

# WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY

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## FROM THE DIRECTOR

# What Does History Tell Us About Nurses' Roles in Disasters?

Everyone at the Bjoring History Center for Nursing Historical Inquiry sends our heartfelt love and support to all of you as we go through these tumultuous times. This pandemic is different from most in the past, and while it is destabilizing and unfamiliar in many ways, we know from history that there are some similar features as well. History can help us understand questions about blame, accusations, inequality, the disparate impact on the poor, how people coped, and how epidemics and pandemics challenged societies in the past. We want you to know that those of us in the Bjoring History Center have been very active examining these very issues as we respond to the COVID-19 pandemic. Through editorials, podcasts, and letters to newspapers and national associations, we are advocating for critical supplies for nurses. For example, Arlene Keeling and Ken White wrote the *Richmond Times-Dispatch*, calling for greater leadership from the federal government for support for nurses and other health-care workers. We are adapting work schedules and budgets and re-scheduling programs and travel plans for our faculty, staff, students, and research fellows. We have offered classes on disaster nursing, race and medicine, and thus have provided a place where students from many backgrounds can come together and talk about these issues via the classroom.

Per the American Historical Association: "The work that historians do ... is especially important in troubled times when facts, evidence, and context are imperative to generating effective and humane public policy ... and historians (continued, page 2)

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Above, nurses at the front during World War I donned gas masks against mustard gas attacks while they attended to wounded soldiers.

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are especially well suited to explain social and cultural challenges met in crisis situations, epidemics and pandemics among them.”<sup>1</sup> Indeed, one way to increase understanding is to re-engage with stories of how nurses reacted to disasters in the past amid tensions and turmoil, which can help us see variations that can challenge us today in new and different ways. Arlene Keeling and I have edited two books on historical case studies of nurses in disasters that have been used in several courses.<sup>2</sup> Research reveals that nurses made independent decisions during crises when time was critical to a patient’s survival. Geographic boundaries shifted as nurses responded at the local and national levels in collaboration with others. For example, nurses from Boston, Massachusetts, assisted in Halifax, Nova Scotia, after the ship explosion in 1917. Nurses from Boston were rewarded a year later when Canadian nurses went to Boston to help during the 1918 flu pandemic.<sup>3</sup> Today, nurses are volunteering across the country and world to work in hard-hit areas away from their homes.

During bombings, floods, fires, hurricanes, and especially epidemics, nurses utilized skills they learned in their nursing schools and their places of work. Cooperation and collaboration in disaster responses were crucial. Tim Cunningham found that nurses who worked during the Ebola epidemic in West Africa experienced a camaraderie that improved a sense of self-satisfaction as they dealt with horrific circumstances.<sup>4</sup> Yet conflicts do result when multiple teams converge on a disaster scene—as Anna La Torre writes about the Italian earthquake of 1908—when armed forces and nurses from Great Britain, the United States, and Russia all responded at once. Or when communications fail—as they did in many places during the influenza pandemic of 1918.<sup>5</sup>

History can also help us understand how racial and ethnic minorities often are more vulnerable to disasters. We know that poverty and racism lead to health disparities; this is not new. Racial disparities are horribly visible today due to racial prejudice, segregation, and cultural insensitivities. We also know that in the past, people have repeatedly blamed individuals or groups that many Americans viewed as “undesirable,” in order to find blame for the outbreak.<sup>6</sup> Today, an anti-Asian racism has quickly risen. Yet Asians have long practiced wearing masks in public. What is *their* perspective on this, and what can we learn from *them*?

Nurses also need to study and understand the frequent, but often ignored, geopolitical factors at play when disasters strike. Tim Marshall defines geopolitics as the “ways in which international affairs can be understood through geographical factors.” Geopolitics include both physical landscapes, such as the “natural barriers of mountains or connections of river networks,” as well as political forces, demographics, religion, prejudice, trade, and “access to natural resources.”<sup>7</sup> Geography and politics

<sup>1</sup>“AHA Issues Statement Regarding Historians and Covid-19, April 2020,” [https://www.historians.org/news-and-advocacy/aha-advocacy/aha-issues-statement-regarding-historians-and-covid-19-\(april-2020\)?\\_zs=F8Rla&\\_zl=9SS42](https://www.historians.org/news-and-advocacy/aha-advocacy/aha-issues-statement-regarding-historians-and-covid-19-(april-2020)?_zs=F8Rla&_zl=9SS42)

<sup>2</sup>Arlene W. Keeling and Barbra Mann Wall, *Nurses and Disasters: Global, Historical Cases* (New York: Springer Publishers: 2015); and Barbra Mann Wall and Arlene W. Keeling, *Nurses on the Front Lines: When Disasters Strike, 1878–2010* (New York: Springer Publishing Company: 2010).

<sup>3</sup>Deborah A. Sampson, “Nurses’ Response across Geographic Boundaries in the Halifax Disaster, December 6, 1917: Border Crossings,” in *Nurses on the Front Line*, 87–110.

<sup>4</sup>Tim Cunningham, Marina Catalozzi, and David Rosenthal, “Camaraderie and Community: Buffers against Compassion Fatigue among Expatriate Healthcare Workers during the Ebola Epidemic of 2013–2016,” in *Health Emergency and Disaster Nursing*, 5, no. 1 (2018): 2–11.

<sup>5</sup>Anna La Torre, “The 1908 Italian Earthquake,” in *Nurses and Disasters*, 27–62; and Arlene W. Keeling, “The Boston Instructive District Nurses Association and the 1918 Influenza Epidemic: ‘Intelligent Cooperation,’” in *Nurses on the Front Line*, 111–126.

<sup>6</sup>Howard Markel, *When Germs Travel: Six Major Epidemics That Have Invaded America and the Fears They Have Unleashed* (New York: Vintage Books, 2005).

<sup>7</sup>Tim Marshall, *Prisoners of Geography: Ten Maps that Tell You Everything You Need to Know about Global Politics* (London: Elliott and Thompson, Ltd. 2015), x.



NATIONAL ARCHIVES

Mask-making during the influenza pandemic a century ago

become even more complex in politically sensitive areas and impact responses by domestic and international relief agencies. When individuals, governments, and private organizations respond, humanitarian interests abound, but relief measures are not apolitical. I invite you to read about this in our journal *Health Emergency and Disaster Nursing*, Vol. 5, 2018, as we explore issues after the Taiwan earthquake in 1999 when disputes between China and Taiwan influenced the allocation of domestic and international aid. Different geopolitical forces, and particularly religious issues, were in operation during the Syrian civil war, which began in 2016. Other articles consider the earthquakes in Nepal and Haiti when certain groups obtained help while others did not.<sup>8</sup>

We can look to the past to see how people found new ways to provide care to vulnerable groups in acts of solidarity. Deanne Stephens chronicles how Black nurses, both men and women, including many from the Howard Association, responded to the yellow fever epidemic in Mississippi in 1878. They brought needed help in terms of manpower, food, medicines, and clothes not only to the white community but also to the underserved Black community. Yet Black Howard workers were paid much less

*During bombings, floods, fires, hurricanes, and especially epidemics, nurses utilized skills they learned in their nursing schools and their places of work. Cooperation and collaboration in disaster responses were crucial.*

<sup>8</sup>Barbra Mann Wall, "Preface to Series, Disasters and Geopolitics: Implications for Nursing," in *Health Emergency and Disaster Nursing*, 5, no. 1 (2018): 58–59; Mariella Toro and Barbra Mann Wall, "A Complete Meltdown of Humanity': The Aleppo Disaster of 2016," in *ibid*, 60–64; Hsuan-Wen Fan, "Geopolitical and Local Obstacles of the '921' Earthquake Rescue in Taiwan," in *ibid*, 65–69; Reshma Shrestha, "Nepal's Earthquake: The Country's Struggles with Effective Public Health Response amidst International Politics and Cultural Conflicts," in *ibid*, 70–73; and Ashley Leidy, "A Borderless Response': The Haitian Catastrophe of January 12, 2010," in *ibid*, 74–78.



VINCENT TREMEAU/WORLD BANK

A nurse in the Democratic Republic of Congo vaccinates a man who has been in contact with an Ebola-affected person.

*When they found themselves in conflicting situations that pitted their professional ethics against their own or their family members' personal safety, they made decisions guided by their duty to care.*

by their friends and communities when they responded to the 2003 Severe Acute Respiratory Syndrome (SARS) pandemic in Canada.<sup>10</sup> Nurses justifiably felt hurt and angry. During the 2014 Ebola crisis in Sierra Leone, at least 129 health workers died, many of whom were nurses. As Shirley Fanbullah reminds us, however, numerous healthcare workers remained and kept working. Unfortunately, fear of Ebola resulted in ostracism in the United States when health-care workers returned from western Africa.<sup>11</sup>

Still, nurses have shown over and over that they feel compelled to “nurse,” in any way that is possible, as individuals or through team work, and they display an overt consciousness as nurses to save, rescue, care, and cure.<sup>12</sup> For some, as noted by Jane Brooks about nurses after the London and Manchester bombings in World War II, nursing was a means to participate in a drama that allowed one to perform meaningful and rewarding work. Other nurses were driven by nationalistic motivations to protect citizens and keep up a fighting spirit. Nurses also felt a responsibility to care for patients because of the profession they chose. When they found themselves in conflicting situations that pitted their professional ethics against their own or their family members' personal safety, they made decisions guided by their duty to care.<sup>13</sup>

So, why is all of this important? Disaster researchers argue that “some groups of people are known for their ability to remain cool and stay clear-headed under pressure, including veteran military officers, fire, and police commanders.”<sup>14</sup> Nurses, physicians,

than whites; and some Black nurses were accused of “misbehaving.”<sup>9</sup> Stephens correctly rebuts these complaints by documenting the many reports of Blacks' support and caregiving actions.

Other themes emerge with disaster responses. We know that nurses' responses come with great risk to themselves. Madonna Grehan describes how, in nineteenth-century hospitals in Tasmania, an infectious disease crisis resulted in four nurses dying from typhoid fever, and thirty others required substantial convalescence after becoming ill. Likewise, Sioban Nelson and Adrienne Byng write about how nurses risked their lives and experienced significant ostracizing

<sup>9</sup>Deanne Stephens Nuwer, “The 1878 Yellow Fever Epidemic in Mississippi: ‘For God’s Sake, Send Us Some Nurses and Doctors,’” in *Nurses on the Front Line*, 1–15.

<sup>10</sup>Madonna Grehan, “Typhoid Fever Epidemic, 1885-1887, Tasmania, Australia,” in *Nurses and Disasters*, 1–36; and Sioban Nelson and Adrienne Byng, “The SARS Pandemic in Toronto, Canada, 2003,” in *ibid*, 229–256.

<sup>11</sup>Barbra Mann Wall, “Editorial: Nursing Research in Disasters: The Possibilities and the Promises,” *Health Emergency and Disaster Nursing*, 1, no. 1 (2014), 1–5. I refer also to a personal communication with Shirley Fanbullah, April 2014.

<sup>12</sup>Ryoko Ohara, Madonna Grehan, Sioban Nelson, and Trudy Rudge, “The Nuclear Catastrophe in Hiroshima, Japan,” in *Nurses and Disasters*, 169–200.

<sup>13</sup>Jane Brooks, “The Bombing Blitz of London and Manchester, England,” in *Nurses and Disasters*, 115–144.

<sup>14</sup>H. Rodriguez, E.L. Quarantelli, and R. Dynes, *Handbook of Disaster Research* (New York: Springer, 2007), 49.

respiratory therapists, and other health-care workers and attendants do so, as well. They are ready for contingencies. They do this every day. After the Boston marathon bombing on April 15, 2013, a reporter asked a trauma surgeon at Massachusetts General Hospital, which had received many of the injured, about his situation. The doctor replied, “This is work. We just go to work.”<sup>15</sup> Nurses and other workers were right there with him. These professionals have to gear up for the unexpected and quickly adjust.<sup>16</sup> But the risks they face, today more than ever, are huge.

In closing, I want to share one more initiative that we at the Bjoring History Center are doing. Beth Hundt and Maura Singleton are leading an effort to collect “pandemic stories” among nurses on the front lines of this pandemic [send us yours at [pandemicstories@virginia.edu](mailto:pandemicstories@virginia.edu)]. They are following other universities, archivists, historical associations, societies, and museums across the world to collect and preserve nurses’ and others’ personal accounts of how they have experienced this public health crisis. Frank Hickey, our Center Associate at a hospital in New Jersey, is beginning to collect stories of nurses in that “hot spot” of the country. But whose stories are told? Who is interviewed in the media and who is not? Who is being “counted” in the data and who is not? How can we tell stories that represent the larger picture of the pandemic: those from people not only in the forefront but also those at risk, including nurses; the stigmatized; the poor who have to use public transportation; people of color; families; survivors of the virus? We know how to gather oral histories and how to chronicle evidence. Hopefully, a year or two from now, these stories can help craft a narrative that shows the importance of everyday health practices and how health and public health infrastructures fundamentally need improvement at all levels of society.

In conclusion, history shows us that there have always been heroes in disasters, nurses included; and as one *New York Times* article noted, “Their selfless acts and collective heroism leave us with a debt of gratitude that can never be repaid.”<sup>17</sup> Well, yes it can. We can protect the many health-care workers who respond to disasters by providing them the resources they need to do the job they are prepared to do. It is frustrating for me to read about the scarce resources for nurses and health-care personnel now. I fear that society’s expectations that nurses will self-sacrifice will lead to the thinking that there are “enough” supplies and thus nurses can do with what they have. They cannot and should not. By providing effective leadership, compliance with the rules, and the necessary protective equipment that nurses, physicians, grocery workers, custodial workers, bus drivers, teachers, and food service workers so desperately need, we can face yet another crisis with heroic acts. ■

*Barbra Mann Wall*

*How can we tell stories that represent the larger picture of the pandemic: those from people not only in the forefront but also those at risk, including nurses; the stigmatized; the poor who have to use public transportation; people of color; families; survivors of the virus?*

<sup>15</sup> Peter Fagenholz, interviewed on MSNBC, April 15, 2013.

<sup>16</sup> Tener Goodwin Veenema, “When Standards of Care Change in Mass-Casualty Events,” *American Journal of Nursing*, 107, no. 9 (September 2007): 72A–G.

<sup>17</sup> Randi Weingarten, “Heroes on the Frontlines of COVID-19,” *New York Times*, “The Sunday Review,” p. 16, April 19, 2020.



*The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI), established at the University of Virginia in 1991 to support historical scholarship in nursing, is dedicated to the preservation and study of nursing history. The development of advanced clinical nursing practice, and the clinical specialty organizations that represent the various practices, is a major focus of the Center. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.*



How time flies: Eleanor Crowder Bjoring on a 90th birthday skydive in February, and as a young RN serving in the Korean War

CNHI

## Still Flying High

BY ARLENE W. KEELING

Birthdays wishes to “Memo”—our friend, colleague, and benefactor! When I called Memo a few weeks ago to check on her during this pandemic, she told me she was fine and that in February she had celebrated her 90th birthday by parachuting in tandem from an airplane, luckily landing safely on the ground in Texas! For proof, she sent me this photo and, as you can see, it’s true!

Wow! I was so impressed that I had to know more. I knew that Memo had been in the U.S. Air Force in the 1950s and wondered if she had done this often. To my way of thinking, she was either very familiar with propelling out of a plane with a parachute—perhaps having done it frequently in the Korean War—or else she was really bored in her retirement. (She did confess that while she was sitting in the doorway with her feet tucked under the edge of the plane, ready to jump, she wondered why she was doing this—and then they were freefalling!)

To find out more, I called Memo again and asked several questions. Turns out, she was a flight nurse in the Air Force from 1953 to 1957. She was stationed in South Korea in 1953—on a former Japanese base where, according

*“They heard I was coming, and they just quit the war!”*

to her, “they had it pretty good, except for freezing.” She went on to explain: “The small cottage had only a potbellied stove for heat, and we had to put newspapers under our mattresses and our raincoats over our blankets to help keep us warm.” During that time, Memo said she “flew bootleg Aerovac (aero medical evacuation) from Korea to Japan” and when there was a particularly bad emergency, she would be asked to

accompany the patient. Of course, the war ended in the summer of 1953. As Memo remarked with her wonderful sense of humor: “They heard I was coming, and they just quit the war!”

After Korea, Memo returned to the States, and with the help of a “Happy Hour” connection with a Congressman (who provided a reference on a cocktail napkin!), she was ordered to flight school at Gunter Air Force Base in Alabama. It was a long-held dream, and Memo loved every minute. In 1955, she graduated first in her class and flew Aerovac within the United States. As she noted: “Life in the Air Force was exciting ... The world became my oyster! I was stationed in Moses Lake, Washington, and we would fly to Alaska on weekends.”

Now, of course, I want to know more. I shall call Memo again soon, and request all her documents from her time in the military. Happy 90th birthday, Memo. Stay safe so we can speak again. ■

## New Assistant Director

The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry is pleased to announce the appointment of **Beth Hundt** as our new Assistant Director. Beth recently joined UVA School of Nursing's full-time general track faculty



Assistant professor and nurse historian  
Beth Hundt

to teach undergraduate and graduate nursing students in the Department of Acute and Specialty Care.

She earned her PhD in Nursing from UVA in 2018 with a focus on nursing history. Her dissertation was "A Noble Monument of Wisdom and Mercy: St. Elizabeths Hospital, 1852–1899," and she also writes about nursing leaders such as Dorothea Dix and Florence Nightingale. Her most recent publication is "Reflections of Nightingale in the Year of the Nurse" in *American Nurse Journal*.

Please join all of us in welcoming Beth! ■

## An Open Call to Nurses

The Bjoring History Center wants to ensure that the voice of the nurse is preserved during this historic time. Are you working on the front lines of the coronavirus pandemic? Tell us about your experience and the daily challenges you are facing during this crisis.

Keep a record—and send it to us. Forward your journals, blog posts, photos, videos, audio diaries, or any other kind of narrative, to [pandemicstories@virginia.edu](mailto:pandemicstories@virginia.edu).

Your perspective will be important for future generations. Please include a statement that you grant permission for this material to be archived at the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry at the University of Virginia.

In this Year of the Nurse and Midwife, there is no better time to record your vital role. ■



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### OUR FALL HISTORY FORUMS

will be held via Zoom.

Details will be posted soon at [www.nursing.virginia.edu/cnhi](http://www.nursing.virginia.edu/cnhi).

## HEALTH EMERGENCY AND DISASTER NURSING JOURNAL CALL FOR PAPERS: COVID-19

As the Covid-19 virus spreads around the world, the editorial staff of the *Health Emergency and Disaster Nursing Journal* (HEDN) are reminded of the many disaster responses to epidemics by nurses and other health-care professionals, the need to be prepared, and the need for cooperation and collaboration at local, national, and international levels. HEDN is calling for papers that promote the interchange of ideas among practitioners, academics, policy analysts, and world leaders. We are interested in articles covering all aspects of epidemic responses from a global perspective.

Papers should conform to journal guidelines: <http://hedn.jp/journal-menu/for-contributors/author-guidelines.html>.  
Enquiries: [hedn-editorial@primeassociates.jp](mailto:hedn-editorial@primeassociates.jp). ■

# Presentations, Publications & Awards

## FACULTY/ASSOCIATES

**Wall, B.M. Keynote.** “Reinterpreting Nursing History.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 20, 2019.

**Wall, B.M. Invited Keynote Webinar.** “Holy Entrepreneurship: The Entrepreneurial Skills of the Missionary.” Pontificia Università della Santa Croce, Roma. April 16, 2020.

**Wall, B.M. Invited Presentation.** “Reinterpretation of the 1921 Tulsa Race Riot.” Midwest Center for Nursing History. Chicago, IL. March 11, 2020.

**Wall, B.M. Invited Keynote.** “Disruption in Catholic Health Care is Not New: A Historical Perspective.” Catholic Health Association Critical Conversations 2020 meeting. Atlanta, GA. February 12, 2020.

**Milbrath, G. Grant Awarded.** “The Army School of Nursing in World War I and U.S. Base Hospitals of WWI: The Chicago Story.” Pritzker Military Museum Foundation.

**Milbrath, G. Accepted for Publication.** “The U.S. Army School of Nursing in the 1918 Influenza Epidemic: Cooperation and Collaboration at Camp Grant, Illinois.” *Health Emergency and Disaster Nursing*.

**Milbrath, G. Publication.** “A New Approach to Preparing Nurses for War: The Army School of Nursing.” *Online Journal of Issues in Nursing*, 24(3).

**Milbrath, G. Invited Panel.** “Historical Trajectory and Current Panorama of Nursing History Teaching in the USA.” International Congress for the History of Nursing Teaching. Ribeirão Preto, São Paulo, Brazil. November 2019.

**Milbrath, G. Invited Presentation.** “Service and Training: The Army School of Nursing 1917–1921.” University of Virginia Bjoring Center for Nursing History Forum Series. Charlottesville, VA. October 2019.

**Milbrath, G. Presentation.** “Service and Training: The Army School of Nursing.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Milbrath, G. Presentation.** “Care in the History of War Conflicts: Historical, Anthropological and Cultural Approaches to Nursing from a National and International Perspective.” School of Nursing, University of São Paulo, Ribeirão Preto. November 2019.

**Gibson, M. Presentation.** “The Shifting Meaning of the Crippled Child: The 1930s and the Social Security Act.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Gibson, M. Presentation.** “Nurse, Supervise and Educate: Agnes Dillon Randolph’s Contribution to Nursing and Tuberculosis Care.” Southern Association for the History of Medicine and Science Annual Meeting. New Orleans, LA. March 6, 2020.

**Cockerham, A. Award.** Selected as a Fellow of the American College of Nurse-Midwives. Induction 2020.

**Cockerham, A. Publication.** “The History of Midwifery in the United States.” In T. King, M. Brucker,



**SPECIAL GUESTS AT THE UVA MEDICAL CENTER’S Martin Luther King Jr. Day celebration included graduates of the Burley High School/UVA Hospital LPN program. Nursing history doctoral student Tori Tucker (at far right) is completing an oral history project on these Black nurses who helped desegregate UVA Hospital beginning in the 1950s.**

K. Osborne, & C. Jevitt (Eds.), *Varney's Midwifery* (6th ed.) (pp. 1–24). Burlington, MA: Jones & Bartlett.

**Craig, S. & Cieslowski, B. Presentation.** “Where Role Play Meets Reality: The History of Simulation and Debriefing in Nurse Training.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Hundt, B. Presentation.** “These Were the Nurses Who Went to the War: Dorothea Dix and Her Army Nurses Following the U.S. Civil War.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Craig, S., Coffin, R., Tucker, V., Brooks, C. Preconference Session.** “The Road Less Traveled: Strategies for Uncovering Nursing History.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Keeling, A. & White, K. Publication.** “Bandanas are Not Enough.” *Richmond Times-Dispatch*. March 29, 2020.

**Craig, S.** was awarded the Daisy Award for Extraordinary Faculty, UVA School of Nursing, Spring 2020.

## STUDENTS

Craig, S., Coffin, R., **Tucker, V., Brooks, C. Preconference Session.** “The Road Less Traveled: Strategies for Uncovering Nursing History.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Capucao, R. Professional Role.** Invited Curator & Asian Pacific Islander Desi American Stakeholder. Library of Virginia. Richmond, VA.

**Capucao, R. Publication.** “Beyond the Western Perspective: Philippine Nursing Leadership Under Anastacia Giron-Tupas and Julita Sotejo.” *Online Journal of Issues in Nursing*.

**Capucao, R. Grant Awarded.** Alice Fisher Society Fellowship. University of Pennsylvania Barbara Bates Center for the Study of Nursing History.

**Capucao, R. Presentation.** “American Dreaming: The History of Filipino Nurses in Seattle, 1900–1950.” 36th Annual AAHN Nursing & Healthcare History Conference. Dallas, Texas. September 2019.

**Capucao, R. Presentation.** “White as Necessary Across the Greater U.S.: Transregional Migrations of Filipina/o Nurses to Seattle, 1920–1940.” New Perspectives on Nursing History: Women & Care in East Asia Conference. Duke University. Durham, NC. February 2020.

**Mangum, A., McDonald, M., Capucao, R. Panel Presentation.** “Who is a Nurse?” Canadian Association for the History of Nursing Conference to be held June 2020. Conference cancelled due to COVID-19.

**Williams, Emily** (UVA 2nd year BSN student). Second place winner, National Student Nurses' Association/AAHN Essay Contest, for her paper on Louisa May Alcott and Civil War nursing. ■

## Postdoctoral Opportunity in Nursing History

**W**e are currently accepting applications for the Barbara Brodie Nursing History Fellowship. This \$3,000 postdoctoral award is open to nurses engaged in historical scholarship that advances the field of nursing history. Applications are due October 15, 2020 and the recipient will be announced in December 2020. The Brodie History Fellow is expected to present a paper from the funded project in the Bjoring Center's History Forum Series within two years of receiving the award.

Selection of the fellow will be based on the scholarly quality of the project including: clarity of purpose, the project's rationale and significance, the rigor of its methodology and questions posed, and its potential contributions to the field of nursing history.

The Brodie Fellow Application, instructions for submission, and additional information can be found at: <https://www.nursing.virginia.edu/nursing-history/fellowship/>.

NEW YORK CITY NURSES IN THE 1918 FLU PANDEMIC

# “The Necessities of

ARLENE W. KEELING, PHD, RN, FAAN



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Top, New York's Lower East Side circa 1918

Above, a visiting nurse from the Henry Street Settlement

**A**s New York responds to an overwhelming rise in COVID-19 cases, nurses are on the front lines. Some are in hospitals; others outside in the community, making home visits and manning phone lines. A look back at what happened in New York during the influenza pandemic of 1918 tells a similar story.

On December 2, 1918, New York City's health commissioner, Royal Copeland, wrote to nursing leader Lillian Wald, director of the Henry Street Settlement, thanking her for the nurses' work during the pandemic: "I found your organization alert to the necessities of the emergency and ready day or night to respond to the urgent calls for help."<sup>1</sup> Indeed, that autumn nurses had been on the front lines as the epidemic ravaged the city. In 1918, the country was unprepared to address a major pandemic. In addition, the United States was at war; most of its nurses and doctors in Europe.

## THE SPREAD

On September 19, New York City reported its first three cases. Just two days later, the city had 31 new cases.<sup>2</sup> The deadly flu was spreading rapidly, often killing within 24 hours, suffocating patients in their own secretions. Within a week, hospitals were overwhelmed: 20-bed wards stretched to hold 50 patients. As one student nurse noted: "Wards were emptied hastily of patients convalescing from other ailments ... only emergency operations were performed. Cots appeared down the center of wards ... vacations all cancelled ... classes disrupted. ... Victims came on stretchers ... their faces and nails as blue as huckleberries."

Outside the hospitals, public health and visiting nurses were also overwhelmed. Since 1893, the Henry Street Visiting Nurses had been caring for immigrants packed into tenements on the Lower East Side. There, epidemics were commonplace, and in September of 1918, it seemed that this was just another

<sup>1</sup> Royal Copeland, correspondence to Lillian Wald, (December 2, 1918). NYPL, Lillian Wald Collection, Reel 2, Box 3.

<sup>2</sup> *New York Times*, September 21, 1918.

# the Emergency”

bad seasonal flu. Soon however, Wald’s staff was working round-the-clock to meet the incoming calls for help. On making their home visits, nurses found “households where whole families were ill ... without anyone to give them the simplest nursing care.” In one city block, “220 out of 1,400 people” were sick. On October 4, Wald wrote to Copeland, describing what she was facing: “Practically our entire staff is nursing influenza cases.... We are doing the best that we can; nobody is hysterical.”<sup>3</sup>

## ORGANIZING AND RESPONDING AT THE LOCAL LEVEL

The Henry Street nurses continued to do the best they could for another week—with directives from the National Red Cross, but without federal or regional aid. Finally, on October 10, weeks after the pandemic hit, the Atlantic Division of the Red Cross assembled the city’s nursing leaders to mobilize “to combat the epidemic.” At that meeting, the nurses voted unanimously to organize a Nurses’ Emergency Council to “meet the situation in so far as was possible.”<sup>4</sup> Without help from Washington, they were on their own.

The Nurses’ Council wasted no time. Lillian Wald consented to serve as chairman and within 24 hours it was a working organization.<sup>5</sup> Wald then served as the link to the health department. On October 12, she received a telegram from Copeland:

PLEASE ACCEPT APPOINTMENT ON AN  
EMERGENCY ADVISORY COMMITTEE TO  
ASSIST WITH THE PRESENT EPIDEMIC [STOP]  
COMMITTEE WILL MEET SUNDAY MORNING  
OCTOBER 13 [STOP] PLEASE MAKE EVERY  
EFFORT TO ATTEND.<sup>6</sup>

<sup>3</sup>Lillian Wald, correspondence to Copeland, (October 4, 1918). NYPL, Wald Collection, Reel 2, Box 3.

<sup>4</sup>Wald, Lillian: Report, 305.

<sup>5</sup>Permelia Doty, “A retrospect on the Influenza epidemic,” *Public Health Nurse*, 11 (1919): 957.

<sup>6</sup>Copeland, Telegram to Lillian Wald. NYPL, LWC, Reel 2, Box 3.

The health commissioner was also mobilizing local resources. He was concerned—enough, in fact, to meet on a Sunday morning. New York hospitals were filled beyond capacity and physicians and nurses were falling ill; some had died.

Coordinating the response throughout the city, the Nurses’ Council relied on a well-established network of Wald’s contacts. Among others, the Bureau of Communicable Disease, the Bureau of Child Welfare, the Maternity Centers, the Association of Aid to Crippled Children, the Milk Stations, the New York Diet Kitchen, social service departments of Mount Sinai, Presbyterian, and Beth Israel Hospitals, the Catholic Sisterhoods, the Salvation Army, Teachers College Department of Nursing, and the Visiting Nurse Association of Brooklyn all answered the Council’s requests.<sup>7</sup> Working together during the month of October, the nurses and lay volunteers visited the sick; distributed 12, 241 quarts of soup and 2, 255 quarts of cereals, junkets, and custards; and supplied linens to families throughout the city. Inside hospitals, where wards were overflowing, medical and nursing students as well as lay volunteers assisted in the provision of care.

Today, as in 1918, New York nurses are not hysterical. They are all doing their part. But now, as was true then, they need help from the federal government. As they await that help to meet “the necessities of the emergency,” they are relying on the emergent response of citizens and organizations throughout their communities. That response is a recycled solution from the early 20th century. It is laudable, but it is not enough. The federal government has had over a hundred years to prepare; now its response may be too little, too late. ■



<sup>7</sup>Wald, correspondence to newspaper editor, NYPL, LWC Reel 2, Box 3, folder 1.

# The (Queer) Wound Dresser:

## Expanding Walt Whitman's Place in Nursing History

TYLER GAEDECKE (BSN '20)

*The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry was established to support historical scholarship in nursing. We are proud of the inclusion of nursing history in the undergraduate nursing curriculum and many students strive to uncover stories of hidden nurses. Tyler Gaedecke received the Undergraduate History Award in 2019 for his paper examining Civil War nurse, poet, and queer American Walt Whitman. Tyler graduated in May 2020 and plans to be an Intensive Care Unit nurse.*

If asked to identify an example of a well-known LGBTQ+ person in the nursing profession's history, very few people would immediately have a name in mind. If queer individuals are people who fall outside of norms surrounding sex and gender, one could guess that these people would find nursing's rigid and gendered history unforgiving. However, to assume that such queer nurses did not exist reflects a failure to understand that history has a tendency to gloss over difference. A quick reach into America's history reveals that the answers may be under our noses if we take the time to revisit them. In this case, one can look to Walt Whitman. An incredibly well-known American poet, his writing also often identifies him as a prominent queer individual in the country's history—but he was also a volunteer nurse. Though Walt Whitman's image as an iconic, queer American poet is well-known, his time as a nurse in the Civil War is far less prominent. Further, he is rarely, if ever, recognized specifically as a queer nurse. Identifying and

analyzing Whitman's particular intersection between identity and profession may serve to confound potent and gendered images of nursing.

Walt Whitman's life is the story of a radical thinker and influential writer in America's history. Most famous for his book of poems titled *Leaves of Grass*, his free-verse writing in the 1850s sang of the still-new nation and his democratic vision for a unified country in all of its diversity.<sup>1</sup> Though he'd continue to edit and re-release this book for the rest of his life, the tone he set in *Leaves of Grass* is part of the impact that has made him so influential. His romance with democracy and ideas of equality that may have been radical at the time created waves that reverberate today. In "Walt Whitman's Different Lights," Robert Martin presents some of Whitman's writing as "a confrontation of the reader with the reality and diversity of experience."<sup>2</sup> By reminding readers of the diverse nature of their new immigrant nation, he clings to the core ideals of democracy—even though a modern lens may deeply incriminate such romantic claims about the early United States. Yet, this does not diminish the power of his words, especially in the divided and tumultuous times of the Civil War.

That same Civil War tension set the stage for more radical work. He had a public platform with *Leaves of Grass*, and he went forth to capitalize on it. His writings made deep

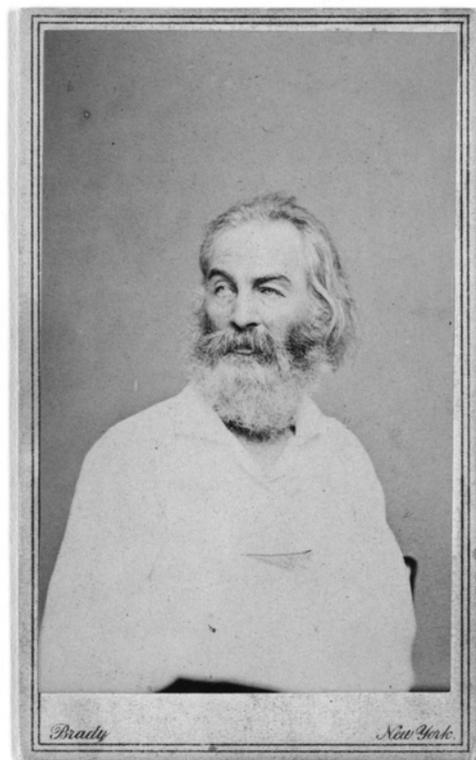
<sup>1</sup> Folsom, E., and Price, K.M. (Eds.) Walt Whitman. The Walt Whitman Archive. Retrieved from: [https://whitmanarchive.org/biography/walt\\_whitman/index.html](https://whitmanarchive.org/biography/walt_whitman/index.html).

<sup>2</sup> Martin, Robert. "Walt Whitman's Different Lights." *History Today*. 44, no. 4 (1994): 45–49.

at  
 — after Antietam  
 there was a very large  
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 — the barn was filled  
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 barn yard, on the  
 farmhouse as full  
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 — a peaceful barn,  
 the program by the  
 used to place the men  
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 turned the cattle out of  
 their stalls

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connections between democracy and sexuality, in many instances by writing very homoerotic poems that capitalized on a violently masculine war which simultaneously “exposed men’s physical and emotional vulnerability.”<sup>3</sup> By pushing boundaries of the way men may show affection to one another, Whitman used his platform to add his own addendum to the idea



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Above left, a page from Whitman’s hospital notebook “— at Antietam there was a very large barn & farmhouse—the barn was filled with wounded, & the barnyard, an[d] the farmhouse as full as it could stick—a peaceful barn, [inserted “now bloody”] the fragrant hay they used to place the men on for operations—they turned the cattle out of their stalls”

Above, Walt Whitman in 1862 by photographer Matthew Brady

of democracy—sexual freedom. Political and violent tensions became an opportunity for him to emphasize love of all kinds in his calls for unity. However, there are parts of his story that are less often told. His intimate relationships with the Civil War, the ideas it helped him create, and the men that fought in it were no coincidence. His radical writing was deeply influenced by all of his experiences and, as a surprise to many, Walt Whitman was a volunteer nurse during the war.

It started in 1862. A newspaper list of the wounded made him concerned that his brother was amongst them, and upon finding his brother healthy realized just how terrible the military hospital conditions were.<sup>4</sup> This empowered his decision to volunteer. When he got there, the little things made all the difference. Whitman estimated that he saw beyond 80,000 patients in his time as a hospital visitor, doing anything from writing letters for the wounded to bringing them candy and fruit.<sup>5</sup> These things likely meant a lot to patients as they are characteristic of traditional, holistic nursing care. However, his involvement in care seems to have gone even further. In his 1865 poem “The Wound Dresser,” Whitman alludes to clinical nursing care when he says, “I dress the perforated shoulder, the foot with the bullet-wound, / Cleanse the one with a gnawing and putrid gangrene ... While the attendant stands behind aside me holding the tray and pail.” Further lines describe other wounds he had addressed including fractured thighs and knees. It would appear that Whitman even fits more modern descriptions of the nursing role. It is also very clear that he thought highly of this nursing role. He said himself in an 1863 *New York Times* article that “a benevolent person, with the right

qualities and tact, cannot, perhaps, make a better investment of himself, at present, anywhere upon the varied surface of the whole of this big world, than in these military hospitals among such thousands of most interesting young men.”<sup>6</sup> Nursing was not just a small part of his life that he spent a little time on—he dedicated years to it. With such extensive sacrifice and contribution, it is refreshing to see his name make it into in current nursing history books.

However, if this gem is no secret to nursing history, and is in fact additionally referenced by queer history work, it becomes more curious that no additional significance has been attached to this intersection of identity. Nursing history references to Whitman do not appear to make any reference to the fact of his queerness. And there is a dearth of literature on queer nursing history. As a result, we continue to be left wondering: Where are the queer nurses? While Whitman may be only somewhat of a “hidden figure” in nursing, his experience as an American nurse in a sexual minority is. ■

Read Tyler’s entire paper online at: [www.nursing.virginia.edu/nursing-history/](http://www.nursing.virginia.edu/nursing-history/)

<sup>3</sup> Bronski, Michael. *A Queer History of the United States*. (Boston: Beacon Press, 2011), 65.

<sup>4</sup> Folsom & Price, *The Walt Whitman Archive*.

<sup>5</sup> Keeling, A., Hehman, M.C., and Kirchgessner, J.C. *History of Professional Nursing in the United States: Toward a Culture of Health*. (New York: Springer Publishing Company, 2018), 34.

<sup>6</sup> Whitman, W. *The Wound Dresser: A series of letters written from the hospitals in Washington during the War of the Rebellion*. (Boston: Small, Maynard & Co., 1898), 8.



## Every Year is the Year of the Nurse and the Midwife

REBECCA COFFIN, PHD, RN

The World Health Organization has declared 2020 as the International Year of the Nurse and the Midwife to celebrate the 200th anniversary of the birth of Florence Nightingale (1820–1910) and to mark the invaluable contributions that nurses and midwives make towards global health.<sup>1</sup> But nurses and nurse historians already know of the incredible work accomplished by nurses throughout time. The following snippets honor Florence Nightingale and the millions of unnamed nurses and midwives.

■ **San Francisco earthquake, 1906:** “And the nurses. Well, their efforts will long be remembered. Young women from the hospitals, graduates in the nurses’ homes, neighbor women and those who drove to the door of the Mechanics’ Pavilion in their private automobiles, all took a hand in the work. Catholic sisters worked by the side of Salvation Army lasses, and the priests and ministers made their way among the cots, giving the comfort of their cloth.”<sup>2</sup>

■ **In Memoriam: Florence Nightingale**  
by Joyce Kilmer, 1910:

“She whom we love, our Lady of Compassion,  
Can never die, for Love forbids her death.  
Love has bent down, in his old kindly fashion,  
And breathed upon her his immortal breath.  
On wounded soldiers, in their anguish lying,  
Her gentle spirit shall descend like rain.  
Where the white flag with the red cross is flying,  
There shall she swell, the vanquisher of pain.”<sup>3</sup>

■ **Melbourne Women’s Tribute, 1910:** “At the meeting of the Women’s Political Association last night, the following motion was submitted by the president (Miss Vida Goldstein): ‘That this association places



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**Nurse and midwife Maude E. Callen offers instruction to new mothers. Callen (1898–1990) served a 400-square-mile area in rural South Carolina for over 60 years, bringing health care to thousands of people.**

on record its deep appreciation of the work done by Florence Nightingale in bringing order out of chaos in the medical department of the British army, in raising nursing to the status of a profession, and in championing for the first time the enfranchisement of women.’ In silence the motion was unanimously agreed to.”<sup>4</sup>

■ **Scientific American, 1910:** “When she died at the ripe age of 90 years, Florence Nightingale had lived to see the adoption of her hospital methods by most of the world’s armies, methods which have undoubtedly brought about a most salutary improvement in the conditions of the wounded on the field of battle, and in the saving of many a useful human life.”<sup>5</sup>

■ **Influenza epidemic, 1918:** “Mrs. Swift, a day school housekeeper from the Eagle Nest district who is a trained nurse, came in and rendered valuable service in the nurse’s position during the epidemic. Her attention and care was a big factor in keeping our death rate at zero.”<sup>6</sup>

■ **Korean War, 1951:** “The unsung heroines of American military history again are on the march. They are the members of the Army Nurse Corps—those conscientious

and skilled young women who have the grim burden of taking care of the nation’s battle victims.”<sup>7</sup>

■ **Vietnam War, 1965:** “The Vice President later talked with Capt. Lea B. Simon, of Patterson, N.J., an Air Force nurse whose husband, Capt. Paul J. Simon, the pilot of an artillery spotter plane, had been shot down and killed in Vietnam. The nurse received a message of her husband’s death on December 16. She flew with his remains to California on December 18, attended his burial services, and returned to duty on December 23. She has been praised by her superiors for serving beyond the call of duty.”<sup>8</sup>

■ **Midwives, 1960s:** “It was 1960 and public-health officials in Madera, Calif., in the fertile San Joaquin Valley between Fresno and Stockton, had a problem. Doctors and nurses were in short supply at the county hospital ... Then two certified nurse-midwives, paid by the State Health Department, arrived at the hospital ... Soon, more women began to come in early in pregnancy for regular prenatal care and fewer of their babies were premature. At the same time, the rate of infants dying in the first month dropped from 23.9 to 10.3 per 1,000 live births—only to climb to 32.1 per 1,000 live births three years later when, because of opposition from the California Medical Association, the nurse-midwives left.”<sup>9</sup>

■ **World Health Organization, 2020:** “Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring for mothers and children; giving lifesaving immunizations and health advice; looking after older people and generally meeting everyday essential health needs. They are often the first and only point of care in their communities.”<sup>10</sup> ■

<sup>7</sup> William J. Moyer, “Unsung Heroines of War,” *Evening Star* (Washington, D.C.), Feb. 4, 1951, p. 9. <https://chroniclingamerica.loc.gov/lccn/sn83045462/1951-02-04/ed-1/seq-130/>

<sup>8</sup> Richard Halloran, “Humphrey Visits GI Viet Victims: Grim Humphrey Sees Wounded GIs After ...,” *Washington Post*, Dec. 31, 1965, pp. A1, A4.

<sup>9</sup> Judith Randal, “Giving Midwives a Bigger Role,” *Washington Post*, Jan. 31, 1979, p. A19.

<sup>10</sup> WHO. “Year of the Nurse and the Midwife 2020.” <https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020>

<sup>1</sup> WHO. “Key dates for nursing and midwifery discussions in May 2020.” February 20, 2020, <https://www.who.int/news-room/detail/20-02-2020-key-dates-for-nursing-and-midwifery-discussions-in-may-2020>.

<sup>2</sup> “Heartbreaking Scenes at the Pavilion,” *The Call-Chronicle-Examiner* (San Francisco, CA), Apr. 19, 1906, p. 1, <https://chroniclingamerica.loc.gov/lccn/sn82015732/1906-04-19/ed-1/seq-4/>

<sup>3</sup> Joyce Kilmer, “In Memoriam: Florence Nightingale,” *New York Times*, Aug. 29, 1910, p. 6.

<sup>4</sup> *The Argus* (Melbourne, Vic.: 1848–1957), August 16, 1910, p. 5.

<sup>5</sup> *Scientific American* 103, no. 9 (August 27, 1910): 159.

<sup>6</sup> “General School News,” *The Oglala Light* (Pine Ridge, S.D.), Oct. 1, 1918, p. 19. <https://chroniclingamerica.loc.gov/lccn/2017270500/1918-10-01/ed-1/seq-23/>

## Redemption

HENRY K. SHARP

“Can the South be Redeemed?” is the title of a podcast episode I heard recently. It was produced by the Georgia-based “Bitter Southerner,” one of many organizations, institutions, and individuals taking a new look at the legacy of slavery in America. This growing, incisive gaze aims for a more complete and accurate understanding of Southern culture(s) and history—identities, we could say, that are still contested, as the events of August 2017 here in Charlottesville so brutally demonstrated.

The University of Virginia joined the movement to examine its own history more than a decade ago, but attention to the issue sharpened in 2013 with the President’s Commission on Slavery and the University. The Commission’s work culminated in two landmarks: the Memorial to Enslaved Laborers, now nearing completion on the grounds opposite the old medical school, and the groundbreaking scholarship presented in *Educated in Tyranny: Slavery at Thomas Jefferson’s University*, released by the University of Virginia Press last August. The logical successor to this antebellum focus is the President’s Commission on the University in the Age of Segregation, organized in 2018. The scholars, researchers, and students in this group have begun to generate analytical essays posted on the Commission’s own website and on the University news site, *UVA Today*.

In light of these important developments, Bjoring Center director Barbra Mann Wall has asked me to reconsider the history of the University of



BUJONG CENTER FOR NURSING HISTORICAL INQUIRY

Virginia Hospital, opened in 1901, with a view toward publishing a new analytical book. The institution’s founders aspired at that turn-of-the-century moment to adorn the University with the premier teaching hospital in the South, and they arguably succeeded. But until now, the history of the facility itself has received limited attention. The slim volume issued in honor of the Hospital’s fiftieth anniversary, in 1951, took an uncritical, celebratory approach to the initial decades of operation. By the centennial year, an online exhibition presented a limited outline chronology accompanied by photographs. That same year, our own distinguished professor emerita Barbara Brodie published *Mr. Jefferson’s Nurses*, a much more thorough treatment of the founding and development of the School of Nursing, organized with the opening of the hospital.

Today, the task is to look back more specifically at the hospital itself. Not as a narrow list of accomplishments, but globally, in context. Not simply as a

UVA Hospital’s operating room in 1913

building containing doctors, nurses, and patients—usually in that order, with little mention of staff and students—but as a concept, or better, a process. By this I mean that the hospital is the physical embodiment of a constellation of ideas: about health and education, about social and racial status and relationships, about theories and research, about treatments and innovation. These change with the generations, personalities, and aspirations involved. But the story is not an uninterrupted path to glory. Some of the ideas embodied in the institution are excellent, and some, pernicious, even horrific. We must consider them all. The greatness of an institution—or a region, or a person—is measured out not just in manifest accomplishments but also in the redemptive courage to look fearlessly at error and injustice, within. The time is now, and the result, for all of us, is redemption. ■

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