Margaret M. Allemang Society for the History of Nursing

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FEATURE ARTICLE

JEAN I. GUNN: A Leader Among Leaders (1882)-1941).

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In June of 1941, Canadian nursing lost one of its most influential leaders. Jean I. Gunn, Superintendent at the Toronto General Hospital, had died at the age of 59. Her lengthy career involved her in national nursing and healthcare issues. It is possible that, had she lived, she may have found a strategy to include payment of nursing services in the country's health insurance scheme.

At the time of her death, Gunn was described by colleagues as just and farsighted. She had given "advice and guidance on almost every phase of nursing". Gunn had "great prestige" not only as head of as large nursing school, but also because of what she was…a commanding presence, a "statesman…an organizer, [and] an administrator". It was Gunn's struggles for the profession of nursing which made her a national and international leader.

Her most influential period was from 1913 to 1940, after returning to Canada from the United States, where she obtained graduate and administrative experience. She became active in the Canadian National Association of Trained Nurses, the precursor of the Canadian Nurses Association (CNA). During her term as Secretary (1914 to 1917), she was involved in eight major nursing issues; when she was President (1917-1921) there were twelve issues; and more than forty issues while a member (1920-1941). Some of those issues were restructuring the national nursing organizations; ensuring sufficient numbers of nurses in the workforce; increasing nursing education standards; and participating with other associations in the development of health policies.

Although her contributions in Ontario have not been well documented, by 1914 Gunn was involved with the Graduate Nurses' Association of Ontario (now the RNAO). At the time she argued that graduate nurses needed to be registered, have access to university and be able to control their own profession.

In Gunn's quest to implement changes to the profession and to have nursing as part of the solution to the health crisis in the country, two factors were apparent. First, she was not so much oppressed by others, as blocked by governments, hospital trustees and the medical profession. Gunn and her nursing colleagues were successful in advancing the profession because they identified strategies to circumvent the blocks placed in nursing's path.

Secondly, Gunn frequently had to contend with the hostility of the medical profession towards the nursing profession. For example, when doctors took ideas about nurses and nursing out of context and reshaped them to suit their own ideology, Gunn refused to be drawn in. In one instance, when nurses were referred to as "the handmaiden of the doctor", she asserted that the nurse was more than that and had to be knowledgeable about changes in medical practice and education. Gunn always referred to nurses as working in cooperation with medical doctors: the nursing profession was an equal partner with the medical profession.

Gunn was born when nursing was coming out of a dark period, described by Adelaide Nutting and Lavinia Dock in their history of nursing, as when "the ultimate control of the nursing staff, of their duties, discipline, and conditions of living" had been "taken from the hands of women and lodged firmly" with men.

Nightingale's ideology of nursing was transmitted to Gunn during her training at the New York Presbyterian Hospital in the early 1900s and by Mary A. Snively, former Superintendent of Nurses at the Toronto General Hospital, with whom Gunn developed a close relationship.

In 1931, Gunn became Superintendent of Nurses at the Toronto General Hospital. The hospital had just been moved from the Riverdale area in Toronto to its present location on College Street and University Avenue. For more than twenty-five years at this hospital Gunn administered the nursing service and the school of nursing.

Gunn believed that her obligation as superintendent was to ensure an adequate number of well-prepared nurses on duty, and the hospital was to provide suitable accommodation, equipment and salaries. Before 1926, she was continually requesting more accommodation in order to enroll a sufficient number of pupils to meet the needs of service. After 1926, when students needed to have more education in order to prepare them for the increasing demands of community health and medical science, Gunn called for the separation of nursing education from service. The nursing service was to be provided by the employment of more graduate nurses.

The provision of such nurses required standards of education which could be recognized by hospitals and the public; and, nurses wanted to control these standards through registration. However the Ontario government had impeded any attempt by the nurses for self-regulation. Despite that, Gunn developed an eligibility clause and standard curriculum for Ontario nursing schools while she was convenor of the Eligibility Committee for the Graduate Nurses Association (GNAO). This standard curriculum was the first in Canada to be instituted voluntarily rather than by legislation. Nurses had acted without waiting for the government.

Between 1915 and1922, while continuing the struggle to have registration legislated, by the government, the GNAO executive used these standards as the criteria for membership eligibility.

Having qualified nurses meant that Canadian nurses needed access to university education. A series of events made that possible. The Great War had brought Gunn into contact with Adelaide Plumptre at the Red Cross. The Red Cross needed public health nurses in Ontario. The nurses wanted university education. Gunn was strategically placed as an executive of the Ontario Division of the Red Cross, and Plumptre was its president. When the Red Cross received its peace-time mandate, one of the first tasks for Gunn and Plumptre was to develop a public health nursing course at the university level.

As early as 1914, Gunn had arranged for her third-year pupils to take the lecture course in Medical Social Services at the University of Toronto, a recent addition to its newly inaugurated Department of Social Services. This was followed in 1918 with centralized medical lectures for nursing students from a number of Toronto hospitals, also initiated by Gunn. Though the classes were held in the university's medical building, the University disavowed any connection with the courses. It was nevertheless a visible statement and could not hinder the image of nurses on campus. In 1920, with the formation of a Department of Public Health Nursing, nursing education was accepted as a department at the University of Toronto.

In 1926, as they argued for better methods to prepare nurses for the changing needs of society, medicine, and the hospital, Gunn and her colleagues were asking for a "detailed Study". This study was requested to establish "the nursing needs in both the homes and institutions;" and to provide evidence supporting both the need for legislated registration and supervision of nursing, and the need for more public health nurses.

When the Canadian Medical Association (CMA) called a meeting of doctors and nurses, Gunn was one of the three nurses appointed to the six-member committee. But, just as they were appointing Dr. George Weir, an educator, to do the survey, Alfred Bazin, one of the three doctors representing the CMA withdrew from the project. The chair, Dr. Stewart Cameron, refused to have the CMA withdraw and in 1932 the survey came to a successful completion.

How Gunn felt about the attitude of the medical profession, at this time, is evident in a paper she presented at the RNAO on the trends in Ontario nursing. On May 27,1927, she commented: "Many medical associations have appointed committees to study the nursing question, and although no definite decisions have been reached, there seems to be a decided feeling that in some way or other the nurse is to blame…and the nurse is held responsible for many conditions with which she really has no logical connection."

This "tendency to attack the nurse and not the problem", Gunn noted, "has not brought about any solution". She believed it "advisable for the nurse through organized nursing groups to definitely study the difficulties and seek a solution satisfactory to all".

On May 9, 1938, as convenor of the CNAs Health Insurance and Nursing Service Committee, Gunn appeared before the Royal Commission on Dominion-Provincial Relations to present the CNA Brief on Health Insurance and Nursing Service. The document was described as lucid, asking that "there be [a] complete survey of all health services"; that "the preventive aspect be stressed; that any set-up include provision for nursing service; and that the CNA be consulted on all nursing aspects of the plan".

Once again Gunn spoke of the concerns of nurses. There were "sufficient nurses in Canada to give adequate nursing care to all " who required it, however, "because of the lack of community organizations to provide both full and part-time nursing service…the non-hospitalized sick" remain unserved. The nurses reasoned that there was a "lack of knowledge of available services; the distribution of nursing services was inadequate; and people were unable `to pay for an adequate nursing service". Only a health insurance scheme "which included as an integral part of the medical care adequate provision for nursing services, would assist in meeting effectively nursing needs of both urban and rural communities".

Unfortunately, Gunn`s health deteriorated and in January 1941 she had to have surgery. By now, her contributions to the nursing profession and society had been recognized with numerous accolades, always accepted on behalf of the nursing profession: a Silver Medal from the French Government, the Order of the British Empire, the King's Jubilee Medal, the Florence Nightingale Medal from the International Red Cross Society, the Mary Agnes Snively Medal from the CNA, and an honorary Doctor of Laws from the University of Toronto. Gunn, whom her private day nurse Christena Wallace, described as having "a heart of gold but a mind of steel" finally succumbed to cancer.

Resource:

Riegler, Natalie N. The Work and Networks of Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital 1913-1941: A Presentation of Some Issues in Nursing During Her Lifetime 1882-1941.` PhD diss., University of Toronto, 1992.

[Source: Registered Nurse, June-July 1994, 32-33. Reprinted with permission from RNAO].

MEMBERSHIP RENEWAL

Remember to renew your membership. Your support is needed to carry out our mandate of information sharing to promote and preserve nursing history.

The Struggles of Black Nurses in Canada

They are Black women, they were nurses and they became pioneers. Some were admitted to Canada because of their "exceptional merit", slipping through the gates of exclusionary immigration policies. Others were born here.

Yet all faced barriers as they entered a profession that was typically reserved for Caucasians. ***Moving Beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora*** is the first book to examine the history and document the triumphs and struggles of Black nurses in Canada. Written by Dr. Karen Flynn PhD., the book is an amalgamation of nearly 15 years of research.

The project began when Flynn was pursuing her masters at the University of Windsor. While there she learned that from the 1940s to the early 1960s, Immigration Canada excluded Black people from coming to the country. However, nurses from the Caribbean were being recruited to fill the labour shortage in hospitals.

It was a paradox that intrigued Flynn, who decided to focus her thesis on immigrant Caribbean women who were nurses during that time. As nurses shared their experiences of immigrant life and racism in the workplace, Flynn became further committed to the topic, especially after discovering that Black born-Canadians were excluded from nursing schools during the 1940s and 1950s. "They were told, 'We don't accept Blacks. Go to the States,'"

Upon completing her PhD in Women's Studies at York University (the first Black woman to do so), Flynn decided to write a book that would detail those untold stories. In Moving Beyond Borders, which will, be available in April 2011, Flynn interviews 35 Black women who were nurses in Ontario from the 1940s to the 1970s.

All of them reveal courageous stories of lives navigated within the framework of race, class and gender. One nurses' story, in particular, made an impact on Flynn: "Frieda Steele is a Black Canadian whose father was Canada's first Black detective and Windsor, Ontario's first Black police officer," she says "Her husband had a mental breakdown and she decided to divorce him, leaving herself with six kids to raise. Remember, this was the 1960s when people looked down on you for that. I found it so courageous."

Flynn ultimately hopes her work will inspire more research among scholars. "There needs to be more written on Blacks in Canada and Black women in particular," she says. "These nurses made a significant contribution to Canada, and without this book their stories would have been lost to historical obscurity".

Reference: The Struggles of Black Nurses in Canada, Geena Lee, Swaymag.ca 2010.

NEWS ITEMS

2010 ALLEMANG SOCIETY AWARD
STUDENT PAPER PRIZE

Aboriginal Health and Infectious Diseases: 1945-1950
Sean Smith, University of Ottawa

Despite improvements in public health and outpost nursing in the immediate post-war period (1945-1950), health care for Aboriginal people remained inadequate, especially in the area of communicable diseases and infection control. Compared to those services being offered to non-Aboriginals, federal health services were haphazard, culturally insensitive, and only available to Treaty/Status Natives. As a result, the health of rural Aboriginals suffered, particularly that of preventable infectious diseases. A close analysis of primary sources is representative of the federal government's effort to disguise their disorganized actions. However, the truth remains that these issues were merely concealed.

Public health in the first half of the 20th century experienced many changes and transformations. Following the disastrous effects of the Spanish flu after WWI, public health was on the rise with the success of new vaccinations, medications, and an overall booming economy (Chief Public Health Officers Report on the State of Public Health in Canada, 2008). However, the Great Depression and WWII - both of which took its toll on the health of Canadians - would shortly shadow these advancements in public health. These events, combined with the increasing prevalence of polio and tuberculosis in Canada, sparked an increased awareness of the importance of public health initiatives in the post-war years. Despite all the advancements Canada made, the public health sector continued to struggle to deliver care to rural Aboriginals. As a result, this population suffered and continues to suffer from health inequalities and disparities.

Despite government efforts, Aboriginal communities met many downfalls in the delivery of health services. The first of these was the tenuous commitment to providing care on behalf of the federal government, wherein the federal responsibility to deliver Indian care services was vaguely shared with the resentful provincial government (Dress and McBain, 1961). Provincially hired nurses working in outpost stations were required to treat the entire community, yet the federal government only sent enough medications and materials for Treaty/Status Indians. In one particular instance an outpost nurse was forced to turn away many non-status Indians when they arrived for tuberculosis screening because "the provinces had never paid for work done by Indian Health Services (IHS) ..." They had precise instructions to X-ray only the Treaty Indians (ibid). Events like this were disconcerting to both nurses and Natives alike.

Another issue was the lack of accessible health services for Aboriginals, especially in northern communities. Despite the governments said efforts to increase Indian health services, only a few INS hospitals were located in northern communities. The lack of accessible bedside care

facilities further burdened the outpost nurses duties, not originally intended to involve the delivery of bedside care.

The intended duties of outpost nurses, was that of public health nurses to provide health education and spread “her influence into the homes, schools and community life”, [thereby], driving home the fundamentals of good health habits (Department of National Health and Welfare Annual Report, 1952/53). The federal governments mandate was not one of cultural sensitivity but was to “improve assimilation of Indians” as well as “introduce new attitudes and practices to people who already have strong feelings ... however erroneous these may be” (Drees and McBain, 1961). Tactful coercion was also used to screen and monitor Indians, annual treaty payments were withheld until the recipient agreed to undergo vaccinations and X-rays (McPherson, 2003, p.234). Thus Native health practices were discouraged and the federal government viewed its sparse delivery of Aboriginal health services as a courtesy.

Photographic documentation of historical events can be simultaneously accurate and misleading as the case with a picture of nurse P. Leuty immunizing an Inuit patient, Mary Moon. The photograph depicts a Registered Nurse immunizing an Inuit patient against diptheria and whooping cough at Port Harrison, Quebec in January 1948 (Library and Archives of Canada, 1948). The partially obstructed person with his/her arm exposed suggests there was a waiting line for the vaccine. The photograph possess strengths which include its ability to support historical accounts of outpost nursing, health care delivery to Natives, and the federal government’s response to infectious diseases in Aboriginal communities. However, closer analysis into both the picture and situational circumstances reveals several limitations. The picture fails to capture the many Aboriginals who were unable to receive their vaccination; during these years only Treaty/Status Indians were eligible to benefit from federal health services. The photo does not give recognition to the women discriminated against for having married or had children with non-Aboriginal males; these mothers, as well as their children, were denied federal care. As well, the photographer fails to capture the coercive power of the state as Natives were often denied their treaty payments until they complied with particular medical procedure (McPherson, 2003, 234). In short, this photograph is only representative of the Treaty Indian population.

Primary sources, too, have their strengths and limitations when describing Aboriginal heath care. Caroline C. MacDougal writes in the *Canadian Nurse* in 1948 of her experience immunizing against diphtheria during a rural outbreak on Cape Breton Island (MacDougal, 1948, 925/26). Here she discusses the lack of available doctors (and the consequent use of public health nurses), difficulties traveling between districts, and the process for delivering second and third doses of the vaccine. She continues to describe reasons for absenteeism from the well-known vaccination clinics — the lack of transportation and illness in the family being the primary reason. Even so she boasts of the success of the clinic apparently having vaccinated 96 per cent of the group with two doses of 'toxoid' and 93 per cent with a third dose.

However, further investigation reveals many downfalls of the vaccination campaign and a possible bias by the author. For instance this article summarizes vaccination efforts in a white rural setting; Scottish immigrants had overrun the many Natives that once inhabited Cape Breton Island in the early 1800s (Canadian Encyclopedia, 2009). Despite this fact, rural Native reserves continued to exist on the island, yet no mention of vaccinating them was made in MacDougal's article. There is no mention of the involvement of the Department of Public Health — a department which did not provide services to Aboriginal people because the Department of National Health and Welfare (DNHW) and the IHS held responsibility during these years. This leaves the reader with many questions left unanswered; did the vaccination clinics visit the Native reserves? Were Natives counted in MacDougal's statistics? Was the DNHW and IHS involved in an independent vaccination effort for the reserves? Leaving these important questions unanswered suggests the authors desire to portray rural vaccination efforts more successful than they actually were.

Notwithstanding the efforts of public health nurses to deliver effective care to rural Aboriginals, infectious diseases continued to devastate northern reserves and communities in the immediate post-war years. Historical recounts of nurses immunizing the rural population deceptively suggests equal treatment to both Natives and non-Natives. It is imperative that nurses become aware were substandard treatment of Aboriginals exist, and advocate for universal access to health services for all. With the present threat of new infectious pandemics, it is crucial that nurses and politicians take steps to ensure effective treatment of Aboriginal communities. It is also imperative that we approach documentation of these efforts with a critical and analytical eye.

References

Drees and McBain, "Nursing and Native Peoples in Northern Saskatchewan: 1930s-1950s in *The Chief Public Health Officer's Report on the Status of Public Health in Canada, 2008.* Public Health Agency of Canada. Retrieved from the Internet: http://www.phacaspc.gc.ca/publicat/2008/cphorsphc-respcacsp05b-eng.php, November 2009.

MacDougal, Caroline C. "Immunization in a Rural District," *The Canadian Nurse* 44, No 11 (1948): p. 925-926.

McPherson, K. "Nursing and Colonization: The Work of Indian Health Service Nurses in Manitoba, 1945-1970. In Feldberg, G. et el. *Women, Health and Nation: Canada and the United States since 1945.* McGill - Queens University Press, Montreal & Kingston, 2003.

RECENT APPOINTMENTS

Joy Rogers has been appointed as the Vice President Professional Affairs and Chief Nursing Executive at the University Health Network. She graduated from the University of Toronto with a BScN in 1981 and a MN in 2000. Joy has held progressive senior positions in nursing management positions in Toronto, as well as experience in nursing education and nursing informatics, and has presented and published her work nationally and internationally. She completed her PhD studies in 2008, in Human and Organizational Development at Fielding Graduate University. Her dissertation focused on exploring and understanding the development and practice of feminine courage in leadership. Joy's focus and passion include clinical leadership, quality of work life environments and the development of client-centred practice settings, with a special interest in excellence in geriatric care.Joy is also the recipient of the *University of Toronto Teaching Award*, the *Sigma Theta Tau International Award for Excellence in Nursing Administration* and most recently, the 2010 Health Achieve *Margret Comack Award of Excellence in Nursing Leadership*.
http://www.nursingchannel.ca/programs.html

Clair Mallette is the new Director of the School of Nursing at York University. Her career is diverse with roles in academia, administration, research and clinical practice in the provinces of Quebec, Alberta and Ontario. Her areas of expertise are in administration, nursing education and professional issues related to recruitment, retention, change, innovation, and employment relationships. She is Principal Investigator or Co-Investigator for a research study examining educational methodologies, virtual worlds, simulation, new nursing graduate competencies and decision-making. She participates in a variety of professional and scholarly activities such as the Advisory Committee for the York/UHN Academy; the De Sousa Institute for Oncology Nursing; a Reviewer for the Canadian Journal of Nursing Leadership; and a member of the Executive Review Panel of the Canadian Nurses Foundation.
(York University-School of Health).

UPCOMING MEETINGS

2011 ANNUAL MEETING- CANADIAN ASSOCIATION FOR THE HISTORY OF NURSING
"Coasts and Continents: Exploring Peoples and Places"

The Canadian Society for the History of Medicine, joining with the Canadian Association for the History of Nursing, for a joint conference at the University of New Brunswick, from **May 28 – May 30, 2011**.

HOLD THE DATE!

ALLEMANG SOCIETY MEETING

SATURDAY, MAY 14, 2011

Spring meeting and Tea of the Allemang Society in conjunction with Christie Gardens Residence. Further information to follow.

HISTORY OF NURSING WRITING PRIZE

The Allemang Society is offering a prize of $500 for the best essay in the history of nursing written by a student in the year September 2010 through June 2011.

Criteria for submissions:

1. The paper may deal with any topic in the history of nursing in any period and in any country.
2. Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
3. Both undergraduate and graduate students may submit.
4. The student must be enrolled in a university or community college in Ontario. Students **from any faculty, including nursing, social science, humanities and science,** are invited to apply.

The deadline for submission is **August 30, 2011.** The prize will be awarded at the 2011 AGM.

Papers may be submitted either by email or in hard copy. Electronic copies should be in Microsoft Word and include academic affiliation, address, telephone and fax numbers. Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and email. The accompanying two copies should have no identification.

Please send papers to:
Lynn Kirkwood
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OBITUARIES

Bertram, Mildred Helga (Charlesworth) died December 26, 2010 in Woodstock, Ontario. Born May 16, 1921 in Barnsley, Yorkshire. She was admitted as a registered nurse by the General Nursing Council in 1942. Known as Sister Sue and Susie. Mildred served her country during WW11 with distinction, receiving the 1939-1945 WW11 Star, the France and German Star, the Queen Alexandra's Imperial Nursing Service Medal, the 21st Army Group Medal and the British Army Medal. She immigrated as a bride to Canada; and became a registered nurse in Ontario in 1961. She resumed a nursing career in Mississauga at South Peel Hospital and later at Peel Memorial Hospital becoming nursing head of pediatrics and a medical ward before retirement. Mildred was a tour de force, a gifted and opinionated woman who truly made a difference to those around her. She died as she lived, with courage and dignity, without fanfare as she wanted. [Excerpt from Toronto Star, January 8, 2011].

Hamilton, Helen Doreen (Henderson) passed away on January 3, 2011 at the age of 72. Doreen had the courage to follow her own unique path. She dedicated her career to improving the health and welfare of children, emphasizing prevention and early intervention. Starting as a public health nurse, Doreen became the Maternal and Child Health Consultant for Toronto's Department of Public Health and then played a key role in starting up Toronto's first parent-child drop in centers. As a long-standing board member for the Parent-Child Mother Goose Program, she made new programs possible through tireless fund-raising. Doreen travelled extensively and taught overseas with CUSO in Malaysia. Building on degrees in Nursing, Sociology and Education, in 1985 she began her study of Joda Shinsu Buddhism and went on to become Associate Minister at the Toronto Buddhist Church. Doreen Sensei was the first Canadian-born female member of the Ministerial Association of the Buddhist Churches of Canada. Her work built around her core belief that good health is built on a foundation of well-being. Doreen was a supporter of the arts in many forms – ballet, music, and visual arts, and was a gifted photographer. A proud Wards Island resident for close to 20 years, Doreen was passionately active in her community, most recently serving as President of the Algonquin Island Association.

[Excerpt from The Globe and Mail, January 6, 2011].

Heaman, Isabel Louise (Hanna) passed away at Royal Victoria Hospital in Barrie after a short illness on January 20, 2011, at the Age of 90 years. She graduated from the nursing program at the Toronto General Hospital (TGH) in 1945, and for many years was the Treasurer of the TGH Alumnae Association. Louise spent many happy summers at Camp Adanac, a boys' camp on Manitoulin Island where she enjoyed swimming, hiking, and tending to the campers in her role as camp nurse. An avid traveller, she enjoyed many adventurous trips with friends to a variety of destinations well into her 80s after which she was content to spend more time with her family and grandchildren who she cherished. Louise will be missed by her many friends at Barclay Terrace where she lived for 21 years and took on the position of Treasurer of the Barclay Ladies Club. She was also known as a formidable bridge player.

[Excerpt from The Globe and Mail, January 26, 2011].

Slevin, Agnes Viola (Knott) died December 6, 2010 at the Oakville-Trafalgar Hospital. She

attended Toronto Bible College, then entered nursing at the Oshawa General Hospital graduating in 1940. Joining the RCAF in 1943 as a Nursing Sister, she was stationed at RCAF bases across Canada, ending her service in the Yukon. She resigned from the RCAF in 1951 to continue her nursing career. She moved west until her husband's death, moving back to Ontario in 1979, where she spent her remaining years.

[Excerpt from Toronto Star, December 9, 2010).

Editor Newsletter

Jaime Lapeyre. jaime.lapeyre@utoronto.ca

Dorothy Wylie. Please contact her regarding news items, short articles, announcements, etc.
All contributions are welcome.
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