Nursing

by Caryn E. Neumann

Nursing has been both welcoming and hostile to gay men, lesbians, bisexuals, and the transgendered. One of the few professions open to women through the nineteenth and much of the twentieth century, nursing paid well enough to allow women to live independently of men. However, until recently most nurses accepted the medical view of homosexuality as a psychiatric illness.

While most nurses--whether male or female--were and are heterosexual, nursing is important to GLBTQ history. A number of lesbians were crucial in the development of nursing and allied fields, including social work and public health. And because nursing has been thought of as a woman's profession, male nurses have suffered the stigma of being suspected of homosexuality.

This stigma has, undoubtedly, prevented many potential male nurses--both heterosexual and homosexual--from entering the profession.

Origins of the Profession

Nursing originated as one of the maternal crafts, a service traditionally performed by women with little or no training who served for love not gain. Nursing slowly began to professionalize in the late nineteenth and early twentieth centuries. The ranks of nurses soon divided into highly-educated professional or registered nurses and less-educated practical nurses.

However, many Americans, including doctors and hospital administrators, continued to see all nursing as a lowly trade, only slightly above the servant level. Nurses were subordinate to doctors, served others, and had limited possibilities for advancement.

More recently, however, the prestige of nursing has risen. As attention has focused on chronic shortages in the field, the public has come to recognize both the importance of nursing in general and, to a lesser extent, the wide variety of nursing career options. Many nurses now have advanced degrees and work in a variety of settings, including as educators and researchers, as well as in hospitals, where they may be trained in a number of specialties.

Male Nurses

Until recently, it was unimaginable to many Americans and Europeans that a real man would be interested in nursing. Male nurses remained, therefore, extremely rare. The few who persisted in the career experienced considerable prejudice for violating gender norms and suffered the stigma of being suspected of homosexuality.

The extent to which nursing had become a woman's job in the eyes of the general public is seen by the U.
S. military's refusal to accept male nurses despite the urgency of World War II. Many in the military hierarchy viewed male nurses as homosexual because they had trained for a "feminine" profession.

The percentage of male nurses in American military and civilian life remained at less than 5 percent for much of the twentieth century and today remains well below 10 percent.

Even today there is an assumption that a large percentage of male nurses are homosexual. As homosexuality has become more acceptable in the larger society, however, male nurses, whatever their actual sexual orientation, have correspondingly found greater acceptance within the nursing profession.

Still, the presumption that most male nurses are gay continues to be problematic. For example, in an effort to dispel the stigma associated with males in nursing, recruiting programs often emphasize that nursing is a "manly" profession peopled by heterosexuals. While that may be true to some extent, such recruitment efforts have the effects of diminishing the enormous contributions of gay men to nursing, of implying that gay men are not "manly," and of further marginalizing gay men in nursing.

**Lesbian Nurses**

Until the mid-twentieth century, few registered nurses married. Many of the early nurses saw nursing as a mission to heal, akin to a religious calling. They devoted their lives to their mission. They did not believe that a woman could take care of a husband, children, and patients at the same time.

As a result, many nurses lived their lives without emotional attachments to men. They found affection from close association with networks of women and with one or more female friends, with whom they may have formed romantic friendships or Boston marriages. Although these women probably did not themselves identify as “lesbian,” such women have since been categorized by historians as lesbian. Other nurses were more clearly lesbian in the modern definition of engaging in sexual relationships with women.

Outstanding nurses who can be categorized as lesbian include the following women who made significant contributions to the field.

The "mother of modern nursing," Florence Nightingale (1820-1910), was a major reformer who paved the way for nursing as a professional career choice for women. She became famous for her heroic work as a nurse during the Crimean War and then used that fame to help professionalize nursing and improve nursing education. She may have lived a life of celibacy, but she certainly engaged in romantic friendships with other women.

Lillian D. Wald (1867-1940), a public health nurse and social reformer, founded the famous Henry Street Settlement in New York City. Nursing offered everything that Wald sought, including a strong support network of other women, with whom she shared romantic friendships.

Naomi Deutsch (1890-1983), a field director of the Henry Street Settlement, is best known for directing the San Francisco Visiting Nurse Association from 1925 to 1934. Like Wald, Deutsch belonged to many of the major women's organizations of her day, including the League of Women Voters and the American Nurses' Association.

Josephine Goldmark (1877-1950), author of the landmark *Nursing and Nursing Education in the United States* (1923), was also closely associated with Wald and the Henry Street Settlement. Goldmark never married, preferring the company of other politically activist women.

Bertha Wright (1876-1971), known as the West Coast's Lillian Wald and Jane Addams, pioneered public
health nursing in California in the first decades of the twentieth century. Her life partner was social worker Mabel Weed. They lived together for over 40 years, adopting and raising three children and providing foster care for many more.

Jane Van de Vrede (1880-1972), a Georgia Red Cross nurse and member of the Atlanta Business and Professional Women's Association, helped establish standards for schools of nursing. She lived with Lillian Bischoff, a fellow nurse and educator.

Anne Austin (1891-1986) worked as a professor of nursing at Western Reserve University in Cleveland and authored many works on the history of nursing. Austin formed a close network with Isabel M. Stewart, another writer; Lura Eldridge, a professor of anatomy and physiology at Western Reserve; and Edell F. Little, with whom she shared a home for many years.

Shirley Carew Titus (1892-1967), one of the most prominent nurses of the mid-twentieth century, served as dean of the school of nursing at Vanderbilt University in the 1930s and executive director of the California State Nurses' Association in the 1940s and 1950s. Until her death, she shared a home in the San Francisco area with a former Vanderbilt colleague, Mary Dodd Giles.

A. Louise Dietrich (1878-1962), who helped professionalize nursing in Texas as a leader of the Texas Graduate Nurses Association, shared a home in El Paso with her very close friend, Homoisella Moss.

Margaret Anthony Tracy (1893-1959) pioneered collegiate education for nurses as dean of the University of California School of Nursing in San Francisco and Berkeley. When she became ill in her final years, many of her professional responsibilities were carried out by Pearl Castile. Tracy and Castile shared a home in Atherton, California until Tracy's death.

Katharine Greenough (1920-1975), a Ph.D. in nursing and a coronary care specialist, served on the board of directors of the American Nurses' Association in the 1960s and 1970s. She shared a home in San Francisco with her good friend Maura Carroll.

Colonel Margrethe Cammermeyer (b. 1942), a Ph.D. in nursing and the Chief Nurse of the Washington State National Guard, was discharged on June 12, 1992 from the U.S. Army Reserves because she acknowledged being a lesbian. The resulting successful legal challenge to her discharge became a cause célèbre.

The Profession's Attitude toward Homosexuality

While nursing education emphasizes that nurses should be nonjudgmental in their attitudes toward patients, research shows that nurses absorb the same homophobic and transphobic attitudes as society as a whole. Such attitudes affect glbtq colleagues and, perhaps even more damagingly, glbtq patients.

Despite the large number of lesbian women among its leadership, as it developed the profession of nursing adopted the hostile attitude of the medical profession towards lesbians and gay men. In 1969, the American Journal of Nursing, the leading publication in the field of nursing, published a rare article on "Homosexuality." The author, Irving Bieber, was a Freudian psychiatrist who viewed homosexuality as a serious psychiatric and social problem. He regarded gay men, lesbians, and bisexuals as the products of poor parenting who could be cured of homosexual urges.

By 1972, the attitudes of many nurses were becoming more accepting of homosexuality, as the medical establishment was also becoming more tolerant. The 1972 national convention of the American Nurses' Association (ANA) featured a session on "Straight Talk on Homosexuality" that attracted about 2,500 attendees. The speakers, both gay and gay-positive, called for a "humanization" of attitudes towards gay
men and lesbians by the nursing establishment.

Organizing for Change

The first organization for gay, lesbian, and bisexual nurses formed in Philadelphia in 1973. Founded by Carolyn Innes and David Waldron, the Gay Nurses' Alliance (GNA) had both male and female members, though male members were in the forefront.

GNA's first official act was to apply for a booth in the 1974 Pennsylvania Nurses Association convention. The application triggered a storm of controversy and the permit was denied. In response, GNA staged a walk-through exhibit and held a highly attended slide show, “Gay Patients/Straight Health Care,” at the national convention of the ANA. The point of the exhibit was that prejudicial attitudes toward glbtq people interfered with patient care.

Nursing and the AIDS Crisis

The problem of prejudice became especially apparent as the AIDS crisis developed and deepened in the 1980s. There was a constant barrage of reports about the epidemic in the media and a public perception that AIDS resulted from deviant behavior. The result was nationwide hysteria and paranoia.

Some fearful nurses refused to treat AIDS patients. Those who did treat such patients were made to feel guilty for supposedly putting their families at risk of contracting the disease. Other nurses found that frightened friends refused to continue friendships as long as they had AIDS patients.

Nurses organized in the 1980s to oppose discrimination against persons with AIDS. Some led support groups for people with AIDS and their significant others. Others promoted AIDS education.

At the behest of nurse activists, the ANA officially opposed mandatory HIV testing, a proposal that would have targeted the gay male community.

The devastation that AIDS wreaked on the gay community also prompted many lesbians to become volunteer nurses. As helpers with AIDS homecare and hospice programs, they provided support and comfort to the ill and dying.

Such activism by lesbians on behalf of gay men led to criticism from some in the lesbian community. They argued that gay men had a history of doing little for lesbians and that gay men would not have come to the rescue of lesbians if the situation were reversed. Others countered that such attitudes were bigoted.

Nursing in the New Century

At the dawn of the twenty-first century, glbtq people remain marginalized within the profession of nursing. Perhaps as a consequence of this marginalization, the nursing profession has mostly remained silent about public policy issues involving glbtq people.

Even as research has increasingly revealed the negative health effects of stigma and other cultural attitudes for gay, lesbian, bisexual, and transgendered individuals, the nursing profession has not adopted a proactive stance in assuring that glbtq people receive health care free of bias. Nor has it been in the forefront of efforts to deal with the specific or unique health needs of glbtq people.

The major organization for glbtq nurses, the GNA, now based in Wilmington, Delaware, remains in existence but it is quite small and has not been able to exert much influence on the profession as a whole. Other groups include Lavender Lamps, a New York-based national organization for lesbian and gay nurses, and several regional networks of gay and lesbian nurses.
The largest and most active glbtq health care organization, the Gay and Lesbian Medical Association (GLMA), has recently become concerned with the lack of activism within the nursing profession. At the 2005 GLMA meeting in Montreal, a special Nursing Roundtable discussed the prospects for creating an organized movement of glbtq nurses.

Such a movement is necessary both to protect the rights of glbtq nurses and to sensitize health workers in general to the needs of glbtq patients.

Bibliography


About the Author

**Caryn E. Neumann** is a doctoral candidate in Women's History at Ohio State University. A past managing editor of the *Journal of Women's History*, her essays have appeared in the *Dictionary of American History* and *Notable American Women*, among other places.