

The African American Nurses of Early Twentieth-Century Indianapolis

A Research Essay

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Most recently, the trained nurse has supplanted the old colored woman nurse. In order to meet this condition and to educate colored women as trained nurses, it [the Lincoln Hospital] is expected to give a thorough course in nursing.

The Recorder, October 2, 1909

A report from the Health Resources and Services Administration in 2002 predicted that by 2020 the United States would experience a shortfall of 400,000 nurses.¹ A demographic imbalance in age cohorts

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¹The Health Resources and Services Administration is an agency of the U. S. Department of Health and Human Services.

has triggered concern among healthcare planners about the shrinking pool of nurses who will be trained and ready to care for an aging population. In 2003, nursing educator and researcher Diane R. Andrews remarked on the particular lack of minorities in nursing. Only about 5 percent of the nursing force is African American, while the country's black population is around 12 percent. Adding more nurses from the African American community could help relieve the downturn in the number of working nurses, but few women and men have stepped forward. The fallout from this lack of diversity is not only a dearth of black nurses but also a lack of adequate role models for those young people who do enter the profession.² Andrews offered reasons for this shortage, including an alleged failure to prepare students for the academic rigors of nursing school. That is a problem of the present. Another of Andrews's suggestions—that minority nursing students find it difficult “to reconcile their cultural attributes, values, goals, and orientation with those of the nursing profession” is a tangled problem rooted in the past. Addressing that problem calls for a deeper analysis with a historical approach. A look at the history of black nurses points out why both of Andrews's theories are viable explanations. Evidence shows that in the late nineteenth and early twentieth centuries many young black women wanted to embrace the culture of nursing but were denied the opportunity to demonstrate their alignment with mainstream nursing's “attributes, values, [and] goals.”

In the process of researching the history of Indianapolis's early twentieth-century African American hospitals, I came to see that examining all aspects of black nurses' experiences would take me too far away from my main focus. I had to entrust the topic to one brief section of my thesis and hope that it would seed further research. Professional nursing's role in the health care of the African American community in Indianapolis is a topic that deserves far more attention. Beyond its contribution to the history of nursing, the study of black nurses' experiences in the early twentieth century reveals much about African American life in Indiana at that time. During that era—from the late 1800s through the 1920s—the segregation of the black community was cast. This paper follows the efforts of the black community in Indianapolis to establish formal nurse training from 1909 until 1925. During that time, in spite of African Americans' efforts to exhibit ability and ambition in all areas of work, many career opportunities were

²Diana Randall Andrews, “Lessons From the Past: Confronting Past Discriminatory Practices to Alleviate the Nursing Shortage Through Increased Professional Diversity,” *Journal of Professional Nursing* 19, no. 5 (September–October 2003), 289–94.

removed from their reach. Since these limits emanated from professional, social, and political sources, investigation of the nurses' activities could provide a fuller understanding of race relations in the past.

My research into this topic began with a typical problem for scholars of black history in that era: the lack of sources, both primary and secondary. I turned to the black press of the time, realizing that it could provide potentially useful information. Since the city's two major historically black newspapers, *The Freeman* and *The Recorder*, are digitized, searching for women nurses is easier than in the past, although these papers do not constitute a complete source.

Before delving into the black nurses' history, I explored the larger historical context surrounding the development of professional nursing. There are numerous nursing historians, and many of them have written volumes about the general history of nursing, so this research essay uses only two aspects of that history. First, nursing had historically been a role given to African Americans, before the work was appropriated by the middle-class white women who professionalized nursing in the 1880s and 1890s.³ Second, nursing played an important role in the development of medicine and surgical practice. For black women, attaining training for and accreditation in professional nursing imposed the added burden of representing the ability of their entire race to learn and succeed.

Historically in the South, black women performed nursing duties. This custom continued in the North in certain cities, especially after blacks migrated into urban areas. Evidence shows that Indianapolis was one of those cities.⁴ Beginning in the late nineteenth century, hospitals transformed from almshouses, caring chiefly for the dying poor, into places where physicians successfully applied new technologies to treat medical conditions. After nursing pioneers like Florence Nightingale demonstrated that good nursing care brought better patient outcomes, the hospital-trained nurse who followed scrupulous techniques of care and carried out the doctors' treatment orders became a crucial element of medical success. At that point, black women found themselves shut out of opportunities to gain education and training. The example of Indianapolis's few black nurses tells that story.

By the 1890s, Indianapolis had a thriving black community that included several social layers: an elite class of professionals and business people, a working-middle class, a working-poor class, and another little-studied

³Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in Nursing Practice, 1890-1950* (Bloomington, Ind., 1989), xviii-xxi.

⁴*Journal of the National Medical Association* 11, no. 2 (April-June 1919), 60.

sector, the transient-migrant. The first three classes resided and worked in a racially segregated city with a moderate amount of exchange between blacks and whites, mostly in business transactions based on service arrangements. Access to high-quality health care—aseptic techniques, careful nursing, and modern surgical techniques—began to separate the haves from the have-nots, and class distinctions became indicators for good outcomes. Health care became a commodity, and possession of commodities conferred status.⁵ The African American community, especially the elite and middle classes, desired the same good outcomes as white citizens, but faced barriers. Black patients were accepted only at the municipal City Hospital, and the conditions in its segregated ward were inferior to those in the white wards. Black patients were treated by white doctors and interns because no black doctor was allowed in any hospital in Indianapolis; black nurses were also not employed in the city's hospitals.⁶

In 1911, the *Journal of the National Medical Association*, the African American counterpart of the American Medical Association, called nurses the “allies” of the doctor, praising a bond between doctors and nurses that benefited the patient.⁷ In 1913, Dr. John Kenney of the Tuskegee Institute credited the institute’s “competent, conscientious nurses” with carrying out a “rigid technique of asepsis” that had resulted in no post-operative infections for ten years. Kenney’s article illustrates a strategy that black doctors and nurses often employed in their medical literature: reporting their quantitative post-operative success rate as proof of their sound techniques.⁸ Such reports of shared successes were a critical response to the undercurrent of public mistrust both of hospitals in general and of black physicians specifically. Kept at arm’s length by the mainstream medical profession, black physicians were compelled to offer evidence of their abilities, presenting statistical confirmation of their methods and

⁵Julie Fairman and Patricia D’Antonio, “Reimagining Nursing’s Place in the History of Clinical Practice,” *Journal of the History of Medicine and Allied Sciences* 63, no. 4 (October 2008), 441.

⁶*Freeman*, July 18, 1908.

⁷“Our Allies: The Nurses,” *Journal of the National Medical Association* 3, no. 2 (April-June 1911), 159-60. The article acknowledged a prior tension between physicians and nurses but claimed an increased ability for the two to work together.

⁸John A. Kenney, “Our Hospital: A Factor in the Prevention and Treatment of Disease,” *Journal of the National Medical Association* 5, no. 2 (April-June 1913), 77-81; “Some Facts Concerning Negro Nurse Training Schools and the Graduates,” *Journal of the National Medical Association* 11, no. 2 (April-June 1919), 60. Nurse Amelia Johnson reported post-surgical infection success at an Indianapolis hospital; see *Journal of the National Medical Association* 11, no.3 (April-June 1919), 60. The hospital is unnamed but was likely the Sisters of Charity. *Polk’s City Directory of Indianapolis, 1918*, p. 759, lists Amelia Johnson as a nurse at that institution.

outcomes.⁹ The evidence of these journals confirms that African American nurses and doctors experienced mutual benefit from their work. Doctors supplied the need for trained nurses; the nurses' competency resulted in good patient outcomes.

Black doctors in Indianapolis acknowledged that patients had not only a fear of hospitals but also suspicions about doctors. As outcomes improved, physicians in the city's black community began to write editorials expressing hope that patients' attitudes toward hospital admissions were softening.¹⁰ Success, demonstrated by the increasing confidence of patients, resulted in more support for hospitals, and, in turn, the hope of establishing training programs for black nurses.

In her study *Black Women in White*, Darlene Clark Hine observed that the black community in the U.S. understood that in order for black women to become trained nurses, African Americans would need to establish their own institutions where training could take place. Between the 1890s and 1920s, about two hundred black hospitals sprang up across the country.¹¹ Until 1909, however, a young black woman in Indiana who wished to become a trained nurse had to travel outside the state to hospitals such as Dixie Hospital at Hampton Roads, Virginia, the Red Cross in Louisville, or Freedmen's in Washington, D.C. Then, between 1907 and 1911, three hospitals for African American patients opened in Indianapolis, each with a nurse training program. Two of the institutions merged in 1912; the remaining two schools, along with the program at the Colored Hospital in Evansville, led to Indiana being recognized as having more training programs than any other northern state except Pennsylvania.¹²

The Indianapolis programs admitted women not only from the city but also from other communities, confirming the supportive network that existed between Indianapolis and other black communities throughout the state. One of the first students who appears by name in the *Recorder* was Grace Wilburn, who came from Kokomo to study in February 1909, presumably at Ward's Sanitarium.¹³ Dr. Joseph Ward's small private hospital was the first black institu-

⁹*Journal of the National Medical Association* 5, no. 2 (April-June 1913), 191, 86. In our modern healthcare environment, this is called evidence-based medicine.

¹⁰*The Recorder*, December 7, 1911.

¹¹Hine, *Black Women in White*, xvii.

¹²*Negro Yearbook and Annual Encyclopedia of the Negro* (Tuskegee, Ala., 1912), 155. Although beyond the time period of this study, it should be noted that the *Journal of the Indiana Medical Association*, vol. 14-15 (1921), 395, stated that S. H. J. David and the Norrel brothers, James and John, established Provident Hospital and a nurse training program in 1921 on Indianapolis's Indiana Avenue. This likely followed the discontinuation of the Sisters of Charity Hospital that same year.

¹³*The Recorder*, February 6, 1909.

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And Training School for Colored Nurses
**IS A HOSPITAL FOR THE TREATMENT OF MEDICAL AND
 SURGICAL DISEASES**

It is thoroughly equipt in every particular—Steam heat, electricity, and all modern conveniences. The surroundings are quiet and home like, and no efforts are spared to make each patient satisfied and comfortable. Nurses and Assistants are of the highest character and efficiency. **Nurses are not only trained in this Hospital, but receive their theoretical training in the City Hospital.** Every patient receives **PERSONAL ATTENTION.**

The best specialists of the State are on the consulting Staff of this Institution. Excellent facilities for handling and transporting patients living in distant cities.

Fine surroundings for the care of Lying-in Women.

Terms are Reasonable & Consulting Hours; 8 to 10 a. m.; 1 to 3—6 to 8 p. m.

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All correspondence considered private. For further information address the proprietor, **JOSEPH H. WARD, M. D.**, Indianapolis, Indiana.

Advertisement for Ward's Sanitarium, Indianapolis. One of three hospitals founded in the early twentieth century to serve the city's African American population, Ward's also offered a training school where young black women could become nurses.

Indianapolis Recorder, September 3, 1910

tion to start a nurse training program, followed by the Lincoln Hospital and the Sisters of Charity state hospital in December 1909 and June 1911, respectively. All three claimed that their graduates were eligible to take the licensing exam that the state had instituted in 1905. In the black press at the time, founders of all three institutions stated that nurse training was a major reason for their hospital's existence. All three institutions advertised for students in the papers. The newspapers also noted the arrival of students from other towns and states, as when an unnamed niece of Mrs. Olivia Mitchell of Haughville "arrived to become a trained nurse in Lincoln Hospital." Anna Morris of Watertown, New York, entered in 1911.¹⁴

¹⁴*Journal of the National Medical Association* 1 no. 4 (October–December 1909), 266; *The Recorder* June 10, 1911; *The Freeman* December 16, 1911; *First Annual Report of Lincoln Hospital* (Indianapolis, Ind., 1911), 9–11. In 1939, the *Recorder* noted two black nursing students entering the training program at City Hospital alongside white students: "part of the program as outlined and promised by the city administration concerning the integration of colored persons at the local institution." *The Recorder*, November 11, 1939, p. 8.



Advertisement for the Lincoln Hospital Training School for Nurses, Indianapolis.

Lincoln emphasized that its African American graduates would fulfill the state requirements for registered nurses.

Indianapolis Recorder, December 8, 1910

The Lincoln Hospital was started by a group of black doctors; the other hospital was the work of a black women's lodge, the Grand Body of the Sisters of Charity. Most of what we know about the identities and work of student nurses of that time comes from the *First Annual Report of the Lincoln Hospital*, published in 1911.¹⁵ The report provided a detailed record of the nursing curriculum, which included instruction on materia medica (pharmacology), culinary care (nutrition), and other routine nursing tasks. An experienced nurse, 1906 Tuskegee Institute graduate Melinda Russell Kirkpatrick, supervised the hospital and trained the students. The program lasted two years in sessions from October to May, with slots for six pupils per class. Students were expected to provide their own uniforms, a watch, and "sensible shoes," and submit letters of recommendation from a physician and a clergyman affirming the applicants' good health and moral character.¹⁶ The suggested ideal age was twenty-one to thirty-five.

¹⁵*First Annual Report of Lincoln Hospital*, 11. Most of the nurses in the report—Myrtle Larkins, Elizabeth Davis, Hannah Irwin, Julia Ewell, Sarah Dix, Lama Joiner, Eliza Saunders, Amanda Boone, and a Miss Goodrich—were from Indianapolis. Alice Barber and Lydia Mayes were from Anderson and Louisville, respectively.

¹⁶*Ibid.*, 10.

Amanda Rogers, a 1902 Freedman's graduate, took over as superintendent when Kirkpatrick resigned in 1912. Rogers started a ladies' auxiliary which provided essential material support for the Lincoln Hospital. Miss Rogers was active in nursing associations, attending a convention in New York in 1916.¹⁷

Ward's Sanitarium Training School claimed an additional advantage because Dr. Ward arranged for his students to attend a limited number of classes at City Hospital, although the women were not allowed to enroll fully in the whites-only program. The Sisters of Charity Hospital targeted young women between the ages of eighteen and twenty-six, offering physician-led instruction in bacteriology, hygiene, and diseases of children.¹⁸

Many hospitals were staffed primarily by student nurses and employed graduate nurses only for supervision or teaching. Student nurses, as exploited labor, carried the bulk of work in both white and black hospitals. At Lincoln Hospital, the student work hours were 7 a.m. to 7 p.m. with five hours off on Sunday and one half-day during the week.¹⁹ In 1910, City Hospital employed only one superintendent of nursing, six head nurses, two graduate nurses, and fourteen students who cared for the 150-bed facility.²⁰

Occasionally, Lincoln Hospital hired out senior student nurses as private duty nurses.²¹ In 1911, Indianapolis Fire Department lieutenant Thomas Howard was seriously injured when his hose wagon collided with a streetcar on the way to a fire. Senior nurse Lydia Meyers was sent out to be his private duty nurse, returning to her post at the hospital a month later.²²

In Indiana, before the nurse registration board was established in 1905, a nurse who completed a program was referred to as a "trained nurse" or "graduate nurse." Even the local society pages used the title in a way that communicated acknowledgment of the woman's achievement. Although the act that established the nursing Board of Examination and

¹⁷*The Recorder*, August 26, 1916.

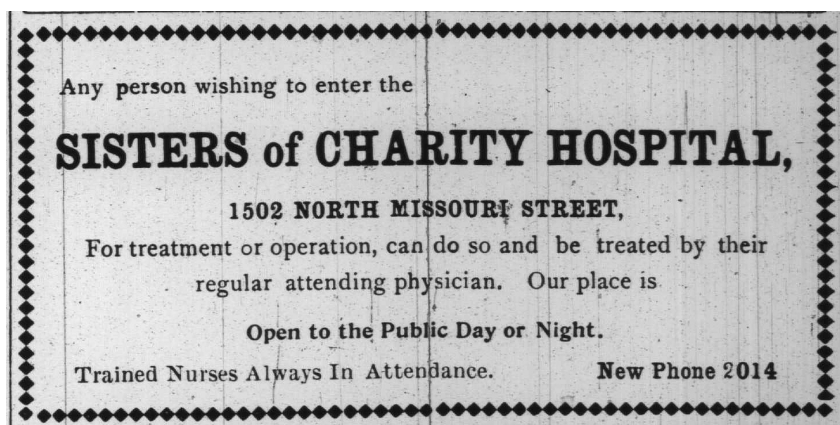
¹⁸*The Freeman*, January 25, 1913. The nature of the Sisters of Charity training program is unknown, but Dr. Theodore Kakaza's biographical information listed him as a lecturer in bacteriology, hygiene, and diseases of children at the Charity Nurse Training School in 1917. See *A Thousand American Men of Mark To-day* (Chicago, 1917), 192.

¹⁹*First Annual Report of Lincoln Hospital*, 11.

²⁰Sir Henry C. Burdett, *Burdett's Hospitals and Charities; Being the Yearbook of Philanthropy in the Hospital Annual* (London, 1906), 828.

²¹*The Recorder*, December 16, 1911.

²²*Indianapolis News*, November 8, 1911; *Freeman*, December 16, 1911.



Advertisement for the Sisters of Charity Hospital, Indianapolis. Like other hospitals that tended to African Americans, Sisters of Charity emphasized the quality of its nursing staff.

Indianapolis Recorder, January 13, 1912

Registration stated that only a nurse duly registered by the state could call herself a trained nurse or use the initial T.N. or G.N., the black press continued to refer to women who had received training but did not identify themselves as registered as “trained nurses.” It is unclear how many of the graduates of Ward’s, Lincoln, and the Sisters of Charity actually passed the registration exam, but Evansville’s Mamie A. Finley, who graduated from Provident training school in St. Louis, was recognized in the black press as the only black registered nurse in Indiana in 1908.²³

Although hospitals were the site of formal training, they were not a major source of employment for the graduate nurses. Some of the women whose names surfaced in this study moved from private duty to institutional nursing and then back to private duty. In certain instances, City Hospital responded to patient demands for dignity and privacy by allowing concessions. In 1914, Faburn DeFrantz, the physical culture director of the segregated Senate Avenue YMCA, underwent an appendectomy. DeFrantz recovered in a private room attended by a black nurse, his circumstances an example of how the black elite who were able to pay for special treatment skirted the dismal “colored ward.” Still, the presence of a black nurse in DeFrantz’s private room spoke to segregation and the suggestion of avoiding impropriety. In the open wards with multiple beds, white-only nursing staff routinely cared for black patients. Theoretically,

²³*Freeman*, November 18, 1908.

since DeFrantz had paid for a private room, one of the white nurses would have been required to attend to him in closed quarters. However, the idea of a white woman alone with a black man was an unacceptable situation, and assigning two nurses would strain the staff. Allowing a black nurse to care for a private black patient was deemed by hospital administrators as a reasonable resolution to a socially prohibited arrangement. Thus, Miss C. E. Clark, a graduate of Freedman's Hospital in Washington, D.C., became the first black nurse to work as a regular employee within the walls of the municipal hospital.²⁴

Also in 1914, Indianapolis's trained black nurses formed a cooperative association. Their organization hoped to provide an opportunity for nurses to work together more effectively and to uplift the profession. Its goals followed the mission of the National Association of Colored Graduate Nurses: "to place the profession on the highest plane attainable."²⁵ The organization provided a list of nurses for hourly, daily, or weekly special duty work.²⁶ The list was posted at the Eureka drugstore, implying that some patients or their families sought out nurses rather than making employment arrangements solely through a doctor. Other patients who practiced self-diagnosis and were not under a doctor's care at all would have employed their nurses directly.

The nurses of the association knew that they could make a greater difference in the community's health if more people hired a trained nurse. In 1915, C. E. Clark addressed the nurses' association and expressed regret that more people did not have them in their homes:

It is a known fact that every doctor knows the cheerful smiling face of a brave nurse wins half the battles in sickness. It is within the last thirty years that the problems of the sick room have been solved, first by a good doctor and second by a perfectly trained nurse. Up

²⁴*The Recorder*, November 14, 1914.

²⁵"National Association of Colored Graduate Nurses," *Journal of the National Medical Association* 1, no. 4 (October-December 1909), 266; Hine, *Black Women in White*, xix. The National Association of Colored Graduate Nurses was formed in 1908.

²⁶In the early years of the twentieth century, many trained black nurses were engaged in private home nursing, not hospital work. Deborah Gray White related the story of Jane Edna Hunter, a graduate of Hampton who migrated to Cleveland. She expected to find employment there as a nurse to white patients. She was told that white doctors in the city did use black nurses as the southern custom. See White, *Too Heavy a Load*, 30. The white citizens of Indianapolis, according to Amelia V. Johnson, were quite open to care by a black nurse. *Journal of the National Medical Association* 11, no. 2 (April-June 1919), 60.

to present date the nurse has not found her way into homes, into places she would be gladly welcomed by the doctor and patient, if people only knew what it meant. The nurse in sickness is as useful to the doctor as a crutch is to the crippled.²⁷

Black nurses also helped their community through their work with insurance companies. Nurses often visited homes to collect premiums and perform checkups, using the opportunity to educate policyholders in health matters. Cora Gannaway, a nurse for the Metropolitan Insurance Company, reported “on conditions among our people” at a meeting of the Women’s Council in 1915.²⁸

In 1912, Ward’s Sanitarium merged with the Sisters of Charity Hospital. By then, it was apparent that a consolidated hospital that included Lincoln Hospital and the Alpha Home for Aged Colored Women could better serve the black community by combining precious resources and philanthropy.²⁹ However, the black doctors who were interested in maintaining administrative control came up against the clubwomen who insisted that they should be in charge because they had worked hard to establish a hospital for the poor under their name. In 1915, a glimmer of legal hope appeared when a rumor took wing that black nurses would be allowed to fully join the City Hospital nursing school. Around the same time, the Lincoln Hospital doctors abandoned their hospital project. The Sisters of Charity Hospital carried on until 1921, but with questionable success. When it closed in 1921, the Norrel brothers, Drs. James and John, opened a new sanitarium named Provident. They continued to train nurses there until at least 1924.³⁰

Most of the information about nurses and doctors in the city’s black community before 1940 is found in its newspapers. Unfortunately, many issues of the *Recorder* between 1917 and 1925 are missing. Although that record is silent for those years, researchers can benefit from a significant

²⁷*The Recorder*, January 23, 1915.

²⁸*Ibid.*, February 20, 1915.

²⁹The Alpha Home for Aged Colored Women was founded in 1883 by former slave Elizabeth Goff. Since it possessed some of the characteristics of a hospital, local black leaders proposed consolidating it with the Sisters of Charity and Lincoln Hospitals. “Alpha Home,” in *Encyclopedia of Indianapolis*, eds. David J. Bodenhamer and Robert G. Barrows (Bloomington, Ind., 1994), 251; *Indianapolis News*, January 6, 1914; *Recorder*, January 24, 1914.

³⁰Nellie Brown to Herman Morgan, October 21, 1924, uncatalogued, Nursing Registration Records, Indiana State Archives, Indianapolis.

1924 source that left some documentation concerning the direction of training for African American nurses in Indianapolis—a large-scale survey, conducted by the Hospital Library and Service Bureau of the American Conference on Hospital Service, of nurse training programs for African Americans throughout the U. S.³¹ From that inquiry, we have the responses of two hospitals in Indiana. Sister M. deSales of Kokomo's Good Samaritan Hospital replied that its school admitted black students and stated that "our first graduate from the Training School was a colored girl." She noted that at the time, there were no "graduate colored nurses serving on private duty" and that "we do not object to their services." The Indianapolis City Hospital responded that it was actively planning a class for black students to begin on June 1, 1924. Nurse Ethel Carlson, director of the School of Nursing, added that there were no black graduate nurses working in the hospital but that they had hired black nurses on a temporary basis "sometimes, with very satisfactory results."³²

Coincident with the survey, the Indianapolis Board of Health pushed to establish a program for black nurses at the City Hospital. The projected June 1 start date was apparently over-optimistic. In late June, Ethel Carlson appealed to the educational director of the Indiana State Board of Examination and Registration of Nurses to give attention to the proposed school. She described the program as identical to the course taken by white students; the eight to ten black students would live in the Nurses Home and have a required four years of high school.³³ However, in August, the board's internal communications debated the parameters of the black nursing program, particularly the number of instructional hours outlined in the curriculum. According to board member Alma Scott, the program was at least 106 hours deficient over several subjects, but she added that some of the missing hours were a matter of course names. Two additional hurdles arose over the question of living arrangements and whether black and white students would be taught in a joint classroom. By October, the state board had still not responded, prompting the secretary of the Department of Public Health and Charities to direct board members to take up

³¹"Report on Informal Study of the Educational Facilities for Colored Nurses and Their Use in Hospital, Visiting and Public Health Nursing, 1924-1925," in Darlene Clark Hine, ed., *Black Women in the Nursing Profession: A Documentary History* (New York, 1985), 45-49.

³²Ethel E. Carlson to Donelda R. Hamlin, June 25, 1924, uncatalogued, Nursing Registration Records, Indiana State Archives.

³³Ethel E. Carlson to Alma Scott, June 25, 1924, uncatalogued, Nursing Registration Records, Indiana State Archives.

the matter at their next meeting. Board president Nellie Brown responded with her approval of accreditation under the following conditions:

That White and colored students be entirely separated as to living and social conditions.
 That a special supervisor be appointed for the training school.
 That experience be confined to colored wards.
 That the same class schedules and curriculum are to obtain in colored as in white training school.
 That students have same educational requirements.
 That in all ways the colored training school is to conform to all rules and regulations of the State Board.
 That the name of the school be changed from "Provident" to another suitable one.³⁴

By November, however, no official statement had arrived approving the class at City Hospital.³⁵ Months later, a letter from survey director Donelda Hamlin to Alma Scott clearly points to the board's reluctance to approve the black nurses program. Hamlin confirmed that Kokomo's Catholic training school admitted black students, and she surreptitiously warned that "neither city nor state institutions can refuse to admit colored students on the ground of race alone."³⁶

The restrictions that the board placed on City Hospital's training school were considerable. Hiring a separate supervisor added to the school's costs. Black nurses would also experience a narrower range of case types if they could only work in the "colored wards."

Incomplete records leave many unanswered questions: How many women attended these nurse training programs and how many graduated? How were they employed after training (hospitals and clinics, private duty, insurance companies)? Many nurses identified by name in Indianapolis newspapers were trained in schools outside of Indiana. In 1916, the Char-

³⁴Nellie Brown to Herman Morgan, October 21, 1924, uncatalogued, Nursing Registration Records, Indiana State Archives.

³⁵Herman G. Morgan to State Board of Nurses Registration and Examination, October 13, 1924, and E. Carlson to State Board of Registration for Nurses, November 14, 1924, uncatalogued, Nursing Registration Records, Indiana State Archives.

³⁶Donelda Hamlin to Alma Scott, April 3, 1925, uncatalogued, Nursing Registration Records, Indiana State Archives.

ity Hospital briefly closed as it awaited a new nurse superintendent from Kentucky. After six years of training, there should have been some local black nurse qualified to take the position.³⁷ How long did these women remain actively nursing? One frequent benefit of the higher status of nurses was marriage to a successful man. A study of Tuskegee graduates showed that many women retired from nursing upon marriage.

The missed opportunities probably extended beyond bedside nursing. Because I spent many years as a clinical laboratory technologist, I am intrigued by stories about women in medical laboratory work. In 1915, the *Indianapolis News* mentioned two City Hospital nurses who were pursuing studies in serology.³⁸ There is evidence in other areas of the country that nurses began to take up the blossoming profession of clinical laboratory science. Young black women would have performed capably in that capacity, and would have entered healthcare in a socially acceptable manner, since laboratories were away from patient care wards.

Outside of the issues germane to the practice of nursing, the training of black nurses occupied the political landscape of Indianapolis for decades. This is a place, I think, in which the issue of nursing sheds light on the city's race politics. In 1917, Dr. Sumner Furniss successfully ran on the Republican ticket for city councilman. Along the way, he pressured his own party's mayoral candidate, Charles Jewett, for changes at City Hospital.³⁹

The hope for change that arose in 1915, 1917, and again in 1924 did not materialize, even though both black and white physicians in Indianapolis recognized the importance of trained nurses to their success. Graduate nurses such as Amelia Johnson were recruited from other locales to fill shortages. Johnson shared her story with the *Journal of the National Medical Association* in 1918, writing that she had been "called to Indianapolis to temporarily assist a nurse in a small hospital." She remained in the city and nursed a black and white clientele, carrying letters of introduction not only from black doctors but also some of the city's most prominent white physicians. In his letter of introduction, Dr. L. A. Lewis declared: "This is to certify to the unparalleled helpfulness and loyalty of Miss Amelia V Johnson to me in my work here, both medical and surgical... she ostentatiously displayed a concern, an interest, and an intelligent

³⁷Ethel Clark to Amos W. Butler, October 8 and November 12, 1917, file 275, Maternity Hospital Inspection Records, Indiana Department of Public Works, Indiana State Archives.

³⁸*Indianapolis News*, November 3, 1915.

³⁹*Indianapolis News*, September 14, 1917; *The Recorder*, May 27, 1927, and February 2, 1930.

appreciation of her duties which bespeak and auger for her a bright and helpful future.”⁴⁰ It is my hope that this introduction to the black nurses of Indianapolis at the turn of the twentieth century sparks more interest in research on this group of women. To date, most work on the women of the city’s black community has focused on club women. While many of the trained nurses of that time were active in women’s clubs, nurses possessed different skills and their particular contribution to the history of the Indianapolis community should be recognized.

The history of hospitals and nurses in the twentieth century provides one example of ways in which discriminatory practices impeded the progress of black citizens. On the other hand, it is possible that nursing also built an important bridge between blacks and whites that cultivated respectability for black women in Indianapolis. Setting young black women on a path to nurse training was clearly a strategy for social uplift of African Americans in Indianapolis and in other parts of Indiana as well. It is important to understand that the women who aspired to become professional nurses sought not only esteem and a good paying job. They carried the added burden of demonstrating their entire race’s ability to learn and succeed. I look forward to seeing more research in this area, because the topic remains very relevant to the health care landscape today.



⁴⁰*Journal of the National Medical Association* 11, no. 2 (April-June 1919), 60.