

Archived thesis/research paper/faculty publication from the University of North Carolina at Asheville's NC DOCKS Institutional Repository: <http://libres.uncg.edu/ir/unca/>

University of North Carolina at Asheville

“Nothing in her bag but two rags”: Midwives, Nurses and Public Health Intervention in African American Communities in North Carolina, 1920-1950

A Senior Thesis Submitted to
The Faculty of the Department of History
In Candidacy for the Degree of
Bachelor of Arts in History

Submitted by:
Rachel Killian
May 3, 2017

Abstract

The period of 1920-40 in North Carolina saw some of the strictest regulation related to midwives in the South. Midwives had been a fundamental part of the birthing process for African American women from very early on in American history into the twentieth century. The progressive health department established in the early part of the century targeted midwives in order to reduce high infant and maternal mortality. The key part of their strategy was the implementation of instruction and supervision through public health nurses. Notably, many of these nurses were African American, and they approached midwife regulation and public health care in a way that addressed not only inadequate systems of care, but the entrenched racism that was present in most aspects of public health intervention.

During the 1920's and 30's numerous public health nurses, both black and white, descended upon several North Carolina counties to provide instruction for midwives. Anne Lamb, a white public health nurse and leading midwife instructor of primarily black midwives described in an interview what she perceived as a conflictual relationship with women unwilling to cooperate. "We were doing a demonstration, and she gets up and says, 'this is the way y'all says to me to do, but this is the way I do it,' [...] so, you couldn't teach them, and that was it, it was just uphill business, I don't know why we didn't lose more mothers and babies than we did."¹ In contrast, Edith Macneil Holmes, a black public health nurse who also supervised midwives held a much more positive outlook. "We had some good midwives. They were so clean and they had everything wrapped separately in their bags. There were ones not just like they ought to be, but we had some good midwives in my county."² These divergent attitudes towards midwives from two women doing practically identical work highlights the distinctly different approaches and experiences they had with public health in rural black communities.

Public health nurses, both black and white were a key element in North Carolina's attempt to improve the health of rural communities, a significant portion of which were African American. The prevalence of the midwife in these communities was reflective of the state's failure to provide poor rural women with a better alternative. Yet, the state utilized nurses to implement increasingly strict regulations in order to eliminate them, particularly during the 1930's, which saw the most drastic decline. While public health nurses did the bulk of the work in the field in rural counties, male politicians, physicians and public health officers discussed and

¹ Anne Eliza Lamb, Interview by Jane Abernathy Plyler, November 20, 1979, in the Jane Abernathy Plyler Papers #4230-z, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

² Edith MacNeil Holmes, Interview by Jane Abernathy Plyler, December 6, 1979, in the Jane Abernathy Plyler Papers #4230-z, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

implemented their strategies and plans for improved health and a reduction of infant mortality statewide. The public health nurse became the mediator between the policies and the people, and one of the primary policies being put into action on the ground was midwife regulation, supervision and instruction.

North Carolina established itself early on as a leader in public health through projects such as hookworm eradication.³ This tradition of progress stemmed from a well organized public health department. This department sought to address the health of black communities and reduce the very high rate of infant and maternal mortality that existed within them. A primary strategy to achieve this was to include a significant number of black public health nurses in the initiative.⁴ Thus, white and black nurses worked together, at a time where segregation was rampant, to instruct and supervise midwives among other work in rural communities. The work they conducted under the auspices of public health was indicative of a larger agenda set forth to eliminate the midwife and begin the hospitalization and modernization of the state. However, North Carolina had many failings in its attempts to improve health in African American communities, with institutionalized racism deeply affecting the actual work done by mostly white public health officials.

Through the utilization of interviews with four public health nurses, two white and two black, operating at this time, the nature of public health intervention can be seen clearly through the intersection of class, race and gender. Exploring the relationship between midwives, nurses and their work in African American communities creates a fuller picture of how these issues converged to maintain an inadequate standard of care. While the contributions of black public

³ Benjamin E. Washburn, *A History of the North Carolina State Board of Health, 1877-1925*, (Raleigh: North Carolina State Board of Health, 1966): 46-47. <https://archive.org/details/historyofnorthcawash>

⁴ Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*, (Knoxville: University of Tennessee Press, 1990): 140.

health nurses were overwhelmingly positive, they were often overshadowed by the powerful systems already in place that fostered inequality.

The story of the midwife has not been overlooked by academics; sociological, medical and historical scholarship exploring their practices and place in American history abounds. Scholarship began around the same time that the lay-midwife tradition had disappeared almost entirely in the United States. Historians have shown particular interest in the enduring presence of the midwife in the South, with much attention given to the life and times of the ‘granny midwives’ that dominated childbirth in the region for so long.

While sociological interest in midwives predates historical analyses, the two fields often merged in various explorations of the process of midwife elimination. Most of this work surrounding this topic was being conducted throughout the late 1970’s to the early 1990’s, yet there are significant contributions to the study of midwifery as early as the 1960’s. Sociologists Beatrice Mongeau, Harvey L. Smith and Ann C. Maney in their study “The “Granny” Midwife: Changing Roles and Functions of a Folk Practitioner”⁵ brought the issue of the disappearing institution into the academic limelight. Their research stands out not only because of its novel take on the midwife’s role and contribution to her community, but because at the time of its publication midwives were still practicing in small numbers across the South. The study of this disintegrating group of women relies heavily on field work done in several counties across North Carolina, which enabled the sociologists to not only trace the long history of midwifery, but to begin to understand the effects that the intense campaign for elimination throughout the early twentieth century had on how these women perceived themselves and their roles. This study proved to be an invaluable resource to historians and other academics in further analyses.

⁵ Beatrice Mongeau, Harvey L. Smith, and Anne C. Maney, “The ‘Granny’ Midwife: Changing Roles and Functions of a Folk Practitioner,” *American Journal of Sociology* 66, no. 5 (1961): 497-505.

With academic focus shifted towards the process and effects of elimination on midwives, scholarship would emerge in the 1970's through 1990's that sought to include the role of physicians in national eradication. Historian Judy Barrett Litoff published several works relating to the topic of midwives and the work physicians did in their attempt to address the perceived problems that midwives created for them. Beginning with *American Midwives: 1860 to the Present*,⁶ she traces the decline of midwifery in America with the rise of obstetrics. She argues that elimination was mainly due to a campaign launched by physicians who saw midwives as a threat to the professionalization of obstetrics. In the same year she also published "Forgotten Women: American Midwives at the Turn of the Twentieth Century,"⁷ a look at midwives across the United States, with notable significance placed on Southern black midwives, and the success of various states in their attempts towards elimination. This signaled a shift in scholarship towards documenting how midwifery declined in various areas of the country, with emphasis on the regions that remained strongholds for midwives such as the South.

Molly C. Dougherty similarly limited her focus to the conflictual nature of midwives and the field of obstetrics through the medical campaigns for elimination, with particular interest in the South. However, she was also highly concerned with the perception of midwives versus the roles they actually had to play in their communities. In "Southern Lay Midwives as Ritual Specialists,"⁸ she lays out the spiritual and communal significance of midwives and their contribution to health care for their people, and the traditions associated with their work. She

⁶ Judy Barrett Litoff, *American Midwives: 1860 to the Present*, (Westport, CO: Greenwood Press, 1978).

⁷ Judy Barrett Litoff, "Forgotten Women: American Midwives at the Turn of the Twentieth Century," *The Historian* 40, no. 2 (1978): 235-231. <http://www.jstor.org.proxy177.nclive.org/stable/24444852>.

⁸ Molly C. Dougherty, "Southern Lay Midwives as Ritual Specialists," In *Women in Ritual and Symbolic Roles*, ed. Judith Hoch-Smith and Anita Spring (New York: Plenum Press, 1978): 151-164.

would later focus more heavily on how this work was directly challenged and disputed by those in organized health care systems, primarily obstetricians in, “Southern Midwifery and Organized Health Care: Systems in Conflict.”⁹ Rather than simply focusing on the conflictual nature of these two opposing types of health care providers, her study laid out the specific nature of medicine’s influence over policy and procedure when addressing the perceived problems that the midwives created for medical professionals.

Scholarship in the 1990’s also included a narrowed historical focus on midwives at the state level. Holly F. Mathews in “Killing the Medical Self Help Tradition among African Americans: The Case of Lay Midwifery in North Carolina,”¹⁰ explores the entrenched racism present in the policies directed towards midwives. She details not just the role that they played in their communities as liaisons with local physicians and medical personnel, but also the overall benefits that came with having these women as participants in the process of childbirth. She discusses the tactics and reasoning used by medical professionals in order to eliminate them and argues that they have not been adequately replaced since they were eradicated.

Later, Sheila Davis and Cora Ingram published “Empowered Caretakers: a Historical Perspective on the Roles of Granny Midwives in Rural Alabama,”¹¹ drawing on previous analyses surrounding the midwife and her community and applying it directly to the institutionalized racism that sought to eliminate the midwife and maintain systems of inadequate

⁹ Molly C. Dougherty, “Southern Midwifery and Organized Health Care: Systems in Conflict,” *Medical Anthropology* 6, no. 2 (1982): 113-126.

¹⁰ Holly F. Mathews, “Killing the Medical Self-Help Tradition among African Americans: The Case of Lay Midwifery in North Carolina, 1912–1983,” In *African Americans in the South: Issues of Race, Class and Gender*, ed. H.A. Baer and Y. Jones (Athens: University of Georgia Press, 1992): 61-78.

¹¹ Sheila Davis and Cora Ingram, “Empowered Caretakers: a Historical Perspective on the Roles of Granny Midwives in Rural Alabama,” In *Wings of Gauze: Women of Color and the Experience of Health and Illness*, ed. Susan E. Cayleff and Barbara Bair (Detroit: Wayne State University Press, 1993): 191-214.

care for African Americans. Susan Smith in, “White Nurses, Black Midwives, and Public Health in Mississippi, 1920-1950,”¹² began to pull on earlier ideas of the racial dynamics associated with public health, with a focus on the role of public health nurses that had yet to be fully explored in depth. The complex interactions between primarily white nurses and primarily black midwives, Smith argues, provided a platform for midwives to become even more connected to the health care of their communities and allowed for the minute success of public health work in those communities. She presents a unique case for Mississippi being one of the few states that utilized the midwife’s skills and communal connection rather than setting out with a direct intention for elimination.

One of the most influential and referenced works in the vein of regional study is Gertrude Jacinta Fraser’s *African American Midwifery in the South*.¹³ In her book she uses the case of midwife elimination in Virginia to make a broader set of claims about the influence of race as well as gender in the treatment and representations of midwives throughout the South during medical and public health attempts to remove them from their communities. She details not only their practices and role in the community, but also the response to these women by white medical, public health, and nursing professions in their effort to improve birth outcomes. Utilizing medical journals and articles published during the early twentieth century she is able to demonstrate the growing contempt surrounding midwives, not simply from a medical standpoint, but also detailing the influence that race had over the continued eradication of black midwives.

The role of federal and state intervention later become more relevant to historians in their exploration of health care and midwives. While Smith did look at this in her study of Mississippi,

¹² Susan Smith, “White Nurses, black Midwives, and Public Health in Mississippi, 1920-1950,” *Nursing History Review* 2 (1994): 29-49.

¹³ Gertrude J. Fraser, *African American Midwifery in the South*, (Cambridge: Harvard University Press, 1998).

later examinations would begin to touch more upon the larger scope of the transformative nature of public health when addressing rural communities. Sandra Lee Barney's *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930*¹⁴ touches upon the larger forces at work influencing healthcare in various communities. She places the most emphasis on the gendered nature of public health care and hospitalization in the work being done during this time period. By examining the professionalization of male medical practitioners, the gendered nature of the promotion of their authority, and how they displaced the already existing community healers, especially midwives, Barney is able to fully explore how these tensions evolved within Appalachian society as the region was being reshaped during an era of industrial development.

Recently, the themes of gender, race, health care in African American Communities, public health policy and state and federal regulations have begun to coalesce when considering the impact of midwife elimination. Alicia Bonaparte in "The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940,"¹⁵ drawing on themes developed in earlier explorations of the process of elimination in individual states, uses South Carolina as a way to draw larger insights on the nature of federal programs and individual interactions in midwife elimination and the overarching impact on local communities.

Ultimately, scholars have begun to stray from simply considering the Southern midwife in terms of her traditions and eventual eradication, and instead contextualized her place within the twentieth century quest for progress versus the stark realities of institutionalized racism

¹⁴ Sandra L Barney, *Authorized to Heal: Gender, Class and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill: University of North Carolina Press, 2000).

¹⁵ Alicia D. Bonaparte, "The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940," (PhD diss., Vanderbilt University, Nashville, 2007). <http://etd.library.vanderbilt.edu/available/etd-07252007-122217/unrestricted/bonapartedissertation2007final.pdf>

compounded by ideas of status and gender. There is, however, still room for further analysis of the varying experiences in which the midwife found her status in the community threatened by the larger forces of modernization, hospitalization and professionalization.

The “Granny” midwife occupies a unique space in American memory, with a romanticized and almost mythical status established through books and documentaries, it is potentially difficult to separate the real women from the legends. Few narratives that come directly from them exist, and primary sources detailing how these women saw themselves and their work from their own point of view are limited. Thus, much of what is known about the struggles they faced or the way they felt about the intervention being placed upon their work has come primarily from inferences and generalizations, rarely from their own words. Yet, the experience of midwives in the South during the twentieth century was not universal, and North Carolina is a prime example for why this was the case. Not only was there a significant population of white midwives along with the great percentage of black ones, but the inclusion of black and white public health nurses directly interfering with their practices combined with increasingly strict regulations shaped an experience for midwives and their communities that was unique to the state.

With so many women in the community depending on the midwife for not only assistance in childbirth, pre and postnatal care, general medical advice, root cures and a referral to general practitioners for more serious illnesses, her work was plentiful.¹⁶ Yet, as would be expected, the most important part of her job, and the part she took the most pride in, was bringing new life into the world. While sometimes a source of ridicule from white nurses and doctors, the midwife viewed her work as being ordained by God. As explained by Nurse Lamb,

¹⁶ Mathews, 61.

“They honestly thought they were called by God [...] they would tell us to our teeth, ‘I’m going to go when they call me, the Lord told me to do this and I’m going to do it’.”¹⁷ This spiritual calling coupled with the fact that most only became a midwife later in life, often resulted in an elevated status within their communities.¹⁸ Most were dedicated to their work and deeply motivated to care for women and babies based on both a religious sense of obligation and an economic one.

Often times a midwife was all a poor woman could afford to help her through the birth process. “Besides difficulty in obtaining a physician because of distance, bad roads, and scarcity of telephones, cost is an important factor in determining the attendant engaged for confinement, many families consider the expense of a physician prohibitive. A midwife charges from \$2 to \$3, and, in addition to obstetrical services, renders other assistance.”¹⁹ Often the midwife would forgo payment altogether if mothers were unable to afford even the modest fee that she usually charged.²⁰ Her services included both pre and postnatal care, and was integral to the process of birthing across the rural South for black women. Despite the shift towards physician assisted birth and the virtual elimination of the midwife outside of immigrant communities in the North, the midwives in the South remained integral because of a fundamental lack of medical involvement in African American Communities.²¹

¹⁷ Lamb, Interview.

¹⁸ Mongeau, 499.

¹⁹ Frances S. Bradley and Margaretta A Williamson, “Rural Children in Selected Counties of North Carolina,” *Rural Child Welfare Series* no. 2 (1918), 30. <https://archive.org/details/ruralchildrenins18unit>

²⁰ Upton G. Wilson, “Midwife But Not Mother,” *Health Bulletin of the North Carolina State Board of Health* 53, no. 6 (1938), 4. <https://archive.org/details/healthbulletinse53nort>

²¹ Litoff, “Forgotten Women,” 3.

During the first decade of the twentieth century, the South remained largely unconcerned with the health of its African American population. While efforts to change this varied state to state, high infant mortality rates, tuberculosis, venereal diseases and other health issues remained largely unchecked by medical professionals and politicians.²² North Carolina very early on in the twentieth century was not an exception to this regional standard of neglect. However, this would change due to increased public and political outcry for more progressive standards of public health combined with new public health leadership.

The progressive shift in public health was due in large part to Dr. Watson S. Rankin, who headed the public health department from 1916 to 1925, and whose influence on subsequent health officers cannot be understated. Dr. George Cooper, who served as Rankin's director of maternity and infancy, in particular argued for the adequate health care of African Americans along with their white counterparts.²³ This cause was also taken up by Dr. Hardin, who was consequently a leader in the crusade for midwife elimination. He believed that because a large portion of the poor rural population in the state was white and most counties were not exclusively occupied by one demographic the issue was important to address. "The physical condition of the negro must be improved if the forward march of public health in the South is not to be retarded. The negro has much to do with our everyday life. He works in our homes, comes into intimate contact with the family life and with our children, and so must of a necessity, affect the health of the white race."²⁴ With increasing efforts towards the establishment of county health departments, and more attention being paid to the public health of African Americans,

²² Beardsley, 154.

²³ Washburn, 65-66.

²⁴ E. R. Hardin, "Some Problems Ahead of Us," *Bulletin of the North Carolina State Board of Health* 42, no. 6 (1927), 24. <https://archive.org/details/healthbulletinse42nort>

inevitably focus shifted to the role many believed the midwife played in the terribly high infant mortality rates that occurred especially in rural black communities.

With concerted efforts being made to improve public health all around, particular attention was given to infant and maternal mortality across the nation and in North Carolina it was targeted as a problem affecting the black population more than anyone else.

By looking at these figures by counties, the cause for the high state average is apparent [...] Washington county, with the highest rate in the state, 137 plus, had nine delivered by doctors and 204 by midwives, Graham with the lowest rate, 24 plus, had no colored births [...] And so all through there is proof that the cause of our high rate for the state is the colored folk who only get the services of the most ignorant midwife.²⁵

The national call to end high infant mortality rates came from research by the Federal Children's Bureau, but their call to address it through means of reducing the economic disparities associated with high rates²⁶ went largely ignored by North Carolina doctors, who still saw midwives as the primary culprit. "It is being shown that mothers in childbirth are entrusting their lives and those of their babies to colored midwives who are dirty, ignorant, illiterate, and steeped in superstitions. Legislation is being urged to eliminate the unfit, classes of instruction are being carried for those who are willing to learn."²⁷ This overall sentiment towards the undesirability of midwives was present in the opinion of most physicians, with their disdain deeply rooted in a racialized understanding of the midwife's contribution to the realm of childbirth.

Because the majority of those involved in Public Health were physicians, they fundamentally opposed the presence of the midwife. Yet, the lack of resources and doctors in the state continued to necessitate the midwife's role in rural childbirth. Despite North Carolina's

²⁵ "Medical Society Strives to Reduce Infant Death Rate," *The Charlotte Observer*, February 19, 1925, 13.

²⁶ Ladd-Taylor, 256.

²⁷ S. J. Crumbine, "United Front for Child Health," *Health Bulletin of the North Carolina State Board of Health* 41, no. 11 (1926) 22. <https://archive.org/details/healthbulletinse41nort>

economic inability to meaningfully substitute the midwife's services with physicians and hospitals, debate raged on as to how much interference was needed and to what extent she was actually necessary.

A discussion transcribed from a meeting among various members of the Medical Society of North Carolina highlights how much ideas surrounding race and the desire for professional obstetricians shaped the public health policies geared towards African American health and midwives. Some physicians such as Dr. C. S. Grayson of High Point believed that educating mothers about the dangers of the midwife and the benefits of hospital or physician attended birth would be enough to remove the midwife out of the sphere of childbirth altogether.²⁸ He believed this strategy would bring about the best results in improving mortality rates, but others quickly refuted this claim, and believed that based on the sparse numbers of doctors available to women of color, the midwife would remain. J. M. Northington, expressing more ambivalence towards the subject stated, "I think the midwife is something we shall have with us for a long time, especially among the colored race, and I think they should be told a great deal. There are very few cases of white women in our community who have midwives. There are very few cases of colored women who have doctors."²⁹

Inevitably, the rhetoric took on a racialized and dismissive tone. Even after an attempt to argue in defense of the midwife's value Dr. Cyrus Thompson stated, "A physician is much more likely to be infectious than the ordinary midwife, because the midwife has only ordinary dirt on her hands, while the physician may have handled pus of various sorts in various places [...] negroes are infected very much less than white people. They are a lower order of folks, and like

²⁸ A. B. Croom, "A Plea for More Rigid Asepsis in Obstetric Work," *Transactions of the Medical Society of the State of North Carolina* 61 (1914): 123.

²⁹ Croom, 124.

animals, they resist infection.”³⁰ Physicians and those deciding how to address the health care needs of African Americans were often caught in a dilemma of whether to extend care to a population with little economic or political power, and who they deemed inferior, or to remain content with the minimal standard of care already established that negatively reflected on a state so interested in progress.

Because of progress-minded public health officials such as Watson Smith Rankin and George Cooper, the establishment of public health work directed towards mothers and infants in rural communities was underway before receiving federal funds to deal with high mortality rates. By 1919, North Carolina was one of only five states that had a child hygiene division. However, due to a lack of funds, tangible progress was slow and there were very few, if any, county nurses under existing health departments.³¹ As the first full-time health officer in North Carolina, Dr. Rankin was a leading proponent of establishing more community hospitals in rural areas as a combatant against the many preventable deaths that occurred.³² Along with Dr. Cooper, the director for Vital Statistics, he advocated for public health officials and public health nurses to work directly with communities, mothers and midwives in order to reduce infant mortality.³³

While the public health nurse had been a fixture in some counties years before federal funding was provided, the introduction of the Sheppard-Towner Act in 1921 helped a substantial amount of money to be directed towards the hiring of much needed qualified public health nurses

³⁰ Croom, 125.

³¹ *Hygiene of Maternity and Infancy: Hearings before the Committee on Labor, House of Representatives*, 65th Cong., 3 (1919) (Statement of Mr. Lee K. Frankel, President American Public Health Association) 46-48.

³² “Dr. Rankin on the Situation,” *North Carolina State Board of Health Bulletin* 27, no. 1 (1912): 30-31. <https://archive.org/details/bulletinofnorthc27nort>

³³ Roy J. W. Norton, “History of Public Health in North Carolina,” in *Medicine in North Carolina: Medical Education and Medical Service in North Carolina vol. 2*, (Raleigh: North Carolina Medical Society, 1972): 612.

to oversee many underserved counties. Using \$27,259 of the Sheppard Towner Act allotment and state funds, on April 1, 1922, North Carolina reorganized its Bureau of Public Health and Infant hygiene into the Bureau of Maternity and Infancy. Under Dr. George Cooper's leadership, midwife education and supervision began.³⁴ The increased amount of public health nurses entering rural communities in the late 1920's and throughout the 1930's marks the most significant impact on the decline of midwives in the state.

Most public health nurses believed their role in the regulation of midwives was that of fostering elimination. This attitude was firmly rooted in both a belief in the inferiority of the midwife along with the desire to legitimize their own work through close alignment with the physicians they worked under. Assistant Director of Public Health Nursing, Virginia Gibbs, stated, "The physician is the natural person for any nurse to look to for advice, assistance, and backing. If there is a full-time health officer who is a physician, he is the person to support the nurse's work; to give it dignity, authority, and in a large measure to direct it."³⁵ Public health nurse Mary King Kneedler also explained the gendered expectations for nurses in relation to the physicians they worked with. "They adored Dr. Cooper, who was a strict disciplinarian. He was an authority, and the nurses were definitely working under him, and that's why he respected them."³⁶

³⁴ Robert A. Ross, "The Midwife in North Carolina since 1587," in *Medicine in North Carolina: Medical Education and Medical Service in North Carolina vol. 2*, ed. Dorothy Long (Raleigh: North Carolina Medical Society, 1972) 661.

³⁵ Virginia Gibbs, "Establishing Good Relations," *Public Health Nurse* 12 (1920): 927.
<https://archive.org/details/publichealthnurs1211nati>

³⁶ Mary King Kneedler, Interview by Jane Abernathy Plyler, October 18, 1979, in the Jane Abernathy Plyler Papers #4230-z, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

In regards to midwives, the white public health nurses echoed the attitudes of the physicians they worked under, with a call for classes and instruction to be simply a means of locating midwives and deeming them legally unfit. “We had to find them to get them into one place, but you couldn’t get rid of them. We had to find a way to get rid of them.”³⁷ In contrast, Nurse Holmes, who was black, never discussed a goal of elimination, but described the rapid pace with which this process ended the midwives’ ability to practice legally. “When I first came [to Halifax county] in 1925 we had some good midwives [...] we had 76 and we cut them down to half in less than 2 years, and when I left [in 1930] we cut them down to 3 or 4.”³⁸ Her personal example is reflective of the rate at which the reduction in permits being issued happened across the state. Predictably, the high infant mortality rates were not reduced along with this rapid elimination. By 1940, Halifax County still had very high infant death rates among black women, with 75 deaths for every 1000 births, compared with only 13 for white women.³⁹ Similarly high death rates were present throughout many counties with significant black populations. This failure to lower rates along with the growing absence of midwives in these communities is indicative of the state’s failure to adequately replace the midwife’s services.

Nurses and physicians often had the option to pursue a path toward elimination primarily at the county level in part because of the decentralized nature of midwife regulation. While basic instruction and hygiene practices were uniform from county to county, the rules pertaining to who could or couldn’t practice midwifery legally could be altered at a local level. Rankin was a leading proponent of this type of regulation.

³⁷ Lamb, Interview.

³⁸ Holmes, Interview.

³⁹ Halbert L. Dunn, “Natality and Mortality Data for the United States Tabulated by Place of Occurrence,” *Vital Statistics of the United States 1940*, (1943): 104. https://www.cdc.gov/nchs/data/vsus/vsus_1940_1.pdf

Any county in the state that is disposed to do so can regulate the practice of midwifery. [...] If you make it a state problem, the state will have to put in the machinery to instruct the midwives and control them. [...] you will find that it will be a great expense to the state, whereas, the counties can do it with very little expense. [...] any county in North Carolina, under the enabling act, can do anything it wants to do in health work. A county can pass any kind of regulation and put in any system of control.⁴⁰

Thus, counties with few resources of their own were faced with the issue of education or elimination. Increased pressure from public health workers often swayed counties toward stricter regulations, which would ultimately result in the revocation or denial of permits. “We couldn’t get all the counties to do it [...] but the counties we could would write some ordinances that midwives were compelled to have a bag and attend meetings when called, and we could get rid of them that way, because they wouldn’t come.”⁴¹ With hostile and racist attitudes emanating from the people tasked with instructing and supervising them and increasingly strict regulations, midwives were becoming increasingly endangered, while their communities still faced a system ambivalent about providing physicians or hospitals to replace the loss.

The first law surrounding registration for midwives was established beginning in 1917⁴², but the requirements for receiving a permit would only grow more strict in the decades to come. In 1924, most counties passed more restrictive laws concerning midwives, requiring proper training and examination before the issuing of permits, which were required to be renewed annually, and subject to immediate revocation if a midwife was reported to have violated any

⁴⁰ “Report of the Committee on Universal Combination of Examining Boards,” *Transactions of the Medical Society of the State of North Carolina* 66 (1919): 309. <https://archive.org/details/transactionsofme66medi>

⁴¹ Lamb, Interview.

⁴² Lucius Polk McGehee, and Harry W. Stubbs, *Consolidated Statutes of North Carolina: Prepared Under Public Laws 1917, Chapter 252, and Public Laws 1919, Chapter 238* (Raleigh: Commercial Print., State Printers, 1920), 652.

rules.⁴³ By 1928, 29 counties, in which 2,500 midwives were registered, adopted the Model County Midwife Regulations. This gave local health officials the authority to subject midwives to physical examinations to detect communicable diseases. It also continued instructions and demonstrations, and home visits from nurses to investigate domestic conditions. This resulted in the revocation of almost half of the permits of the previously registered midwives.⁴⁴ Despite the fact that almost 60% of black women still relied heavily on midwives by 1953⁴⁵, the enforcement of mandatory retirement at age 70 combined with the virtual end of permit issuing at this time resulted in only 663 midwives being left throughout the state. The majority of these women were around 50 or 60 years old, and they were expected to be the last of their kind.⁴⁶ While the rate of reduction in the state was relatively similar in the counties that enforced regulation, the actual work being done through public health nurses in their interactions with midwives depended heavily on ideas surrounding race.

North Carolina became a leading proponent among Southern states for including black nurses in public health work, particularly so they could help the black population that so often negatively affected infant and maternal mortality rates. Many in leadership positions of the public health department, Dr. Cooper being the most notable, pushed for the employment of at least one black nurse for every county department as early as 1928,⁴⁷ and by 1934 over 40

⁴³ “Importance of Midwife Control: Proposed Plan of Instruction Outlined,” North Carolina State Board of Health Bulletin 40, no. 5 (1925): 5-9. <http://archives.hsl.unc.edu/nchh/nchh-04/nchh-04-040.pdf>

⁴⁴ “Midwife Control and Instruction,” *The Second Biennial Report of the North Carolina State Board of Health* (1928): 50-51. <https://archive.org/details/biennialreportof22nort>

⁴⁵ Anne Lamb and Rebecca Swindell, “Training and Supervision of Midwives in North Carolina,” *North Carolina State Board of Health Bulletin* 69 no. 5 (May 1954): 9-10. <https://archive.org/details/healthbulletinse69nort>

⁴⁶ Mongue, 504.

⁴⁷ Beardsley, 140.

counties had at least one black public health nurse operating within them.⁴⁸ The experiences that these nurses described significantly differ from that of white nurses in relation to their work with midwives. The interactions recounted by black nurses demonstrate an opposing approach and attitude towards their goals. Both Nurse Holmes and Nurse Thompson also frequently referred to the midwives they trained as “my midwives,” relating a sense of pride and responsibility toward the women and their work. Nurse Lamb on the other hand stated, “I was afraid of them. We had a few that was intelligent enough to teach, but we didn’t have many.”⁴⁹ All the nurses did agree that their trust and confidence in the midwife’s abilities rested in hygiene, sanitation and their ability to keep an orderly bag.

According to both black and white nurses, the bag carried by the midwife became the symbol of her competence. Permits were issued based on the cleanliness, organization and contents of the bag, and it would become a particular point of either pride, disappointment or condemnation for the nurses who would inspect them. “We could get rid of them, because they wouldn’t have the bags, and they wouldn’t have them equipped. [...] but they’d keep on delivering babies. I had one, two, three in jail. I had one that, she would keep on delivering in spite of the ordinance, and she never had nothing in her bag but two rags. [...] The nerve of her.”⁵⁰ Nurse Elizabeth McMillan Thompson instead described working with the midwives to ensure their bags were in order. Together they would make them up side by side on Saturday mornings by rolling the gauze and sanitizing and cleaning the equipment. She instructed other nurses in other counties to do the same and stated, “Those nurses went into each of their

⁴⁸ “Special Child Welfare Nurse Project Report,” *Health Bulletin of the North Carolina State Board of Health* 49, no. 8 (1934), 6. <https://archive.org/details/healthbulletinse49nort>

⁴⁹ Lamb, Interview.

⁵⁰ Lamb, Interview.

districts to inspect the midwives' bags and they kept them beautiful."⁵¹ Yet, when the white nurses attempted to ensure orderly bags, they would simply do it for them by collecting donations from women's clubs.⁵² Thus, taking agency out of the hands of midwives even when attempting to help them.

Nurse Holmes discussed how the white nurses often times sought to delegitimize some midwives through their bags, "Some of them would talk about them and it would make me so mad, saying such and such isn't a good midwife, that she didn't have her things in place. I would go to them and take all the things out of the bag and check them, and it would be in order, and I'd tell them that person might not like you for some reason."⁵³ Her own account, along with Nurse Thompson's of their midwives being hygienic, was a viewpoint rarely corroborated by physicians, who continually expressed distrust in any progress being made with midwives. Dr. Robert A. Ross described an inspection of midwives outside of the County Courthouse in 1934, "This gathering had the atmosphere of the aromatic asafetida and sulphur rather than the subtler antiseptics; of rabbits' feet and mole teeth rather than conservatism. No doubt, next day the sterile gauze gave way to an asafetida bag or some fetish and the thermometer was replaced by a quill. [...] you feel that their loyalty to the consultant is not whole-hearted."⁵⁴ Thus, even when the midwives followed the regulations put in place, there was still very little confidence entrusted in them by medical professionals, who continued to view them as rooted in superstition.

⁵¹ Elizabeth McMillan Thompson, Interview by Jane Abernathy Plyler, September 29, 1979, in the Jane Abernathy Plyler Papers #4230-z, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

⁵² Mrs. James Boyd, "Moore County Maternity Welfare Committee," *Health Bulletin of the North Carolina State Board of Health* 53, no. 5 (1938): 9. <https://archive.org/details/healthbulletinse53nort>

⁵³ Holmes, Interview.

⁵⁴ R. A. Ross, "Granny Grandiosity," *Southern Medicine and Surgery* 96 (1934) 57-59. <https://archive.org/details/southernmed961934char>

Despite opinions to the contrary, Nurse Thompson believed strongly that the midwives could be instructed and improved. She would travel to various counties that were conducting institutes for midwife training, and convinced her health department to have their own in 1935. She was joined by Anne Lamb and believed it to be a great success. However, this small personal victory was overshadowed by larger forces of state intervention. “After that the state began doing away with midwives, they thought they had no way of being trained.”⁵⁵ There was very little she was able to do to combat the increased efforts from not just the counties, but the state, to eradicate the midwives she had worked so closely with. Ultimately, her race even further hindered her ability to help. “I was not able to go different places for classes. [...] If I was going to travel I had to plan my classes for a whole day, and get back at midnight, I had nowhere to stay. Couldn’t stay in white motels and there were no black motels.”⁵⁶

The approaches taken to public health work was markedly different between black and white public health nurses in areas beyond midwife supervision, and the dynamics of race played a significant part in the work that they did and how they perceived the value of it. The black nurses, from the beginning, were in a better position to understand the needs of black communities and advocate on their behalf to white physicians and public health officers, and showed a great deal more sympathy and connection with midwives. However, in order to begin their work they had to first overcome many obstacles. From the time of their entrance into the sphere of public health, black nurses faced reluctant local administrations. “There were just four of us, and black ones couldn’t work with the whites, and some of the health offices wouldn’t

⁵⁵ Thompson, Interview.

⁵⁶ Thompson, Interview.

work with them, but that didn't last too long because they found out they were good nurses."⁵⁷

Nurse Holmes explained that during her first year in public health she worked with a white nurse that did very little work for the department, "They kept her on for about six months, then the doctor came in, compared her work with mine and he decided to let her go."⁵⁸ The next nurse they brought in had no public health experience, but proved to be more willing to learn. "We worked together for a long time, but she didn't know much about public health, I had to teach her near everything. She became the supervisor. I tell you, if I had been white, I would have become the supervisor."⁵⁹ Most white physicians and directors eventually conceded to work with the black nurses, mainly due to the ways in which they proved how invaluable they really were.

Even when doctors were available for the most basic health care needs, African Americans still had a likelihood of being overlooked. Nurse Thompson described being called in by physicians to review cases of skin tests for syphilis, "They said their only salvation was that I was there to read the discoloration in the black person's skin. It would be red in the minute I saw it, I knew it was red, but a white person, you know, couldn't tell the red from the black, so they said negative, and I said I beg your pardon!"⁶⁰

The difficulties that the black public health nurses faced in remedying the health problems for African Americans went beyond simply treating diseases and educating midwives. It was the propensity of the white ruling class to maintain the underpinnings of difference and disparity that they saw as being truly detrimental to the well-being of African Americans. Their continued subjugation wasn't of much concern for the public health department, but it was

⁵⁷ Lamb, Interview.

⁵⁸ Holmes, Interview.

⁵⁹ Holmes, Interview.

⁶⁰ Thompson, Interview.

occasionally addressed. The bureau of vital statistics in the state began as a measure of not just the general state of health, but to examine the rates at which the black population numbered in comparison to the white, and there was a vested interest in ensuring that they remained the minority through these measurements.⁶¹

On the ground, the public health nurses would have trouble even getting them into clinics due to the vast majority being tenant farmers, and working long hours throughout the week. Nurse Thompson had to extend the hours of the health department into Saturday in order to accommodate their work schedules. Her desire to reach out and help the African Americans in the community was strong, and she often referenced how difficult it was to dispense information and knowledge to them. “So many of them couldn’t read and didn’t have a radio and what always provoked me were the people that live on the plantation, the women who had the cooks, and the maids and the nurses for their children, they didn’t attempt to show them. They thought the more ignorant they were the better they could handle them. They wanted to keep them in darkness, and they did.”⁶²

There was much contention surrounding the illiteracy of the midwife, but this was often the case for many rural African Americans due to the segregated school system that favored whites. When working with those in the community, all nurses emphasized the importance of their work in the schools and with the children as being one of the most crucial projects. Nurse Lamb along with Dr. Cooper and his nurses would go into the schools to offer dental care and

⁶¹ Warren H. Booker, “The Value of Vital Statistics and Their Relation to Public Health Work,” *Health Bulletin of the North Carolina State Board of Health* 25, no. 4 (1912): 126.
<https://archive.org/details/bulletinofnorthc27nort>

⁶² Thompson, Interview.

measure malnutrition.⁶³ Nurse Holmes and Thompson described a much more thorough effort to address the needs of black children. When Nurse Holmes saw that the teenager in charge of teaching the children in her town couldn't even spell their names she contacted the superintendent to address the problem and find a more suitable instructor.⁶⁴ Nurse Thompson taught the children and their parents how to mend and sew new clothes to wear to school; she believed that helping the people she worked with to look better would improve their overall quality of life. "More than just treating people for disease, it was bringing them up to the point where they could appreciate the way they looked. Give them self respect."⁶⁵ These examples of the personal projects that black nurses undertook demonstrates not only the different approach that they took to their work, but the joy and sense of purpose that they gained from it, and this connection was apparent in every aspect of their jobs, especially with the midwives.

When Nurse Holmes supervised midwives she acted as a guide and a partner, and if she was going for a home visit that required an overnight stay she would stay with the midwife. As a result of this, the midwives were quite responsive to her supervision. "When I got to the midwife's house she was ready to go. She'd have her bag packed, and we'd go to the home after the birth to check on the mother."⁶⁶ When she would go with the midwife to visit mothers they equally shared in the work of replacing bandages, checking on the health of the baby and making sure the home was in good order. This mutual respect and cooperation detailed is a far cry from the defiant and ignorant midwives Nurse Lamb frequently described in her account. Yet, Nurse

⁶³ Lamb, Interview.

⁶⁴ Holmes, Interview.

⁶⁵ Thompson, Interview.

⁶⁶ Thompson, Interview.

Mary Kneedler, who operated in the Western part of the state with mostly white midwives, also had her own unique view of midwives.

In North Carolina the highest ratio of births attended by midwives happened in the eastern coastal plain counties, in which most registered midwives were black, and in the mountain region, where most registered midwives were white.⁶⁷ Because of greater populations and birth rates in the eastern counties, black midwives greatly outnumbered white ones.⁶⁸ While not as pervasive in the mountain region, granny midwives were still present in the pockets of black communities that existed within Appalachia, and were regulated and educated with their white counterparts. There were many similarities present between black and white midwives in North Carolina. According to Nurse Kneedler, both enjoyed tremendous respect within their respective communities, and tended to be older women who had been doing the work for many years. In some areas black midwives would care for Indian, white and other black women.⁶⁹ This was the case primarily because hospitals were not within reasonable distances to most of these women, regardless of color.⁷⁰ Yet, white women still had more privilege than black women. When more of an issue was raised across the state about the lack of care white women were receiving in mountain counties an influx of physicians made themselves available to go in free of charge for white mothers.⁷¹ Despite being as poor as black mothers, the white women in these communities still held more value to the people invested maternal health.

⁶⁷ E. R. Hardin, "Midwives," *North Carolina State Board of Health Bulletin* 39 (1924): 21-24.

⁶⁸ Mathews, "Killing the Self-Help Tradition," 68.

⁶⁹ Kneedler, Interview.

⁷⁰ S. H. Hobbes, "Births attended by Midwives," *North Carolina State Board of Health Bulletin* 42, no. 6 (1927): 31. <https://archive.org/details/healthbulletinse42nort>

⁷¹ Kneedler, Interview.

Nurse Kneedler hinted at why this was the case, claiming mortality rates were high among black women because of their perceived tendency to produce more children. “They loved to nurse the babies, black ones do [...] and they’ll keep on having them. They make good mothers, they love their babies.”⁷² While generally more positive about the impact of midwives, Kneedler also pointed out the problems she perceived with them. “These black ones, you know, were just too old, you didn’t become one until you were very old.”⁷³

Despite the increased attention on issues facing the black population by public health officials in their calls to action, economic instability and a reduction in federal funds resulted in only meager changes.

The majority of counties have some type of free health and medical services provided for those unable to pay. However, the access to health and medical facilities varies greatly according to the races and to the location. So despite the fact that whites and colored are living under similar natural conditions, there are differences in the health and medical facilities available for treatment, ability to pay for these services which may be available, and access to these facilities.⁷⁴

When statistics were gathered in 1947 it was found that there was only 1 black physician for every 6,916 black citizens, and out of 100 counties 34 did not even have a hospital, and those counties were primarily the ones with the highest population of African Americans compared to whites. Additionally, even if a county did have a hospital, there was no guarantee that a bed was available for a black person, with the ratio being only 1 bed for every 1000.⁷⁵ Thus, despite a

⁷² Kneedler, Interview.

⁷³ Kneedler, Interview.

⁷⁴ John R. Larkins, *The Negro Population of North Carolina: Social and Economic*, (Raleigh: North Carolina State Board of Charities and Public Welfare, 1944), 29. <https://archive.org/details/negropopulation00lark>

⁷⁵ Hubert B. Haywood, “Number and Distribution of Doctors,” In *Hospital and Medical Care for Our People* ed. Clarence Hamilton (Raleigh, 1947): 77. <http://archives.hsl.unc.edu/nchh/nchh-55/nchh-55-000.pdf>

rapid reduction in the number of midwives, there was little action being done to fill the gap in care this was creating for African Americans in rural communities.

With the inclusion of the experiences of public health nurses, the process of midwife elimination and education provides greater insights surrounding the obstacles that African American communities faced. The dismissive and sometimes hostile actions taken by white public health officials in order to greatly reduce the number of midwives demonstrates the lack of foresight or concern from a still deeply segregated state. The black nurses who navigated a system rampant with racism in order to provide quality care for underserved people represent the positive steps the state took in order to improve the lives of African Americans. These nurses proved to be among the few true advocates midwives and African American communities had. The issues of race, class and gender permeated every aspect of the work of midwives and nurses, and the approaches they took to public health resulted in drastically different experiences and perceptions. While many African American communities continued to suffer, the nurses who sought to improve their lives and health reveal a glimmer of authentic progress present in a state that continually failed its most vulnerable citizens. Just as the midwives saw a higher purpose in the work they did, Nurse Thompson succinctly explains the deeper meaning she saw behind her work. “Once you gave them self respect and a reason for being here and for living, then they could become proud. And I’d always tell them, ‘your self respect and pride is something nobody can ever take from you’.”⁷⁶

⁷⁶ Thompson, Interview.

Annotated Primary Source Bibliography

Booker, Warren H. "The Value of Vital Statistics and Their Relation to Public Health Work." *Health Bulletin of the North Carolina State Board of Health* 25, no. 4 (1912): 122-126.
<https://archive.org/details/bulletinofnorthc27nort>

This source provides information on the goals and efforts of the board of health in its establishment of the bureau of vital statistics. The section focused on measuring and documenting statistics related to the health of African Americans is its primary use.

Boyd, Mrs. James. "Moore County Maternity Welfare Committee." *Health Bulletin of the North Carolina State Board of Health* 53, no. 5 (1938): 8-10.
<https://archive.org/details/healthbulletinse53nort>

This source details the activities of a group of women in Moore County working with the public health department on issues of public health, particularly on the issue of the midwife and their aims for elimination.

Bradley, Frances S. and Margaretta A Williamson. "Rural Children in Selected Counties of North Carolina." *Rural Child Welfare Series* no. 2 (1918): 9-57.
<https://archive.org/details/ruralchildrenins18unit>

This source provides statistics and information on the state of health in rural counties. It talks extensively about the midwife's presence and work within different communities.

"Bureau of Maternity and Infancy." *The Twenty-Second Biennial Report of the North Carolina State Board of Health* (1928): 50-53. <https://archive.org/details/biennialreportof22nort>

This is mostly a source of statistics for the number of midwives operating in the state and the regulations relating to the issuing of their permits.

Cooper, George M. "Progress in Maternal and Child Health Work." *North Carolina State Board of Health Bulletin* 52, no. 2 (1937): 5-9. <https://archive.org/details/healthbulletinse52nort>

This source details Doctor Cooper's work with the child hygiene division and the installation of maternity centers in select counties.

Croom, A. B. "A Plea for More Rigid Asepsis in Obstetric Work." *Transactions of the Medical Society of the State of North Carolina* 61 (1914): 122-126.
<https://archive.org/details/transactionsfme61medi>

This source has many discussions between physicians in the medical society, especially regarding midwives and the health of African Americans.

Crumbine, S. J. "United Front for Child Health." *Health Bulletin of the North Carolina State Board of Health* 41, no. 11 (1926) 22. <https://archive.org/details/healthbulletinse41nort>

Information not only on the number of births and deaths for babies by race, but also the implementation of new regulations, as well as a particularly stereotypical portrayal of midwives.

"Dr. Rankin on the Situation." *North Carolina State Board of Health Bulletin* 27, no. 1 (1912): 30-31. <https://archive.org/details/bulletinofnorthc27nort>

Explains Dr. Watson Rankin's opinions on how best to provide rural citizens with adequate health care. He pushes for more progressive policies and believes rapid hospitalization is needed.

Dunn, Halbert L. "Natality and Mortality Data for the United States Tabulated by Place of Occurrence." *Vital Statistics of the United States 1940*, (1943): 104.
https://www.cdc.gov/nchs/data/vsus/vsus_1940_1.pdf

Provides infant mortality rates for the year of 1940 for every state in the U.S. Breaks down data by county for every state.

Ehrenfeld, Rose M. "Does Your County Have a Public Health Nurse?" *The North Carolina State Board of Health Bulletin* 36, no. 2 (1921): 7-12
<http://archives.hsl.unc.edu/nchh/nchh-04/nchh-04-036.pdf>

Nurse Ehrenfeld details the work expected of public health nurses in counties, also providing her opinion of how midwives

Gibbs, Virginia. "Establishing Good Relations." *Public Health Nurse* 12, no. 11 (1920): 927-930.
<https://archive.org/details/publichealthnurs1211nati>

Gibbs describes the work of public health nurses, as well as the need to work cooperatively with doctors.

Hardin, E. R. "Midwives." *North Carolina State Board of Health Bulletin* 39, no. 7 (1924): 21-24. <http://archives.hsl.unc.edu/nchh/nchh-04/nchh-04-039.pdf>

Hardin details his plan for the eventual elimination of midwives through means of stricter regulation.

Hardin, E. R. "Some Problems Ahead of Us." *North Carolina State Board of Health Bulletin* 42, no. 6 (1927), 19-26. <https://archive.org/details/healthbulletinse42nort>

Hardin details the difficulties the Public Health Department was facing in terms of the health of rural communities and the lack of hospitalization. There is a discussion of the role the Public Health Department can play in improving health for African Americans as well.

Hobbs, S. H. "Births attended by Midwives." *North Carolina State Board of Health Bulletin* 42, no. 6 (1927) 26-32. <https://archive.org/details/healthbulletinse42nort>

Mostly statistical data around infant mortality and the rates of midwives attending to white and black mothers.

Holmes, Edith MacNeil. Interview by Jane Abernathy Plyler, December 6, 1979. Jane Abernathy Plyler Papers #4230-z. Southern Historical Collection. The Wilson Library, University of North Carolina at Chapel Hill.

Edith Mac Neil Holmes joined the Halifax County Health Department in 1924. She began working in midwife supervision the following year and began training all 75 midwives in her county. In this interview, Holmes discusses her education, and work as a public health nurse. Holmes was black, and a recurring theme in the interview is the role of her own race in connecting with African-American, Native American, and mixed-race patients. She faced challenges from discrimination and segregation. She dealt with tuberculosis and tuberculin testing as well as venereal disease treatments and midwife supervision. This task included educating the midwives and mothers about maternity health. Holmes talks about the role of

poverty in public health issues and describes her efforts to secure resources for her patients. She also discusses the way of life of black tenant farmers in the 1920s and 1930s, as well as that of the African-American community in general.

“Importance of Midwife Control: Proposed Plan of Instruction Outlines.” *North Carolina State Board of Health Bulletin* 40, no. 8 (1925): 5-9.

<http://archives.hsl.unc.edu/nchh/nchh-04/nchh-04-040.pdf>

Details the functions and goals of the model county midwife regulations.

McWilliams, Ada Whitaker. (btvnc04018), Interviewed by Rhonda Mawhood, Enfield (N.C.), June 29, 1993, Behind the Veil: Documenting African-American Life in the Jim Crow South Digital Collection, John Hope Franklin Research Center, Duke University Libraries.

Interview with a midwife retired from work in Halifax County. She details the process of her work, the types of mothers she worked with, and the amount of birth she would attend.

“Midwife Control and Instruction.” *The Second Biennial Report of the North Carolina State Board of Health* (1928): 50-51. <https://archive.org/details/biennialreportof22nort>

Details the recommended regulations for midwives from the Bureau of Maternity and Infancy, as well as recommended future legislation.

Kneedler, Mary King. Interview by Jane Abernathy Plyler, October 18, 1979. Jane Abernathy Plyler Papers #4230-z. Southern Historical Collection. The Wilson Library, University of North Carolina at Chapel Hill.

Mary King Kneedler was the first public health nurse in Caldwell County. Most of her work with midwives occurred during the 1930's, and most of the midwives were white. The interview covers her work as a public health nurse. Kneedler explains the nursing tasks she performed, such as immunizations, treatment for venereal disease, health screening in schools, the education and regulation of midwives. She discusses folk medicine and the role of midwives and other lay medical practitioners in rural communities. She discusses difficulties traveling around remote mountain communities as well as the general quality of life for her patients in rural communities.

Lamb, Anne Eliza . Interview by Jane Abernathy Plyler, November 20, 1979. Jane Abernathy Plyler Papers #4230-z. Southern Historical Collection. The Wilson Library, University of North Carolina at Chapel Hill.

Anne Lamb worked in public health clinics under the supervision of Dr. George M. Cooper. The State Board of Health employed her to create a program regulating midwifery throughout North Carolina throughout the 1920's and 1930's. Lamb's interview centers on her work in maternal and child health and family planning. She discusses midwives and the effort to educate and

regulate them. She explains the process of enforcing these regulations and compares midwives in different communities in different areas of the state. Lamb talks about the folk medicine that she encountered in her work, especially the practices that related to pregnancy. Lamb also discusses her work in generalized public health nursing and her own life as a public health nurse.

Lamb, Anne and Swindell, Rebecca. "Training and Supervision of Midwives in North Carolina." *North Carolina State Board of Health Bulletin* 69 no. 5 (May 1954): 7-14.
<https://archive.org/details/healthbulletinse69nort>

Lays out data surrounding midwife supervisions from 1928 through 1954. Provides information on the number of midwives still practicing at the time and contemporary infant and maternal mortality rates.

Larkins, John R. *The Negro Population of North Carolina: Social and Economic*. Raleigh: North Carolina State Board of Charities and Public Welfare, 1944.
<https://archive.org/details/negropopulationo00lark>

Larkins highlights the many issues facing the African American population. He includes valuable information on the amount of access to physicians and hospitals they have and analyzes how the systems in place inadequately provide care.

Myers, Katherine. "The Midwife Factor in Infant and Maternal Health." *North Carolina State Board of Health Bulletin* 36, no. 9 (1921): 7-9.
<https://archive.org/details/healthbulletinse36nort>

Describes the need for more rigid midwife regulations in the face of high infant and maternal mortality rates in the South. Lays out the types of regulations Nurse Myers deems most appropriate, and how the Board of Public Health can improve her practice until elimination takes place.

"Notes on Maternal Mortality." *North Carolina State Board of Health Bulletin* 51, no. 12 (1936): 12. <https://archive.org/details/healthbulletinse51nort>

Statistics on maternal mortality after the providing of funds from the Social Security Act.

Paschal, G. W. "The Negro and Public Health." *Health Bulletin of the North Carolina State Board of Health* 27, no. 12 (1913), 99-102.
<https://archive.org/details/bulletinofnorthc27nort>

Paschal discusses the health problems facing the black population, as well as their presence being a factor in poor public health overall, and the need for the Public Health Department to expand efforts into their communities.

“Report of the Committee on Universal Combination of Examining Boards. *Transactions of the Medical Society of the State of North Carolina* 66 (1919): 309.

<https://archive.org/details/transactionsofme66medi>

Includes a direct response from Dr. Watson Rankin for how best the state should regulate midwifery. He believes that the counties should be individually responsible for the regulations related to the practice in order to save the state money.

Ross, R. A. “Granny Grandiosity.” *Southern Medicine and Surgery* 96, no. 2 (1934): 57-59.

<https://archive.org/details/southernmed961934char>

This is an account from Dr. Ross from his interaction with midwives during their annual inspection in Wake County. He emphasizes his distrust of their ability to maintain their bags, and doesn't believe they are capable of working with physicians.

“Special Child Welfare Nurse Project Report.” *Health Bulletin of the North Carolina State Board of Health* 49, no. 8 (1934), 6-12. <https://archive.org/details/healthbulletinse49nort>

Source provides statistics on how many counties had health departments, and the amount of white and black nurses working in them.

Thompson, Elizabeth McMillan. Interview by Jane Abernathy Plyler, September 29, 1979. The Jane Abernathy Plyler Papers #4230-z, Southern Historical Collection. The Wilson Library, University of North Carolina at Chapel Hill.

Elizabeth McMillan Thompson worked for the Cumberland County Health Department for thirty-eight years as a public health nurse, starting 1931. Thompson helped to organize the Midwife Institutes held at Fayetteville State University in the 1930s. She became president of the North Carolina Negro Nursesâ Association in 1936 and of the National Colored Nursesâ Association in 1942. In this interview, Thompson describes the tasks she performed as a public health nurse. She gave immunizations, dealt with quarantine requirements, and cared for patients. As her career progressed, she continued to give immunizations and inoculations to the public, made visits to schools, administered treatments for patients with venereal disease, and provided women with birth control. She educated midwives and oversaw maternal health issues in her area. She dealt primarily with the African-American community in Cumberland County, but she also worked with Native Americans. Thompson makes observations about the way of life of black tenant farmers in the 1920s and 1930s. In her work, she created a rapport with the African-American community and acted as an intermediary between white doctors and their black patients.

Vaughan, Kate Brew. “The Aims of the Bureau of Infant Hygiene to be Accomplished Through County Nurses.” *North Carolina State Board of Health Bulletin* 34, no. 11 (1919): 13-14.

<https://archive.org/details/healthbulletinse34nort>

This source documents the various tasks the Bureau of Infant Hygiene placed on nurses and the limited work that had already been accomplished.

Washburn, Benjamin E. *A History of the North Carolina State Board of Health, 1877-1925*. Raleigh, NC: North Carolina State Board of Health, 1966.
<https://archive.org/details/historyofnorthcawash>

Washburn traces the beginnings of the health department in North Carolina. He details the important campaigns launched by the department and the influential figures that occupied positions within it.

Wilson, Upton G. "Midwife But Not Mother." *Health Bulletin of the North Carolina State Board of Health* 53, no. 6 (1938), 4. <https://archive.org/details/healthbulletinse53nort>

This source, while brief, details the payments midwives usually received, and that many of them had delayed payment or none at all.

Secondary Sources

Annotated Secondary Source Bibliography

Barney, Sandra L. *Authorized to Heal: Gender, Class and the Transformation of Medicine in Appalachia, 1880–1930*. Chapel Hill: University of North Carolina Press, 2000.

In this book, Sandra Barney examines how health and medical care in Appalachia changed during the Progressive Era and focuses on the contributions of women volunteers in actively promoting professional medicine. Her focus is mainly on nurses, clubwomen and other female groups in bringing professional medicine to Appalachia. She explores the differences between the women during their efforts and what brought them together along with the male physicians they were benefitting. By examining the professionalization of male medical practitioners, the gendered nature of the promotion of their authority, and how they displaced the already existing community healers, especially midwives, Barney is able to fully explore how these tensions evolved within Appalachian society as the region was fundamentally reshaped during an era of industrial development.

Beardsley, Edward H. *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*. Knoxville: University of Tennessee Press, 1990.

Beardsley devotes the bulk of his study to the health problems of blacks in the South, and does a comparative study on the various means different states addressed these health problems. In addition to discussing many of the diseases and other health problems from which blacks suffered, he allows for a deep reflection on how the state of their health was directly impacted by their socioeconomic condition. Beardsley also offers an analysis of how the medical profession

in the South accommodated segregation, and how medical segregation, in turn, affected the quality and the availability of health care for the region's blacks. Beardsley offers abundant evidence that the medical establishment and public health initiatives contributed little to substantial progress.

Bonaparte, Alicia D. "The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940." PhD diss., Vanderbilt University. Nashville, 2007.

<http://etd.library.vanderbilt.edu/available/etd-07252007-122217/unrestricted/bonapartedisertation2007final.pdf>

Bonaparte's primary focus is on midwives in South Carolina during the early twentieth century. While she does briefly span the history of black midwifery, she mainly details the upheaval associated with midwifery due to the push to turn obstetrics into a legitimate medical field, using accounts from South Carolina to demonstrate a change that was occurring throughout the United States. She uses medical journals and first hand accounts from both nurses and midwives to create a compelling documentation of the impact of the Sheppard-Towner act on the practice of midwives in the South. Her exploration of the politics of race, and popular representations of black midwives in newspapers and medical journals in ending the practice is particular interesting and notable.

Davis, Sheila and Cora Ingram,. "Empowered Caretakers: a Historical Perspective on the Roles of Granny Midwives in Rural Alabama," In *Wings of Gauze: Women of Color and the Experience of Health and Illness*, ed. Susan E. Cayleff and Barbara Bair, 191-214. Detroit: Wayne State University Press, 1993.

The authors of this piece directly link the racist health care system in place in the South, particularly Alabama, with the popularity and prevalence of the midwife. They focus not just on the challenges that midwives had in the face of a biased system trying to rid healthcare of them, but the difficulties African American women and men had in even receiving care at all. Her exploration of the institutionalized racism that sought to eliminate the midwife and maintain systems of inadequate care for African Americans mark a shift towards examining midwives within the context of larger systems and their communities.

Dougherty, Molly C. "Southern Midwifery and Organized Health Care: Systems in Conflict." *Medical Anthropology* 6, no. 2 (1982): 113-126.

Dougherty traces the beginnings of the end of midwifery through its relationship with professionalized health care. The study extends to midwives in both the North and the South with specific attention paid to the prevalence of midwifery in the South for significantly longer period of time than the North.

Dougherty, Molly C. "Southern Lay Midwives as Ritual Specialists." In *Women in Ritual and Symbolic Roles*, ed. Judith Hoch-Smith and Anita Spring, 151-164. New York: Plenum Press, 1978.

Dougherty explores the spiritual nature of midwifery in the South, and the way in which information was transmitted from one midwife to the next, as well as looking at the way in which midwifery directly conflicted with modern ideas of obstetrics. She also analyzes how midwifery practices were forced to change and adapt due to the encroachment of professionalized obstetrics.

Fraser, Gertrude Jacinta. *African American Midwifery in the South: Dialogues of Birth, Race, and Memory*. Cambridge, MA: Harvard University Press, 1998.

In her book, Fraser documents African American midwives in the South. She details not only their practices and role in the community, but also the response to these women by white medical, public health, and nursing professions in their effort to improve birth outcomes. Utilizing medical journals and articles published during the early twentieth century she is able to demonstrate the growing contempt surrounding midwives, not simply from a medical standpoint, but also detailing the influence that race had over the continued eradication of black midwives. Through her exploration of the larger context of efforts by public health providers to control and care for the black community, she provides a deeper understanding of role of the midwife, and the way public memory and race relations have influenced understanding of her contributions to the black community.

Ladd-Taylor, Molly. "'Grannies' and 'Spinsters': Midwife Education under the Sheppard-Towner Act." *Journal of Social History* 22, no. 2 (1988): 255-75.
<http://www.jstor.org.proxy177.nclive.org/stable/3788221>.

Ladd-Taylor explains in her work that by reducing the number of practicing midwives through new requirements and regulations, medical personnel acting under Sheppard-Towner dismantled a necessary component of health care in poor areas. She argues that the disproportionate amount of maternal and infant deaths in black and Hispanic communities were not, as physicians and nurses alike often alleged, because of midwives. She believes the mortality rates would actually have been higher without them. Despite the noble intentions of health reformers and the contributions of their work, the midwife training programs the implemented deprived many women of birth attendants and didn't substitute this with adequate medical services in their communities. She argues that through their cultural ignorance, reliance on state authority, and blind faith in modern medicine the women involved in the implementation of Sheppard-Towner took childbirth and maternity care out of the hands of women and actually contributed to the decline of midwifery, despite its attempts to medicalize it. This work is one of the first and only works focused solely on how the Sheppard-Towner act influenced the lives of black midwives and their profession, making it an incredibly important contribution to the study of black midwives roles in their communities around this time.

Litoff, Judy Barrett. "Forgotten Women: American Midwives at the Turn of the Twentieth Century." *The Historian* 40, no. 2 (1978): 235-51.

<http://www.jstor.org.proxy177.nclive.org/stable/24444852>.

Litoff look at midwives across the United States, with notable significance placed on Southern black midwives, and the way midwifery declined according to regions. She details the success of

various states in their attempts towards elimination, as well as the often racist tactics utilized by physicians to target black midwives in particular. This article signaled a shift in scholarship towards documenting how midwifery declined in various regions, with emphasis on the regions that remained strongholds for midwives such as the South, with the element of race playing a much more important role in elimination than as explored in previous works..

Litoff, Judy Barret. *American Midwives: 1860 to the Present*. Westport, CO: Greenwood Press, 1978.

Litoff's book provides a narrative of the twentieth-century debate over the role of the midwife in childbirth. Litoff makes clear the ambiguity and ambivalence surrounding the issue of education and licensing for midwives. With growing alarm over infant and maternal mortality rates great attention was paid to the midwife throughout the progressive era. While Litoff argues that there responsibility for such high rates rested as much on general practitioners as midwives, the medical leaders at the time launched a campaign against midwives that Litoff argues led to their elimination. Litoff believes that public health officials were most supportive of the midwife, with calls for training over elimination.

Mathews, Holly F. "Killing the Medical Self-Help Tradition among African Americans: The Case of Lay Midwifery in North Carolina, 1912–1983." In *African Americans in the South: Issues of Race, Class and Gender*, ed. H.A. Baer and Y. Jones, 61–78. Athens: University of Georgia Press, 1992.

Mathews' in depth look at the lives and traditions of lay midwives in North Carolina offers a plethora of research and analysis into the contribution that these midwives made to their local communities. Because a large majority of these women were African American, her work is very relevant to the overall topic. She details not just the role that they played in their communities as liaisons with local physicians and medical personnel, but also the overall benefits that came with having these women as participants in the process of childbirth on the outcome of infant mortality. She discusses the tactics and reasoning behind their elimination by medical professionals and argues that they have not been adequately replaces since they were eradicated. Her research is incredibly valuable to the overall study of midwives during the Sheppard-Towner act, and her focus on North Carolina provides an extra level of interest and relevance.

Mongeau, Beatrice, Smith, Harvey L and Maney, Anne C. "The 'Granny' Midwife: Changing Roles and Functions of a Folk Practitioner." *American Journal of Sociology* 66, no. 5 (1961): 497-505.

Sociologists Beatrice Mongeau, Harvey L. Smith and Ann C. Maney in their study "The "Granny" Midwife: Changing Roles and Functions of a Folk Practitioner" brought the issue of the disappearing institution into the academic limelight. Their research stands out not only because of its novel take on the midwife's role and contribution to her community, but because at the time of its publication midwives were still practicing in small numbers across the South. The study of this disintegrating group of women relies heavily on field work done in several counties across North Carolina, which enabled the sociologists to not only trace the long history of

midwifery, but to begin to understand the effects that the intense campaign for elimination throughout the early twentieth century had on how these women perceived themselves and their roles. This study proved to later be an invaluable resource to historians and others in the field of sociology in further analyses.

Norton, Roy J. W. "History of Public Health in North Carolina." in *Medicine in North Carolina: Medical Education and Medical Service in North Carolina* vol. 2, 581-622. Raleigh: North Carolina Medical Society, 1972.

This book, while published over forty years ago, provides a detailed look at an array of topics relating to healthcare in North Carolina that has yet to be updated in any recent studies or publications. This chapter in the book deals primarily with the various initiatives for public health put forward from the early twentieth century into the time that the book was published. It outlines the important people involved in the Public Health Department and the various rates of success different programs had and in what counties.

Ross, Robert A. "The Midwife in North Carolina Since 1587." in *Medicine in North Carolina: Medical Education and Medical Service in North Carolina* vol. 2, 657-668. Raleigh: North Carolina Medical Society, 1972.

This chapter of the book is concerned with detailing the midwife in North Carolina from early on, with primary focus being on the various policies directed towards midwives in order to end their services in the state. It discusses both the black and midwives in the state, and various statistics for their presence in particular areas.

Smith, Susan. "White Nurses, Black Midwives, and Public Health in Mississippi, 1920-1950." In *Women and Health in America*, ed. Judith Walzer Leavitt, 444-458. Madison: University of Wisconsin Press, 1999.

Smith pulls on earlier explored ideas of the racial dynamics in public health, with a focus on the role of public health nurses that had yet to be fully explored in depth. The complex interactions between primarily white nurses and primarily black midwives, Smith argues, provided a platform for midwives to become even more connected to the health care of their communities and allowed for the minute success of public health work in those communities. She presents a unique case for Mississippi being one of the few states that utilized the midwife's skills and communal connection rather than setting out with a direct intention for elimination.