

Hidden figures of nursing: The historical contributions of Black nurses and a narrative for those who are unnamed, undocumented and underrepresented

Unless I am allowed to tell the story of my life in my own way, I cannot tell it at all.

Mary Jane Seacole (1857)

1 | INTRODUCTION

The year 2020 was declared the International Year of the Nurse and Midwife, honouring nurses both past and present who have made invaluable contributions to the nursing profession (World Health Organization, 2020). Hence, yearlong celebration commemorated the 200th birthday anniversary of “Lady with the Lamp,” British nurse Florence Nightingale. Note, it is well-established that Florence Nightingale institutionalized nursing as its own identified profession. Additionally, despite nursing practice existing for centuries, it was not recognized as an occupation or vocation until Florence Nightingale pioneered the first nursing training program at St. Thomas' Hospital in London, modernizing nursing care and research during the Crimean war from 1853 to 1856 (Aravind & Chung, 2010; Fee & Garofalo, 2010). Undoubtedly, Nightingale's contributions reformed nineteenth and twentieth century medicine leaving a legacy for aspiring nurses.

Although Florence Nightingale serves as the immortalized “Mother of Nursing,” during the same time of her pioneering of nursing practice, there was also a Black nurse, Mary Jane Seacole whose history in nursing is lesser known, globally. Common themes seen in the narratives of nursing history, is the acknowledgement and celebration of nurses who are mostly white. The authors of this paper recognize that Black nurses and those whom are Indigenous, and People of colour (BIPOC) have been marginalized throughout history and their contributions to the advancement of the nursing profession have been minimized, undocumented, and ultimately forgotten. In researching prominent nurses, their historic contributions are scarce. Most of the information on BIPOC nurses is found in blogs, unpublished theses, and obscure websites, with very little found in academic literature.

2 | MARY JANE SEACOLE

Mary Jane Seacole “Mother Seacole” (1805–1881) is perhaps the most renowned free Black nurse of the nineteenth century. Despite

the pivotal role Seacole played as a healer in Kingston, Jamaica (her birthplace) and as an army nurse in the Crimea, her contributions to modern nursing would have gone unnoticed, save for her autobiography. Without her autobiography, evidence of Seacole's contributions to nursing practice, like her predecessors would be fleeting. Among such ancestors was Seacole's mother doctress and teacher, Mrs. Grant, who remains but a shadow despite her preeminence as a healer in Kingston and a nurse for injured soldiers convalescing at her boarding house (Gunning, 2001).

Seacole is most notable for her work as a wartime nurse-heroine during the Crimean War. But, beyond the war, Seacole treated patients in Constantinople, Balaclava, Cuba, Haiti, the Bahamas, Panama, and London. In addition to providing simple remedies for treating everyday illnesses from her home/business in Kingston, Seacole was on the front lines of Cholera outbreaks in both Jamaica (1850) and Panama (1852) (Gunning, 2001; Seacole, 2005). Trading goods for her sustenance, Seacole offered free health care to destitute migrant and native workers, accepting payment only from those who could afford to pay. In Panama, just as she had done in Jamaica, and would do again in the Crimea, Seacole was an accomplished nurse (Seacole, 2005). Similar to Mary Seacole, a plethora of Black nurses have also made invaluable contributions to the nursing profession but have not been recognized appropriately in history. Consequently, we would like to use this platform to celebrate the Black and other BIPOC nurses who, like Mary Seacole, are often unnamed, unrecognized and underrepresented for their contributions to the advancement of the nursing profession.

3 | UNNAMED BLACK NURSES, MIDWIVES, HEALERS, DOCTRESSES AND HEALTH PRACTITIONERS

Black healers, nurses and midwives were made invisible by white American chroniclers who refused naming them as informants or named them in vague, untraceable ways (Fett, 2002). Despite the vital functions Black practitioners played in treating sick people across racial and social divides, we know very little about them, including their names. The names of Black healers enter the records sporadically as “Nurse Flora,” “Old Sarah” or “Mammy Rachel.” Occasionally, we find more traceable entries like Silvia King, but

far more common were obscure references like “an old Brown woman” (Fett, 2002). We can only glimpse traces of Black healing traditions because white Americans’ imposition of colonialism and slavery dispossessed and subjugated Black medical knowledge. Black healers were forced into historical oblivion by such legal instruments as witchcraft prosecution that left a more extensive record of supposed Black criminality than healing skills. In places like Jamaica and St. Domingue (present-day Haiti), for example, Black approaches to health that combined the physical and the spiritual – Obeah and Vodou – were criminalized as witchcraft and later as fraud (Paton, 2015; Weaver, 2006). Recognizing the exploitative regime under which they laboured Black practitioners carefully guarded their skills. Despite Black health practitioners’ efforts to keep secret their diagnostic techniques and remedies, they remained vulnerable to exposure because of the intimate setting of colonial and slave society. At other times, the pressing needs of patients overrode the urgency of secrecy. This was exemplified in early nineteenth century Jamaica, when an enslaved healer and midwife identified only as Nurse Flora spontaneously gathered her herbs and instruments to attend the labouring needs of the governor’s wife (Turner, 2017a).

3.1 | Black healers

Any honest commemoration of modern nursing must include an examination of healing traditions cultivated by African and indigenous peoples. Black healers were renowned and revered in their communities because they provided effective remedies and cures for a wide range of ailments. Using roots originating in Africa, such as black-eyed peas, benne (sesame), okra, and yams, Black healers relied on herbal remedies they brought with them during the transatlantic crossing. The okra plant for example, was an important food source for enslaved Africans, but Black herbalists used its leaves to make poultices (Fett, 2002). Confronted by the foreign diseases and ailments of their new environment, enslaved healers adapted by experimenting with new botanicals and healing methods. African people’s contact with Native Americans and Europeans facilitated an exchange of healing traditions. Unlike Europeans who were slower to experiment with new medicine because they believed in the superiority of their own medical knowledge and regarded knowledge gained from experience as unsophisticated, Black healing traditions advanced more rapidly because they were more willing to experiment with new healing methods (Gómez, 2017). The exchange of healing remedies across generations and between Black and indigenous peoples can be seen in the rare recording of a Texas healer who revealed that her mother taught her “a lot of doctorin’ what she learned from old folks in Africa, and the Indians learned her” (Fett, 2002).

Black healers such as Paula de Eguiluz enter the historical records allowing us to know their names and trace their healing practices because they were prosecuted by the colonial regime as witches (Gómez, 2017). At other times, they appear fleetingly in

the writings of colonial elites, who had experienced or witnessed firsthand, what for them were the surprising healing skills of black practitioners otherwise denounced as charlatans or practitioners of magic and witchcraft.

De Eguiluz was very well-known across the seventeenth century Caribbean, having been enslaved in several cities, beginning in her birthplace Santo Domingo, Hispaniola. Prosecuted for witchcraft De Eguiluz was shuffled across Caribbean cities, including San Juan de Puerto Rico, Santiago de Cuba, Havana, and Cartagena de Indias, serving multiple life sentences. Following accusations in Santiago de Cuba in 1624 that De Eguiluz used herbs simultaneously to heal and harm and that she could control the weather, fly, and speak with animals. De Eguiluz was condemned to transportation to Cartagena where, interestingly, she would serve her sentence forcibly working at the Hospital of San Sebastian. The site of De Eguiluz’s imprisonment a – hospital – is very telling of the Janus face of witchcraft prosecution. It was not uncommon for women who had exceeded their social status to be accused of witchcraft. In fact, it was De Eguiluz’s refusal to conform to social expectations of a woman and slave that made authorities take notice of her. In addition to her renown as a healer, treating patients suffering multiple ailments across various social and racial divides, De Eguiluz commanded the attention of many through her dress and deportment. Visiting her patients carried on a litter and adorned in textiles reserved for colonial elites – silks and satins, silver and gold trimmings and embellishments – de Eguiluz flouted the manners expected of a slave. But even as De Eguiluz disrupted social norms making her continued presence untenable, colonial authorities recognized and sought to put to good use De Eguiluz’s healing skills by forcing her to serve her sentence in a hospital. During her imprisonment at the Hospital of San Sebastian, De Eguiluz treated many patients through her various herbal remedies (Gómez, 2017). De Eguiluz’s represents the struggles of many undocumented BIPOC nurses who were healers, doc-tresses and health practitioners building the foundation for nursing practice that was deemed unacceptable during this era.

3.2 | Enslaved nurses

The myriad of Black nurses who contributed to American nursing remain mostly unnamed because they were enslaved. However, those most well-known in American history since the colonization of the Americas and establishment of slavery more than 400 years ago are two influential nurses, Sojourner Truth and Harriet Tubman. Sojourner Truth (1797–1883) was an abolitionist, suffragist, humanitarian, women’s right activist, Civil War nurse and nurse advocate (Painter, 1996). While enslaved, Truth served as a lived-in nurse to the Dumont family. Truth was freed after the Emancipation Act of 1827. Following her freedom, Truth used her advocacy to speak out against injustices of slavery as well as women’s rights (Painter, 1996). Truth was appointed to work at Freedman’s Hospital by the United States War Department under President Johnson’s leadership providing nursing care for patients (Davis & Davis, 1999). Her philosophy

was based on sanitation, as she believed patients could not become well in unclean environments. Truth continued to use her advocacy throughout her career requesting for funding to train nurses (Davis & Davis, 1999). Another previously enslaved nurse, Harriet Tubman (1820–1913), was an abolitionist and Civil Rights activist who escaped slavery. In addition to Tubman's fearless and heroic acts leading enslaved people to freedom on the Underground Railroad, her nursing care for wounded African American soldiers during the Civil War, an integral part of her identity, is often overshadowed. Tubman utilized home remedies passed through generation to treat infectious diseases (i.e., malignant fever and smallpox) (Bradford, 2018). In 1862, Tubman travelled to Beaufort, South Carolina to nurse the abandoned Gullah people on the South Carolina's Sea Islands. In 1865, after nursing wounded Black soldiers in Fort Monroe, Virginia Tubman was appointed hospital matron (Bradford, 2018).

During the American slavery era, Black nurses and health practitioners were disregarded and discredited for their contributions to advancing nursing practice through home remedies and healing practices. In the home remedy books kept by plantation families in the American South the appropriation of Black healing remedies appears vaguely as an "African Cure" or "Caesar's antidote" (Fett, 2002). In scientific circles, white physicians disparaged the curative successes of Black healers as mere accidental and dismissed their practices as crude and rudimentary. In writing and publishing about the healing herbs and techniques they encountered through contact with Black practitioners, white Americans imposed their own systems of classification. The names of herbs, for example, were not just renamed in English (a language the colonized and enslaved had now learned); they were recorded in Latin (a language only the most learned in Europe understood); further perpetuating the imperceptible identity of enslaved Blacks as nurses or health practitioners (Turner, 2017a).

Even more invisible were free Black practitioners. Free people were most often urban dwellers who enter the historical records primarily when they were providing service were threatening to whites. Unbound by slavery and working as independent entrepreneurs in a variety of fields ranging from trading and domestic services to hospitality and health care, free Black healers are the most difficult to trace. Like the enslaved healers, the primary exceptions were those who gained notoriety because of the reputation they held. With the exception of those who were accused of committing a crime (witchcraft or rebellion), those who were recorded as healers received only marginal documentation (Turner, 2017b).

3.3 | Education for black nurses

Black nurses have always valued education and prevailed in establishing nursing education programs even as they were barred from nursing training and college/university educational programs open to other nurses. Mary Eliza Mahoney is recognized as the first licensed African American nurse, on her graduation in 1879 from the New England Hospital Training School, one of the first integrated

nursing programs (Darraj, 2009; RegisteredNursing.Org, 2020). Black nurses also had opportunities for nursing training and education at historical Black hospitals and universities that were established to serve the African American population. In 1862, the Freedmen's Hospital School of Nursing was founded at the Freedmen's Hospital in Washington, D.C. (African American Registry, 2021). The Freedmen Hospital is now recognized as Howard University Hospital and the hospital school of nursing, in 1967 became the Howard University School of Nursing. Freedman's Hospital School of Nursing graduated its last class in 1973, and over its 100 years of existence graduated 1,700 nurses (African American Registry, 2021). University based nursing education programs for Black nurses were established at HBCUs [Historic Black Colleges and Universities] as early as 1889 at Dillard University Division of Nursing; followed by programs at Hampton University (1891); and Tuskegee University (1892) (Page, 2009). Continuing the tradition of university-based education, Ester McCreedy, was the first graduate of the University of Maryland School of Nursing (1953) and Gertrude Jones Hodges was the first African American graduate of the Johns Hopkins University School of Nursing (1959) (Page, 2009). Black nurses have continued the pursuit of higher education, many receiving doctoral education and leading nursing education programs at HBCUs and as well predominantly white universities.

3.4 | The Black Angels

From 1928 to 1960, more than 300 Black nurses from all over the United States responded to a call of duty to care for more than 2,000 highly infectious patients with tuberculosis at Seaview Hospital, the largest sanitarium in New York City. These unnamed nurses were referenced as "The Black Angels" because they cared for said vulnerable population at a time when white nurses refused to provide care, deeming it too dangerous, quitting their jobs, subsequently resulting in a critical nursing shortage at the Seaview Hospital (Hampton, 2020; Holmes, 2020). The heroic and unprecedented contributions of these Black nurses illustrated the human sacrifice and dedication of their duty to care for all peoples. For more than 30 years, the Black Angels demonstrated their commitment to upholding the nursing oath, pledging to practice in the nursing profession faithfully (Hampton, 2020; Holmes, 2020).

4 | BIPOC NURSE PIONEERS, TRAILBLAZERS AND INNOVATORS

Present day nurses stand on the shoulders of nursing giants who paved the way before them. Over the last century, Black nurses continue to rise in the nursing profession against adversity as pioneers, trailblazers and innovators. The contributions of Black nurses will not go undocumented, and these nurses will not be unnamed (Table S1). Today, nurses are writing their own stories, claiming their place

in nursing history, and creating a narrative from their own voices (Table S2).

4.1 | Black nurses on the frontlines amid the COVID-19 pandemic

Historically Black nurses have been critical in the efforts to be on the frontlines of delivering care and charting the course of nursing. From the Crimean War to COVID-19 global pandemic, the role of Black nurses still remains siloed into convenient roles. Along with minority communities disproportionately affected (Kirby, 2020) one study found that healthcare workers of colour, including nurses, were more likely to care for patients with suspected or confirmed COVID-19, and more likely to report using inadequate protective gear, and almost twice as likely to test positive for the COVID-19 when compared with white colleagues (Nguyen et al., 2020).

The work of our Black nurses has made monumental progress in how they are recognized; however, the COVID-19 pandemic has highlighted areas that continually emphasize ongoing racial disparities. The optics of our COVID-19 heroes have highlighted white nurses. The marketing of trust in the COVID-19 vaccine, by showcasing Black nurses choosing to take the vaccine will undoubtedly be critical in calming fears and increase a message of confidence in research, role of vaccination, and ultimately saving lives (Major, 2020; Tanne, 2020). The work continues to not just provide care at the bedside, but also leadership in research and continuity in education. The role of the Black nurses is also tied to continuing to be present for patients who may experience marginalization but find comfort in their presence and trust in their words (Otterman, 2020).

5 | CONCLUSION

As Black nurses we continue working to advance the profession of nursing, we remember the oath sworn to do no harm, to protect patient's safety and to exercise patient advocacy. From the Oath of Hippocrates doctors recite today, in one form or another, to the tracking of modern nursing to the "founding" works of Florence Nightingale; the crucial roles people of African and indigenous descent played in the seismic shift that undergirds today's nursing practice have been ignored. Dismissed, denounced and even put to death as witches, shamans, brujas, sorcerers and warlocks; non-western healers were placed outside European intellectual and enlightenment projects, supposedly, the drivers propelling European medical progress. The reality, however, was that ritual specialists, health practitioners and unnamed nurses inspired empirical science and new scientific inquiry thus revolutionizing thoughts about the body and how to heal it (Gómez, 2017).

In this editorial, we only scratched the surface of the priceless contributions of the Black nurses before us. In spite of the

circumstances of the time, these brave and innovative women exemplified for us the meaning of dedication, service and care for the disenfranchised. One can only wonder if youth from under-represented backgrounds were more exposed to the contributions of these nursing heroes, whether they would be inspired to enter the nursing profession. To date, the diversity of our nation is not reflected in the nursing workforce. For instance, while African Americans and Latinos comprise, 13% and 18% of the population respectively, approximately 10% of RNs are Black and less than 5% are Latino (Dixon-Fyle et al., 2020). Blacks and Latinos also remain disproportionately affected by chronic illness and infectious diseases, to include COVID-19 (Yancy, 2020). Addressing and eliminating these disparities require the perspectives and innovation of a diverse workforce. Researchers have shown that entities with greater racial and ethnic diversity have a more talented workforce resulting in greater employee satisfaction and customer service. We shine the light on our "Hidden Figures" in nursing to remember and honour those who have paved the way for those of us in nursing, and to inspire all who are passionate about improving the lives of others to come aboard.

As nurses we must rise to the challenge to better ourselves, inspired by the accomplishments of nurses, both past and present. Like the aforementioned nurses, we must strive to go beyond what is expected in the call of duty. We embody the values of Florence Nightingale but also of Mary Jane Seacole, the often forgotten, as both were heroines of the Crimean War and worked tirelessly to modernize nursing. We must remove the barriers in health care to ensure equality, equity, and justice is served for all nurses of colour. We must reclaim the stories of our ancestors, and those past and present who have paved the way for BIPOC nurses to have a place in the nursing profession. Their voices will be heard and never forgotten.

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DISCLOSURE

Authors report no conflict of interest.

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SUPPORTING INFORMATION

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