

**Caribbean Migrant Nurses in Britain and Canada: Migration, Work and Identity  
Gender, History and Migration Conference, Paris, March 2006 Karen C. Flynn**

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**Introduction: Researching Black Canada**

Research into the formation of multi-layered diasporic subjectivities has been emanating primarily from the literary and representational disciplines. Thus, Renaldo Walcott, while trying not to posit literature and its critics as the vanguard of cultural knowing, maintains that, in writing about black Canada<sup>1</sup> it is imaginative works [that] often render much more complex and interesting constructions of our multiple historical experiences than other cultural forms.” Influenced largely by cultural studies, Walcott’s assertion is hardly surprising given that very little attempts have been made within the social sciences to place the debates raised in theorizing diasporic experiences in empirical investigation.

Using an interdisciplinary framework, coupled with oral narratives the purpose of the presentation is to focus on the experiences of two groups of Caribbean nurses: those who migrated as young women from the Caribbean to Britain, then trained as nurses and subsequently migrated to Canada; and those who migrated directly from the Caribbean to Canada already trained as nurses. I focus on the multiple factors that contribute to the constitution and redefinition of identity among Caribbean migrant nurses. Some of themes I pursue in this presentation are: identity formation among Caribbean girls; young Caribbean women and migration; the forging of a professional identity and the ongoing

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<sup>1</sup> Renaldo Walcott, Black Like Who? (Toronto: Insomniac Press, 1996 ), 67

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formation of a transnational identity as it relates to conceptualization of community and the multiple meanings of “home,” “belonging”.

**Understanding Caribbean Migration:**

To understand the experiences of Caribbean nurses, including the influence of migration, means considering the political, economic and social climate of the Caribbean during the post World War II era. Following independence from Britain, the majority of the English-speaking Caribbean economies depended largely on the export of sugar, bananas, and bauxite and, in the case of Trinidad, oil and tourism. Although investments in the Caribbean during the 1950s and 1960s created what some scholars characterize as a "boom period," the majority of the people did not share in the prosperity of the gross national income. Unemployment was high in most Caribbean regions.<sup>2</sup> With few opportunities locally, growing numbers of women and men began to leave for England, the United States and later Canada. Seeking the opportunity for well-paying jobs in industrialized nations, most Caribbean migrants chose Britain because as members of the British Commonwealth they retained the legal right to enter, settle, and work there.<sup>3</sup> Thus, Caribbean migration is integrally related to the broader processes of uneven development within the Caribbean periphery and the world capitalist system. Based on the limited opportunities available in the Caribbean, many young girls left for Britain to train in one of the few occupations available for women. Similarly, Caribbean nurses who migrated to Canada also found nursing as one of the few occupations to provide for upward mobility.

**Developing a racial identity:**

Despite the colonial legacy of creating a complex colour hierarchy in the Caribbean that accorded those with lighter skin or whites a higher-class status, only a few

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<sup>2</sup> Faye V. Harrison, "Women in Jamaica's Urban Informal Economy: Insights from a Kingston's Slum," in Chandra Mohanty, Ann Russo, Lourdes Torres eds., Third World Women and the Politics of Feminism (Indianapolis: Indiana University Press, 1991), 173-196.

<sup>3</sup> John Solomos, Race and Racism in Contemporary Society (London: Macmillan, 1989).

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Caribbean nurses remembered being disadvantaged by this hierarchical differentiation as children or as young adults. Migration to another country, however, contributes to the process of identity reformation as immigrants attempt to create a home and settle in a strange place learning to adapt and incorporate the worldview and culture of a new society. Furthermore, the perceptions of how immigrants are viewed by the inhabitants of the new country may contribute to how they in turn think about themselves. It is this process of looking at the self that led some immigrants to consciously downplay their own culture and modify or accept the values and ideas of the dominant society. Another strand in theorizing identity suggests that in the late twentieth century, the transformation of modern societies impacted upon identities once assumed to be stable, coherent and unified. This recognition of a loss or questioning of self is what Kobena Mercer and other scholars identify as dislocation or the decentering of the subject. Mercer argues, "identity only becomes an issue when it is in crisis, when something assumed to be fixed, coherent, and stable is displaced by experience of doubt and uncertainty."<sup>4</sup> But it was not just "Englishness" and all that it entails that threw these women's lives into conflict. Caribbean girls had to contend with their own inner disruptions. Caribbean girls' migration to England affected their sense of who they were as people who lived in Grenada, Trinidad, and Jamaica. At the same time, British national identity constructed "through the narrative of the nation by which stories, images, symbols and ritual represent 'shared' meanings of nationhood,"<sup>5</sup> was being denaturalised as migrant communities expanded in Britain.

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<sup>4</sup> Kobena Mercer, "Identity and Diversity in Postmodern Politics," in Les Back and John Solomos eds., Theories of Race and Racism: A Reader (London: Routledge, 2000), 503.

<sup>5</sup> Homi Bhabha, Nation and Narration (New York: Routledge 1994).

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While discussions regarding the destabilization and fracturing of national

identities often refer to the globalization of the late twentieth century, this process began as early as World War II. This is clear in the reaction of Britain to the mass migration of Caribbean and Asian immigrants. Avtar Brah writes that despite the economic opportunities available to Asians in Britain, colonialism continued to influence how these groups were viewed and situated. Brah states that "as ex-colonial subjects, they once belonged to a country that was once ruled by Britain. From the beginning the encounter between Asian and the white population was circumscribed by colonial precedents."<sup>6</sup> Although Asians and Caribbean people were incorporated differently in Britain, Brah's analysis could be extended to include Caribbean migrants who still had a colonial relationship to Britain. Once immigrants of colour began to arrive in England on a large scale they began to be perceived as a problem. This was reflected in the intense public and private debates about the need to control black immigration that took place within parliament and in the media during the late 1940s and 1950s. Discussions on the impact of immigration on housing, the welfare state, crime and other social problems were abundant, as were concerns about the effect of black immigration on the racial character of the British people and on national identity.<sup>7</sup> It was against this backdrop of increased concern about the influx of immigrants into Britain that these young women from the

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<sup>6</sup> Avtar Brah, Cartographies of Diaspora: Contesting of Identities (London: Routledge, 1996), 21.

<sup>7</sup> For detailed examples of the impact and responses of black migration to Britain see, Bob Carter, Clive Harris and Shirley Joshi, "The 1951-1955 Conservative Government And The Racialization of Black Migration," and Claudia Jones, "The Caribbean Community In Britain," in Kwesi Owusu ed., Black British Culture and Society: A Text Reader (London: Routledge, 2000).

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Caribbean trained and worked as nurses. And it was in this context of that they began to rethink their own identities.

Migrating to England was difficult for some of the Caribbean girls. Their expectations of England as the land of opportunity (complete with myths of wealth and castles) that circulated in the Caribbean led to feelings of disengagement and loneliness. After twenty-one days at sea, Dorothy Jones waited with anticipation for her brother to pick her up in South Hampton but as she surveyed the surroundings, a sinking feeling settled in her stomach, which she identified as disappointment. Here, Jones poignantly captured her first reaction to Britain:

The first thing I noticed were the houses, I thought that going to England would have been like the fairy tales, the nursery rhymes right from the books. I thought you'll see castles, and it wasn't like that. I know I wouldn't find the streets paved with gold, but the houses, well, my heart sank, and I thought, 'that's England.' It was also May or June but it was still cold, and I was cold, it wasn't what I expected.<sup>8</sup>

Jones's reaction is not atypical but is indicative of other migrants' response as well. In oral accounts compiled by Wendy Webster, Caribbean women who were versed in colonial literature and fairy tales were shocked to find upon arriving in England that the stories were, for the most part, myths.<sup>9</sup>

For most Caribbean nurses' then their awareness of a racial identity emerged with migration and developed over time. It took these women some time before they realized that the meanings attached to blackness were used to exclude them from equal participation in and access to, resources in Britain. In his discussion of how racism

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<sup>8</sup>Dorothy Jones, interview by author, Tape recording, Toronto, Ontario, 7 April 2000.

<sup>9</sup> Wendy Webster, Imagining home: gender, "race" and national identity, 1945-64 (London: UCL Press, 1998).

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contributed to the formation of a racial identity among Caribbean people in Britain,

Winston James argued that, “Indeed the whole experience of living in a white racist society has helped to forge a black identity where in many cases such an identity did not exist previously or was not consciously thought. The colour of your skin matters here.”<sup>10</sup>

This realization that skin colour took on the significance it did in England occurred at different moments and contexts for individual nurse-migrants. Caribbean women did not have to reside in Britain long before they confronted the realities of discrimination.

Certainly, the 1958 riots and the ensuing discourse in the media and British Parliament made it hard to ignore the public debates that were taking place. Some nurses experienced racism in Britain first hand, while others learned about it through their families, the media and other people’s experiences. For Jones, race combined with gender and age played a role in terms of how she was treated by her peers. Being the youngest nurse in hospital during her training, Jones noticed that even though it was standard practice to use the title nurse along with the first name, her mostly white colleagues ignored this practice when they referred to her. It was not until the head nurse, who was also white, overheard the nurses and openly chastised them that they used the appropriate title. At the same time, Caribbean nurses because they lived in residence was also protected from the “no coloured signs” that were visible on the doors of lodging. Likewise, they were often not subjected to the humiliation that their Caribbean counterparts suffered trying to integrate into mainstream British society.

**Learning Blackness: Caribbean Immigrant Nurses in Canada**

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<sup>10</sup> Winston James, “Migration, Racism and Identity Formation: The Caribbean Experience in Britain,” in Winston James and Clive Harris ed., Inside Babylon: The Caribbean Diaspora in Britain (New York: Verso, 1993), 243.

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Caribbean migrant nurses who migrated to Canada during the 1950s and 1960s to

help in alleviating the nursing shortage had somewhat of a different experience in the development of their own racial identity. Unlike their British trained counterparts, this group of nurses insisted that race and racism did not negatively affect their nursing careers and that they were treated well by their white counterparts. The 1950 and 1960s cohort attributed their positive experiences to the nursing shortage in Canada and the small population of blacks in Canada as tempering racism. For these nurses, incidents that could be interpreted as racist only appear to have racial overtones when viewed from today's perspective.

Monica Mitchell<sup>11</sup> immigrated to Canada from Jamaica in 1960 and summarized what living and working in Canada was like during the early years of her migration:

I often said to people that when I came to Canada the first time, I was so comfortable. I never heard all this black-white thing, and my feeling is that my group did not represent a threat to white people. Now I think my group represents a threat.

Mitchell worked at the Oshawa General Hospital and for her it was the camaraderie among nurses that made the experience enjoyable. She recounted with fond memories the two years spent at the hospital:

Everyone was very nice to me. There were tea parties; there were country clubs, oh yeah. We would go to that man, the founder of General Motors, Canada. He left his residence to the Oshawa General Hospital. He literally owned the whole town. So I went to his house, I was treated well. I have no complaints.

Thinking about her job at the Oshawa General Hospital, Mackenzie was unsure as to whether she actually had experienced any racism because of her own understanding of what it meant to be identified as black before she immigrated to Canada. Describing her

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<sup>11</sup> Monica Mitchell, interview by author, Tape recording, Toronto, Ontario, 7 April 2000.

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experiences around race and reflecting on being black at her very first place of

employment, Mackenzie pointed out:

It was 1960, and at the time there were not too many black nurses, and it was okay. You know, I realized that I was new, that the colour of my skin was new, they were very polite. It was very funny how children did not see too many black nurses. I remember this little 3 year old that looked at me and say's 'oh you are burnt,' and I just smiled and I said, 'poor little thing, you have never seen a black nurse.'

Writing about Jamaica, Mackenzie's birthplace, Stuart Hall maintained that up until he left the island in the 1950s, he had never heard anyone call or refer to anyone else as black. Hall pointed out that there were many ways of identifying people ranging from the different shades of brown, quality of hair, the type of family they came from and even the street on which they lived. Hall asserts that it was not until the 1970s "for the first time that black people recognized themselves as black. It was the most profound cultural revolution in the Caribbean, much greater than they ever had."<sup>12</sup> Those nurses who immigrated to Canada would have missed this process of self-identification around issues of being black that was taking place in the Caribbean.

For those nurses who immigrated during the 1950s and 1960s, their attention was on, in the words of one nurse, "learning the ropes" of being in a new country.

Understanding how racism operated on the systemic, ideological, and individual level would for some nurses emerge with the politicized discussions that took place in the 1970s and 1980s.

Even though the nurses interviewed stressed the forging of their racial identity, gender, class, language, place of birth, age and other factors were also constitutive

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<sup>12</sup> Stuart Hall, "Old And New Identities, Old and New Ethnicities" in Les Back and John Solomos ed., Theories of Race and Racism: A Reader, (New York: Routledge, 2000), 150.



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elements in the ongoing formation of identity. While, scholars maintain that most migrants are incorporated into industrialized societies as workers but that they articulate their identities in terms of origins, race and ethnicity. Although this supposition is generally accurate, Caribbean nurses placed a great deal of emphasis on their identities as nurses. For the nurses in this study, pursuing nursing as an occupation was not only about economic gains, but held personal meaning especially in a modern society where people are often defined by the kinds of work they do.

Whether they trained in the Caribbean, or Britain, at the end of the process, the women thought of themselves as nurses--they assumed the identity that they had been seeking, and had professional confirmation of that status in the qualifications they received. Of the nurses who migrated to Canada directly from the Caribbean, three were Registered Nurses and one nurse had midwifery training. Another had special training in psychiatry. Of the Caribbean nurses who trained in Britain, the majority was State Registered Nurses with Midwifery, and one was a Registered Mental Nurse (RMN). Two of the nurses were State Enrolled Nurses (SEN). Although there were some difficulties with the accreditation process for some nurses trained in the Caribbean and Britain, these women identified themselves not only in terms of their racial identity, country of birth, gender, but also as workers.

**Being Black Nurses:**

For Caribbean nurses, the investment in a professional identity was predicated on the accreditation process upon migration to which I will now turn. I argue that the inability of Canadian nursing bodies to decipher “foreign” qualifications subsequently influenced Caribbean migrant nurses’ identity as nurses. In their reminiscences,

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Caribbean nurses trained in Britain and the Caribbean emphasized how their skills were utilized once they migrated. Upon migration, the responsibilities they were assigned in Canada were not commensurate with what they were accustomed to in Britain and Caribbean. The immense stratification, that nursing was undergoing, coupled with how their qualifications were assessed resulted in some nurses working as graduate nurses while others worked in “unprofessional” categories.

The process of having their qualifications assessed placed immigrant nurses in one of four sets of experiences. First, there were Registered Nurses (RNs). These nurses were graduates of a three-year program either in the Caribbean or Britain who met the provincial licensing standards as Registered Nurses, which included education in obstetrical nursing. A second group upgraded on their arrival in Canada in order to obtain their RN status. Because the “British system” (on which Caribbean nursing education and licensing was based) defined obstetrical and paediatric training as separate qualifications not included in the regular RN stream, some British or Caribbean-educated migrants lacked this crucial component necessary for Canadian licensure. Some of the nurses had not taken formal obstetrics courses, but read the materials and then wrote the exams. A third group refused to undertake extra training or examination, or failed in their efforts, and remained in a subsidiary category of health care worker. The idea of having to repeat a program that she had already completed in Britain incensed Mcleod who blamed the College of Nurses for its inability to interpret her British qualifications. In making reference to the College of Nurses Mcleod contended, “they didn’t think it was up to their standard having done two years [in England] when theirs [in Canada] is just a ten month

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program.” Similarly, Brenda Lewis,<sup>13</sup> a RN in Trinidad with training in psychiatry, immigrated to Canada in 1970 and was told by the College of Nurses that she had to redo the entire program. Lewis worked as a nurse’s aide while attending Ryerson Polytechnic Institute at nights. Despite the similarity in training (in mental health) with Blackman, Lewis was unable to work as a registered nursing assistant. Whether, as one nurse suggests, nursing associations believed that nurses trained elsewhere are poorly educated and relied on this rationale for how some Caribbean nurses were assessed is not clear. What remains obvious are that the credentialing process affected how some Caribbean nurses were situated within Canadian hospitals and the duties they were assigned. I should also add that, while, notions of race were never absent from the world of work, the women interviewed responded in “professional” or occupational terms, defining their experiences with the work process in terms of their identity as nurses, rather than as “black” nurses.

**Community and Identity in Canada:**

When Caribbean nurses talk about community what do they mean? Is it possible for Caribbean migrants who have spent the majority of their lives in Canada to refer to the different Caribbean islands as home? And, how does being a person of colour, a racialized “other”, contribute to how Caribbean nurses identify themselves as well as determine their political commitments? Community, like the nation, is an imagined entity that is given meaning by the political, economic and social processes in which individuals and groups participate. There is no one black community. Race, class, gender, sexuality

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<sup>13</sup> Brenda Lewis, interview by author, Tape recording, Toronto, Ontario, 22 February 2000.

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and a host of other factors divide blacks. Yet, these differences are often subsumed in favour of the idea of a monolithic black community based on shared skin colour or any other phenotype that constructs one as black. More importantly, shared colonial histories and experiences are also the basis for reinforcing a unitary notion of a black community. Therefore, meanings attached to community and its links to blackness depend on the context, and thus meanings often shift for individual nurses over the duration of their lifetime, a political struggle, or even day-to-day. At this juncture in the presentation, I want to explore how black identities continued to evolve in Canada.

As I mentioned earlier, when the first Caribbean migrant nurses (including those who trained in Britain) arrived in Canada in the 1960s there were very few blacks in Canada. The 1967 immigration policies, which used skills as opposed to race as criteria to determine eligibility to enter Canada, were not yet in place. Until more blacks arrived in the late 1970s and 1980s black nurses had to develop ways of building community and forming friendships that were not exclusively with other black people or based on island affiliation. Here, Vera Cudjoe provided a glimpse of what Toronto was like in the early 1960s:

When I came to Toronto, the only other blacks here were students at U of T [University of Toronto], and there were some domestic people. I didn't see any black families on the street. If you saw a black person you would be very curious.<sup>14</sup>

Cudjoe pointed out that the Caribbean students at the University of Toronto held dances and invited the nurses. She often looked forward to this. "We'd get to see some black faces among the students, not many, a few." Undoubtedly, the class divisions of the Caribbean were being enacted in Toronto, although in a more subtle form. Those able

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<sup>14</sup>Vera Cudjoe, interview by author, Tape recording, Toronto, Ontario, 5 May 1995.

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to study at the University of Toronto were part of the Caribbean elite, people who most likely had their own servants and did not hold them in high regard. It is not surprising then that nurses, who constituted a professional and respectable group, were invited to the activities organized by Caribbean students at the University of Toronto. During the period under discussion, domestic workers who were recruited to work in Canada for middle-class white women entering the work force were totally marginalized. As a group who probably experienced more isolation and working in oppressive conditions compared to the nurses and students, were marginalized in this black community. They were never invited to any such events. Domestic workers although they were from the Caribbean were also ‘outsiders’ among the ‘outsiders’.

At the same time, newcomers to Canada formed communities that submerged race, gender, and sometimes class differences. Discussing the dances coordinated by the YWCA for immigrant men and women, Cudjoe recalled, “it was very multicultural, they catered to everyone. I met a lot of men from Europe who came to work. They included Germans, Hungarians, Italians and we dated some of these people. Some of my friends got married to some of these men.” Daphne Bailey<sup>15</sup> who was recruited by Canadian officials during the 1960s socialized at the German Club. “Because there were not any black men then, we used to go out a lot with the fellows there.” For nurses such as Cudjoe and Bailey the ability to form mutual friendships and relationships with men and women from other ethnic groups was something they took pride in. “There is not much community among ethnic and racial groups nowadays. Today, we tend to stick to our groups, I wonder what happened,” Cudjoe queried.

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<sup>15</sup> Daphne Bailey, interview by author, Tape recording, Toronto, Ontario, 29 May 1995.

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Unlike Cudjoe and Bailey who were able to find community among immigrants,

Eileen Jacobson<sup>16</sup> was not so fortunate. Jacobson's first years working and living in Brantford during the 1960s were lonely times owing to a lack of social activities.

Comparing the differences between Canada and England, Jacobson noted:

It was much harder socially, over here [Canada] you need a partner, here everyone was getting married... if at twenty-one they [white women] were not married, they thought it was the end of the world. Here it was a couple thing and you did not fit in if you didn't have a partner.

Jacobson further pointed out "In England, the fire fighters would have a dance, and they would invite the nurses, I did not find that here." It took Jacobson some time before she was able to develop meaningful and lasting friendships with other nurses. Eventually Jacobson met and married a white male from Brantford.

All the nurses do not share the conceptualization of a unitary black community because their idea about community has shifted over the duration of their lifetime in Canada. When for example, Myrna Blackman<sup>17</sup> immigrated to Canada in 1971 she immediately noticed that that the Caribbean community in Canada was divided along Island lines, unlike in Britain. In Britain, according to Blackman:

We were more like a family; there were no distinctions between Jamaicans, Trinidadians, or Grenadians, we all moved as Caribbean. In Canada, however, Caribbean people seem to be going their separate ways...people are no longer friendly, even when you say hello to them.

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<sup>16</sup> Eileen Jacobson, interview by author, Tape recording, Toronto, Ontario, January 1995.

<sup>17</sup> Myrna Blackman, interview by author, Tape recording, Brampton, Ontario, 29 May 1995.

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Blackman described this “new” attitude as “you stay in your corner, and I stay in mine,” a cold and individualistic attitude which she believed was a Canadian one to which Caribbean immigrants had adapted. For Blackman, a part of Caribbean identity was a feeling, not necessarily based on race or territorial affiliation, but on the common inheritance of shared values. By adapting to a Canadian way of way of life that disregarded the significance of shared values meant, according to Blackman, “we have lost our identity.” These and other changes, Blackman and other Caribbean migrants identified are partly the result of the syncretic merging of cultures.

While most Caribbean and black nurses imagine a unified black community, Gomez emphatically disagrees because she thinks it is not politically constructive when placed within a larger context. Gomez explains that individual communities who isolate themselves miss out on the richness of other cultures as well as the growth that takes place from cross-cultural interaction. As a result, she has no inclination to join any Caribbean or black organization even though she pointed out that one of the disadvantages of being in Canada as opposed to Trinidad is that she has missed being around black people. Still, Gomez maintains, “I don’t think I would join a group that promotes blackness, I went to one West Indian group and left because it was a waste of time.” When Gomez expressed her view that it would be better for the black community to form coalitions and alliances with other communities with similar political strategies she was dismissed by one gentleman who chastised her for having white ideals. Gomez would “prefer to join an immigrant society, where people have more in common, where we could fight towards a common goal. We can all march to Parliament Hill, the Greeks,

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Chinese, and Somalis as a united front.” Gomez’s response paralleled discussions about segregation that divided the black American community during the 19<sup>th</sup> century.

An examination of how black nurses responded to belonging to the Canadian nation may in part explain why many choose to reify a monolithic black community. In separate discussions, Canadian scholars Renaldo Walcott and Eva Mackey point to the exclusionary practices involved in the process of constructing the Canadian nation that place some people on the margins of the nation. While the nation is socially constituted and owes its continued development to various social, economic and political processes, it too is fictionalized.<sup>18</sup> Benedict Anderson cautions that nations “are imagined as limited because even the largest of them... has finite if elastic boundaries, beyond which lie other nations.”<sup>19</sup> In using the language of “imagining”, theorists like Anderson also understand that the nation is a “real and objective entity” that divides people in real ways.

In Canada for example, Walcott argues that black Canadians are “living the in between...conditioned by their inside/outside status; whether ‘indigenous black’ or otherwise, in-between-ness in Canada is conditioned by a plethora of national narratives, from the idea of the ‘two founding peoples,’ to multicultural policies, to immigration policies, to provincial and policing practices and so on.”<sup>20</sup> Thus, historically being “Canadian” has been synonymous to being white and even though there have been

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<sup>18</sup> Renaldo Walcott, *Black Like Who? Writing Black Canada* (Insomniac Press, 1997), 42; Eva Mackey *The house of difference: cultural politics and national identity in Canada* (New York: Routledge, 1999).

<sup>18</sup> Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 1983), 16.



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attempts to make the nation inclusive, an “us” and “them” mentality continues to marginalize people of colour.

In this context, Caribbean nurses offered varying testimonies as to where and what constitutes “home”: some suggest the idea of multiple homes—here in Canada and there, somewhere in the Caribbean. Others defy ongoing racism and stake their claims to calling Canada home. Still, for most of nurses interviewed (even those who have lived in Canada longer than their country of birth) a nostalgic and sometimes contradictory longing for home remains.

Despite being Canadian citizens who have participated in and contributed to the social, economic and political life of Canada, Caribbean-born nurses, for the most part feel displaced and in the words of one nurse, ‘transient.’ In reflecting on what home means to her, Lewis stated:

[It’s] a place where you feel comfortable, at home and at ease. I feel comfortable here [Canada] to a certain point; when I go back home, I’m myself again; I think people accept me a little bit. I feel comfortable when I’m home because that is where I was born and bred. I’m used to the people there, they are used to you, I’m used to the culture, I am used to that sort of stuff. It’s such a more relaxed feeling when I hit the ground back home.

Here, Mackenzie struggles with the notion of what it means to be Canadian and to think of Canada as home in the same way she considers Jamaica:

I can never change to be Canadian; I will always be a Jamaican. Although I have lived in this country all these years, I don’t feel I am a part of this country. Maybe I had to be born here to give me that feeling of being Canadian. I am just a Canadian on paper.

Simultaneously, Mackenzie acknowledges the privileges, benefit and status she has accrued from living in Canada, which might not have been possible in Jamaica:

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I live my life here; it has been a fantastic country. I work hard, they pay me. I have my kids, and I can educate them, I get involved in community, church, the homeless and everything, but there is something about me that I don't feel I am a true Canadian. There is something about the culture.

Even as Mackenzie participates in charitable and social activism, which can be construed as symbolic of being a good Canadian citizen, that sense of marginalization continues to persist. These conflictual feelings around cultural identity “relates directly to the Caribbean émigrés search for ‘rootedness’ a sense of historical ‘belonging.’ This, in turn relates to their historical experience of social displacement and rootlessness grounded in the slave experience and colonization.”<sup>21</sup> Yet, in their every day routines these feelings of not belonging are not always at the centre of the nurses’ consciousness rather they come to the fore depending on the situation.

In today’s globalized and transnational world, internet access with news about “home,” “inexpensive flights” to the Caribbean which allow regular visits home, and the presence of Caribbean communities in certain enclaves in North America, have made the desire of a permanent return home less urgent for some Caribbean nurses. Here Cudjoe articulates the claims of many migrants at the same time pointing out her own success living in Canada:

I have grown tremendously as a person and this country; it has been good to me. I’ve never let the thought of home disturb me. A lot of people say they just came to this country for five years, and they are going home. I never said that because of I’m cool. I can hang out wherever I have to. I went into the arts, then sold mutual funds successfully for five years.

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<sup>21</sup> Naz Rassool, “Fractured or flexible identities”?, 197.

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Jacobson, who married a white Canadian, has never really entertained thoughts of returning to Barbados permanently:

There is something I like about Canada and there are some things I don't like, but I made a choice to live here. Canada is my first home, it's where my husband lives, where I work, all the things that make up home (with the exception of not having blood relatives) are here.

She further contended that she self-consciously selects from the various cultures that make up Canadian society:

I am not one of those sentimental people. I tend to pick up what I like from other cultures. I pick the things up that suit me and live with it. I can cook West Indian meals, but I never joined a West Indian Club. I don't see the need for it.

The above statement reflects how the process of hybridization operates on another level. "To belong" does not always translate into an imposition of the dominant culture on immigrants. Nurses such as Jacobson exercise their own agency by making choices to adapt to or reject certain values, ideas, from their own individual islands and from Canada's culture that suite their needs. Moreover, these nurses recognized that despite their feelings of being outsiders at times, it is never consistent. They incorporate remnants of their Caribbean culture into Canadian culture creating a synthesis that is beneficial to them. These uncertainties about home, identity and belonging are indeed a reflection of how identities are complicated and contradictory because as Jonathon Rutherford surmises... "there are no ready-made identities or categories that we can unproblematically slip into."<sup>22</sup> Since their arrival in Canada, Caribbean nurses have

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<sup>22</sup> Jonathon Rutherford, "A Place Called Home: Identity and the Cultural Politics of Difference," in Jonathon Rutherford ed., Identity, Community, Culture and Difference (London: Lawrence and Wishart 1990), 25.

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negotiated and continue to negotiate, living at moments in the in-between in order to  
survive.

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