December, 1999

African American Midwifery in the South: Dialogues of Birth, Race and Memory, by Gertrude Jacinta Fraser

Patricia Evridge Hill, *San Jose State University*

H-Net Reviews
in the Humanities & Social Sciences

Gertrude Jacinta Fraser. *African American Midwifery in the South: Dialogues of Birth, Race and Memory.* Cambridge, Mass.: Harvard University Press, 1998. ix + 287 pp. $39.95 (cloth), ISBN 978-0-674-00852-6.

Reviewed by Patricia Evridge Hill (Department of Social Science, San Jose State University)
Published on H-SAWH (December, 1999)

Recalling Midwifery as Both a Source of Pride and a Sign of Deprivation

University of Virginia anthropologist Gertrude Jacinta Fraser has written an absorbing, provocative account of the gradual elimination of African-American midwives from a county in Virginia's Piedmont between 1920 and 1960. Central to the story is Fraser's exploration of how residents in the 1980s and 1990s recalled this transition and attempted to make sense of a past that simultaneously evoked pain, warmth, and nostalgia for a more interdependent community.

Fraser's study is based on a combination of archival sources and fieldwork, including more than 100 interviews with African Americans in a county of 12,000 residents. Interestingly, Fraser spoke to only four women who called themselves midwives and five who delivered babies but rejected the title. The county's lone public health nurse represents her profession. The small sample of midwives makes the book more a narrative about how a community remembers midwifery than a first-hand history of African-American midwifery in the South. That said, Fraser's subtitle, which best describes her work, is a fascinating subject in its own stead.

As a historian, I'm more comfortable with oral history "sources" than Fraser's anonymous "informants" and with a named place than pseudonymous "Green River County." Lacking appendices, transcripts, place names, or the actual names of interviewed individuals, readers must accept or reject Fraser's interpretations of her fieldwork without historians' customary level of documentation. (She proves herself a sound interpreter of sources in the book's first half, which is largely based on traditional archival and secondary sources.) Disciplinary quibbles aside, anthropologists have added a great deal to our understanding of how people interpret the past, and medical anthropology in particular has taken the lead in articulating women's selective compliance with and resistance to the process of medicalization in the twentieth century.[1]

African American Midwifery in the South is especially strong on a conceptual level. Fraser highlights the refusal of southern whites to emphasize environmental and structural causes of maternal and infant mortality among blacks. Her research illuminates the unidirectional lines of authority that marked midwives' relationships with public health nurses and obscured possible models of health-care delivery that would have blended access to scientific advances, affordability, and succor. Fraser correctly points to hospital births as a marker of status among some African Americans and as an indicator of progress among others. Characteristic of Fraser's ability to explain county residents' often ambiguous responses to midwives is her assertion that "their involvement in birth and death, their supposed ability to mediate between the real and supernatural world, and their authority in spheres of knowledge closed off to ordinary persons meant that midwives had been regarded with what might be described as awe." As a result, public health officials' campaigns to discredit midwives "may have overlayered existing ambivalent attitudes toward these women" (p. 143).

In Chapter Eight, Fraser provides a highly original explanation of why older women in the county, who still admire and respect the midwives who delivered their own children, consider the medicalization of childbirth "inevitable and not necessarily detrimental" (p. 165). While refusing to condemn the old ways, "Green River County" residents believe that women's and children's bodies have changed along with changes in the community. They don't expect traditional practices to be salient to a new generation. For example, some women with knowledge of medicinal herbs refused to treat their grandchildren with them because "younger bodies did not work according to the principles with which they were familiar" (pp. 170-71).

Fraser positions her work as an alternative to narratives of "great men" and those of "midwifery on the rebound." Such interpretations portray midwives as retaining or regaining their autonomy despite public health officials' denunciations. Some also promote a romanticized image of cooperation between black midwives and white doctors and nurses. Fraser advocates a third strategy that "stresses the gradual destruction of the African American midwifery tradition over the first half of the twentieth century" (p. 40). Although she recognizes that these approaches need not be mutually exclusive and includes a study of Virginia's influential state registrar, William Plecker, in Chapter Three, Fraser's historiographic preference for the "suppressed midwifery" narrative is clear and a bit strident. This may be the result of her focus on a particular county in Virginia and the public health personnel involved at both the state and county level. Certainly, Fraser's descriptions of Plecker, a eugenicist who directed midwives to maintain racial distinctions and "basically controlled public health in Virginia through most of the first half of the century," and "Mrs. Stewart," the county's long-time public health nurse, who thought black women "ignorant" for relying on older women from their own community, make anyone contemplating a top-down study pause (pp. 38, 222-23).

Still, individual policy makers and medical personnel made/make a difference. For example, the value of a study of public health leadership in South Carolina shifts considerably after 1940 when Dr. Hilla Sheriff, a liberal committed to the use of federal funds to improve health care for African Americans despite a recalcitrant and racist state legislature, took over conservative James Hayne's bureau of maternal and child health. Similarly, accepting Fraser's caveat concerning the unidirectional lines of authority between public health nurses and midwives, one can much more easily imagine nurses who were more open-minded than "Mrs. Stewart," such as South Carolina's Laura Blackburn, Maude Callen, Eula Harris, and Eugenia Broughton, designing a midwife-training program that "allowed midwifery to continue as a birthing alternative" (pp. 41-42). My point here is that although Fraser's choices served her well in the case of Virginia, a variety of narrative strategies may be appropriate given different historical actors throughout the South.[2]

Fraser sets forth some of her most compelling conclusions in Chapters Ten and Eleven. Interview subjects spoke in detail about African-American women's efforts to define and control risks during pregnancy and midwives' influence and admonitions during the postpartum period. The interviews demonstrate that midwives' models for the delivery of the placenta and treatment of the umbilical cord differed from those of public health officials. According to Fraser, "incidents of resistance to the educational agenda of medical personnel often occurred over these explicitly noninvasive methods of treating the body or maintaining its health" (p. 235). In contrast, interview subjects had very little to say about the actual delivery of a child–a situation in which a midwife's abilities, traditional practices, or the exigencies of a medical emergency might require that she put her hands into the birth canal. Both older women and older men interviewed by Fraser knew of the legal prohibitions against midwives doing so. The subjects' unwillingness to describe techniques used by midwives or recall details of deliveries are insightfully interpreted by Fraser as less obvious signs of resistance. As a fourth-generation midwife told Fraser on the subject of entering the birth canal, "They [midwives in her grandmother's time] knowed how. . . . I know how too. But I am not allowed to do it. And I wouldn't do it for nothing cause its against the law.' " This insight, along with county residents' silence on the subject, indicates that Fraser is correct to read between the lines (p. 155).

In conclusion, Professor Fraser treats readers to a well-written study, impressive both conceptually and in its execution. Her ability to interpret her subjects' silences, as well as the information they provide, makes this volume useful to historians and social scientists studying women's health, southern history, African-American communities, and professional rivalries among practitioners. In addition, Fraser's intellectual honesty when the residents of "Green River County" refused to tell her what she wanted to hear confirms her credibility and provides an excellent model for graduate students.

Notes

[1]. See, for example, Margaret Lock and Patricia A. Kaufert, eds., *Pragmatic Women and Body Politics* (New York and Cambridge, England: Cambridge University Press, 1998) and Robbie E. Davis-Floyd and Carolyn F. Sargent, eds., *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives* (Berkeley: University of California Press, 1997).

[2]. See my profiles of Maude E. Callen and Hilla Sheriff in Lois N. Magner, ed., *Doctors, Nurses, and Medical Practitioners: A Bio-Bibliographical Sourcebook* (Westport, Conn. and London: Greenwood Press, 1997). Susan L. Smith analyzes the complex relationships between Mississippi midwives, public health nurses, and state officials in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

If there is additional discussion of this review, you may access it through the network, at:

https://networks.h-net.org/h-sawh

Citation: Patricia Evridge Hill. Review of Fraser, Gertrude Jacinta, *African American Midwifery in the South: Dialogues of Birth, Race and Memory*. H-SAWH, H-Net Reviews. December, 1999.

URL: http://www.h-net.org/reviews/showrev.php?id=3642