

# The Shattered Dreams of African Canadian Nurses

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*Ce papier rapporte les expériences des infirmières afro-canadiennes dans les hôpitaux de Toronto en 1990 dans un contexte de sexisme et de racisme à cause de leur statut d'immigrantes. L'auteure assure que leurs multiples statuts ont joué un rôle important dans l'attribution des tâches dans ce qu'on appelle « des jobs de Noirs ». Elle utilise les témoignages des femmes et démontre que le racisme et le sexisme sont des pratiques courantes dans leurs expériences quotidiennes.*

*Dear Nigger:*

*This letter is to inform you that we don't want you to work at our hospital. We have shown you in many ways that we hate your black guts. There are too many niggers in the nursing office and you are one too many. We don't want any religious freak preaching the love of God to us. We will do everything to get rid of you. Branson [Hospital] nursing office should know better than to hire too many black niggers in the nursing office. We will run you and your principles away from here. We don't need anyone trying to be a perfect coordinator. One day your car might blow up with you in it. If you don't get the point then something will happen to you and your husband and child. Niggers are not suppose to walk around with their heads in the air.*

*White people should be in that position not black niggers. We got rid of one and another came. If they put another black person in that office 2 i [sic] we will continue to do the same thing. Something might happen if you walk the halls at night.*

*Your enemies.*

*Don't be foolish to tell anyong. [sic] So you have a voice box on your phone. What a laugh.*

This letter is dated February 1, 1988. It was sent to one of the women I interviewed in 1993 for a research

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project that was spurred by media reports, during the period of 1991 through 1994, that African-Canadian female nurses from hospitals were being fired and demoted for unprofessional behaviour ("Hospital employees want inquiry into racism"; "Racism cited at Ontario hospitals"; Majtenyi; Wanagas). Institutional spokespersons identified the problem as one of ill-trained immigrant women (Henry); however, within the African-Canadian community, reports suggested that the events were an outcome of the daily experiences of racism (Hardill).

This letter expresses the contempt held by some White nurses for their African-Canadian colleagues. The letter also stands as evidence of the daily harassment and poisoned workplace environment that Black nurses

endured. In this article, I present this letter to situate the everyday workplace experiences of racism that African-Canadian<sup>1</sup> nurses confronted in some of Toronto's hospitals in the decade that followed the letter's receipt.

## **The Work Experiences of African-Canadian Nurses**

In interviews conducted with 15 African-Canadian female nurses in 1993, the women continually raised the issue of their differential treatment in the workplace. Noting that White managers did not accord them the same opportunities or professional courtesy that the managers gave White nurses, some nurses also raised the issues of verbal abuse and the reluctance of White patients and their families to be nursed by "Black hands." The latter issue of the opposition of White families to Black nurses is beyond the limits of this paper; these practices, however, disclose how micro social relations are experienced in daily encounters with "majority" culture representatives and help to perpetuate existing racial inequality. Other researchers have written that these experiences are not accidental and are linked to the political, economic, and social implications that gender and race have had on workplace hierarchy (Lawrence; Silvera; Parmar). As dictated by the common-sense notion of "masculinized sub-human creatures" (hooks 1981: 22), such views aim to brand African-Canadian nurses as inferior members of their profession.<sup>2</sup>

As revealed by one interviewee, the early acceptance of the Black "exotic" did not mean that she escaped being

stigmatized. Speaking of her early years in the Canadian North, she noted:

*In those days ... there weren't too many people of colour in Canada; we were seen as a novelty. I must say we were treated very well; everyone was very friendly. I worked in pediatrics and of course a lot of the children had not seen Black people before then (laughter)... This was something entirely different. They would refer to me as the chocolate nurse, but it was quite amusing, really. It was a small community and whenever Black women were seen around [town] they knew we were nurses because [we] were the only people of colour in the area in 1962. So I must say I was treated very well in Thunder Bay (Ontario) and accepted by the staff and patients, generally.*

Starting with the slow acceptance of Black women in the nursing profession, hospital administrators made distinctions between Black, Brown, and White nurses. Such distinctions also appeared to be linked to another distinction, that is, country of origin and ethnicity. According to Monica Boyd (1975; 1984), immigrant women's occupational attainment in Canada shows an advantage for White female immigrants from developed capitalist countries. These observations were indicated by an other interviewee in a response concerning workplace hierarchy:

*The ones [nurses] from England were called graduate nurses; the ones from elsewhere were called foreign-trained nurses. The graduate nurses were allowed to wear White uniforms; the foreign-trained nurses [were told to] wear an RNA uniform. It was really degrading! I spent six months there and I told them I was leaving ... I was forced to leave because I could not take it anymore [author's emphasis]. When you see*

*some of the [White] RNs there [at the hospital] ... so dumb, you know, it was really appalling.*

Hospital administrators along with White co-workers did not consider foreign-trained nurses to have achieved the "acceptable" standards. Because their training and education were viewed to be substandard, wearing differently coloured uniforms was intended to remind the nurses themselves, their co-workers, and the gen-

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eral public of their perceived lower skills and social status.

Researchers such as Rina Cohen, and Makeda Silvera have also made similar observations about the hierarchical divisions based on the experiences of immigrant, African-Canadian domestic workers. For example, Cohen talked about the fact that Filipino domestics were generally assigned to care for the young in White families, whereas African-Canadians were assigned to household cleaning tasks. These experiences tended to reinforce the racialized, gendered, matriarchal, and patriarchal relations of the society. I suggest that White managers and co-workers draw on these ideological constructs to support the systemic workplace segregation of Black nurses in Toronto's health-care institutions. Society thus

digests "difference" as meaning pathological, thereby allowing such social constructions to serve as a cover for a racist, patriarchal-capitalist exploitation that denies Black women's professionalism (Carby; Collins; Young and Dickerson).

Differential treatment of Black women was experienced by the placement of women on chronic care wards. For example, when I asked one interviewee about the women's understanding of why the majority of African-Canadian nurses were located on a special floor at one of Toronto's hospitals, she answered:

*They understand clearly that [it is] discrimination ... based on race... They'd tell you about shifts, how shifts were allocated, who gets to go to professional development days, training, etc. That's a pattern. They talked about one young Black woman asking to go on a particular unit because [it was] her area [of training].... She was not put where she asked [to be assigned], but others [White nurses] were given their preferences.*

This individual also confirmed that such experiences were not isolated events, indicating that similar reports have been heard from nurses from other institutions. African-Canadian nurses appear to be highly represented in chronic care facilities. The interviewee noted that:

*I was not a nurse. I worked in the office and I would [visit] the floors all the time. ... The unit on [the fourth floor is] where they [were] cleaning feces and bathing, lifting, and turning... hard work.... People [patients] cannot come out of their beds. That's where the Black nurses were.... This was [my] personal observation.*

Recalled in the preceding account is the manner in which institutional racism operated to marginalize women of African descent in their

chosen profession. These women were continually confronted by Whites who saw nothing abhorrent in institutional and personal practices; that is, in limiting the professional development of their Black co-workers.

Similar experiences were confirmed by women who worked on the front-line of nursing care. One individual who had been recruited from Britain spoke of her early experiences.

*I was all gung-ho about it [working in the unit] because there was just so much to learn. In those days, they were starting heart surgery. Dr. Smith was pioneering heart surgery with children, and working directly with someone like [him] ... that to me ... was just wonderful. And again, I must say I never ran into prejudice at the hospital.... I can honestly say that.*

These positive experiences changed, however, when she sought employment at another large suburban hospital. A number of practices that singled out both her and other Black women indicated that a level of differential treatment was accepted in this institution.

As summer relief staff, she and other nurses were moved to other units. This particular individual was placed in the outpatient department. At the end of the summer, she was reassigned to another department because of greater workload but was subsequently demoted by the director of nursing to casual status until a part-time position became available. Over the next two years, she repeatedly asked to be made one of the part-time staff because she was in fact working part-time hours, but, as she explained,

*[The nursing director] said if there was [a part-time position, it] would have to be posted and applied for. I couldn't have it just*

*because I was functioning in the job. I again approached Human Resources about making me a part-time worker, [pointing to] the fact that I am [sic] doing part-time hours. [Their response was to put me on] the outpatient [department's] ... payroll instead of being in a casual pool. I was put on their payroll but I was never given a part-time job; I was still a casual worker even though I did the part-time hours.*



Marilyn Patricia Yearwood, "The Healer Woman," 2003, Batik, 54 cm x 72 cm. Photo: Paul Makeda

This latter development paralleled changes in Ontario provincial policy that allowed part-time workers to participate in the workplace benefits program. Those women who were part of the casual worker pool were denied benefits. Such a denial represents a pattern that undermines opportunities for job mobility, as well as the monetary rewards incurred.

The experiences described here were supported by another interviewee from a different suburban Toronto hospital. Pointing to the kinds of discussions she had with senior management regarding her job

performance, the close scrutiny she received by White supervisors and co-workers, and her workload that was heavier than that of White nurses, this individual emphasized the continuing hurdles that nurses of African descent had in obtaining full-time employment at her institution. Their only option for gaining work at this institution located in their community was through a job-registry agency. In other words, access to jobs within the institutions was continually blocked.

Access through the job registry meant that they were always "on call" as casual labour or were given assignments to the institution for a few weeks at a time. A casual labour status not only allowed institutions to meet their commitments when demand for medical care services increased but also allowed casuals to undertake the job requirements of full-timers who might be away on holiday, sick leave, or professional development days. These results are also supported in the research of L. Mishel, J. Berstein and J. Schmitt (257) and David Livigstone. These authors observed that workers who are designated as part-timers have poor job security and job promotion prospects. Livigstone's Canadian study also points out that in the mid-1990s, an increasing percentage of Canadians were "combining part-time jobs to become full-time workers" (70).

These findings represent some of the most common experiences of Black nurses: their inability to obtain secure employment or their being directed to areas for which they have not been trained. When they opt to take on a job for which they are not trained, they run the risk of being accused of incompetence. Such accusations ignore the ways in which micro and macro practices buttress each other. In other words, the concern here has not been in attempting to explain individual behaviours, but to

make clear "that all such relations are present in and produced in the organization of activities at... [the] everyday level as well as entering the everyday into relations that pass beyond the control of individual subjects" (Smith 134). In this context, I argue that gendered-racism should be viewed within the larger societal, economic, and political realignments being undertaken in Canadian society.

Other interviewees substantiated these observations by recounting their own experiences of job retrenchment. Retrenchment was achieved in a number of ways: in one example, the interviewee reported that as an African-Canadian nursing manager's job

*... was made redundant; she was taken out of the job and someone else was brought in from outside to replace her. Now I don't understand how a job can be redundant if somebody else is put in the same job. [The] person who came in to take over ... naturally [it] was a White person rather than a Black.*

What does this interviewee mean by "naturally [it] was a White person rather than a Black?" This individual holds up the nursing profession and Canadian society for criticism. In other words, her "interpretation and evaluation of specific experiences is a process of collecting and combining often diverse and complex information into a judgement" (Essed 70). Her evaluation of the way gendered-racism functions inside Canadian institutions is based on a set of everyday experiences on which she draws to make sense of social inequality. I inquired further about what the interviewee meant by bringing in "someone from the outside." Her answer offered a remarkable insight into the ongoing changes taking place in Ontario's medical care. The interviewee pointed out that the new nurse manager had worked in nursing but this person had never worked in a hospital; she had gained her experience in the industrial sector. According to

the interviewees, this was not a unique occurrence.

As the government's privatization efforts in health care became more institutionalized, there appeared to be increasing efforts to recruit those members of the workforce who had gained their experience in the private sector in which the "new" Taylorist management strategies had been adopted.<sup>3</sup> The so-called redundancy of some jobs appeared to be part of the strategy of re-engineering with gendered-racist outcomes. As a result, the corporatization of health care appears to have exaggerated the already entrenched nursing hierarchy; in other words, re-engineering contributed to their deskilling and pushed African-Canadian women into the lowest levels of the profession, with White colleagues being placed in the middle to upper levels. A 1994 study (Das Gupta 1994) illustrates this gendered-racialized experience. Concerning the management of the Heritage Hospital in Toronto, the study found that it

is predominately White, while 56% of its nursing staff were people of colour, of which 30% were Black. Most of the Black nurses were working in the Chronic and Acute Care Units (which requires a great deal of lifting and tending), and they were the least represented in the specialty units. For instance, 41% of the nurses in the Chronic and Acute Care Units were Black compared to 15% White and 44% other nurses of colour. Conversely, only 13% of the nurses in the Intensive Care Unit were Black, compared to 55% White and 32% other nurses of colour. (Das Gupta 1994: 39.

The women also spoke about the lack of support from their White colleagues, few of whom took a public stand on the issue of the differential treatment of Black women. As one interviewee noted, "they [White nurses] seemed to be afraid to say the

word *racism*." An interviewee who had asked some of her White co-workers to testify against the administration in a legal case she had brought against the hospital observed that

*they recognized that the treatment [was not] fair, but they [were not] willing to say, well, this is racism.... I don't think they understand.... This particular one, she would phone me and say, "...I'm so sorry for what happened. I know it's not fair treatment, but I wouldn't go as far as saying it's racism."*

The interviewee concluded, "I honestly think they don't understand what racism is all about. They would say, okay, this is unfair treatment, they are treating you different than they treat the others ... *but*."

When asked about White co-workers' reluctance in offering public support, the interviewee responded that her co-workers said that they had "to think about [their] job[s]." Job tenure is important, but such individualistic responses, for all practical purposes, support the marginalization of Black nurses and their struggles against workplace racism. Not surprisingly, research has identified the different perceptions that Blacks and Whites have regarding racialized oppression. Liberals, conservatives, and radical Whites have displayed a general tendency to believe that Canada's employment equity programs have brought about a level playing field and that Blacks and others have nothing to complain about.

White perceptions and continuing silences about racism contribute to the "alienation of the non-recognition of the lives" (Carby 213) of African-Canadian women; further, such positions hide the fact that "White women stand in a power relation as oppressors of Black women" (Carby 214). Without this recognition and the commitment to act on alliances, sisterhood will remain only a concept. Too often, these perceptions have stood as hurdles,

inhibiting White women and other women of colour from seeking alliances with women of African descent. One interviewee was very candid in this regard, pointing out that activists from the White community seemed more concerned about driving their own agenda than about acknowledging racism as a particular experience of African women:

*When we (Black people) march in the streets, you don't see them (representatives from other communities). For too long, even in the god damn labour movement, when you got one Black they are thinking that is one too many. You cannot have two Blacks in any place; now when they hire one Black, they are thinking about an Asian, etc. Never mind about those Blacks who have been carrying on the struggle and doing human rights and doing anti-racist work. Suddenly, people have gotten conscious about representation. I am not able with that [i.e., I am not concerned], I am old, you all are young people, you could try with your politically [correct] moves and your intersection of oppression and all them things... Racism is where I dey [i.e., I am].*

This interviewee's narrative offers an insightful analysis of the practice of racism in modern Canadian society and points to both the difficulties of overcoming marginalization and the importance of coalition building. The interviewee also raises questions of how strategies chosen by institutions serve to perpetuate racism. This respondent is well aware that representatives from other marginalized populations are engaged in the struggle against racism; she also realizes, however, that anti-Black sentiments are deeply entrenched in Canadian society. In other words, although fighting racism is the alleged aim of many institutions, certain efforts, such as employment equity in Canada, assume a basic inequality for all groups. The interviewee's response

also points to the weakness of a common approach by Canadian institutions in their hiring strategies; that is, the approach favours either the promotion of equal representation of employees from communities of colour or recruitment of a "minority" [sic] whom they believe is representative of marginalized communities in the corporate culture. These institutions are then considered diverse. This approach not only sets off a competition among marginalized groups for political and economic enfranchisement but also leaves both macro and micro racism against African-Canadians intact.

### Conclusion

The brief results presented here highlight the continuing difficulties that African-Canadian nurses had with gendered-racism in Toronto's hospitals. These experiences were manifested in personal and institutional practices that effectively pushed the women into low-status jobs that were viewed as unfit for White women. I suggest that these practices are based on the socially constructed categories of gender and race (Feagan and Vera; hooks 1984).

Why did the differential experiences of White and African-Canadian nurses appear to be more pronounced in the early to mid 1990s? The restructuring of the Canadian economy and the transition in Ontario's health care were partly responsible for exacerbating underlying socio-economic arrangements that resulted in privileges for White women in the larger society. But just as important were the entrenched hierarchal relationships in the nursing profession that were challenged by the efforts of organizations such as the Congress of Black Women, Nurses and Friends Against Discrimination, and numerous individuals inside and outside the African-Canadian community. Without their undertaking, the acceptance of the nurses' human rights complaints by the Ontario Human Rights Com-

mission (OHRC) would have been made more difficult. In 1994, the OHRC finally agreed that there was systematic racism in a hospital. Sharon Luddington, one of the nurses who had been critical to bringing the public's attention about the plight of black nurses, echoed the sentiments of many of her colleagues by stating "We have been vindicated.... We had bad management." Even Tony Canale, the Northwestern hospital chairperson, agreed that the hospital was wrong (Papp).

In addition to the sharing of \$320,000 among seven nurses for "mental anguish," as well the lost of wages, the hospital was required to make a number of institutional adjustments. These were establishing a "vice-president of ethno-racial equality to oversee ridding the workplace of discrimination," developing a "human rights committee to change hospital policies in dealing with minorities," and "providing all hospital staff, doctors and volunteers with race-related training" (Papp). This settlement did not bring an end to the difficulties faced by Black nurses at other institutions. In a letter to the Ontario Minister of Health, the Ontario Nurses' Association commended the government on the resolution of the discriminatory claims that had been settled by the OHRC but warned in its correspondence, which was dated four months after the initial settlement that:

The current Arbitration system lacks the expertise of Arbitrators who recognize discriminatory practices, despite substantial evidence to support the claim.... The union is seeing a growing number of discriminatory employer practices in the recent months that are not tied solely to racial origin, rather they cross the full spectrum of discrimination. I should also add that these occurrences are not a Toronto problem, but are spread over the entire province's health care facilities.

As a result of these concerns and the activism from a variety of interest groups, including African Canadians, the Ontario Hospitals Anti-Racism Task Force presented a document entitled "Anti-Racism Project Report" that was aimed at institutionalizing a process in the health-care sector. In part, it read that organizational change needed to include: "Anti-Racism Policy Guidelines; Anti-Racism Complaint Mechanism; Anti-Racism Organizational Change Self-Assessment Tools; Anti-Racism Education Strategy Guidelines (Ontario Hospitals Anti-Racism Task Force: iii).

These policy proposals should be praised, yet they represent small steps in addressing wider societal problems, in other words, without an understanding that racism is a fundamental problem for all Canadians, without vigorous commitment and support at the national level, each new generation of Canadians will continually be reminded of and made to relive gendered-racist experiences inside and outside of the workplace.

Because of the limited number of individuals that participated in this study, I do not claim that the experiences of African-Canadian nurses are widespread. Yet, a growing literature documenting the experiences of African-Canadians and other women of colour would not refute such a claim (Henry; James and Shadd; McKague; Ontario Nurses' Association). Additionally, in their recent article, Gina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson discuss the continuing effects of the "restructuring" efforts implemented by hospital administrators in the 1990s as a means of holding down spiraling costs in Canadian health care delivery. In spite of the advances made by women within Canadian society, Feldberg et al. note that "feminists have had to struggle to place the needs of female employees and caregivers as well as patients on the policy agenda." More insidious are the effects of many health "reforms" such as the shift to non-

hospital and outpatient care, which, as pointed out by Canadian health critics, "often led to layoffs or wage reductions for nurses and hospital workers—most of them female—while increasing the unpaid caregiving work of family and friends—again, most of them female" (Feldberg et al. 36). These effects not only mirror but also exacerbate the continuing struggles cited in this paper of the public and therefore also the private experiences of African-Canadian women within the Canadian health care delivery system. The inextricable link between the public and private effects of health care policy administration highlights the need for more research to be undertaken to address these critical issues.

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<sup>1</sup>Despite the contradictory nature of their citizenship, I present the women as African-Canadian, yet the reader should be aware that the majority of the women were born in the Caribbean and immigrated to Canada, or arrived through a second country, primarily the United Kingdom. Claiming Canadian citizenship does not mean that they are recognized by the society as Canadian, or that the women have broken ties to the countries of their birth. As are other immigrant populations, they are marginalized but also retain strong links with their countries of origin. They find themselves located in a kind of transnational space.

<sup>2</sup>See the following research for documented evidence on racism: Billingsley and Muszynski; Henry and Ginzberg; Rees and Muszynski. Other populations of colour such as Arabs, Chinese, First Nations, Japa-

nese, and East Indians have their own horror stories to tell (see Kashmeri; Bolaria and Li; Stevenson; Sugimoto). <sup>3</sup>New management practices were drawn from policies that had been implemented by manufacturing firms; although presented under different names, such schemes were based on a number of assumptions that had been identified in the work of Edward Deming. According to the Ontario Premier's Council, such practices meant "[c]ontinuous quality improvement including teamwork in everything; customer or patient satisfaction; total quality approach; employee empowerment; automation; innovation by everybody; management through vision and values; strategic choices; developing core competencies; and focusing on the interdependencies in the organization" (Armstrong et. al.: 32). In other words, there was an attempt by the supporters of these policies to undermine the market regulations that had been fixtures in most post-WWII economies, regulations that had provided some support to the most vulnerable members of our communities: women of color, immigrants, the poor, and aged. For further discussion on how these policies have been implemented and their effects on women of colour and other workers, see Pat Armstrong et. al., Christina Gabriel, and Michele Landsberg.

## References

- Armstrong, Pat et al. *Medical Alert: New Work Organizations in Health Care*. Toronto: Garamond, 1997.
- Billingsley, Brenda and Leon Muszynski. *No Discrimination Here? Toronto Employers and The Multi-Racial Work Force*. Toronto: The Social Planning Council of Metropolitan Toronto, 1985.
- Bolaria, S. and P. Li. *Racial Oppression in Canada*. Toronto: Garamond, 1988.
- Boyd, M. "The Status of Immigrant Women in Canada." *Canadian Review of Sociology and Anthropology* 12 (1975): 406-416.

- Boyd, M. "At a Disadvantage: The Occupational Attainment of Foreign-born Women in Canada." *International Migration Review* 18 (1984): 1091-1099.
- Carby, Harzel. "White Woman Listen! Black Feminism and the Boundaries of Sisterhood." *The Empire Strikes Back: Race and Racism in 70s Britain*. Ed. Centre for Contemporary Cultural Studies. London: Hutchinson, 1982. 212-235.
- Cohen, Rina. "Working Conditions of Immigrant Women Live-in Domestic: Racism, Sexual Abuse and Invisibility." *Resources for Feminist Research* 16 (1987): 36-38.
- Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge, 1991.
- Das Gupta, Tania. Analytical Report on the Human Rights Case Involving Northwestern General Hospital, Toronto: Ontario Human Rights Commission, 1994.
- Essed, Philomena. *Understanding Everyday Racism: An Interdisciplinary Theory*, California: Sage Publications, 1991.
- Feagin, Joe R. and Vera Hernan. *White Racism: The Basics*, New York: Routledge, 1995.
- Feldberg, Georgina, Molly Ladd-Taylor, Alison Li and Kathryn McPherson. "Comparative Perspectives and American Women's Health Care Since 1945." *Women, Health, and Nation: Canada and the United States Since 1945*. Eds. Georgina Feldberg et. al. London, ON: McGill-Queen's University Press, 2003. 15-42.
- Gabriel, Christina. "Restructuring at the Margins: Women of Colour and the Changing Economy." *Scratching the Surface: Canadian Anti-racist Feminist Thought*. Eds. Enaksi Dua and Angela Robertson. Toronto: Women's Press, 1999. 127-164.
- Hardill, K. "Discovering Fire Where The Smoke Is: Racism in the Health Care System." *Towards Justice in Health* 2 (1) (1993): 17-22.
- Henry, F. *Background Paper For The Ontario Nurses Association and The Clark Institute of Psychiatry*. Toronto: York University, 1994.
- Henry, Francis and Effie Ginzberg. *Who Gets The Work: A Test of Racial Discrimination in Employment*, Toronto: The Urban Alliance on Race Relations and The Social Planning Council of Metropolitan Toronto, 1985.
- hooks, bell. *Feminist Theory: From Margin to Center*. Boston: South End Press, 1984.
- hooks, bell. *Ain't I A Woman: Black Women and Feminism*. Boston: South End Press, 1981.
- "Hospital employees want inquiry into racism." CBL-AM [CBC] Toronto, 18 November 1991.
- James, Carl E. and Adrienne Shadd. Eds. *Talking About Identity: Encounters in Race, Ethnicity and Language*. Toronto: Between the Lines, 2001.
- Jones, James. *Prejudice and Racism*. New York: Random House, 1972.
- Kashmeri, Zuhair. *The Gulf Within: Canadian Arabs, Racism, and the Gulf War*. Halifax, Nova Scotia: James Lorimer and Co., 1992.
- Landsberg, Michele. "Getting rid of nurses bad medicine for hospitals." *The Toronto Star*, 19 May 1996.
- Lawrence, Errol. "In the Abundance of the Water the Fool is Thirsty: Sociology and Black Pathology." *The Empire Strikes Back: Race and Racism 70's Britain*. Ed. Centre for Contemporary Cultural Studies. London: Hutchinson, 1982. 95-142.
- Li, Peter S. *The Chinese in Canada*. Toronto: Oxford University Press, 1988.
- Livingstone, David. *The Education-Job Gap: Underemployment or Economic Democracy*, Boulder, Colorado: Westview Press, 1998.
- Majtenyi, C. "Inquiry called for over race bias in Ontario's health care system." *The Catholic Register* 10 December, 1994.
- McKague, Ormond. Ed. *Racism in Canada*. Saskatoon: Fifth House Publishers, 1991.
- Mishel, L., J. Bernstein and J. Schmitt. *The State of Working America: 1996-1997*. Armonk: M.E. Sharpe, 1997.
- Ontario Hospitals Anti-Racism Task Force. *Ontario Hospitals Anti-Racism Project Report*. February 1996.
- Ontario Nurses' Association. Internal Correspondence. 10 August 1994.
- Parmar, Pratibha. "Gender, Race and Class: Asian Women in Resistance." *The Empire Strikes Back: Race and Racism 70's Britain*. Ed. The Centre for Contemporary Cultural Studies London: Hutchinson, 1982. 236-275.
- Papp, Leslie. "Seven nurses get award in 'landmark' rights case." *Toronto Star*, 13 May 1994.
- "Racism cited at Ontario hospitals." CFYN [M-H] Toronto, 18 November 1991.
- Rees, Tim and Leon Muszynski. Eds. *Racial and Ethnic Minorities in the Workplace: Resource Book*, Toronto: Social Planning Council of Metropolitan Toronto, 1982.
- Richardson, Boyce. "Concealed Contempt." *Racism in Canada*. Ed. Ormond McKague. Saskatoon: Fifth House Publishers, 1991. 65-72.
- Silvera, Makeda. *Silenced*. Toronto: Williams-Wallace, 1984.
- Smith, Dorothy E. *The Everyday World As Problematic: A Feminist Sociology*, Boston: Northwestern University Press, 1987.
- Stevenson, Winona. "Colonialism and First Nations Women in Canada." *Scratching the Surface: Canadian Anti-Racist Feminist Thought*. Eds. E. Dua and A. Robertson. Toronto: Women's Press, 1999. 49-80.
- Sugimoto, Howard Hiroshi. *Japanese Immigration, the Vancouver Riots, and Canadian Diplomacy*. New York: Arno Press, 1978.
- Wanagas, Don. "Nurses Charge Discrimination." *Toronto Sun*, 14 September, 1994, P. 8.
- Young, Gay and Bette J. Dickerson, Editors. *Color, Class, and Country: Experiences of Gender*. Atlantic Highlands, NJ: Zed Books, 1994.