</sup> Even though

neither the Black medical community nor the broader Black community fully agreed that closing GSH was the only option, Wyche and Hawkins threatened to sue as soon as the Episcopal Diocese deeded GSH to the city to stop the use of public monies to fund segregated facilities.<sup>81</sup> By July 1959, the city council moved toward getting the merger plan in place because of this increased pressure from the Charlotte Medical Society to withhold the money from GSH and fully integrate CMH.

Missing in the few places mentioning the 1959 student strike is that the strike directly hastened the desegregation of CMH and its nursing school. Further, the strike may have provided the most assertive display of Black labor power possible at GSH. Because of the students' sacrifices, the graduate nursing staff found public space to expose their concerns about the many years of student mistreatment and systemic deficiencies without conducting a walkout of their own. Similarly, without the student strike, the medical staff could only continue to use ineffective internal means of raising concerns or convincing the Black community to agitate for change. CMH and the White establishment would have continued to ignore problems at GSH if it had remained open and had provided a way to continue segregation and to under-resource medical services for the Black community. The nursing students had to lead the charge, not because they had the least to lose, but because they could inflict the most immediate damage to the status quo. The nursing students provided enough inexpensive labor to debilitate the normal flow of patient care and cleaning services and to send administrators scrambling to provide coverage.

Prior to CMH's desegregation, organizers and the press repeatedly referenced the closure of GSHSN as being both a training and labor blow to the city.<sup>82</sup> A visual analysis of extant yearbooks shows that no Black nursing students matriculated at Charlotte Memorial Hospital School of Nursing through 1967.<sup>83</sup> The hospital claimed desegregation of its nursing school by allowing Black women into its LPN program while barring them from entering the RN program.<sup>84</sup> The Central Industrial Education Center in Charlotte housed the bifurcated program.<sup>85</sup> Black LPN students, admitted only after Governor Terry Sanford mandated the desegregation of all industrial training centers, completed clinical hours at GSH, and White LPN students completed clinical hours at CMH.<sup>86</sup> The two races of women took no classes together. Administrators at the Central Industrial Education Center blamed this structure on the city's system of segregated hospitals.

The Episcopal Diocese of North Carolina deeded the hospital and the property to the city on July 11, 1961. On October 1, 1961, CMH took



responsibility for the administration of GSH and eventually renamed it Charlotte Community Hospital to disassociate the space from its history and segregated status, and to attract White patients and medical staff.<sup>87</sup> By 1963, under increasing federal and economic pressure to desegregate, CMH opened its doors to Black patients but not to Black registered nursing students. The Hill-Burton Act of 1946, in part, allowed monies to equalize hospital bed ratios without regard to race in the state. “States could use these monies to erect or improve segregated wings or wards of existing [White] hospitals and/or build new segregated hospital facilities.”<sup>88</sup> North Carolina led the nation in use of these funds. By 1960, however, the application process required any hospital receiving these funds to end race-based hiring restrictions.<sup>89</sup> Besides a series of picket lines conducted by Johnson C. Smith University students and local community members at the city’s hospitals, Hawkins incited a series of federal investigations that found CMH still engaged in active segregation in parts of the hospital built with Hill Burton Act funds.<sup>90</sup> To protect this funding source, CMH desegregated. Mercy Hospital and Presbyterian Hospital desegregated much later, for the same reason. Curiously, a visual analysis of Mercy Hospital’s nursing school yearbooks between 1960 and 1990 show that no Black student attended until 1966. Only twelve Black women graduated from the institution, and only five Black faculty members worked there in the thirty-year period.<sup>91</sup> None of the graduates were among those who attended GSHSN. While it is possible that some nursing students may simply not be present in the yearbook, it is highly unlikely because of the small class sizes and the residential nature of these nursing schools. As of 1966, Presbyterian Hospital had no Black nurses or nursing students.<sup>92</sup>

Charlotte Community Hospital closed in 1982, having spent twenty-two years treating patients without regard to race. In 1982, the space became Magnolia Nursing Home. In 1996, the city of Charlotte demolished the building. What used to be the oldest private Black hospital in the United States is now the forty-yard line of Charlotte’s Bank of America Stadium. A historical marker placed there due to the tireless advocacy of Thereasea Elder is part of the legacy of GSH and the many years that hundreds of nurses and medical professionals devoted to caring for the Black community under the strain of systemic inequities in funding and education.<sup>93</sup> Current scholarship focused on desegregation efforts in Charlotte foregrounds charismatic leaders with little focus on the people, often young, who were the body of such movements. Few accounts remind us of the sacrifices twenty-two Black women made toward improving medical care and nurse training for Charlotte’s Black community.<sup>94</sup>

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### Notes

1. Charles Kuralt, "Good Samaritan Suspends 20 Nurses," *Charlotte News*, October 29, 1956, B1; Gary Kays, "Nurses Riot May Close School," *Charlotte Observer*, October 30, 1956, 23.

2. "17 Nurses Graduated," *Charlotte Observer*, August 20, 1956, 3; Charles Kuralt, "Good Samaritan Suspends 20 Nurses," B1; and Kays, "Nurses Riot," 23. Graduate nurses were those who graduated from nursing schools ranked less than "B." They could not sit for the registered nursing exam, nor could they refer to themselves as registered nurses. It could also refer to nurses who graduated from an accredited program but had not yet passed the board.

3. As the school of nursing was a three-year program, students were referred to as freshmen, juniors, or seniors. No student was referred to as a sophomore.

4. Evelyn Pearl Wicker, *Voices: Lincoln Hospital School of Nursing, Durham, North Carolina, 1903 . . .* (Fuquay-Varina, NC: Jones Booker, 2013).

5. Charles Kuralt, "Good Samaritan Suspends 20 Nurses," B1. The board hired Frye in 1952.

6. Charles Kuralt, "Good Samaritan Suspends 20 Nurses," B1.

7. Charles Kuralt, "Good Samaritan Suspends 20 Nurses," B1.

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13. "Memorial Hospital Bond Issue Vital," *Charlotte Observer*, May 5, 1957, 31.

14. Wicker, *Voices*, 45.

15. Wicker, *Voices*, 75.

16. Lucy Diggs Slowe, “Higher Education of Negro Women,” *The Journal of Negro Education* 2, no. 3 (1933): 356–57.
17. Charlotte Hawkins Brown, *The Correct Thing to Do, To Say, and To Wear* (Durham, NC): Seeman Printery, 1940).
18. Wicker, *Voices*, 45, 61, 75
19. Charles Kuralt, “Good Samaritan Suspends 20 Nurses,” B1.
20. Wicker, *Voices*, 75.
21. Janette Greenwood, *Presbyterian Hospital: The Spirit of Caring, 1903–1985* (Dallas: Taylor 1991).
22. Charles Kuralt, “Good Samaritan Suspends 20 Nurses,” B1.
23. Davison M. Douglas, “The Quest for Freedom in the Post-Brown South: Desegregation and White Self-Interest,” *Chicago Law Review* 70, no. 2 (1994): 688–755.
24. Don Seaver, “Student Nurses to Strike Again at Samaritan,” *Charlotte Observer*, October 9, 1959, B1.
25. Seaver, “Student Nurses to Strike,” B1.
26. Hine, *Black Women in White*, 55.
27. Seaver, “Student Nurses to Strike,” B1.
28. “22 Nurses Strike Here,” *Charlotte News*, October 8, 1959, 1.
29. Wicker, *Voices*, 112.
30. Seaver, “Student Nurses to Strike,” B1.
31. Melinda Desmarais, oral history interview with Reginald A. Hawkins, Civil Rights and Desegregation in Charlotte Collection, J. Murrey Atkins Library Special Collections, University of North Carolina (hereafter cited as UNC), Charlotte, June 11, 2001.
32. Desmarais interview with Hawkins, 8.
33. Douglas, “The Quest for Freedom,” 688–755; Michael B. Richardson, “‘Not Gradually, But Now’: Reginald Hawkins, Black Leadership, Desegregation in Charlotte, North Carolina,” *North Carolina Historical Review* 82, no. 3 (July 2005): 347–79.
34. Don Seaver, “Integrated Nursing Unit is Sought,” *Charlotte Observer*, March 1, 1961, 19.
35. Bill Hughes, “Strikes’ Aftermath, Hospital Policy: Is Battle Coming?” *Charlotte News*, October 10, 1959, 1.
36. Don Seaver, “A Charlotte Hospital in Trouble,” *Charlotte Observer*, October 11, 1959, D1.
37. Seaver, “Charlotte Hospital in Trouble,” D1.
38. Don Seaver, “Close Nurses School Group Tells Hospital,” *Charlotte Observer*, October 11, 1959, 45.
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40. Seaver, “Close Nurses School,” 45.
41. Seaver, “Close Nurses School,” 45.
42. Emery Wister, “Nurses Strike Still on at Hospital,” *Charlotte News*, October 9, 1959, 1; “Student Nurses Need Lesson in Ethics,” *Charlotte News*, October 10, 1959, 14.
43. Greenwood, *Presbyterian Hospital*, 149.
44. Wicker, *Voices*, 113.
45. Wister, “Nurses Strike Still on,” 1.
46. Hine, *Black Women in White*, 51.
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48. Seaver, "Court Battle Looms," 17; "Samaritan School May Be Closed," *Charlotte Observer*, October 14, 1959, B1.
49. "Samaritan School May Be Closed," B1.
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52. "Nurses Demand Ousters," *Charlotte Observer*, October 14, 1959, B1.
53. "Nurses Demand Ousters," B1; "Nurses Ask Removal of Bosses," *Charlotte News*, October 14, 1959, 17.
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62. "Last Two 'Strikers' Leave Good Samaritan," *Charlotte Observer*, October 19, 1959, 17.
63. "21 Suspended Nurses Seek Readmission," *Charlotte Observer*, October 22, 1959, 21.
64. "Nurses Are Given Word of Denials," *Charlotte Observer*, October 30, 1959, 19.
65. Devean Owens, "'Here I Come with All My Black Girl Magic': Black Women and Girls' Experiences in Predominately White Independent Private Schools" (PhD diss., University of Illinois, Urbana-Champaign, 2020), 22.
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72. “\$2 Million for Revamping of Negro Hospital Urged,” *Charlotte Observer*, December 5, 1959, 1.
73. Don Seaver, “Integrated Nursing Unit is Sought,” *Charlotte Observer*, March 1, 1961, 19.
74. “Student Nurse’s Storm About to End,” *Charlotte Observer*, September 9, 1960, 9; and “Samaritan Nurses Do Extra Duty,” *Charlotte News*, October 19, 1959, 13.
75. Douglas, “Quest for Freedom,” 688–755; Richardson, “Not Gradually, But Now,” 347–79.
76. Don Seaver, “Negro Student Nurse’s Storm About to End,” *Charlotte Observer*, 9; Phoebe Ann Pollitt, *African American Hospitals in North Carolina: 39 Institutional Histories, 1880–1967*, (Jefferson, NC: McFarland, 2017), 64; Emery L. Rann, “The Good Samaritan Hospital of Charlotte, North Carolina,” *Journal of the National Medical Association* 56, no. 3 (May 1964): 223–36. Seaver referred to the student strike as “the storm that was the [final] blow”; Pollitt referred to it as an “incident in 1959 that abruptly shut down the nursing school,” and Rann refers to it as “an unfortunate situation arising out of a strike by students.”
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