



Profile of a Leader: Unearthing Ethel Johns's "Buried" Commitment to Racial Equality, 1925

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Abstract

In 1925, Canadian nurse leader Ethel Johns was hired by the Rockefeller Foundation to study the status of black women in nursing in the United States. Despite the acknowledged excellence of her report, the study was shelved. It remained "buried" in the basement of the Rockefeller headquarters for almost 60 years until American historian Darlene Clark Hine discovered it there in the 1980s. The aim of this article is to extend current understandings of Johns based on this and other evidence not accessible to her biographer in 1973. The discussion will illuminate her commitment to social equality by highlighting the 1925 report that perceived and articulated the racist character of relations between white institutions and black nurses in an era when few others would do so. It seems vital that this study be recognized as a focal point in Johns's outstanding nursing career, and that her success in leadership be acknowledged as inextricably linked with her passion for justice and equality.

In 1925, Canadian nurse leader Ethel Johns provided a penetrating glimpse into the degraded status of black women in nursing in the United States via a study funded by the Rockefeller Foundation in New York (Johns 1925). This important study was "buried" in the basement of the Rockefeller headquarters for almost 60 years until discovered by American historian Darlene Clark Hine, who published its findings in the *Journal of Negro History* (Hine 1982a: 212). It was unavailable to the public when Margaret Street published her comprehensive biography of Johns (Street 1973). As such, Johns's study – while applauded by scholars of black American history – has gone unnoticed and unheralded within the nursing profession.

It seems critical that, along with recognizing Johns's outstanding contributions as the first director of nursing at the University of British Columbia (UBC) (1919–1925) and as editor of *The Canadian Nurse* (1933–1944), her extraordinary study of the status of American black women in nursing should be noted as a focal point of her career. The aim of this article is to extend current understandings of Ethel Johns based on evidence not accessible to her biographer. The discussion will illuminate Johns's commitment to social equality by highlighting the 1925 report that precisely perceived and articulated the racist character of relations between white institutions and black nurses in an era when few others could or would do so.

From Assistant Professor to Rockefeller Field Worker

In 1925, Ethel Johns moved from Vancouver to New York to start her new job as a European field worker for the Rockefeller Foundation (Street 1973). The Rockefeller Foundation had been involved in developing schools of hygiene in several countries in Central Europe in the 1920s, but it became apparent that nursing schools were also needed. To help establish such schools, the Foundation sought out a nurse who would be “capable of acting in an advisory capacity in the organization of such institutions” (Street 1973: 160). Johns was invited to apply. For her part, she was ready for a change. Although the status of being associated with a university was not lost on Johns (who did not hold an academic degree), the conflicting demands of her dual positions as director of nursing associated with both a university (UBC) and a hospital (Vancouver General Hospital Training School for Nurses) was taking a toll. In a 1921 letter to Kathleen Russell, Director of the Department of Public Health Nursing at the University of Toronto, Johns took obvious pride in her UBC position:

I was granted the status of Assistant Professor of Nursing by the board of Governors of the University in April, 1921. Prior to that time I was referred to as being “in charge” The University was the first in Canada to establish a department of Nursing. So far as I am aware, I am the first nurse in Canada to be accorded the status of assistant professor. As you say, these matters are of no real importance but I agree with you that statements concerning them in our official magazine should be correct. (Johns 1921)

Johns was writing in response to a letter from Russell dated eight days earlier, wherein Russell proposed to ask the editor of *The Canadian Nurse* to “correct a mistake which appeared in the last number . . . [regarding] the incorrect statement of [McGill's] being the first university course for nurses” (Russell 1921). Both letters – accidentally discovered in an office in Toronto and forwarded to UBC archives in 1984 – highlight the value and prestige accorded Johns's position at UBC in 1921. However, by 1925, even this prestige was not enough to counter the difficulties of her position. When the Rockefeller Foundation invited Johns to apply for the job of

European field worker, the invitation proved “irresistible” and she submitted her resignation as director of the School of Nursing at UBC (Street 1973: 161).

Johns’s Study of the Status of Black Women in Nursing, 1925

Arriving at the Rockefeller headquarters in New York ready for European work, Johns was surprised to learn that her services would first be borrowed by Dr. Edwin Embree from the Division of Medical Education to study the status of black women in nursing (Street 1973). Johns spent 47 days visiting hospitals in 16 American cities, including New York, Birmingham and Nashville. Dr. Embree complimented Johns for a “brilliant report,” but regretted the difficulty of addressing the concerns represented there (Hine 1982a: 166). It is not known how Johns reacted to this lack of action on the recommendations in her report; she is uncharacteristically silent on the subject. Whether this silence indicated indifference or deference (to Foundation requirements to keep the matter confidential) remains a matter of speculation. Johns’s posthumous biographer, Margaret Street, dedicated only two paragraphs in her 336-page text to mention the study of black nursing. In her endnotes, Street stated that the unpublished report was “in the archives of the Rockefeller Foundation, New York, but has not yet been released for scholarly research” (Street 1973: 298). Johns’s report was essentially shelved – for six decades. Johns, in the meantime, went on to assist in the development of nursing schools in Eastern Europe (Street 1973; University of British Columbia 1969).

Johns’s report remained in the Rockefeller Foundation archives until found in the 1980s by Darlene Clark Hine, later vice provost and associate professor of history at Purdue University in Indiana (Hine 1982a). Hine described Johns’s report as a “formidable assemblage of information [and] a moving and illuminating portrait of a much neglected group of American professionals in general, and black women professionals in particular.” Yet, she suggested that there was “secrecy” surrounding the study’s “disheartening findings” because of the prevailing low regard for both women and blacks in the mid-1920s (Hine 1982a: 212). Hine interpreted the Foundation’s inaction on the subject of black nursing as a conspiracy of silence within the organization.

For her part, Johns was overwhelmed by the enormity of the “Negro problem” as uncovered through her interviews. She stated that the “nursing problem, interesting though it may be, is insignificant in comparison” with the “whole Negro situation in relation to health, especially those phases which bear on hospital service and the practice of medicine by Negroes” (Johns 1925: 1–2). Johns empathized with the “poignant and tragic struggle” of black nurses, likening it to “two other modern conflicts, feminism and the labour movement.” She presented her recommendations with the bleak caveat that “until that time comes [when American society opens its doors to black nurses] the best that can be done is to give these women

such measure of opportunity as their own institutions can be reasonably expected to provide for them.” (Johns 1925: 40). That the Foundation did not follow through on even one of Johns’s recommendations should not be surprising given the racially oppressive times and the social implications of changing the status quo. The subsequent silence surrounding Johns’s report mirrors the silence demanded of black women during that era; Johns’s willingness to give voice to black nurses stands in sharp contrast to the existing norms.

To Johns, racial discrimination was a significant contributor to the poor status of black nurses in 1925. She wrote, “certain definite disabilities [arise] directly out of the racial conflict which bear heavily on the Negro nurse throughout her training and afterwards in the practice of her profession” (Johns 1925: 6). Her interviews of nursing supervisors exposed a common belief that black nurses lacked intelligence and morality. As Hine noted, the county director of public health nursing services in Alabama stated that black nurses showed “poor judgment” and “limited intellectual capacity,” and seemed “incapable of abstract thinking” (Hine 1982a: 219, 220). Similarly, the white superintendent at the Grady Hospital in Atlanta confessed “a frank contempt for ‘niggers’” and described black nursing students as thieves and “liars [who] quarrel constantly” (Hine 1982a: 221). The chief nurse of the Chicago City Health Department preferred white nurses because black nurses’ techniques were “inferior to that of white nurses, they are not punctual, and are incapable of analyzing a social situation” (Hine 1982a: 218). Although the director of nursing services at the Municipal Board of Health in New York admitted that black nurses compared favourably with the average white nurse in respect of technique, reliability, interest, intelligence and performance, she believed that they were not likely to be promoted to a supervisory rank because white nurses would resent and counter such action. In practically all of the southern states, black public health nurses were paid lower salaries than their white counterparts. These discrepancies were justified by claims that the living expenses of the black nurses were proportionally less – claims not always supported by facts (Johns 1925: 8).

Johns’s career was characterized by a commitment to improving nursing education and standards (Canadian Nurses Association 1936; Donahue 1985; McPherson 1996; Street 1973). Her findings that black nursing students in the United States experienced exploitation by hospital training schools paralleled her own student experience at the Winnipeg General Hospital, and she publicly criticized such exploitation in Canada, too (Street 1973). Indeed, some of the experiences described by Johns were common to American and Canadian students of that era: students worked long hours (up to 68 hours per week), were given little formal instruction and were hired out to care for private patients with fees being paid to the hospital (Hine 1982a; McPherson 1996; Street 1973). However, the black nursing students in Johns’s report faced additional hardships not experienced by their counterparts.

Black nurses were generally trained in separate schools from white students, and factors that marred their nursing education in America included acceptance of extremely young students (age 15), strict surveillance measures and absolute control over the lives of student nurses (since they were considered promiscuous), as well as a belief that black students (and graduates) were willing to perform duties and services scorned by whites. Once graduated, blacks might work together with whites; the professional relationship was cordial as long as black nurses did not infringe on white “territory” by aspiring to take care of white patients or to be placed in supervisory roles over white nurses (Johns 1925: 13–14). While Johns concurred with the prevailing belief that black nurses were less competent than whites, she saw this difference not as a racial characteristic so much as a natural outcome of the poorer quality of education afforded black nursing students. She envisioned a cadre of black nursing leaders whose preparation would be aided by specific strategies: recruiting exceptional black women into nursing schools, providing sound training, organizing a centrally located institution for postgraduate studies and establishing a fellowship fund for postgraduate work (Johns 1925: 39).

Johns’s approach to improving nursing practice by improving nursing education was consistent with the philosophy behind her administration at UBC (Street 1973). As she reported, “if the influence of race conflict could be eliminated from the situation the problem of the Negro nurse would not differ greatly from that of the relatively inferior type of white nurse, and a common solution might possibly be found for both” (Johns 1925: 6). Hine lamented the shelving of Johns’s report; had the Rockefeller Foundation followed through, Hine contended, black nursing education would have improved much earlier than it did (Hine 1982a). As it was, the voices of those interviewed by Johns in 1925 remained unheard.

Black Nursing in America, 1892–1949

Given the racial conflicts in America, it is not difficult to accept Hine’s tacit charge that the “burial” of Ethel Johns’s report represented a racist attempt to ignore the deplorable status of black women in 1925. Indeed, the ongoing lack of attention to this particular report in an era when Canadian and American nursing leaders were engaged in national analyses of nursing programs for standardization and improvement (Donahue 1985; Hine 1982b; Street 1973) supports the notion that those in authority were not prepared to address the discrimination.

According to Hine, the professionalization of nursing in the late 1800s and early 1900s occurred alongside the “entrenchment of segregation against black Americans” (Hine 1982b: 223). Before slavery was abolished in America, it was a crime for slaves to read (Sloan 1977). After abolition, black women were still denied entrance into white professional nursing schools, so separate schools for black nurses were established in 1892 in Atlanta, Hampton, Chicago and Tuskegee

(Sloan 1977). By 1900, only 10 of the 432 nursing schools in the United States were open to black women (Hine 1982b). In 1908, black nurses established the National Association of Colored Graduate Nurses to fight against their exclusion in the American Nurses Association (Hine 1982b). By 1920, the number of black schools for nurses had risen to just 36 (“The State of African Americans in Nursing Education” 1996). It seems that to be black, a woman, and a nurse in the mid-1920s guaranteed a spot on the low rung of the American social ladder (Hine 1982a). Johns concluded her report by 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 some day. (Johns 1925: 40)

In response to Johns’s report, Dr. Embree lamented that it “represents the opportunities, the needs, and difficulties so clearly that it does not make procedure simple or easy” (Hine 1982a: 221). Although he hoped the report could provide a “basis for some definite action on our part in the reasonably near future” (Hine 1982a: 221), the Rockefeller Foundation did not catalyze any changes in the situation of black nurses in the United States. It would be another quarter century before significant changes occurred, these quite apart from the Foundation’s sphere of influence.

The development of black nursing in America can be partially traced through reports by Estelle G. Massey-Riddle (later Massey-Osborne). Massey-Riddle was a president of the National Association of Colored Graduate Nurses (NACGN) (Massey-Riddle 1937) and was the first black woman or nurse to earn a master of arts degree (Hine 1982b). In a report on the training and placement of black nurses in 1935, Massey-Riddle reported problems surprisingly similar to those reported 10 years earlier by Johns, including exploitation of nursing students as cheap labour, the failed attempt to establish a four-year degree course at Hampton for black nurses, salary discrepancies between white and black nurses and a patronizing attitude by southern examining board members towards black nurses (Massey-Riddle 1935). Two years later, Massey-Riddle (1937) reported many of the same concerns in a descriptive statistical survey of black health personnel. However, by 1949, Massey-Riddle was questioning the continuing need for the NACGN in light of significant progress in the status of black nurses (Massey-Osborne 1949). She attributed the positive changes in black nursing to the pressures on the overall nursing supply in World War II, including increased numbers of schools and universities open to black nursing students (from 29 in 1941 to 351 in 1949). It had been a quarter century since Johns’s study revealed racial inequities in nursing.

Ethel Johns's Uncommon Intercultural Sensitivities

Hines (1982a) applauded Johns for providing such astute insight into the oppression of black nurses in America, something that apparently no one else was willing or able to do in that era. What was it about Johns that allowed her to perceive and articulate the racist character of interpersonal relations between (mostly) white supervisors and black nurses in America when she herself was a white supervisor/educator? As a Canadian, Johns may not have been acculturated to view blacks as ex-slaves, but Canadians at the turn of the century certainly held similar notions of a world-wide racial hierarchy, with the British at the apex (Palmer 1985). Johns stood apart from some of her contemporaries in regard to views on race, and her own writings point to intercultural experiences throughout her life that may have shaped, and been shaped by, her cultural sensitivity and passion for cultural diversity.

When Johns emigrated from England to Canada in 1892, her first home was the Wabigoon reserve in Ontario, where her father was a missionary and teacher to the Ojibway (Street 1973). Unlike missionaries to the West Coast First Nations in the same period (Duff 1992; Fisher 1992), Ethel's father was not characterized as a colonialist: the Wabigoon were not stripped of their traditional culture, and the family was well liked and respected (Street 1973). Johns learned the Ojibway language, and her role as interpreter between the Wabigoon's chief and the Indian Department representative at age 16 indicates cultural competency even as a youth. As Street noted, Johns's "understanding and appreciation of the Ojibway language and culture were a sound foundation for nursing in a pioneer, multiracial community" (Street 1973: 20).

As superintendent of the Children's Hospital of Winnipeg (1915–1919), Johns valued the outpatient department for its equal treatment of patients regardless of "race, colour or creed" (Street 1973: 84). She was distressed, however, at her colleagues' anti-labour sentiments despite the obvious suffering of poverty-stricken union workers and their families who came to the hospital for treatment. Her distress peaked during the Winnipeg General Strike of 1919, after a violent wind-



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storm tore the roof off the hospital. While Johns was surveying the damage, two shabbily dressed men from the metal workers' union approached her to offer their services free of charge. When their offer was sharply refused by a member of the men's advisory council, Johns felt a "burning sense of injustice" and resigned (Street 1973: 110). Shortly afterward, she was hired as the head of the new Department of Nursing at UBC. Johns's actions in Winnipeg reveal a deep-rooted sense of justice that transcended racial, economic and gender differences.

Intercultural passion infused Johns's work. A perusal of her editorials for *The Canadian Nurse* reveals a recurring intercultural theme. For example, she recalled her childhood among the Ojibway (Johns 1934), recounted her travels (Johns 1936) and emphasized the importance of international solidarity (Johns 1957). Her contemporaries recognized her interest in intercultural work, noting that she spoke French fluently (Street and Leighton 1969). Finally, the Canadian Nurses Association expressed its "pride in her achievements in international nursing" when Johns resigned as editor of *The Canadian Nurse* (Kerr 1944: 468).

The intercultural nature of Johns's work is perhaps evidenced most poignantly in a personal letter to Kathleen Russell at the School of Nursing in Toronto in 1937. Here, Johns referred to herself as a "rabid internationalist" and sharply criticized British nursing authorities for rejecting a foreign nursing student because she lacked English language skills. She wrote, "The crass stupidity of the English in failing to appreciate a good mind because its owner spoke faulty English was something I could never forgive my countrymen" (Johns 1937). This unpublished letter, written to a long-time friend, allows an uncensored, unedited glimpse into Johns's character. The contents of this recently discovered letter are consistent with what has been written elsewhere by Johns, and affirms the premise of this paper – that Johns had a strong sense of moral values and stood by them, regardless of others' opinions. Her sense of justice was exemplified by her response to the downtrodden union workers in Winnipeg, the black women in nursing in America and the foreign nursing student in the above letter. While her reactions resonate with current discourse on racial discrimination and economic or social inequality, what is truly remarkable is that she identified and empathized with inequity at a time when it was not socially sanctioned to do so.

Johns's pragmatic approach to cultural barriers and her ongoing belief that nursing can and should transcend cultural differences influenced her own approach to nursing issues throughout her career. Her singular belief in equality between races was the foundation for her 1925 report on the status of black women in nursing. Johns's report illustrated her exceptional ability to penetrate through layers of existing discrimination to identify specific nursing problems and propose professional solutions. While the changes she advised for American black nurses were not

realized for another 24 years, she continued to share her vision for nurses of “different races, creeds, languages and political beliefs to work together and, in a measure, to understand one another.” (Street 1973: 245).

It has been almost 80 years since Ethel Johns wrote her report on black women in nursing, and 20 years since it was discussed in the *Journal of Negro History* – yet nurses remain unfamiliar with it. It seems vital that this study be recognized as a focal point in Johns’s outstanding nursing career, and that her success in leadership be acknowledged as inextricably linked with her passion for justice and equality.

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