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## **Community Activist, Nurse, and South Puget Sound Legislator: Washington State Senator Rosa Franklin**

Janet Primomo

*University of Washington Tacoma, jprimomo@uw.edu*

Sally York

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# **Crossroads:**

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**Social Relations, Economies  
and Communities in the  
South Sound and Beyond**

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 **UNIVERSITY OF  
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# **Community Activist, Nurse, and South Puget Sound Legislator: Washington State Senator Rosa Franklin**

**by Janet Primomo and Sally York**

**W**ashington State Senator Rosa Franklin (29th District, Democrat) has contributed to the South Sound region and the state of Washington for well over a quarter century through her community activism and public service. As an African American woman, registered nurse, social activist, and state senator, she has successfully transcended the double barriers of race and gender and has transformed her personal power, skills, and abilities into a notable professional and political career. She has been an effective social and policy advocate for families, women, children, the elderly, the low income, and minorities and has focused on housing, health and human services, education, public safety issues, the environment, human rights, and issues of equity.

The contributions of women and minorities like Senator Franklin in shaping regional public policy and social issues have not been well documented. Furthermore, most research on political and legislative institutions has focused on the dominant or male view rather than a gendered perspective that addresses the contributions and demands of both men and women in those institutions (Rosenthal, 2000). Documenting the contributions of the non-dominant groups in the region will facilitate the writing of a regional history of the Pacific Northwest that reflects gender, cultural and ethnic diversity (Armitage, 2001).

This article reviews the life history and career of Senator Franklin. Her broad vision and commitment to healthy communities that was shaped by race, gender, family, community and professional values are discussed. Oral history interviews (Yow, 1994) and a review of legislative and political documents, local press articles and public lectures were used to gather data.

## **Childhood and Family of Origin**

Rosa Franklin was born in the late 1920's in Moncks Corner, South Carolina, an historic area that witnessed the movement of Civil War troops through the South (Walter, 1995). She was one of 11 children of Henrietta and James Gourdine and spent her early years on her parent's rural farm about 35 miles from Charleston. Rosa was a member of a large college educated and community-oriented extended family that formed a close kinship network. Between the ages of 7 and 17, Rosa was raised partially in Georgetown, South Carolina by an aunt and uncle whose children were adults and away at college (Gamble, 1993). This shared upbringing in Moncks Corner and Georgetown gave Rosa the sense of having two families, and she greatly valued the strong support that existed in this family network. Georgetown was a seaport community that exposed Rosa to people and cultures from all over the world. As a result, she also learned at a very early age to value and appreciate diversity in culture, people and ideas (Committee to Elect Rosa Franklin [CERF], 1994).

In 1944, Rosa graduated from Howard High School in Georgetown, South Carolina and worked in an Oak Ridge, Tennessee hospital (Gamble, 1993). In 1945, she enrolled in Good Samaritan Waverly Hospital School of Nursing in Columbia, South Carolina after completing freshman courses at South Carolina State College. Good Samaritan Waverly offered a diploma nursing program for Black women in an era when nursing education was still segregated. While in nursing training, Rose met her future husband James who was in the armed forces and stationed at nearby Fort Jackson. They were married on November 18, 1948 at Camp Kilmer, New Jersey (CERF, 1994) after Rosa completed her program.

### **Rosa Franklin's Nursing Career**

Immediately after their marriage James Franklin was stationed in Germany and Rosa began her professional career as a registered nurse at a large state mental institution in New Jersey. This experience exposed her to the problems and needs of those with psychiatric illnesses. In 1950, she was employed at New York's Brooklyn Jewish Hospital and provided obstetrical nursing care for Jewish women including many who were post-World War II refugees from German concentration camps. There, she witnessed the effects of the atrocities of the concentration camps, symbolized by the registration numbers on the women's arms (Gamble, 1993).

Throughout her husband's military career in the 1950's, Rosa traveled to and also lived in Europe while raising three children. The Franklins initially came to Tacoma in 1954. During the late 1950's, Rosa began to work towards her goal of attaining a Bachelor of Science in nursing degree by beginning coursework at the University of Puget Sound in Tacoma (Walters, 1995). Upon learning that in order to obtain a baccalaureate nursing degree she would have to repeat much of the coursework that she had previously completed at Waverly Good Samaritan, she changed majors and graduated from the University of Puget Sound in 1968 with a Bachelor's degree in biology and English. Because of this experience, later on Rosa would be credited with influencing changes in nursing education that make the Bachelor of Science in Nursing degree less redundant and more accessible to diploma or associate degree prepared nurses (Anderson, 1978).

As Rosa juggled her career, raising her three children and her academic coursework, she worked at Madigan Army Medical Center at Fort Lewis, Tacoma from 1954 to 1959. When military reassignment took the Franklins back to Germany for two years, she practiced again in obstetrics at a military hospital. From 1963 to 1966, the Franklins were stationed in Colorado Springs. Rosa broadened her nursing career by working in long-term. In the late 1960's, the Franklin family returned to Tacoma and made it their permanent home and Rosa worked again at Madigan Army Medical Center.

### **Community Activism and Advocacy**

As a community activist and nurse, Rosa built and used her social capital to meet the health needs of the community. While her own children were young Rosa worked hard to ensure that the children in her community received adequate health care (Walter, 1995). Sometimes this meant going door-to-door to locate children who were without medical care and

bringing them to the Hilltop Children's Clinic, (which she helped create), for vision and hearing screening, well child check-ups, and childhood immunizations. Through these experiences, Rosa identified major barriers for people, especially the poor and those of color, in obtaining adequate health care. Many segments of the population had a lack of knowledge about available community health services and the benefits of accessing and utilizing these services. Rosa dedicated herself at that time, and through the rest of her career, to the empowerment of her community through education pertaining to health care needs and services.

By 1970, Rosa's children were close to adulthood and like many women at this point in life, she was able to focus on developing her professional career and increasing her community activities beyond her role as an involved parent. She also began to pursue a master's degree in Social Science at Pacific Lutheran University and worked at the Hilltop Children's Clinic (Walter, 1995). She directed the Center for the Mentally Retarded Children and was an active volunteer in the Washington State Association for Mentally Retarded Citizens and the March of Dimes. She became involved in the social movement to mainstream mentally retarded or developmentally disabled children rather than place them in institutional care. Rosa observed that parental involvement and early childhood intervention enhanced children and families' functioning. This experience had a profound influence on her public policy agenda and as an advocate for "education for all." Perhaps understanding disadvantage as a member of a minority and having been exposed to institutionalized mentally disabled individuals early in her career stimulated Rosa to become a strong advocate for underserved groups.

### **Addressing Health Needs of Black Americans**

During the early 1970's, Rosa also became involved in the testing and treating of sickle-cell anemia. Until the 1970's this disease, prevalent in the Black population, (affecting 1/500 live births) was unheard of within the general population. An hereditary blood disorder which causes severe anemia, disabling joint pain, and the malfunction of major organs, sickle-cell anemia was virtually ignored by traditional medicine (Scott, 1970). The fact that research was lacking and testing was unavailable is clear evidence of institutionalized racism. The more common 'carrier' state, which did not cause symptoms, was unknowingly passed on to offspring, creating the potential for more individuals to genetically develop the actual disease.

The Tacoma chapter of Links, a national Black women's club, began the battle against sickle-cell anemia in Tacoma ("Links announces", 1970). Their fundraising efforts enabled the movement to expand to eventually include the support of the Tacoma-Pierce County Public Health Department, the Tacoma School District, and the March of Dimes (Wilkins, 1972). Federal funds were dispersed to cities that exhibited the most need and the Charles Drew Sickle-cell Clinic of Tacoma opened ("Tacoma receives", 1970). It is estimated that over 28,000 people were ultimately tested and educated about sickle-cell anemia (Anderson, 1971; Wilkins, 1972). As an African American nurse, Rosa was able to call attention to racial barriers in health care and to empower the community to address the discrimination surrounding sickle-cell anemia.

## **Enhancing Women's Health Care: The Alice Hamilton's Women's Clinic**

In the early 1970's women were beginning to assert themselves as individuals with abilities equal to their male counterparts, and with physical and emotional needs inherent to being female. Women began expressing a preference for female health care providers, of which there were few. Sexual freedom seemed to be reflected in the increasing incidence of sexually transmitted diseases. Therefore, a need arose for preventive health care for women that would go beyond providing obstetric care and for female practitioners who would be sensitive to women's needs.

In 1974, Rosa turned her attention to empowering women and meeting the health needs of underserved women by founding the Alice Hamilton Women's Clinic at the Asbury Methodist Church in Tacoma. This clinic was named for Alice Hamilton, a female physician who practiced medicine during the early twentieth century and had a passion for insuring safe and healthy working conditions for factory workers across America (Sicherman, 1984). During this time, Rosa also enrolled in one of the first nurse practitioner programs in the state at the University of Washington and became certified as a women's health care practitioner. At the clinic, Rosa performed preventive care including breast exams and Papanicoleau (pap) cervical smears. She also taught women about their health, how to recognize health problems and when to seek professional medical help. It was her hope that through education, women could prevent an illness from progressing to a complicated and compromising condition. The clinic served women of color, women on welfare, and those without health insurance and addressed women's health care needs that were not being met.

## **Nursing at the Health System Level**

Later, Rosa transitioned her career to community-based home health care and was director of Upjohn Healthcare Services for King, Pierce, and Kitsap counties from 1975 to 1984. This nursing role gave her a broad overview of health needs at local and regional levels beyond the scope of traditional hospital-based medical care. At this point, Rosa began to shift her focus to the political arena and worked on a flexible part-time basis as an independent contractor in nursing in order to keep up with regional health care trends while devoting the majority of her time and energy to public service.

Rosa Franklin's experiences in nursing and health care directly involved her in the community. She was on the cutting edge of advancements in the nursing profession as one of the first women's health care nurse practitioners. She identified a fragmented system of health care as a major barrier preventing people, especially women, children, African Americans, and the elderly, from receiving adequate medical care. She believed that health care professionals should provide treatment options and information to patients so that they can make their own decisions about their care. She joined other nurses to promote the use of nurse practitioners to deliver well-child screening. Throughout her nursing and health care career, she has advocated for the underserved and promoted policy changes as a way of addressing the needs of the community. She also recognized that active pursuit of changes in health care could not succeed without the support of legislation at local, state, and national levels.

## **Growing Public Service and Political Roles**

Rosa's formal political involvement began during the early 1970's as she became active in Washington's 29th Legislative District as a member of the district's Democratic Central Committee. Her civic involvement flourished as she served on the Pierce County Health Council, Tacoma's Citizen Budget Council, City of Tacoma's Human Resources Task Force, Land Use Committee, Employee Substance Abuse Committee, and Redistricting Committee. It is important to note that not all of Rosa's political involvement was partisan. She participated in the League of Women Voters and other groups such as Safe Streets, the Tacoma Urban League and American Nurses Association (Franklin, 1995). In 1977, Rosa served as a board member of the Sound Health Association health maintenance organization now known as Group Health Cooperative (Pyle, 1979) and assisted in getting people to enroll. Rosa has noted that all forms of involvement provide insights about process, power, negotiations, how to be heard, and how to be involved in decision-making (Franklin, 1995).

Rosa actively entered politics in 1972 by running for Tacoma City Council. Her platform was housing, which was based on the belief that basic housing needs are a priority in maintaining a healthy community. During the mid-1970's and 1980's Rosa's involvement with the Democratic party increased as she served on their Charter Implementation Committee, as a County and State Convention Delegate, and in 1976 and 1988 as a delegate to the Democratic National Convention. She was Region 7 Director and Political Action Chair for the Washington State Federation of Democratic Women and Vice Chair for the Pierce County Democratic Party. In the early 1990's when Rosa was approached to be the Democratic candidate for state representative of the 29th District, politics became her priority. Rosa's platform for her first successful campaign as for state representative was universal health care access. She states "I was pushed into state politics after being active in local politics" (Franklin, 1995).

Rosa served in the House of Representatives from 1991-1993 when she was appointed to the vacated Washington State Senate seat in the 29th District. In 1994 she was elected to a four-year term as State Senator in the 29th District and continues to hold the seat. Senator Franklin served as Vice Chair of both the Rules and Health and Long Term Committees and as a member of the Human Services and Corrections Committee and Labor, Commerce and Financial Institutions Committee. She was the 2001 President Pro Tem of the Senate, 1998 Majority Whip, 1997 Democratic Whip, and is currently Assistant Democratic Floor Leader.

As a nurse and a legislator, Rosa has played a key role in health policy changes at the state level to improve access, quality and cost effectiveness. However, her policy contributions extend far beyond health care. A review of legislation sponsored by Senator Franklin provides evidence of her commitment to issues of public safety, education, transportation, the environment, housing, labor, government, human rights, women, children, and families. One noteworthy example is a 1994 Environmental Equity bill that required the Departments of Health and Ecology to provide a joint report to the Legislature on the locations of toxic chemical releases and environmental facilities in relation to minorities and low-income census tracts.

Senator Franklin has led coalitions to change public policy that effect long-term change at both state and local levels, such as obtaining a designated trauma center in Pierce County. She has described her political strengths as a nurse as having the tools and abilities to bring people together in order to resolve problems, to get things done, and be an advocate for health and consumer issues (Franklin, 1996).

### **Influence of Race and Gender on Rosa Franklin's Professional Development**

Rosa has stated that her preparation for nursing and public life began in a powerful political family that was involved with church and civic activities. Typically, African American women "transcend the boundaries between domestic and public spheres" (Mullings, 1997). This feminine position is the basis for social capital within the African American community. Rosa learned to advocate on behalf of those who could or would not speak for themselves (Franklin, 1995). She has stated: "We grew up learning to love and help one another; my family taught me to be active in the community and in my church," (CERF, 1994) and "my family were people who were very kind. And they always put somebody else first. We were taught not to think of ourselves as any better than any one else." (Walter, 1995).

Black women's racial identity tends to be formed at home and reinforced by ties with schools, churches, and neighborhoods. Thus, racism and segregation tend to amplify critical lessons about the importance of sharing resources, taking care of one another, and participating in community life (Slevin & Wingrove, 2000). From an early age, Rosa had also been taught to not view her gender and race as barriers. In her words:

*"I ran into barriers dealing with race along time ago, as a child. I know who I am; I am comfortable with who I am; I don't have to explain myself to anyone. ... I am female and African-American—this is not my choice...I refuse to let race and gender be a detractor from what I want to do...it is their problem not mine." (Franklin, 1995).*

The value of education, especially for Black women, and their strong sense of self worth typically create self-confidence, as evidenced by professional success (Giddings, 1984). During the 1940's and 1950's, at a time when white women were beginning to drop out of or not attend college, Black women were attending colleges at a higher rate than either white women or Black men, and 6% of all female professional workers were Black in nursing, teaching and social work professions. Slevin & Wingrove (2000) reported that education was viewed as "as passport to a better life." Rosa stated:

*"The thrust was always that you graduated from high school and you aspired to be your best in all things. And, of course, in the era in which I grew up there was a lot of segregation. There were separate schools. That made a difference. You were not really exposed to everything that everyone else had because of reasons of race. Although that happened...we were told to respect. Education is the tool by which you then rise, you rise above." (Walters, 1995).*

The tremendous effort required of Black women to transcend the double barriers of race and gender has often resulted in notable individual and collective achievements (Darling, 1998; Giddings, 1984; Price Spratlen, 2000). Patricia Collins, in her research on Black mother-daughter relationships, stated: "Black daughters must learn how to survive in interlocking structures of race, class and gender oppression while rejecting and transcending those very same structures" (Collins, 1987). Much of the success in transcending double discrimination often has its roots in familial upbringing, in which from an early age Black females are socialized to be independent, strong, self reliant, confident and assertive, and are taught to value education as empowering and necessary for their economic security (Collins, 1987). Black women have long been expected to support themselves, their families and their communities (Collins, 1987) as equal economic partners with their spouses (Giddings, 1984). Therefore making a career choice was a natural expectation for Rosa, as work for Black women has been an important and valued dimension of Afro centric definitions of Black motherhood. Within her own extended family network, role modeling influenced Rosa. In fact, during her high school years, Rosa lived with a female relative who was a nurse and role model for her as she pursued a career in the nursing profession. According to Collins, Black women-centered extended family networks foster an early identification with a wide range of models of Black womanhood and female economic providers which can lead to a greater sense of empowerment in young Black girls (Collins, 1987; Slevin & Wingrove, 1998).

### **History and Culture of Black Nursing**

Traditionally, nursing has been disregarded as a profession, primarily because it is the most female and gender-based of all professions (Hine, 1989). The historical culture of Black nursing in the 20th century is unique in that there has been a mutual dependence and respect between Black nurses and the Black community (Hine, 1989). The majority of those in the Black community in the first half of the twentieth century perceived Black nurses to be their primary caregivers and accorded them a high degree of respect and power (Hine, 1989). Black nurses also served as highly influential role models for Black women, and the nursing profession was recognized as a dignified occupation, which afforded geographic mobility (Davis, 1999; Hine, 1989; Price Spratlen, 2000).

From its earliest origins, Black nurses have recognized the value of preventive care and the field of public health (Hine, 1989; Price Spratlen, 2000). Until the latter half of this century, health care was segregated and health care resources for the Black population were not comparable to those of the white population in this country. Black nurses did not begin to work in integrated settings until the 1960's. Black nurses became highly valued members of their communities as their profession evolved. Black nursing education stressed collaboration, viewing the patient as a part of a larger social system of family and community, and practicing both within Black hospitals and "outside of walls" in homes and communities (Hine, 1989; Price Spratlen, 2001). It is this point of view that undoubtedly helped influence Rosa at the roots of her career to see all segments of her community, and to use her skills and abilities to identify and meet the needs of those who are invisible to others.

### **Community and Social Context: Influences of Race, Gender, and Nursing**

Rosa Franklin's activism influenced the health of the Tacoma and Pierce County region. The health, social and economic conditions provided her with the opportunity to exercise her moral responsibility to participate in civic affairs and work toward social justice. By the 1970's, the Seattle region experienced a decline in its aerospace industry. Post-Vietnam War military personnel cutbacks were evident and Tacoma was directly affected. An unemployment rate of 10 percent existed, twice the national average at that time. Tacoma's minority and disadvantaged populations were particularly affected, even though the Black population had made significant inroads into the civil service and private industries in the region during the postwar period of 1945-1960 (Taylor, 1994). They were the last hired, the first fired, and were left with few resources to sustain their everyday life during their unemployment (Tacoma City Planning Dept., 1971). Those who were employed were facing the demands of ensuring health, housing, and economic stability for themselves and their families. Simultaneously, skilled workers were moving away from the urban center into outlying suburban and rural areas. This left the city of Tacoma with a lower tax base with which to support increasing numbers of welfare recipients.

Social and health concerns affecting women, children and Black Americans being addressed across America were relevant to the people of Tacoma as well. There was a need to insure general physical exams and immunization of children. The feminist movement created a new focus on and interest in defining and meeting the health care needs of women. New sexual freedom increased the incidence of sexually transmitted disease. Large numbers of Black people were suspected of carrying sickle-cell anemia, but little or no testing and treatment was available. The life expectancy of the aging population was increasing and relevant services were lacking and uncoordinated. Tuberculosis was also a threat to general health. Associated with all of these needs was the rising cost of health care. Rosa worked with the nursing profession and other health care leaders to address the health needs of the community by providing preventive services such as physical exams, vision and hearing screening, childhood immunizations, and women's health care.

Rosa's nursing background and strong family and community values provided her with the confidence and capacity to improve the region's health, especially in relation to gender and racial discrimination. Historically in the past century, Black women have effectively translated their personal concerns for social reform and the problems confronted by the poor, uneducated, ill, elderly and jobless segments of their communities into public action (Hewitt & Lebsock, 1993). Similarly, Black nurses worked toward improving social conditions as well as health and health care for their communities (Davis, 1999; Price Spratlen, 2000).

Rosa's motivation for civic and political involvement arose out of her professional knowledge and the belief that the interaction of social, economic, political, environmental, biological, and cultural factors determine the health needs of the community. Furthermore, she believed that communities know best how to address their own needs and that community involvement creates empowerment. This view is consistent with the metaparadigm of nursing

(Counts, 1987). Nurses bring an experiential and knowledgeable perspective of the diverse health care needs of individuals, families, and communities to their civic and political involvement (Hall-Long, 1995; Price Spratlen, 2000). Through their education and experience, nurses are well equipped to address the needs of the invisible and underserved segments of society such as the poor, chronically ill or disabled, and those made vulnerable by age (Sharp, Biggs, & Wakefield, 1991).

### **Women as Legislators**

The literature on women state legislators captures Rosa Franklin well. Most women are recruited to enter the political arena (Dolan & Ford, 1998), as was Senator Franklin. Successful women candidates tend to have a strong base of support from community-based organizations, community activist experience, public speaking ability, the capacity to raise funds, name familiarity, and the absence of a scandal (Duerst-Lahti, 1998). Women legislators are more likely to postpone seeking elective office until after the age of 40 to 50 years of age and their children have reached adulthood (Dolan & Ford, 1998; Thomas, 1994).

Women legislators bring a range of life experiences from their domestic sphere, professional careers (Dolan & Ford, 1998) and communities to their elected offices (Jones & Winegarten, 2000; Reingold, 2000; Schenken, 1995; Thomas, 1994).

The number of women in state legislatures has increased steadily over the past three decades (Cox, 1996). In 2002, women comprised 23% of state legislators nationwide. Washington State has the highest percentage of women legislators with 39.5% being women (Center for American Women and Politics, 2002). Twenty percent or 404 of the 1,984 state senate positions are held by women (Center for American Women and Politics, 2002). On a national level, 16.5% or 277 of the 1,681 women state legislators are women of color; 189 are African American women, and of these 49 are senators (Center for American Women and Politics, 2002). As a woman senator, an African American, and the President Pro-Tem of the Senate, Senator Franklin is in an elite group of women.

The traditional qualifications for both sexes in becoming strong candidates for elected offices are a college education, legal or business experience, military service, and community service (Thomas, 1994). These qualifications have created barriers for women until recent decades (Thomas, 1994). In fact, women serving in state legislatures in the 1980's and 1990's were found to have higher education levels than men (Dolan & Ford, 1998). Therefore today's women legislators are important role models in that they make an important contribution to how our society views women's public roles and inspire other women to seek elected positions (Thomas, 1994).

As legislators, women emphasize a sense of obligation to their communities and the general public (Thomas, 1994; Thomas, 1997; Thomas & Wilcox, 1998). They report spending more time building coalitions and studying proposed legislation, place a higher priority on serving their constituency, and spend a larger portion of their time keeping in touch with constituents than do their male counterparts (Carey, Niemi & Powell, 1998; Thomas, 1994). This description fits Senator Franklin's public service career. She believes that informed decisions

are the result of listening to both sides, seeking information, conducting research, and attending community events and meetings (Franklin, 1996). Senator Franklin believes that information is one of the most powerful tools there is to ensure good decision-making, and that if you control information, you have power. She therefore tries to empower others by providing as much information as possible (Franklin, 1995). Senator Franklin advises citizens that legislators like to hear from their constituents through letters, phone calls, fact sheets about issues, public testimony, and letters to be read into public hearing minutes. She feels that constituents play an important role in raising the level of awareness of legislators on their issues of interest (Franklin, 1995). She recognizes that she was elected by the people and feels it is important to remind constituents that the government is their government and that they should participate in it.

Women legislators are motivated by a desire to enhance the welfare of their communities and they develop distinctive policy priorities related to social, health, and education issues (Thomas, 1994). Women think long term and consider the roots of problems (Thomas & Wilcox, 1998). They are strong advocates for comprehensive policy and have been found to make a difference on issues related to women, children and families (Havens & Healy, 1991; Thomas, 1994). However, there is evidence that women legislators do address a full range of issues such as public safety, civil and human rights, the environment, the economy, commerce, agriculture, elections, and government operations (Jones & Winegarten, 2000; Reingold, 2000; Schenken, 1995).

Women legislators who are also members of minority groups bring additional distinctive perceptions, values, and goals to their political roles though their policies that transcend gender and race (Prindeville, 2002). African-American women state legislators are known to focus on issues of social justice such as civil rights, women and children, criminal justice, and social, health and human services (Darling, 1998). Women legislators tend to be less confrontational but stronger negotiators with a more hands-on approach than male legislators; they also see more gray and less black and white or win-lose areas (Rosenthal, 2000; Thomas, 1994). Women as colleagues are more cooperative than competitive, and function as conciliators who are open to all viewpoints (Carey et al., 1998; Thomas, 1994). This finding was supported in a study of women legislators by Rosenthal (2000) who found that women were more likely to embrace transactional leadership styles that involved collaboration, cooperation, and conflict resolution behaviors. Similarly, Whicker and Jewell (1998) reported that women state legislators adopted consensus building or "female leaderships" types.

Senator Franklin's political life and leadership in the Senate is consistent with all the findings described above. Throughout her years in public life, Senator Franklin has consistently displayed a strong political instinct and an ability to create productive alliances with a collegial style. She knows how to handle complex and sensitive issues with political savvy, how to take strong positions without alienating those around her, and how to 'get things done.' Senator Franklin believes that if you intend to influence any decision, it is extremely important to build relationships on a daily basis (Franklin, 1995). As a legislator, one must also be able to build trust, reach out, listen, and respect the other's point of view when building relationships (Franklin, 1995). There are times to agree to disagree and pull back

and re-evaluate strategies (Franklin, 1995). These characteristics have been noted as strategies women activists use effectively (Hewitt & Lebsock, 1993).

Women legislators use their available tools to create public policy and distinctive priorities (Thomas, 1994). They are visionaries who want to enhance our democratic institutions and traditions (Thomas, 1994) yet they are not a homogenous group with a "women's agenda" (Kathlene, 1998). It remains to be seen if legislatures that become increasingly gendered will eventually experience procedural transformations as a result of women's "different voice" (Kathlene, 1998; Rosenthal, 2000).

### **Conclusion**

Rosa Franklin's four decades of contributions to the South Puget Sound community are clearly evident. She has focused her efforts on identifying the needs of her constituents, making issues known, and seeking involvement of the community in those issues to ensure that they are part of the decision-making process. Her dedication and commitment to her community have been honored and recognized by a multitude of public and private organizations.

Rosa Franklin's life and career as a professional nurse, community activist, and state legislator provides a rich example of an African-American woman's contributions to the South Puget Sound community and beyond. As an African American and woman state senator, Rosa Franklin is in a political minority at an elite level. As Thomas states, this group of women are outsiders and newcomers (Thomas, 1997). Rosa Franklin is successful, she believes, because she knows herself, her values, constituents, priorities, and knows how to build coalitions. She has matter-of-factly stated, "I have been in the minority, and I have succeeded" (Franklin, 1996). Indeed, Rosa Franklin is representative of other African-American women leaders whose "tenacity, moral purposefulness, and inclusive vision...has bred a strongly held belief in many black women that their virtue increases as does their calling to undertake public service in order to make a positive difference" (Darling, 1998, p. 153). Rosa Franklin successfully transcends racial and gender bias in an environment that women and minorities had little influence in shaping. Her perspectives on public policy issues include reference points and experiences from her roots in an African-American community-oriented family, as a civic activist, and her professional nursing career.

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