

MARY SEACOLE

200 YEARS

May 2 2005

1805 - 2005

African and Caribbean nurses bring the UK a wealth of experience – and their worth is slowly being recognised



About time: UK nurses are seeing salary increases

A WORD FROM KEN

As a Patron of the Mary Seacole Memorial Statue Appeal, I am pleased to lend my support to this special supplement commemorating the life and invaluable contribution of an extremely important nursing heroine.



Mary Seacole's (above, a statue of her) care for British soldiers during the Crimean war provides us with a clear illustration of the historic contribution of the African and Caribbean community and the role they have played in the development of the capital. London is a world city which thrives on diversity.

MEMORIAL

That is why in addition to the Mary Seacole Memorial Statue Appeal, I am supporting the campaign to place a statue of Nelson Mandela on the north terrace of Trafalgar Square and create a mobile memorial in honour of the Nigerian writer and environmentalist, Ken Saro-Wiwa.



Support: Ken Livingstone

FLAIR FOR CARE

Tony Blair plans to train more nurses to cut hospital waiting times even further. Michael Howard wants to bring back the British matron so that the wards are kept safe from the scourge of MRSA. Charles Kennedy wants to free up the nurses who are struggling to keep up with

Whitehall targets so that they can concentrate on face-to-face patient care.

The 400,000 nurses in NHS are often described as the foundation of Britain's health system and their importance has been acknowledged in the election campaigns of Britain's three major parties.

But over the past five years, the profession has

undergone a dramatic change, with more and more nurses coming from Zimbabwe, South Africa and the Caribbean.

OVERSEAS

The government began to recruit medical staff from overseas in the late nineties in an attempt to reduce long waiting lists on the NHS, and after UK citizens became put off by the long hours and low wages. The profession was also ageing, with more than a quarter of nurses over 50 starting to think about retirement.

Since then, the NHS workforce has risen by 16%, an increase attributed largely to the recruitment of nurses from the Philippines, South Africa and India.

In 2002, half of the new nurses registered in Britain came from overseas, and in 2003, one in three nurses registered with the nursing and midwifery council were from overseas.

Sharmen Thompson travelled to Britain from Montserrat to work as a nurse in London in 1997.

But even with 17 years experience as a senior nurse in the Caribbean, she found it difficult to find a job which she was qualified to do.

"I realized that I had to

start all over again," she says. "I am now on a developmental programme and will qualify as a clinical nurse specialist next year."

"I feel very good about trying to get black nurses into leadership positions."

Thompson, who lives in East London, believes that Caribbean nurses have a lot to give to the health system. "Caribbean nurses have a wealth of experience. I was never a specialist but I rotated through different departments in the hospital at home. This meant that I knew every aspect of my trade. Working in the NHS it means that I am able to deal with anything. Patients say that they can tell the difference, which is gratifying.

OPPORTUNITIES

"I would encourage anyone thinking of coming to work as a nurse in Britain to do so, the opportunities are better now than they ever have been," she says.

Ann Leedham Smith, Royal College of Nursing regional director of for the West Midlands says that because the nursing profession had seen considerable salary increases over the past eight years, it now had 20,000 more nurses

than ever before.

"A nurse has to train for five years before becoming fully qualified and six years to become a specialist nurse," she says.

UNDERVALUED

"That's almost as long as a GP would train. We have been undervalued for a very long time and I am glad that the government has decided to invest more in the profession. Our true contributions are finally being recognised."

But the RCN are particularly concerned about the NHS's reliance on overseas nurses, Smith says.

She pointed to the unscrupulous recruitment agencies who are duping highly qualified nurses in India and Nigeria into paying £2000 to travel to the UK to work, only to find it difficult to be registered.

"We believe that every nurse has the right to travel. Nursing is an international profession. But we will also encourage overseas nurses, especially if they are from developing countries, to return home."

She also added that nurses from third world countries bore a professionalism and empathy not present in their British counterparts.

NHS Careers supports the Gleaner and Voice Group in celebrating Mary Seacole's 200th.

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The NHS is working towards equality of opportunity for all.



Inside: The amazing story of Mary Seacole (p2); the tale of the Caribbean nurses invited to Britain in the 1940s (p3); advice from professional nurses (p4)

Mary Seacole special

MOTHERLY LOVE

War, disease and discrimination didn't stop Mary from pouring warmth and fun upon the world. We document the remarkable story of her life

Mary Seacole was born in Jamaica in 1805 – 15 years before Florence Nightingale – and was the daughter of a freed black slave and a Scottish soldier. She married Edwin Horatio Hamilton Seacole, godson of Admiral Horatio Nelson, when she was 31 – but lost him eight years later.

After travelling to visit her brother in a gold-prospecting town in Panama, she volunteered to single-handedly care for those affected by a cholera epidemic, after an American medic fled the area.

Three years later she was back in Kingston caring for the victims of a yellow fever epidemic and was later invited to supervise nursing services at British Army headquarters at Up Park Camp in Kingston. While there, she traded treatment information with military doctors and solidified her nursing philosophy based on hygiene, sanitation, warmth and isolation.

REJECTION

She travelled to Britain in 1854, one year after the war broke out in Crimea but her offers to join Florence Nightingale at the front were repeatedly rejected by those in charge of recruitment.

Unperturbed by the blatant discrimination, Mary raised funds for her mercy mission with the help of Thomas Day, a relative of her late husband and scraped together enough to pay for her 3000-mile passage to the Crimea. There, she once again approached Nightingale, who was heading up a team of 39 nurses in a hospital, miles away from the front – but was told that the hospital was fully staffed. She set up the British hotel which provided soldiers with accommodation, food, other provisions and nursing care. According to newspaper accounts, she often treated soldiers from both sides on the battlefield while a war was raging around her. In fact, the *Times* war correspondent William Howard Russell, whose uncensored dispatches from the Crimea brought Seacole and her white counterpart Florence Nightingale to the attention of the Victorian public.

Jane Robinson, author of *Mary Seacole: The Charismatic Black Nurse who became a Heroine of the Crimea* highlights Mary's holistic method of nursing. "While Florence Nightingale's nurses were banned from

touching soldiers or talking to them unless they were treating them, Mary was very hands-on and would cradle soldiers as they died or hug them, even if they were very sick." She adds: "This brand of nursing was very much inspired by her young years in the Caribbean."

HISTORY

She became known as Mother Seacole to these young soldiers who she nursed back to health with only lint, bandages, poultices and a needle and thread. She applied herbal remedies learnt from her mother, who ran a boarding house for British army and naval officers, to successfully treat diarrhoea, dysentery, and used cinnamon water to treat those with cholera, a very modern method of hydration by any standards.

"Mary believed that the British army was her family," says Robinson. "She grew up with soldiers at the garrison in Kingston. She called all the men in the Crimea her sons and would ask them to pretend she was their mother as she died. She would later pass these deathbed messages to the soldiers' families."

In September 1855, she became the first woman to enter Sevastopol after the siege.

Biographers believe that though Nightingale was the one who made it into the history books, it was Mary who had the wealth of practical experience, as she was able to diagnose conditions and even to carry out postmortems.

Nevertheless, the relationship between Seacole and Nightingale was cool at best, with Nightingale grudgingly admitting in an 1870 letter that Seacole had done "some good" but accusing her of "drunkenness and improper conduct".

But it was Mary's flamboyant and spirited personality that explains Victorian England's willingness to accept a black woman as never before.

LOUD

"She had a penchant for loud hats with plumes and flowers and fruits and chose the loudest patterns for her dresses," says Robinson. "The mouths of Victorian women would drop to the floor as she entered the room, but they liked her gregariousness."

"After the Crimean battles, while soldiers waited for the peace treaty to be signed, she lent them her dresses so that they could play women in the theatrical performances they put on to pass the time."



Hail Mary: A picture of Seacole

Picture: AMORET TANNER COLLECTION

When she first came to Britain she walked into the War Office and demanded to be seen, making jokes with staff and hooting with loud laughter."

By the end of the war in

1856, Seacole fell upon hard times and was declared bankrupt by a London court. But her friends in high places rallied around her, including staff at the *Times* newspaper, and she cleared her debts in

twelve months before going on to be the personal masseuse to the Princess of Wales.

She died on the May 14 1881 after a short illness and was buried in St Mary's Catholic cemetery, Kensal Green.

Robinson believed that Mary was omitted from the history books because she exemplified everything that a Victorian woman should not be: adventurous, independent, resourceful and loud.

"She was a one-woman show. Her personality kept her in the public eye and when she died she took that loud laugh and those garish hats with her to the grave."

LEGACY

Seacole's legacy continued to be overlooked even after her death. A Crimean War Memorial erected near the junction of Lower Regent Street and Pall Mall in London in 1915 included a statue of Florence Nightingale, but not one for Mary Seacole. Over time though, her name has shone through. The Jamaican Nurses Association decided to name their new headquarters after her.

In 1981, a memorial service was held on May 14 to mark the centenary of her death.

This is now an annual event organised by the Friends of Mary Seacole, now known as the Mary Seacole Memorial Association

In 1985, the GLC put up a blue plaque commemorating her home at 157 George Street, London, W1 but this was removed in 1998 following the demolition of the building.

Then came the Mary Seacole Research Centre at De Montfort University, Leicester in 1996; Mary Seacole Centre for Nursing Practice, Thames Valley University, London in 1998 and the Mary Seacole School of Health Building, University of Wolverhampton in 2004

She finally received the plaudits which she deserved in February 2004 when she was named the greatest black Briton.

In January 2005, the Home Office named one of their new HQ buildings in Marsham Street, Westminster after Mary Seacole.

A campaign is currently being spearheaded by the Mary Seacole Statue Appeal to erect a statue in her honour in Central London.

A day of events to celebrate the 200th anniversary of her death will take place in North West London on Saturday May 14.



Over 200 people gathered at Guys and St Thomas' hospital recently to launch a series of events to honour Britain's most famous black nurse.

The Mary Seacole Bicentenary 2005 will celebrate the 200th anniversary of Seacole's birth with a series of lectures, forums, exhibitions and conferences, which will provide a platform for black and minority ethnic nurses, midwives, and health professionals.

At the launch event, members of the project team which is based at Guys, cut a special birthday cake (above) in Seacole's honour. A spokesperson said: "This is a wonderful initiative which recognises and values the contribution made to the health service by black and minority ethnic nurses and all people in healthcare." Among the highlights will be an exhibition at the Florence Nightingale Museum called 'The Wonderful Mrs Seacole,' which will examine her life, work and legacy.

THE FIRST NURSES

A century after Mary Seacole arrived, thousands of Caribbean nurses were invited to post-war Britain to work for the NHS...

It is 1948, nearly a century after Mary Seacole's passage to Britain from the Caribbean and thousands of nurses are standing at London ports, shivering in their flimsy clothes. They had answered Health Minister Enoch Powell's call for nurses, as post war Britain struggled to build its health service.

Many came after they read adverts placed in Caribbean newspapers calling on women between 18 and 30 - or after long conversations with senior British nurses who had travelled to different islands trying to entice them to Britain.

PROSPECTS

Most who took up the offer planned to stay for no more than five years buoyed on by the prospect of high paying jobs awaiting them on their return. But many of them married and settled.

"Nurses from the Caribbean were the bedrock of the NHS, particularly in general nursing, midwifery and community and psychiatric nursing, where there were chronic shortages," Elizabeth Anionwu - a professor of nursing who began working in the NHS as a general nurse in 1968 - explains. "But in the 70s and 80s, as these nurses matured, they became disillusioned with the lack of

career prospects."

Many were unable to move up to a higher grade but worked the night shifts in supervisory roles - though their pay did not reflect this.

RESTRICTED

And this is a trend that has continued even 200 years after Mary's birth. A 2004 RCN survey found that half of ethnic minority nurses believed that their grade was not appropriate to the level of the work that they were doing. Less than 1 per cent of senior, directorial positions in nursing are held by black and Asian staff, even though they made up more than 8 per cent of all nurses.

Anionwu, also head of the Mary Seacole Centre at Thames Valley University believes that it is Mary Seacole's refusal to let discrimination keep her back that should inspire black nurses in the modern day NHS.

Anionwu says: "Today she is someone for ethnic minority nurses to look up to. She is also an inspiration to middle aged nurses, as she was 50 when she went out to the Crimean war.

"She had incredible resources, she was very intelligent, she was an entrepreneur and she was able to network with the royal family and the higher echelons of the military and journalists."

"It is important that all of



today's nurses know that she was a pioneer. Writing in her autobiography, Mary made it clear that she believed good hygiene, ventilation and good nutrition were central to long-term health. The BME nurses that I mentor are especially proud of her but are also agree that they knew nothing about her when they were training in the 70s and 80s."

"She was a humanitarian and an adventurer, but most of all she believed in healing and making people feel better, one of the most important facets of nursing," says Val Collington, Head of Midwifery at Kingston University and St Georges Hospital medical school.

Anionwu is currently working on a booklet on Seacole for the Royal College of Nurses but was surprised to find that there were only three references to Seacole in nursing journals between 1856 and 1980, compared to the 197 name-checks for Nightingale.

Now the Department of Health has adopted a two-pronged attack to ensure that

modern day Seacoles get further in their careers and are recognized for their contributions. The department is now working on project to get more black nurses into leadership roles and has commissioned a book on the contributions of black nurses to the NHS between 1948 and 1969, to be published in October.

PROJECT

Cecile Day, chair of the Department of Health's Ethnic Minority Working Group, who is spearheading the Caribbean book project, acknowledges that black workers - the nurses, doctors, lab technicians and hospital porters - were a driving force behind the fledgling NHS.

She said: "It is important to record their first-hand experiences in order to acknowledge, appreciate and celebrate their contribution, which I feel will inspire others as it has inspired me to work and contribute to a service which affects all of us."

Speaking of those of her mother's generation, who also travelled to Britain in the early 1950's to train as a nurse in the NHS, Day said: "These people, including my mother believed that they were here to do a job. With typical West Indian humility they did not recognize the significance of what they were doing."

But now, as Britain's health service struggles to recruit staff nurses and is once again

turning overseas, management is looking rebrand itself as an equal opportunities employer.

Chief nursing officer Chris Beasley says: "It is true that many nurses of that generation from black and minority ethnic groups had a negative experience of the NHS but I would say that their children should look at the opportunities available and not dismiss a career in nursing."

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Are you from the Caribbean? Did you work in the NHS between 1948-1969? Would you be interested in sharing your experience and telling your story?

If so, we would be interested in hearing from you as part of a project to commemorate and celebrate the contribution that people from the Caribbean made to the NHS in its first 21 years. Interested? Call Isabel/Ian on 020 7 407 7747, fax: 020 7 407 6800, email: isabel@sugarmedia.co.uk Write to: Isabel Appio, Sugar Media Unit 10, 37 Tanner Street, London SE1 3LF

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Mary Seacole special



TEAM LEADERS

Looking to get into nursing? Two pros provide insight – and a few tips



'Be passionate about your work': Pauline Esson

Name: Pauline Esson

Job Title: Modern matron and senior midwife for acute maternity services.

Business Name: Lewisham hospital NHS trust.

How long have you been in this post? Three years.

What does your work involve? I oversee a team of 60 midwives and manage the acute maternity ward. I am also responsible for health and safety.

What is a typical day like? I arrive at the hospital between 7.30 and 8am and check the night shift activity and staffing levels. From 9am onwards I start attending meetings on training, operations, health and safety and retentions and recruitment. I try to spend my afternoons doing clinical work and seeing patients, and I tend to leave the office at about 6pm.

How did you get into this field? I trained as a theatre nurse in Jamaica and then as a midwife seven years later when I

arrived in Britain. During my career as a midwife I have delivered over 500 babies.

What qualifications do you need? Nursing and midwifery qualifications.

What skills do you need? Good training, empathy and the ability to communicate.

What is your salary bracket? £30,000-£34,000

What are the plus points? Being a midwife is an amazing and rewarding experience. It is a pleasure to care for women who are pregnant. I am always awestruck by the birth process and it is such a privilege to be the first person to bring a little person into the world and to see the look of joy on the faces of the

parents. The job also gives me many memories. I remember one husband fainting and the wife, who was on the verge in giving birth trying to get off the delivery table to make sure that he was alright.

What are the negative aspects? Understaffing and underfunding. There is a shortage of midwives across London but I'm proud to say that we managed to build a fully staffed team this year after working very hard on recruitment.

What are your aims for the future? To continue to work my way up into senior management.

What are your tips for success? Be honest, consistent, hardworking, understanding and passionate about what you do.

Name: Bernadette Collins

Job Title: Diversity Lead – Services

Business Name: West London Mental Health NHS Trust

Type of business: Nursing

How long have you been in this post? 4 years in this current role. However, I have been employed in various positions within the organisation both as a clinician and manager, in the hospital and community.

What does your work involve? Ensuring that services provided are culturally sensitive by identifying and developing standards of care for our ethnically diverse community, and assisting in the implementation of these guidelines. Liaising and co-ordinating with various professionals over a wide range of issues and supporting the trust in the implementation of its diversity strategy at all levels to ensure patient care needs are met. To support staff in this process. To contribute to the trust governance agenda and being consulted upon as well as being a resource.

What is a typical day like? Variable. No day is typical as my role has both a local and national remit. However, my day could range from arriving at work at 9am, attending meetings at various trust sites, having planning meetings with staff, responding to emails, working on specific patient documents such as actioning the trusts' diversity and equality agenda, working on local BME issues or programmes, writing reports and preparing for audit presentation, doing interviews with patients, being called by a clinician to address a clinical query or chairing a group. My day can end at 5pm or much later depending



Bernadette Collins: loves job satisfaction

on work pressures.

How did you get into this field?

The trust serves a diverse community of patients and staff and of its in-patient population of over 1100, 46.4% are from an ethnic minority background. Meanwhile, it employs almost 4,000 staff, of which 44% are from ethnic minority background. The trust was therefore committed to the service reflecting this by employing someone in specialist roles.

What qualifications do you need?

Nursing and academic qualifications. Post-registration certificates.

What skills do you need?

Communicative – both verbally and written, good organisational and time management skills, flexibility of working, networking. Clinical and managerial skills. Experience of group and one to one working. Ability to work with a multi-professional team. Having an understanding of the politics of the organisation. Ability to demonstrate a passion for the subject and its main issues.

What is your salary bracket?

£33k to £40k per annum

What are the plus points? The role is autonomous and flexible and there is scope for creativity in addressing diversity. I can think of many. One that will remain with me is

being able to have an influence in some of the trusts' business, such as being instrumental in suggesting the naming of one of the psychiatric wards after Mary Seacole and previously influencing the naming of another ward after the poet Benjamin Zephaniah. When staff and/or patients express satisfaction of the service received.

What are the negative aspects?

Can be an isolated role at times. There is a danger of being identified as the 'champion' or 'spokesperson' for all issues relating to diversity. Sometimes it is like an uphill battle to embrace diversity throughout the organisation, even when one knows that things are being done.

What are your aims for the future?

Re-assess and evaluate my current career options.

What are your tips for success?

Find allies within your organisation both senior and junior when you are confronted with difficult challenges. Always involve service users (where possible). They too can become your allies. Never give up and persevere. Always work with the clinical team and get their involvement and support (this is critical). Acknowledge their support. Use the services of a mentor. Get involved in your local black and minority ethnic (BME) network.

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