

# Reckoning With Racism in Nursing

**Heather Reynolds Transcript**

**Duration: 11:18**

We're addressing racism in nursing

I identify as AfricanAmerican with Caribbean roots.

I came to the U.S. when I was nine years old.

I am now.

I will be years old next month.

Plan on going into child development.

Child Psychology My undergraduate degree was in psychology.

I was working when I was in college on weekends at the Mass

General Hospital. In Boston.

Had the old ward system there.

So the nurses had a station in the wards

and the beds were surrounding.

What I really appreciated

was the astuteness of the nurses

their ability their compassion

and their ability

to actually provide the direct care for the patients.

Because we're talking

the sixties,

we had very few

BSN prepared nurses,

so there were generally hospital trained nurses

They were extraordinary at performing emergencies

even better than some of the residents

I went on to

graduate school

at Tufts University

at the Elliott Pearson School in Child Development

actually

offered a job at Boston

Children's working with a research project

about the epidemiological study of childhood

pediatric social illnesses.

While working there,

I was fortunate to work with one of the nurses

from the Family Development Clinic.

She was a pediatric nurse practitioner, and that was my first

entree, if you will, into advanced practice nursing.

Maybe I'll go back to B.U.

Boston University as an as a special student

so I could get my BSN

and then get my pediatric nurse practitioner skills.

Stopped in one of the

the newspaper stands in Penn Station and got Essence magazine,

you know, leafing through the magazine.

I see at the very back of the magazine

advertisements for Yale University School of Nursing

non nurse program

the application and ruminated on this for a while.

I sat at a typewriter at the old style typewriter and typed out

my essay, mailed it, and then flew off to San Francisco

when I came back.

Lo and behold, there was a letter from Yale

offering me a interview.

Received my acceptance in February. I think it was around February of , and I was like,

Oh no, I don't want to leave Boston.

One of the social workers that I worked with at the hospital

who I called her, my Jewish mother, said to me, Heather,

it's Yale.

You gotta go

I came down for the interview,

it was a midwifery faculty person who actually interviewed me,

interestingly enough, not a pediatric one, and she asked me,

well, what happens if you don't get into Yale?

I looked at her like, excuse me,

I have other plans, thank you very much.

And I was like, Hmm, where she coming from?

Colleagues and work were, you know, at Harvard,

affiliated institutions.

And so I wasn't like that impressed with it

being Yale. It was just like

this was going to be an expeditious way

for me to get my nursing degree.

I realized that this was a typical question

that they ask everyone now that I'm on the admissions committee.

At the time I took offense

I was doing some statistical analysis, and so she was, you know,

well versed in statistics. So I went to her to discuss that.

It was at that time that she revealed to me

that I actually intimidated her in my interview.

You know,

we're talking in the seventies

and there were two other black students in my in my cohort

there were only about of us,

relatively speaking, that there was,

you know, a fairly decent percentage of us

represented in that group.

My second year

we actually had an Office of Minority Health that was established

at YSN, at the School of Nursing, an AfricanAmerican

faculty professor who was director of that program.

Her her focus was to assist and support

the students of color

during their journey at the School of Nursing.

I felt very supported

there were about there were three AfricanAmericans

when I went into the midwifery.

We had students in the class ahead of me.

There were three AfricanAmerican women and two men.

So there was some level of diversity.

There's a very different sort of climate than it is now.

Definitely far more welcoming and accommodating.

I got to meet Rita Dumas

and it was at Sandy's house.

That was the professor who was our

the director of the Office of Minority Health.

It was at her house where, you know, Rita Dumas spoke to us.

I was seated by on the floor, by the fireplace.

Just looking up at Rita was so much in awe of her brilliance.

And the things that she had accomplished.

Yeah, there were

racist, uncomfortable microaggressions that happened

with many people.

It was in the wards or, you know, in the clinical areas.

One of the professors I had when I was a student

who in my last year was one of my primary preceptors,

pretty much lined up what I thought we needed to do.

And she said,

I think you better have a conversation with this other professor.

She was

had expressed concern in the faculty

meeting about your clinical prowess.

Never said anything to me,

had never indicated on my evaluation forms

that there was any concerns or questions

so that the appointment I went into her office and I said,

you know, I appreciate this.

I said, I understand you have some concerns.

Think I took her off.

She wasn't anticipating that I had heard about this.

You know,

I wanted to know because I was that, you know,

I wanted to make sure I was doing things right

and not going out and hurting people. And she started laughing.

Thank God.

I was also in a private practice

with a midwife who actually wanted me to join their practice.

So I went to my other preceptor in the private practice

and I said, you need to be honest with me.

If you have concerns about anything I'm doing, I need to know.

And she said, no.

And that's when she said, in fact,

I was hoping that you would join our practice.

You know, I wanted to make sure I was doing things right

and not going out and hurting people.

I thought it was just me personally

It's structural.

It's become institutionalized, like implicit bias.

People are totally unaware

biases that they hold and exercise that in many ways.

And it wasn't all smooth sailing for me.

Mind you, even in, you know, in the graduate program,

some of the experiences that I had are so happening

now for students.

I certainly had that experience with my lab coat

and my stethoscope

and my nametag and walking into a room

and the patient assuming that I was, you know, housekeeping.

It sort of struck me like

who comes in from housekeeping with a stethoscope

and a white lab coat on who need to denigrate others.

Tell me that they have low self esteem and low worth,

so they use that as a way to pump themselves up

or feel better than others. And so I don't internalize that.

I mean,

sometimes it does,

you know, hurt a little bit, but, [I] oftentimes say,

what's wrong with that person.

Sometimes people think like

when you're trying to change structural systems that,

you know, a lot of

resources need to be put in the underrepresented minorities

as they move into the system.

That is an important part.

But we also have to invest in deprogramming

that white supremacist

kind of mentality that exists and is pervasive.

These are lessons that are embedded in their souls

and that needs to be really extracted, excavated and rebuilt,

a continuous sort of thing and helping people become antiracist

you know, particularly for health

and education institutions as so

imperative for that to happen.

Because they're dealing with communities that are being inflicted

by this microaggression or racist

mentality and their health are being compromised

because of that

behooves all of the health

training and health educational programs

to really start to institute

that because they're doing more harm than good

something that we need to do with all of our

young black children and communities.

I came from a family that aspired for me

to do great and wonderful things.

I was never, ever felt that I was not capable of doing that.

So that was embedded in me from the get go.

When you infuse that into children,

and you make sure that you're correct in the form,

you know, in their grammar school

years, that there aren't teachers

who are undermining their selfesteem

or their sense of you know, their capacities.

If you will. You have to be vigilant with that, infuse

our young, young folks

with the notion that they can achieve

great and wonderful things with their lives,

whether it's in art, medicine, law,

philosophy, whatever,

that they have skills and abilities to achieve great things.

We're all suffering, as you know, from a societal point of view,

because we're not engaging and nurturing those potentials.