

Reckoning With Racism in Nursing

Lucinda Canty Transcript

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We're addressing

racism in nursing

Identify as black AfricanAmerican.

I always tell people,

you know,

especially now that you know, I'm,

you know, from descendants of

enslaved Africans

because sometimes

people hear my accomplishments

and they think I was

born somewhere else.

But I was born here.

My parents were born here.

And, you know,

roots in Georgia and South Carolina

both came to Connecticut.

And this is where I was born

and where I grew up.

It wasn't

until I was in th grade

because we had to decide

what we wanted to be.

So we

everyone was like,

what do you want to be?

What do you want

to go to college for?

Then that was the first time

that I thought about it.

And I actually want to go to school

to be a chef

because I love to cook

but I have a lot of family

who had diabetes, who had high blood

pressure,

who I would see

giving themselves insulin

or checking their blood glucose.

So I said, you know,

I want to do that.

I want to work with,

you know,

I want to work in the health care

field, you know,

and then I start

looking into nursing

We had a group of,

there were students in my class,

and maybe ten of us

were some type of person of color.

There was someone

from Dominican Republic

Puerto Rican,

AfricanAmerican, like myself.

There was a male

who was AfricanAmerican

and there was someone who was Asian.

And we just worked together

But at that moment,

I realized that

things were going

to come a little harder

because we were like

we were in a clinical setting

and our clinical,

and this didn't always happen,

but we had that clinical preceptor

that was coming for us.

Where we'd see other students

who were like ask questions

and they weren't prepared

and they were like,

Oh, well, come

on, let's talk about it.

But for us, it was like, question and

then question, and then question.

And at the time, like,

we all knew we had to work harder.

We had to be more prepared

And for me, that helped motivate me.

One thing I did notice is that

I didn't see a lot of myself in

a textbook.

Like I didn't hear

about contributions

of nurses of color.

We didn't have any professors

that were black.

I didn't have any black

clinical preceptors.

I did see

because I was at

Lenox Hill Hospital

for my clinical NICU,

and they did have some black nurses.

So I was able to see myself

that way.

But as far as teaching

I never saw myself

When you don't see yourself,

you often feel

like you're in a space

where you don't belong

and you have to prove

that you're supposed to belong.

And I felt like

if I knew

that Harriet Tubman

practiced nursing the

Sojourner Truth

if I even knew

because I'm learning now

how nurses were practicing,

I shouldn't say nurses,

but black women from,

you know,

that were enslaved on the middle

passage were practicing nursing.

But then when programs

were developed,

we were told we weren't smart enough

to be educated as nurses,

that that actually

came out of someone's mouth.

So if I would have known

all of that,

I would have said, you know,

I have a right to be here,

because look

who was taking care of people

in my community

when there was segregation

that nobody else

want to take care of them.

I've been in nursing for years.

Maybe the past five to ten years

is where I really start to learn to

understand this history.

When I started, I

was on a tough unit. We had.

We're still trying

to learn about AIDS

at the time.

We had patients,

if they didn't know

what was going on with the patient,

they were thrown on my unit

and patients could crash quick.

So you're already worried about

am I going to be able

to stay on top of caring for him?

Am I going to be able

to give this person

their meds on time?

And then you have that extra layer

that somebody is there

waiting for you to mess up.

Someone is there.

And again,

this could be real

or this could be that feeling.

But for me, that feeling was real.

That somebody was waiting

for something to go wrong.

So they could

say, look, see what she did?

So you have that

that you're adding to.

If something goes wrong,

even if it was what we call

a simple error

is you're going to be

looked at like you're incompetent.

It would feel like that

even though I had a degree

from Columbia,

it didn't mean nothing. That I could

someone could take that away.

Someone could take away

my, all that I worked

hard for and say, well, look at her.

We you know,

we didn't expect her to

do well anyways.

So you always had that fear.

I never wanted a patient

to leave my care

without getting

everything that they needed.

That was like for me, even to

this day is not happening.

That you come into my care

as soon as I accept

and I start providing

care to you again.

I may not have all your answers,

but you're going to leave

knowing that

I worked as hard as I could

to give you what you need.

So.

So when you have

when you're in a position

where you feel like

none of that is going to matter,

because you

have all these pressures,

not even the work,

is the added pressure

of somebody

waiting for you to not do it.

So they can say, look, you know,

we gave her a chance

and look what happened.

So that constant

burden is heavy

because you're dealing with that

for hours, for hours.

Then you go

and again, we can't

we can't show it.

We got to keep working.

We got, in front of our patients,

we can't let them see

what's happening.

I mean, I've

taken care women in labor

and have nurses

say something stupid and crazy to me.

And the patient is like,

why is she talking to you like that?

I'm like, Oh, don't worry about her,

because I wanted her

to have a healthy baby.

I want that baby to come out safe.

So you deal with it

and you act like

it doesn't bother you,

but it does catch up with you.

I didn't realize how severely hurt,

how severely traumatized I was

And now that I'm able to look at it

because again, you put it behind you

and you still don't even know

who you can talk to about it.

And then there's always

this thing to me

in the black community

that we don't want

someone to know that they got us

or they made us feel that way

so that we suppress it

even more and keep on moving.

It's like you see things

and you see things happening

to students, to other colleagues.

And even with like

clinical assignments again.

And when you don't

have someone to talk to,

you're like,

I don't know, that doesn't sound

right or that's not right.

When you're isolated

you don't have anyone to talk to

and say, you know, tell me, is it me?

This is what's happening.

So when you don't have that,

you don't speak up.

And that was me because I'm like,

maybe I'm just crazy.

Or when you try to speak up,

people are saying,

Oh, no, I don't think so.

I don't see it that way.

I'll use Melissa

because we work together

which, when she came, and again,

you're like,

I don't know

if I can trust her or not.

And we decided

we were both

teaching the same course,

public health.

She taught one section.

I taught another section.

So we decided to have monthly,

not monthly, weekly meetings

and just talk about the course

and how

we were going to set things up

and when we got together.

We were talking about things

that we saw. We saw the same thing.

We realized that this wasn't wrong.

We had a old curriculum

that we were working with.

They were like, no,

we can't talk to students

about this stuff.

Just to have someone

that you could talk

to, like we would talk for hours.

I'm telling you, we had

we were alloted an hours' time.

We could go on for two or hours

because we never really had

that support either.

Someone to really talk

about what we were going through.

So, I just say when you have that, it

empowers you.

And that gave me strength to say,

Wait a minute,

we're not going to do

things that way.

Even though we're still black women,

we still don't think alike

we know

different ways

to handle certain issues.

So we will complement each other,

but still our common goals were

the same was to be heard,

to give students what they needed,

give them support that they needed,

but also just be able

to be in these meetings

and speak up.

But when you're isolated,

you don't have that support

and everybody else thinks the same.

That's difficult to do.

So just having that one person there

to provide you

that support makes a difference.

So definitely courage.

Definitely speaking up.

Definitely.

You know, people are talking

about calling out and calling in.

I'm just saying, call it

you could call it however

you want

because I feel like a lot of

this is preventable.

Like I do work

with maternal mortality.

A lot of is preventable.

It doesn't necessarily

doesn't have to happen

because of all the damage and trauma

that happens if it does.

So my thing, with racism in nursing

is that you got to

bring attention to it

because if not, people

are going to continue the behavior.

And this is like again,

like years

that we've been dealing

since the beginning of nursing

people saying

that we're not educated,

we don't

we don't have the mental capacity

to be educated.

And the Florence is the

only Florence

Nightingale is the only one

that's contributed to nursing.

So, I'm like so there's

like years of people

believing that

and I'm not saying

Florence Nightingale

didn't contribute,

but there's other people

who look

don't look like Florence Nightingale

who did.

There's people who look like me

that did.

So no longer

am I going to be silent.

I'm going to say something

you may not agree with what

I have to say, you may not want to,

you know,

digest it right now,

but you're going to take a minute

to listen

and either you're going to recognize

or do some,

because I always feel

if I'm talking about this

or you're uncomfortable

before I used to worry,

think it was me

that I'm causing them discomfort.

But now I'm at the point

where I'm like, that's you

and you're going

to have to take a moment.

I understand why

you're feeling that way.

If I'm saying that,

you know,

a black woman's going in

to give birth. And her nurse

in the middle of everything

and treating her

a certain kind of way.

And you don't think

anything's wrong with that?

That's a problem.

So.

So now I'm

just saying you have to speak up?

We're going to have to address it,

even as painful as it is.

And I take ownership

even for myself,

because I realize

everyone's always like,

well, I'm not racist

and this

and that. It's the system

that we're in.

And for myself, I realized

that I became a part of the system

and I was complacent

because I didn't really understand.

And it wasn't

until there were a group of students

who were going to be kicked

out of the nursing program

or having to repeat a year

that when I got off the elevator

to go to my office

and I saw them waiting in line

to talk to the professor,

and they were all black and brown

I said, You know,

you can no longer sit

and just be a part

of the system anymore.

And at that moment,

I decided to speak up

that all those students

were able to stay in the program.

They all graduated.

They all passed their boards

on the first time.

So for me,

that's when I also got that strength

that I realized

I do have something

to contribute here.

And I can offer

what I can to all students.

And that's a thing

any student

could come into my office.

I don't care

what color you are,

where you're from,

if there's injustices

that are being done,

I'm going to support you.

There's a place in

nursing for everyone.

Get out of your head.

That Florence Nightingale

is the only one

that could be a nurse

or, you know,

or that you live in the suburbs.

The only people who live in

the suburbs can be a nurse.

It's time to cut that out

and that if you want to be

in any capacity in nursing,

whether you're in the classroom,

in clinical, direct care,

or you're doing your research,

don't be excluding any group

from that.

Because that a lot of times

people would want to exclude

and act like we don't exist.

We're here.

So either you're going to be there

to be a support for us

or move out of the way.

You decide

But my thing is just

moving forward to address

racism is everybody's problem.

It's everyone's problem.

Even if you think I'm not racist,

that's not me.

That's somebody else

doing that. Again

you're part of the system.

It is painful.

It's painful to look at anything,

especially nursing.

We're trusted.

We're caring. For someone to say

that we're doing something

that's supporting racism

and implicit bias.

All these things

that people are trying to,

you know, is still basically racism.

But we give it

you know, we say unconscious bias.

So people can feel better.

But that unconscious

bias kills someone like me.

When someone says, oh, I'm a ally.

First of all,

I always feel like, if

you have to tell me

that you're not really an ally.

You got to do the action

and the work.

You have to do that

then I can determine if that's true.

But with allies, it's easy

for you

to go to that other side

really quick

if things go south,

you know,

'Oh I didn't know anything about that.'

You know,

and of course, people

are going to believe that.

So that's why

I don't believe in allies.

I want if you want to make a change,

don't even tell me.

Just do it

on whatever level you're working

do something

because we all can do it.

Whether you're speaking up for that

one student, do something.

You see your colleagues

acting a fool,

do something

because you know something's wrong.

So I'm just saying,

wherever you sit, do something,

but stop telling.

Say 'I'm a ally' Do the work

and you don't even have to tell us

your a ally.

We'll know where you're coming from.