

African American Nurses and Travel: Collaboration and Social Remittances

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My primary research objective is to expand the scope of transnationalism by drawing on what sociologist Peggy Levitt refers to as social remittances, which are characterized as “ideas, behaviours, identities and social capital (1998), that flow from receiving—to sending—country communities,”¹ to explore nurses affiliations, relationships, and partnerships across borders. My research departs from the traditional use of social remittances with an emphasis on migrants, sending and receiving societies to focus on short-term travel for educational purposes outside and within specific geographical locations. As such, I am interested in how philanthropic organizations such as the Rockefeller Foundation (RF) facilitate transnational connections among and between nurses, particularly nurses of color. The goal here is to explore how ideas and practices gleaned from working, studying, attending seminars, and conferences in various relocations are remodelled in specific contexts. To that end, I explore cross-cultural and racial collaborations and affiliations that nurses forge while being attentive to the political, social, and economic context that impact and influence these relationships.

My research at the RF reveals that nurses have been engaging in transnational activities prior to the popularity of the term as an analytical and theoretical framework. Nursing school faculty members from places such as Wayne State University, Tulane University, and the University of Florida, received grants from the RF and travelled overseas in various capacities. White nurses, mostly in leadership positions, also travelled to assist with professionalization

initiatives in Eastern and Southern Europe, Nigeria, Latin America, and India. Partnerships were also developed between U.S. nursing institutions and some of the countries mentioned. The College of Nursing at Wayne State, for example, had a partnership with the University of Ibadan in Nigeria whereby students attended a one-year special program in psychiatric nursing. Of course, nurses from selected countries also travelled to the United States for educational and professional purposes.

One example would be the initiative between the American Nurses Association (ANA), the U.S. Department of State, and the American Nurses Foundation (ANF). In 1950, the ANA was designated as a sponsor by the Department of State of its Exchange Visitor Program under the auspices of the ANF. The Exchange Visitor Program was designed with the intention of the following: “strengthen certain aspects of work with nurses who come to the United States from abroad.”² Thus, by 1955, “300 nurses from 41 countries”³ came to the United States to participate in educational programs in hospitals, public health agencies, and universities. In order for participants of the Exchange Visitor Program to benefit from their visit, the ANF sought funding from the RF to develop a project that would provide much needed services through the duration of the participants stay. Given the paucity of research on African-American nurses generally in U.S. scholarship, this report will attempt to foreground their perspectives, voices, and subjectivities.

The relationships that nurses forged across and within the United States has to be understood within particular historical, political and social contexts. In other words, one cannot circumvent the United States as a powerful imperial nation, or its history of Jim Crow when exploring African-American nurses’ experiences. In an examination of the RF travel grant applications, although only a minor example, it is still useful in terms of what it reveals about

racial classification and how ‘blackness’ was viewed. RF travel applications not only provide demographic information (i.e. marital status, place and date of birth, etc.), they also give us glimpses into ideas about how race (including whiteness) as a social construct was deployed. In their applications, black nurses often identified themselves as “American-Negro,” while other nurses—presumably white—identified themselves as American, or in another example, British. Here, whiteness does not necessarily need qualifying. It is normalized and taken for granted, while blackness, i.e. the colour of the applicant, requires comment. In the documents I examined in the RF archives, whiteness is not necessarily viewed as a race and in many instances is invisible, while blackness (or Negro to use the lingua franca of the time period) is definitely a “marked” racial category, which is evident in other RF correspondence besides the travel grant applications. Why is this information relevant? Racial/national identification is inextricably connected to power and privilege, and for the purpose of this report, whether directly or indirectly, affects who can become a nurse, who has access to resources, and who will be able to travel.

Travel grant applications were not the only source where the racial identity of black nurses required comment. The correspondence between the RF personnel and the administrators (often white) of various nursing schools, reveals the salience of race as a category. African-American nurses were never simply nurses—they were Negro nurses, which required qualification in discussions involving travel. Similar to their white counterparts, black nurses who had the opportunity to travel were far from the average nurse. They often held administrative positions and were quite influential, at least within their communities. This information, (including identifying them as Negro nurses) was used as a way to buttress their applications with the intent of removing doubts about their capabilities. White nurses and RF

officers' impressions of African-American nurses were critical in determining whether they travelled. When Mary E. Tennant interviewed Mrs. Hughes and Miss Christian from Provident Hospital in Chicago, she noted that "they both made a good impression."⁴ Tennant then proceeded to inquire of Kathleen Russell at the University of Toronto Nursing School (UTSN), "if she would register another colored nurse in the course in teaching and supervision,"⁵ and subsequently received an affirmative reply.

To be sure, the personal and physical characteristics of a nurse are important overall, but might have been more so for African-American practitioners given beliefs about their inherent inferiority. In support of a travel grant to pursue graduate studies in nursing education at the University of California, Agatha Anderson, an RF fellow at UTSN from 1941-1942, and Dean of the Meharry Medical School of Nursing, was described by Mildred E. Newton, Assistant Dean at the University of California, School of Nursing, as "... a refined, pleasant, and likable negro student. While she is not aggressive, I believe she is able to exert a quiet type of leadership."⁶ Tennant also regarded Anderson "as one of the most able Negroes likely to be found in her field."⁷ In another correspondence requesting permission for Riddle to visit UTSN, Tennant noted that Riddle "is able, very intelligent, and progressive." She continued, "I am glad that you and your associates will have an opportunity to meet one of the better educated Negro nurses."⁸ It is impossible to live in the United States and miss being influenced by racist and sexist ideas about black women, ideas that were entrenched in the social fabric of the country. Yet, RF administrators like Tennant recognized that black women are not a monolithic group as reflected in her statement regarding Riddle. The various adjectives used to describe African-American nurses by Tennant and white administrators such as Newton, can be viewed as their social capital and possibly operated to mediate against negative encounters.

Whether from the United States or from other geographical locations, the ability to travel was available to a select few. Nurses who received travel stipends showed potential, possessed leadership qualities, or were established administrators. However, unlike Katherine Faville, dean of Wayne State College of Nursing, who travelled frequently, her black counterparts travelled less and were limited to the United States and Canada. Travel to Europe for African-American nurses was an exception. To be sure, the movement of nurses across borders is hardly unusual given the RF's overwhelming support of nursing and nurses. Moreover, since its inception, the International Council of Nurses (ICN) has had a mandate which has led to affiliations among nurses from disparate locations in the world.

The fact that a disproportionate number of nurses funded by the RF were sent to the United States and Canada was not a coincidence because the nursing schools were generally considered superior. While this was definitely the case in some instances, to identify these locations as superior also serves an ideological function, which was, white nurses such as Faville occupy particular bodies that are usually tied to the spaces they live, and this was not the same for African-American nurses. How does being an "American Negro," and all the preconceived ideas that are attached to that particular body, impact the nurses' ability to engage in meaningful transnational practices? In an assessment of an African-American RF fellow at UTSN, Russell wrote, "... the student appeared to judge matters superficially, though her native ability led us to expect better thoughts from her; our explanation was that she was conditioned by a lack of background in general education and experience."⁹ This particular discussion of deficiency, especially in relation to African-American nurses, resonates throughout the RF materials.

In addition to this issue of inadequacy, there is also the question of whether white and African-American nurses can create successful interracial affiliations which will allow useful

exchanges to occur. Based on the findings that serve as the basis of this report, on the surface it appears that interactions between white nurses (including RF administrators) and African American nurses were devoid of the tensions that scholar Darlene Clark Hine identified in her seminal text, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*. While acknowledging that white people are far from being a homogeneous group, it would be impossible, given the history of race relations in the United States, to ignore its pernicious impact on their psyche. That is to say, the administrators who awarded the fellowships, and the white nurses who supported African-American nurses, occupied positions of power and privilege that were intricately connected to being white. Indeed, it would be safe to say that it is highly impossible for whites not to be affected or influenced by the ideological baggage of racism. At the same time, the archival materials reveal that black nurses who travelled to Canada to study at predominantly white institutions, and those who forged alliances with white nurses, benefited tremendously from these relationships.

U.S. Black Nurses Across Borders

Mary Elizabeth (Lancaster) Carnegie is perhaps the most well-known African-American nurse who travelled to UTNS. Lancaster, as she was then known, went to UTNS in 1944 to study public health education. Upon returning to the United States, Carnegie was appointed dean of the Division of Nursing Education. Carnegie is credited with “revolutionizing” the Florida A & M College School of Nursing. Yet Carnegie was not the only African-American to attend UTNS. Mabel K. Staupers, Executive Secretary of the National Association of Graduate Nurses, Inc., in a letter to Tennant, wrote, “All of the nurses who have been to Toronto [have] told me how much they enjoy this experience.”¹⁰ Indeed, a correspondence from Helen Payne, Secretary to Tennant, also confirmed this. According to Payne, “Miss Tennant is spending the week in

Toronto and she will, of course, see the Negro fellows of the General Education Board who are studying this year. We have good reports of them.”¹¹ These fellows (which would also include a few medical doctors) would have actually preceded Carnegie.

Tennant also wrote Kathleen Russell on two separate occasions asking whether Mrs. Estelle Massay Riddle (who was in charge of the Negro Nurse Unit of the National Nursing Council for War Service) and Staupers could visit UTSN.¹² Staupers planned to use part of her vacation time to visit UTSN. According to Tennant, “Mrs. Staupers is not familiar with the system of your school and she would like to know about it so that she may intelligently discuss this with students when they come to see her.”¹³ In addition, Belva Overton, Director of Nurses at Provident Hospital in Chicago, requested travel fellowships for two faculty members: Theresa Christian and Ms. Huges. Christian was approved and went to Toronto circa September, 1941, but Huges’ husband was unwilling to let her go to Chicago, so she stayed behind.

Since up until now, reports from the above mentioned individuals about their trips have yet to be discovered, there is no available information demonstrating concrete examples of how social remittances are manifested. At the same time, it is patently obvious UTSN was viewed by black nurses as an ideal location to not only learn about the organization and structure of the nursing school, but also to gain valuable knowledge that could be utilized once they returned to their own nursing programs. Moreover, there is also the added benefit for black nurses who had such limited resources, to travel to meet other nurses from around the world. Staupers herself noted that insularity is definitely a disadvantage, “I am happy that they have the opportunity to meet nurses from other countries. If the Negro is to make a real contribution to American life, they will have to know about how other people live.”¹⁴ Indeed, it is possible to infer that African-American faculty such as Huges went back to the United States with new information that would

benefit their particular nursing schools, but also with some knowledge about other cultures.

Overton would eventually travel to UTSN, and like those who had gone before her, was equally impressed with her trip. An examination of Overton's report provides some clues into how beneficial the trip was and also provides some glimpses into how social remittances were utilized at the local context.

Overton requested a travel grant from the GEB with the intent to "study by observation administrative and educational policies and procedures in representative schools of nursing."¹⁵ With respect to her own application, Overton explained that she was "quite excited," but raised some concerns about the time limit of the grant. Overton explained that she had no assistant director to "whom I could readily turn over the duties of my office." The absence of individuals, an example of *lack*, to assume certain tasks, undoubtedly affected African-Americans' ability to travel. Overton was eventually awarded a scholarship for two months for the purpose of "studying modern schools of nurses, which include in their basic professional curriculum, the preventative and social aspects of nursing."¹⁶ As with her African-American counterparts, Overton expressed a deep appreciation to the GEB and Tenant for allowing her an opportunity not readily available to black nurses in administrative positions, "As you no doubt know, there are limitations as to the schools in which Negro nurses may work in teaching and administrative positions; therefore we tend to be limited in our range of experience. A study trip as planned by you helps overcome some of this handicap."¹⁷ Still, a question that is worth considering in exploring these encounters is how could a nursing system such as UTSN, no matter how progressive it was, reinforce the values, attitudes and norms of the dominant group?

The ability to travel to various nursing schools appeared to have served a purpose that Overton herself might not have imagined. Of these visits, she recognized that "much of what I

have longed for in my own school has not been purely idealistic, but essential to the conduct of a good school as demonstrated by those I visited.”¹⁸ Overton subtly acknowledged the privilege of her white administrative counterparts when she explained that the ability to spend time observing other nursing schools’ teaching methods and administrative policies is “an experience many nurse administrators get to some extent ...”¹⁹ Of the seven nursing schools Overton visited, UTSN, along with the Vanderbilt University School of Nursing, emerged as the place that most impressed her. In terms of limitations, in reference to UTSN, Overton mentioned that “the program at the present time does not offer a degree.” Based on her report, the absence of a baccalaureate in nursing was minor compared to the advantages.

What ideas and practices did Overton adopt from her UTSN visit that could possibly be beneficial to Provident? While her report to the GEB was not exactly explicit in that Overton pinpointed exact practices, it is patently clear that her visit to UTSN confirmed the ideas that she already had about Provident. In her report, she emphasized UTSN’s autonomy from hospitals as a major advantage, as this allowed nursing schools to plan their own curriculum “unhampered by the needs of hospital service.”²⁰ Carnegie also expressed a similar sentiment regarding her trip to Toronto as well, “I am often reminded of the two basic principles of administration of nursing schools that I learned in the University of Toronto, namely, financial independence and educational control.”²¹ The emphasis on autonomy was shared by black and white nurses who were interested in the development of nursing as a respectable profession, independent of hospitals.

Given the dire straits of black nursing schools in the United States, nurse leaders such as Overton and Carnegie would have had to ensure that whatever practices, ideas, and skills they took from UTSN, they were remodeled to fit their specific situation. For example, when

Carnegie arrived on the campus of Florida A & M from Toronto, she described the nursing school as follows

the things that I have observed actually brought tears to my eyes, such as, the nursing arts laboratory with one bed in it and a handful of supplies; the library with only seventeen nursing books, some of which date back to 1898, plus one bound volume of the American Journal of Nursing; the condition of the hospital as a whole²²

Carnegie faced insurmountable odds, which she managed to overcome, in her position as dean.

Eventually, she was able to accomplish financial and “educational control” for the Florida A & M College of Nursing. In addition to the autonomy Overton admired at UTSN, she also emphasized the “excellent spirit of cooperation that [was] noticeable between the school of nursing and its affiliating institution—almost unique.”²³ How Overton concluded her report is also quite telling, “I feel that I have learned a great deal from my visits, and that while there are definite barriers to much I would like to do, there are many ways in which I can improve the quality of the work being done in my school.”²⁴

African-American nurses did not only travel to UTSN, but also went to other areas of the United States, where fruitful exchanges were built, and ideas were sent back and reworked to fit their particular context. One example of a successful interracial collaboration occurred between three deans: Katherine Ellen Faville, College of Nursing, Wayne State University, Detroit, Michigan; Lillian H. Harvey, School of Nursing, Tuskegee Institute; and Rita E. Miller, Dillard University. The first is a predominantly white nursing school and the other two are Historically Black Colleges (HBCU). This relationship is particularly significant given the protracted struggle of African-American nurses to be recognized as equals within nursing.

Nursing scholarship in the United States is marked by all kinds of tensions, especially those concerning race. White nurses, and the rest of American society for that matter, held particular views about the role and place of black nurses in society. In the South, this notion was

embodied in the ideology of “separate but equal,” which in reality was more separate and quite unequal. Carnegie’s comments about the condition of the Florida A & M nursing school was probably more the norm than the exception. Of course the North was not exempt from reinforcing certain attitudes about black nurses. Writing about the northern hospitals and white nurses, Darlene Clark Hine insisted that “white nurse administrators consistently failed to assume culpability for the impediments racism placed before black nurses, preferring instead to blame the victims for any and all alleged shortcomings.”²⁵ None of the material used for this report reflected Hine’s sentiments that white nurse administrators blamed black nurses for issues that were directly related to institutional and systemic racism. Nevertheless, Hine is correct that white nurses neglected to directly challenge the circumstances that created, for example, a two-tier system of nurse training.

White nurse administrators generally cemented their position at the top of the nursing hierarchy by capitalizing on their privilege, even if unconsciously. An exception to this might be the relationship that developed between Miller, Harvey, and Faville. Does this mean that Faville was exempted from holding deeply held assumptions about race and capability? Was she like most well-meaning whites who tried to ignore how race operates to circumscribe the lives of African-American nurses? Or did she see African-American nurses and their schools as problems that required her input and direction?

Even as Faville recognized that Dillard and Tuskegee had serious issues relating to their organization and structure, she did not identify racism as the root cause. Like Overton, however, Miller and Harvey were vocal about how discriminatory practices operated to severely handicap nursing schools, which subsequently limited opportunities for black students. Despite Faville’s lack of regard for their current hegemonic culture, she was genuinely interested in developing a

collaborative project with Harvey and Miller. This venture between the three deans reflects how social remittances operate in cross-racial encounters.

Wayne State was the ideal place for the kind of partnership that Faville initiated as it had taken a stance against excluding black students from the school. When the College of Nursing was established in 1945, “the faculty enunciated a policy of complete non-discrimination and removed all identifying information from its application forms.”²⁶ Wayne State’s faculty also joined forces with community leaders to “exert influence to open all of Michigan’s schools of nursing to Negroes.”²⁷ Regardless of the College of Nursing’s non-discriminatory policy, it was still criticized by the black community that felt that it did discriminate. It was pointed out that the “admission policy through its counselling, aimed to keep professional nursing for white nurses and practical nurses for Negroes.”²⁸ Subsequently, in 1964, the College’s faculty, no doubt influenced by Faville, invited Harvey and Miller to Detroit to “discuss a development of a program of mutual aid” with the intent to “prepare leaders for the nursing profession,”²⁹ which also meant improvement in student performance and a better prepared faculty.³⁰ In return, Miller and Harvey would act in the capacity of consultants on assisting the College with “increasing the number of Negro students in the basic program.”³¹

Faville, given her experience, coupled with the resources available at Wayne State, understandably took the leadership role in initiating the dialogue between Miller and Harvey, as well as applying to the RF for a grant. The collaboration (and all the deans attested to this) was, for the most part, successful, because there was mutual and genuine respect. For the collaboration to yield any positive result it also demanded a kind of honesty that Harvey and Miller admitted was refreshing. In her recollection of a phone call that took place with Faville, Virginia Arnold wrote that Miller and Harvey were “somewhat weary ... could not quite accept

Wayne's gesture as sincere."³² She continued that it was Mildred Gottdank who broke the ice by informing Miller and Harvey that their students were having a difficult time coping with graduate studies due to "deficiencies and educational background."³³ Despite their distress at the news, Arnold noted that Harvey and Miller responded by saying that "this was the first time a white group has treated them as equals in presenting facts which they have known for some time." According to the two deans, "usually the white group has been patronizing in patting them on the back and telling them what a good job they are doing."³⁴

What Miller and Harvey understood, but what Faville did not necessarily acknowledge, was that their individual "institutions differ considerably"³⁵ because of the structural location of African-Americans. Faville did visit Dillard University for a week and she told Arnold in a conversation that it was an "eye opener" to see the realities of the deprivation in the Negro community."³⁶ Besides the mutual respect and honesty, Faville saw Miller and Harvey as equal participants in the project, and sought their feedback at critical moments. In response to how students from the three programs could become acquainted, Faville stated

Certainly, the preparation of nurses for professional leadership involves more than excellent clinical nursing instruction; they must be prepared to understand the society in which they will practice, to be able to look at the U.S. as whole, and to have the willingness and ability to participate in social movements, which are closely related to health programs and needs of people.³⁷

Faville was interested in Harvey and Miller's input, and noted that if they thought her suggestion "has merit, their guidance in setting up such a program is essential."³⁸

Social Remittances across Racial Lines

The circulation of ideas and practices is perhaps one of the defining features of social remittances which was evident in the collaboration between the three deans. The cooperative project, which lasted three years (1964-1967), yielded incredible results given the structural and

financial constraints experienced by black nursing schools in particular. The ideas and knowledge that circulated were hardly flowing in one direction, or only from Faville, who clearly had more resources and experience at her disposal. Following the first meeting, Faville pointed out that the discussions with deans Harvey and Miller gave them “new insight into our problems ... we became aware of events of this campus to which previously we had paid little attention.”³⁹

In assisting with the plan to recruit more qualified black students, Harvey and Miller advised Faville to “place the responsibility upon the Negro community to finding suitable applicants rather than engage in the usual type of recruitment efforts.”⁴⁰ Miller introduced Faville to a prominent minister in the African-American community who agreed to assist the College of Nursing with their efforts. Faville readily accepted Miller’s and Harvey’s recommendation of relying on a more non-traditional method of recruiting. She explains, “Therefore, as they advised, as dean, I personally have been seeing Negro community leaders of various types—nurses, college alumni, and outstanding Negro employees of the university—to solicit their help.”⁴¹ The involvement of the African-American community embodies the principles of social remittances as it is manifested on a collective level. The methods traditionally used by the Wayne State College of Nursing to recruit students had to change if it was to be sincere in its efforts to increase the population of black students who were under-represented in the school.

One element of the cooperative agreement involved faculty and student exchanges among the three institutions. Given the stark contrast between Wayne State and the other two institutions, it appears that on a practical level the HBCUs benefited more from the exchanges that involved, for example, curriculum improvement. While all three institutions had nationally accredited baccalaureate programs in nursing, Wayne State had a nationally accredited Master’s

Program in nursing, which offered advanced clinical courses in all five of the major clinical areas.

In their individual reports evaluating the Wayne, Dillard, and Tuskegee initiative, Harvey pointed out that Wayne's faculty members provided "valuable assistance in relation to proposed changes relative to maternity nursing in the clinical unit and in teaching."⁴² She continued, "Nursing service personnel had the rare opportunity of watching an expert in nursing action."⁴³ Harvey included the following remark from a senior student who participated in the project, "Our group saw what maternity nursing could be if ward people and students could be with a teacher who was doing what was being taught. Now I know what 'support' means to the patient in labor."⁴⁴ Harvey also mentioned the opportunity that Tuskegee faculty had to "observe the 'teaching and nursing' as well as 'attendance at socio-cultural events during periods at Wayne.'" Since the College of Nursing had a large international student population, this meant that Harvey and the other African-American faculty members were able to interact with nursing personnel from other countries, which certainly enriched the overall experience.

Miller also acknowledged that she found the "exchanges were well planned and proved fruitful."⁴⁵ For example, the "Seminars in Clinical Nursing," led to "new vigour in studying and exploring curriculum growth." Miller noted that one of the workshops dealt with "Medical-Surgical nursing," and "emphasized a teaching method-observation," which was later utilized in the teaching of students in the clinical setting by Dillard faculty. Faculty members combined methods utilized at Dillard in conjunction with Wayne to transform how they taught. Most likely, Dillard's faculty members adopted some of the newer methods gleaned from the three-year partnership with Wayne, and discarded others. Faville also learned from the two deans. Faville repeatedly emphasized how she was "especially grateful to them [Harvey and Miller) for their

willingness to talk frankly about the situation and for their desire to share their experiences and wisdom.”⁴⁶

Conclusion

The travel of African-American RF and GEB fellows to UTSN reveals that the concept of social remittances can be applied to nurses who travel for educational purposes. In the cases of nurses such as Overton, a GEB fellowship allowed her to not only move outside of an insular environment, but also confirmed the very ideas she had and wanted to implement as the dean of Provident Hospital. The partnership with Wayne, Dillard, and Tuskegee further reflects how social remittances manifest on collective and individual levels. While these nurses were not migrants who crossed borders, they did travel. African-American faculty and students also crossed psychological barriers erected by a society that questioned their competence on every level, evidenced by how circumspect Miller and Harvey were in the initial meeting at Wayne State. It is no wonder that in discussing how her institution would benefit, Miller pointed to the need for black graduate nurses to have an opportunity to work “with, over, or under”⁴⁷ a white supervisor. The inclusion of “over” is certainly telling, because this is a rare opportunity in the nursing field given the obstacles African-Americans nurses faced at the time.

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The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

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- ¹⁷ Belva L. Overton, Director of Nurses, Provident Hospital, Chicago, to Miss Elizabeth Tennant, April 7, 1942, Folder 5881, Box 549, Series 3, 950:7, GEB, RAC.
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- ³⁰ Katherine Faville to Virginia Arnold, June 30, 1964, Folder 1561, Box 171, Series 200c, RG 1.2, RAC.
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- ³⁶ Telephone call between Katherine Faville and Virginia Arnold, September 8, 1964, Folder 1561, Box 171, Series 200, RG 1.2, RAC.
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- ⁴⁵ Dillard University, Division of Nursing, Folder 1563, Box 171, Series 200c, RG 1.2, 196, RAC.
- ⁴⁶ Telephone call between Katherine Faville and Virginia Arnold, September 8, 1964, Folder 1561, Box 171, Series 200, RG 1.2, RAC.
- ⁴⁷ To Virginia Arnold from Katherine Faville, "Proposed Program of Mutual Cooperation," June 30, 1964, Folder 1561, Box 171, Series 200c, RG 1.2, RAC.