



JOURNEY of RACIAL
RECONCILIATION
AMERICAN NURSES ASSOCIATION

Our Racial Reckoning Statement

On June 11, 2022, the ANA Membership Assembly, the governing and official voting body of ANA, took historic action to begin a journey of racial reckoning by unanimously voting ‘yes’ to adopt the ANA Racial Reckoning Statement.

This statement is a meaningful first step for the association to acknowledge its own past actions that have negatively impacted nurses of color and perpetuated systemic racism.

For more information, please read the [frequently asked questions](#).

Racism: Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical harm of individuals and perpetuate systemic injustices and inequities.
(National Commission to Address Racism in Nursing, 2021)

*“If I were to replace my face with a white person’s face,
where would my career be?”*

— Anonymous Quote

National Commission to Address Racism in Nursing, 2021

Opening

This is a journey.

Throughout our history, the American Nurses Association (ANA) has sought to lead nursing into the future. Through acts of omission, when we failed to act, and commission, when ANA's actions negatively impacted nurses of color, we have caused harm and perpetuated systemic racism. This statement serves as a starting point for a journey during which we seek to acknowledge past actions that continue to impact the profession today and as a starting point of a new journey toward the future.

ANA begins this journey in conjunction with the efforts undertaken by the National Commission to Address Racism in Nursing (the Commission). This statement focuses on ANA's own actions, while the Commission seeks to address racism in nursing within the broader profession. We recognize that as a leader, ANA holds accountabilities at both the organizational and the broader professional level. Through both efforts, we are striving for a more inclusive, diverse, and equitable professional organization and a nursing profession that meets the needs of all people.

Our intention with this statement is to publicly identify and acknowledge our past actions while addressing the harms that continue today. The section on ANA Reckoning is not meant to be a complete listing of all ANA actions that have caused harm. Historical exclusions of and transgressions against Black nurses will be discussed in this document. This harm has undoubtedly extended to all nurses of color. In addition, there is much debate about labels and terms to identify racialized minorities. We have chosen to use the term "nurses of color" to reflect all nurses representing race and ethnic groups. It is our intention to be fully inclusive in the use of this language.

In the end, it is our actions that will truly reflect the sincerity of this apology and serve as the underpinning for forgiveness. For it is forgiveness that we seek — forgiveness from nurses of color, the nursing profession and the communities that have been harmed by our actions. We fervently hope that this statement, its subsequent work and the efforts of the Commission will contribute to healing — individual healing for nurses, reconciliation with the ethnic-minority nurse associations and healing of the profession. ANA wants this statement to reflect genuine reconciliation and acknowledgment and hopes that it is a step toward forgiveness. Ultimately, we seek to contribute to the healing of nursing.

ANA Reckoning

There is much that can be said about ANA's history and failure to include and represent the views and needs of nurses of color. The examples below are not to be considered as a complete reckoning of ANA's past, but they are representative of times and actions when ANA failed.

To begin, we must acknowledge that from 1916 until 1964, ANA purposefully, systemically and systematically excluded Black nurses. ANA's predecessor organization, the Nurses' Associated Alumnae of the United States and Canada, was open to alumnae associations of schools of nursing, including Black hospitals and nurse training schools (*Hine, 1989*). The Nurses' Associated Alumnae became the American Nurses Association, and in 1916, the membership rules shifted away from an alumnae-based membership to that of a state- and district-based membership. This resulted in Black nurses being denied membership in some state nurses associations. Despite significant advocacy and pressure from the National Association of Colored Graduate Nurses (NACGN), this discrimination persisted. In 1946, the ANA House of Delegates voted to adopt a statement that urged the "removal, as rapidly as possible, of barriers that prevent the full employment and professional development of nurses belonging to minority racial groups" (*Carnegie, 1991, p. 76*). And in 1948, the ANA House of Delegates established an "Individual Membership Category" that was open to all nurses who were not accepted through a state or district association. However, it was not until 1964 that a final district in Louisiana dropped its discriminatory rule for membership (*Carnegie, 1991*). This timeline reflects the failure of ANA leaders to aggressively pursue changes in its discriminatory membership rules and allow for full membership regardless of race. While membership within ANA was hard fought by NACGN, the full inclusion of Black nurses within ANA leadership and decision-making remains unrealized and elusive for all nurses of color.

One representative incident from 1939 involved Estelle Massey Riddle Osborne, president of NACGN from 1934-1939. In 1939, President Osborne was invited by ANA President Julia C. Stimson to meet with ANA's Advisory Council to discuss the status of Black nurses in the profession. The site of the meeting was the St. Charles Hotel in New Orleans, where Black guests were required to use the service entrance and freight elevator. President Osborne called on ANA and President Stimson to adamantly protest this discrimination. Instead of protesting the discriminatory policy, President Stimson offered to enter the hotel with President Osborne through the service entrance. In the end, President Osborne decided against attending and ANA failed to step into a space of advocacy and support (*Hine, 1989*).

President Osborne was the first Black nurse to earn a master's degree in the U.S. and became the first Black nurse elected to the ANA board in 1948. However, after her four-year term, there were no Black nurses elected to the board again until 1970 (*Carnegie, 1991*). This lack of representation on the policy level for 22 years concerned many Black nurses, and when it was brought up at ANA's 1972 convention, it was communicated that the only obligation of ANA from the dissolution of NACGN was the awarding of the Mary Mahoney Award.

In 1965, ANA approved a position paper on nursing education that recommended the minimum preparation for "beginning professional nursing practice should be a baccalaureate degree" (*ANA, 1976*). The stated rationale for this change was the increasing complexity of nursing activities and patient care. One result of ANA taking this position was the disenfranchisement of institutions and schools of nursing that were available to students of color and the exclusion of nurses who graduated from those programs. ANA sought to advance the educational level of nurses without ensuring that all nurses would have the same access to the education necessary to achieve the desired educational level for entry into the profession. There continues to be a need to examine how this policy advances nursing today and to examine strategies for ensuring that educational opportunities are equally available to all students, especially students of color.

In 1970, Dr. Lauranne Sams organized a meeting with 200 Black nurses for the primary purpose of organizing a Black nurse association. The group reported the following concerns (*Carnegie, 1991*):

1. **Concern over the absence of Black nurses in leadership positions at ANA.**
2. **Limited opportunities for Black nurses to support and shape ANA policies**
3. **Persistent tokenism.**
4. **Limited recognition of Black nurses' contributions to the profession.**
5. **Lack of significant increases in the number of Black registered nurses.**
6. **No recognition of achievement with awards (other than the Mary Mahoney Award).**
7. **Limited appointments of Black nurses to committees and commissions.**

“No, I am speaking about all the past deficits and discriminatory practice which have continuously disgraced and limited the full potential, the development, the selfhood, and the self determination of Black folk. I am speaking about today, Here and Now.”

— Dr. Lauranne Sams
Founder and President
National Black Nurses Association

In 1973, in her first address to the newly created National Black Nurses Association (NBNA), Dr. Sams considered the question of why a Black Nurses Association was needed:

In telling the history of the formation of the NBNA, the article *From Invisibility to Blackness: The Story of the National Black Nurses’ Association* by Gloria R. Smith notes that there was a desire on the part of the Nurses’ Associated Alumnae of the United States and Canada and ANA for Black nurses to be members, but these professional associations granted them few privileges “other than paying dues” (1975, p. 225).

Although by 1964 there were no tangible rules preventing membership for nurses of color, it was evident that exclusionary practices and a failure to represent all nurses remained. Similar to the concerns raised by Black nurses, in 1974, led by Dr. Ildaura Murillo-Rhode, a group of 12 Hispanic nurses who were also members of ANA came together to consider establishing a Hispanic Nurses Caucus within ANA because “ANA was not being responsive to the needs of Hispanic nurses” (National Association of Hispanic Nurses, 2022). Ultimately, this core group and their organizing efforts led to the establishment of the National Association of Hispanic Nurses (NAHN). Today, “NAHN members advocate, educate, volunteer, seek partnerships, and conduct programming in the Latino community to improve outcomes, elevate literacy, heighten education, and influence policy. We also work collaboratively with others to improve health equity and to create a future in which everyone regardless of race or ethnicity has opportunities to be healthy.”

ANA recognizes that issues of racism persist today and continue to harm nurses of color. Findings from the Commission’s 2021 national survey on racism in nursing ($n = 5,600$) noted that racist acts are principally perpetrated by colleagues and those in positions of power. Over half of nurses surveyed (63%) said they had personally experienced an act of racism in the workplace with the transgressors being either a peer (66%) or a manager or supervisor (60%). Fifty-six percent of respondents also noted that racism in the workplace has negatively impacted their professional well-being. During listening

sessions with nurses of color convened by ANA and the Commission, persistent themes of stereotyping, prejudice, discrimination, exclusion, oppression, tokenism, inequity, and insistence on conformity and assimilation were found (*National Commission, 2021*). The impact of these experiences is demoralization, exhaustion, spirit murder (murder of the soul), invisible workload, silence, invisibility and self-doubt.

“The power in nursing is primarily held by middle-age to old-age white women who have just recently begun to consider racism in nursing care. There are racist principles that have been carried down through history and never challenged.”

— Anonymous Quote
National Commission to Address
Racism in Nursing, 2021

Seeking Forgiveness

As leaders of ANA, we apologize for the named and the unaccounted-for harms. Our past actions have caused irreparable physiological, psychological and socioeconomic harm, not only to nurses of color but to all patients, families and communities that depend on ANA as the national leader of the nursing profession. We failed to live up to the professional values established through the Code of Ethics for Nurses (ANA, 2015) and our social contract that guides the relationship between the nursing profession and society and their reciprocal expectations (ANA, 2010). In addition, as ANA sought to “professionalize” nursing, we failed to support a robust education approach that included the appropriate preparation to care for ALL our patients, especially patients of color.

More specifically, we apologize to all nurses of color. Not only is the profession richer for your having persisted, but the people you cared for and continue to care for today have been better served. ANA failed to uphold your work and support you as you advanced in nursing and worked to improve the profession. Having failed you, ANA also failed in supporting and caring for communities of color and other marginalized people.

We apologize to the ethnic-minority nurse associations that have ably represented the needs of their nurses and communities. Early in the profession’s history, there was a stated desire for one association to meet the needs of all nurses. ANA only represented the needs of some nurses and some patients. Nurse leaders of color stepped into the breach. ANA’s failure to lead resulted in a fragmentation of the profession that contributed to a fragmentation in nursing care for minoritized communities.

Moving Forward

As important as it is to reconcile ANA's history, our path points toward the future and actions that should be taken as a means of holding ANA accountable, continuing reconciliation to repair the breach and becoming a restored association. Each of the actions below will lead to additional actions and efforts as ANA continues the journey.

Therefore, the ANA Board of Directors will:

- Continue to reckon with and apologize for past harms that are made known to ANA.
- Engage in direct reconciliation with each of the ethnic-minority nurse associations.
- Develop and implement a diversity, equity and inclusion impact analysis that is considered in all policies and positions of the association.
- Initiate an oral history project dedicated to amplifying the contributions by nurses of color to ANA and the nursing professions.

Therefore, the American Nurses Association will:

- Continue to serve as a partner in and support the National Commission to Address Racism in Nursing as it strives to create antiracist practices and environments.
- Advocate for and follow established guidance on the reporting of race and ethnicity in professional journals and publications.
- Advocate for appropriate representation and inclusion in textbooks and other educational material.
- Actively engage in a program of diversity, equity and inclusion within the association.
- Provide transparency into the race and ethnic makeup of the ANA Board of Directors, leadership and staff.
- Deliberately work to build diversity within ANA's volunteer and governance structure.

Conclusion

We, as ANA, are on a journey — a journey of reckoning and reconciliation, forgiveness, and healing. This journey will take some time, but it is one that ANA is fully committed to. We invite others to join us as ANA seeks to strengthen who we are as a professional association and the broader nursing profession through inclusion, diversity and equity as we strive for antiracist nursing practices and environments.

“As nurses we need to unlearn much of what we thought we knew about racism — and get comfortable being uncomfortable about our profession and our own way of being — need to see nursing through a new lens and be open to what we might see versus stating that racism does not exist.”

— Anonymous Quote

National Commission to Address Racism in Nursing, 2021

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