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Second Sight: Granny Midwives as Insurgent Proponents of Black Health in the Progressive Era

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Abstract

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This project explores the lives and work of granny midwives in the early twentieth century. Granny midwives were Black women lay midwives whose practice consisted of a complex combination of West African spirituality and medical care deployed to assist Black mothers in pregnancy, delivery, and fertility. Through centering the voices and experiences of the midwives, this project demonstrates the various ways that ordinary, rural, and often poor Black women have resisted. Amid regulation, supervision, and attempts to curtail the midwives' traditional religio-medical practice, the midwives resisted, providing delivery services and relying on their ethic of care that centered community and healing. This resistance continued even after the formal Progressive Era in cities such as Baltimore Maryland. In Baltimore, the skeptical reading of the historical archive indicated the presence of networks of abortion care with which the granny midwives operated despite the crushing legal consequences. Analyzing a granny midwife's oral history as a trickster narrative in comparison to the activism of other Black organizations such as the National Medical Association and the Tuskegee Institute, demonstrated the sophisticated resistance that was Black women's movement within the silence. Together the chapters demonstrate the complex ways that Black women granny midwives have complicated the histories of obstetrics and gynecology, modern medicine, abortion, and activism. Their work of silent resistance cultivated healing and life in a society fraught with racial violence and inequality and positions them as influential figures in the fight for Black American life.

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Introduction

African American folk healing also known as Hoodoo or conjure was and is a religio-medical tradition derived from West African spiritual practices and passed down through generations to solve many physical, relationship, and interpersonal problems. One aspect of this folk healing was midwifery, specifically granny midwifery. Out of the three types of midwifery, formal nurse-midwifery, lay midwifery, and granny midwifery, granny midwifery was a unique subset of lay midwifery dominated by Black women who had a spiritual calling to the vocation.¹ According to professor of sociology at Rutgers University, Katrina Hazzard-Donald, granny midwives utilized “prayer, incantation, potions, amulets, sacred objects, procedures, and rituals” for protection and healing in birthing and fertility.²

The stories of the women that guide the analysis of this project were granny midwives who lived between 1900 and 1945, usually in rural areas of the South, and some were even formerly enslaved. Because African spiritual traditions were so important to the practice of granny midwifery, it is also important to note the historical significance of these systems. In her book, *Black Magic and the African American Conjuring Tradition*, professor of religion, Yvonne Chireau, emphasized that “supernatural traditions were integral to the slave’s strategies of resistance.”³ In this manner, the unique enmeshment of spirituality, healing, resistance, and medicine utilized in the tradition of granny midwifery sustain this project, and demonstrate why

¹ Alicia D. Bonaparte, “The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940.” Doctoral Dissertation, Vanderbilt University, 2007, 1.

² Katrina Hazzard-Donald, *Mojo Workin’: The Old African American Hoodoo System* (University of Illinois Press, 2012), 139.

³ Yvonne Patricia Chireau, *Black Magic: Religion and the African American Conjuring Tradition* (University of California Press, 2003), 17.

their experiences are central to exploring the historical context of the early twentieth-century reform.

The debate around the term ‘granny’ largely summarizes the practices of the midwives and their conflict with scientific medicine. Professor of English at Ohio State University, Valerie Lee, explained the term *granny* as a weaponized “label” loaded with a multitude of terms aimed at reminding Southern Black women birth attendants that their bodies, age, and knowledge were illegitimate.⁴ Although some may perceive the term, granny, as a derogatory and belittling label that fails to acknowledge the vast wisdom the midwives held, others such as scholars such as Lee have concluded that the term originally developed within the Black community who revered and respected their knowledge. When after white communities began to associate the term with ignorance and dirtiness, the women recovered the term taking it as their own to derive from “grand” meaning wise, knowledgeable, and most importantly an active member in their communities.⁵

The women featured in this project operated during a time of great social upheaval in the United States commonly known as the Progressive Era. Spanning from the late 1800s to the 1920s, the Progressive Era sought to cultivate government solutions for societal ills including economics, government, and health.⁶ Regarded as the birth of modern America, this era saw the development of the Federal Reserve system, national regulatory agencies like the Federal Trade

⁴ Valerie Lee, *Granny Midwives and Black Women Writers: Double-Dutched Readings* (New York, New York: Psychology Press, 1996), 5.

⁵ Valerie Lee, *Granny Midwives and Black Women Writers*, 5.

⁶ John Whiteclay Chambers, *The Tyranny of Change: America in the Progressive Era, 1890-1920* (Rutgers University Press, 2000), xi, x.

Commission, and even the implementation of white women's right to vote in the Nineteenth Amendment.⁷

The ideals of *progress* and reform touched many aspects of American social and economic life including the medical field. According to scholar James Burrow, the primary aims of medical reform during the Progressive Era were to increase the role and presence of the formally trained and licensed physician.⁸ This meant the decline of the midwifery system and especially that of Black granny midwives in favor of scientific medicine through both racist and misogynistic legislation and popular opinion.⁹

However, racial segregation, Jim Crow, was also at its height during this time. As a result, another problem Black women encountered due to this shift in thinking and "era of denial" was access to quality healthcare.¹⁰

Given the historical importance of Black women's fertility, pregnancies, and deliveries since the time of enslavement, and the lack of proper healthcare for Black communities in the years following emancipation, this project seeks to understand how granny midwives persisted in sustaining folk healing practices and/or provide quality healthcare to Black women when few else would. This project asks, what were the ways that the midwives served their community amidst violence, how did their traditional knowledge inform their work, and in what ways did they and their community respond to the changes around them?

⁷ Lewis L. Gould and Courtney Q. Shah, *America in the Progressive Era, 1890-1917*, Seminar Studies (Milton, New York: Taylor & Francis Group, 2021), ix.

⁸ James G. Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Baltimore, MD: The Johns Hopkins University Press, 1977).

⁹ Bonaparte, "The Persecution and Prosecution of Granny Midwives," 10-12.

¹⁰ Edward H. Beardsley, "Race as a Factor in Health," in *Women, Health, and Medicine in America*, ed. Rima D. Apple (New York: Garland Publishing Inc., 1990), 123.

Previous studies of the history of midwifery often center the struggles of white women. Those studies that do investigate the relationship and history of Black women midwives and Black women granny midwives often exclusively trace their interactions with health boards or portrayal in medical journals.¹¹ Furthermore, previous studies on specifically granny midwives fail to merge the religious history and the medical history only emphasizing one while maybe alluding to another. My project seeks to not only tell the story of granny midwives and their battles against institutionalized medicine and public opinion but also their reception in the Black activist organizations all while highlighting the undercurrent of insurgency and resistance that emerges with the midwives' use or retention of African-derived religious practices. This project will center the experiences of the Black women who were at the core of the controversy with the historical backdrop of the Progressive Era and exclusion. Centering the voices and experiences of the granny midwives allows us to understand the ways that the midwives have resisted the complex and racist social environments of their time.

Using the innovative historical approaches of scholars Saidiya Hartman and LaShawn Harris, this project utilizes records of what other sources such as reports, journal articles, and popular publications said about the midwives to reconstruct the inner worlds of the midwives.¹² This thesis also builds on the work of Alicia Bonaparte, Leslie Reagan, Madeleine War, Cara Delay, Beth Sundstrom, Susan Lynn Smith, Sharla Fett, and Stephanie Mitchem.¹³

¹¹ Bonaparte, "The Persecution and Prosecution of Granny Midwives," 10.

¹² Saidiya Hartman, "Venus in Two Acts," *Small Axe* 12, no. 2 (2008): 1–14.; LaShawn Harris, *Sex Workers, Psychics, and Numbers Runners: Black Women in New York City's Underground Economy* (University of Illinois Press, 2016).

¹³ Alicia D. Bonaparte, "The Persecution and Prosecution of Granny Midwives in South Carolina, 1900-1940," July 30, 2007, <https://ir.vanderbilt.edu/handle/1803/13563>.; Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (University of California Press, 1997).; Madeleine Ware, Cara Delay, and Beth Sundstrom, "Abortion and Black Women's Health Networks in South Carolina,

To accomplish this, the project draws upon a wide range of both secondary and primary sources. The secondary sources will include books such as *Sick and Tired of Being Sick and Tired* and articles such as “Germs and Jim Crow: The Impact of Microbiology on Public Health Policies in the Progressive Era”, to lay the historical foundation of the project. The primary sources guide the narrative of the thesis and include the oral histories of midwives or physicians who worked closely with them, medical journals such as the *Journal of the American Medical Association*, Black periodicals such as *The Baltimore Afro-American*, as well as official records of the National Association for the Advancement of Colored People (NAACP) and, US Bureau of Labor Statistics.

Chapter 1, “The Clash of Care,” investigates how the midwives navigated the changing medical landscape of the Progressive Era. Most importantly, it argues that the midwives abided by an ethic of care that grounded their practice in healing and community during much change to midwifery standards, Black medical education, the professionalization of medicine, and the rise of Jim Crow.

Chapter 2, “Lose Your Daughter,” critically investigates reports of many midwives’ arrests in Baltimore, Maryland even after the end of the formal Progressive Era, which had reinforced the criminalization of their practice. Demonstrates how midwives sustained networks of abortion care although laboring under the threat of legal consequences. In the context of anti-abortion movements launched by the American Medical Association, the legacy of the

1940–70,” *Gender & History* 32, no. 3 (2020): 637–56, <https://doi.org/10.1111/1468-0424.12503>; Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women’s Health Activism in America, 1890-1950* (University of Pennsylvania Press, 2010).; Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Univ of North Carolina Press, 2002).; Stephanie Mitchem, *African American Folk Healing* (NYU Press, 2007).

Progressive Era, and the recent emergence of men into delivery of babies, communal abortion practices become another means by which the midwives resisted the authority of those around them, while meeting the real needs of women.

The final chapter, “Sound and Silence” explores how Black activists and activist organizations of the time went about attacking the problem of insufficient Black healthcare. While the chapter explores the ways that other Black groups advocated for better healthcare by increasing public discourse and direct action, it also details how many failed to defend the granny midwives. However, by reading the oral histories of granny midwives as trickster tales of the African and African American folktale tradition, the silence of the midwives becomes advocacy. Investigating the midwives’ advocacy in the broader context of African derived knowledge systems from storytelling to their traditional midwifery practices allows us to recognize granny midwives’ work as radical advocacy. It indicates how traditions of African knowledge have helped the midwives navigate the racially oppressive society around them.

Together these chapters display the various ways that midwives advocated for care and healing within medicine during a time of increasing racial oppression and the professionalization embodied in the Progressive Era. When we consider the tradition, knowledge, care, and generosity the women infused into their practices within the historical context of reform, criminalization, and medical activism, ordinary Black women living in a tumultuous time become radical proponents of Black health and life.

Chapter 1

The Clash of Care

“These old ‘mamas’ had magic charms over the mysteries of birth and life. They were charms handed down from one generation of midwives to another and it is likely that they could be traced to Africa.”¹⁴ – Lavinia McKee, Midwife

Like herb doctors, and conjurers, lay Black or Granny midwives were healers of women on the American plantation and practitioners of religious traditions derived from their African heritage.¹⁵ Their work was a gift and a calling passed from one woman to the next and generation to generation.¹⁶ Although they provided birth care, their practices transcended the limits of healthcare. Granny midwives, grannies, or grannymothers were integral to the growth and proliferation of Black communities from the times of enslavement through the mid-twentieth century. The care they provided included what today’s society would consider a radical form of healthcare to some of the most vulnerable women in the country. From enslavement, forward, the work of granny midwives was that of caring for Black mothers and Black life. In her oral autobiography, Alabama granny midwife, Onnie Lee Logan, declared that “your grannymother delivered you. She was the first one to put hands on you. She’s the one that made you cry and she put breath in you.”¹⁷ In this proclamation, the delivery of a Black child was more than a physical entrance of one newborn into Earth, but a communal welcoming conducted by granny

¹⁴ Lavinia McKee, “Midwivery Not What It Used to Be,” 27 January 1939, Folder 874, *Federal Writers’ Project Papers #3709 1936-1940*, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

¹⁵ Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002), 11, 36.

¹⁶ Sharla Fett, *Working Cures*, 53. And Lula Russeau, “Mid-Wives are Called Grannies,” 15 December 1938, Folder 9, *Federal Writers’ Project Papers #3709 1936-1940*, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 54.

¹⁷ Onnie Lee Logan, *Motherwit: An Alabama Midwife’s Story* (Untreed Reads, 2013), 31.

midwives and received by generations of knowledge. This declaration demonstrated the central role that granny midwives held in birth and Black communal life.

The Progressive Era, which was from the 1890s to the early 1920s, was no different. The midwives whose voices speak in this chapter provided care during a time of great upheaval and change in society broadly and in the medical landscape particularly. During this time the government crafted and enforced Jim Crow segregation laws that touched every aspect of Black life, including quality of health and healthcare. Common water borne diseases of the time such as whooping cough, cholera, and typhoid fever had a fatal Black death rate that was twice that of the US white population.¹⁸ Other diseases such as malaria and pellagra were up to eleven times more fatal for Black citizens.¹⁹ However, these fatalities were the unfortunate result of other inequalities that affected the health of Black Southerners including conditions under which they sheltered. All throughout the South strict segregation laws prohibited Southern Black residents from living amongst white residents and relegated far too many of them to substandard living conditions. In cities such as Richmond, Virginia, scholar Andrea Patterson described the local housing conditions as overcrowded and unsanitary to the point where one resident characterized them as “piled up on each other like rats in a trap.”²⁰ In communities such as these, the most successful businessperson in the community was the undertaker.²¹ When Black residents, who still largely lived in rural communities, did have access to healthcare amenities such as hospitals, those facilities were also segregated, poorly-funded, poorly-staffed, and poorly-equipped. Before

¹⁸ Andrea Patterson, “Germs and Jim Crow: The Impact of Microbiology on Public Health Policies in Progressive Era American South,” *Journal of the History of Biology* 42, no. 3 (October 29, 2008): 532-533, <https://doi.org/10.1007/s10739-008-9164-x>.

¹⁹ Andrea Patterson, “Germs and Jim Crow,” 533.

²⁰ Andrea Patterson, “Germs and Jim Crow,” 536.

²¹ Andrea Patterson, “Germs and Jim Crow,” 536.

the establishment of a Black hospital in Newport News, Virginia, segregation laws forced Black patients to wait for medical assistance in the city jail rather than sit in the waiting room with white patients.²² When Black patients did get the chance to see white physicians, they often encountered their haphazard care and a deep fear of unauthorized medical experimentation.²³ Black residents could not rely on Black doctors either. In historian John Dittmer's book, *Black Georgia in the Progressive Era*, he recounted that in 1914 Georgia, eighty-eight counties in Georgia had no Black doctors.²⁴ The landscape of Jim Crow legislation maintained a system of living and healthcare that was devastating to Black life.

Reformers of the time found such staggering mortality data embarrassing. Scholar James Burrow described the aims of the turn of the twentieth century in the eyes of reformers as “freeing mankind from the ‘ancient scourges’ of war, poverty, and disease.”²⁵ Likewise medical “reformers” like Dr. Frances Bradley took a special interest in “rural reform.”²⁶ Dr. Bradley was one of the first women to graduate from Cornell University's school of medicine, and like many medical professionals of her time, she believed that a widespread presence of healthcare with a foundation of biomedical science was an indicator of a country's social progress.²⁷ Physicians such as Bradley saw themselves at the forefront of both healthcare and society. Their self-

²² Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (New York: Oxford University Press, 1995), 13.

²³ Vanessa Northington Gamble, *Making a Place for Ourselves*, 13.

²⁴ John Dittmer, *Black Georgia in the Progressive Era, 1900-1920* (University of Illinois Press, 1980), 36.

²⁵ James Gordon Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Johns Hopkins University Press, 1977), 3.

²⁶ James Gordon Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Johns Hopkins University Press, 1977), 63.

²⁷ Lloyd Taylor, *The Medical Profession and Social Reform*, 74.

appointed role was to secure the position of United States as a modern nation. Consequently, they took up the charge of medical reform.

In the context of the new field of obstetrics, this *progress* meant that every pregnant woman ought to have a physician monitor and care for her throughout her pregnancy and delivery.²⁸ However, these aims failed to consider the state of healthcare for Black women who largely lived in Southern, rural areas. Lack of access and poor housing combined with strict segregation laws placed granny midwives like Onnie Lee Logan on the front lines of Southern Black healthcare.²⁹ In her oral autobiography, Logan narrated the realities of healthcare for rural Black people and failed encounters with doctors. Logan affirms John Dittmer's findings of few trained health professionals. She explained that their community often lacked doctors, clinics, and hospitals.³⁰ If someone did ever call a doctor, he "*might*" come tomorrow.³¹ In this manner, the work of the granny midwives filled an urgent gap in medical care for Black women. The actions they took to provide physical and spiritual care based on ancestral legacies, constituted an ethic of radical generosity that opposed the aims and attempts of Progressive Era medical reformists to dishonor and dismantle the granny midwives' contributions to Black communities' healthcare needs.

Despite the overwhelming neglect, and poverty that Black Southerners faced, many granny midwives continued practices and abided by principles that outlined a radical ethic of healing rooted in what would become part of the African American spiritual tradition. Professor of Religious Studies at the University of South Carolina, Stephanie Y. Mitchem argued that this

²⁸ Lloyd Taylor, *The Medical Profession and Social Reform*, 74.

³⁰ Onnie Lee Logan, *Motherwit*, 33.

³¹ Onnie Lee Logan, *Motherwit*, 33.

spiritual tradition originated in folk healing and African religious practices.³² Such an ethic began with an emphasis on secrecy. The work of midwife, Carrie Dykes, embodied this value.

In her Federal Writers' Project interview, midwife Carrie Dykes demonstrated the lengths that midwives went to in order to maintain secrecy. Dykes was born to enslaved parents in Belmont, Alabama in 1870.³³ At the age of sixty-eight, on October 4, 1938, Carrie Dykes sat down with Federal Writers' Project interviewer Ruby Pickens Tartt to record her life story.³⁴ Throughout the interview, Tartt and Dykes extensively talked and discussed an array of subjects. Dykes informed Tartt about stories of the numerous children she delivered, her childhood living in the community where her parents were formerly enslaved, and the children whom she now takes care of.³⁵ She also recounted many stories providing details of her interactions with various individuals who have lived in her community. However, when it came to midwifery and "conjure," Dykes' stories lost their level of detail and she became especially guarded.³⁶ Conjure, as defined by professor of religion at Swarthmore College, Yvonne Chireau, is an African American spiritual tradition that emerged from African ancestral-based spiritual and religious practices for the purposes of healing and harming.³⁷ When it came to conjure, Tartt described Dykes as one who is "fascinated" by the topic "in spite of her professed disbelief in the supernatural." Throughout the interview, Dykes vehemently denied the power of "spirits," rejected her belief in conjure calling it "imagination," and refuted her supernatural abilities such

³² Stephanie Mitchem, *African American Folk Healing* (NYU Press, 2007), 160-161.

³³ Carrie Dykes, "Carrie Dykes, Midwife," 4 October 1938, Folder 73, *Federal Writers' Project Papers #3709 1936-1940*, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 647.

³⁴ Carrie Dykes, Federal Writers' Project, 647.

³⁵ Carrie Dykes, Federal Writers' Project, 649, 648.

³⁶ Carrie Dykes, Federal Writers' Project, 652.

³⁷ Yvonne Patricia Chireau. *Black Magic: Religion and the African American Conjuring Tradition*. University of California Press, 2003, 3,7.

to predict the sex of a baby before it was born even without Tartt's prompting.³⁸ When she referred Tartt to ask her Aunt Susan about conjure and supernatural knowledge, Aunt Susan also chimed in to deny any recollection of the tradition.³⁹ Nonetheless as time passed, Dykes became slightly more open. After telling Tartt that she would not "give a nickel" to have someone "working" on her with conjure, later in her interview Dykes admitted she visited a conjure woman to remove a spiritual entity from her ankle. As Carrie Dykes demonstrated in her interview, the conjure tradition uniquely combines the *magic* or supernatural and the spiritual. This rich tradition has a long and historic tradition of deployment in times of self-defense.⁴⁰

Like Carrie Dykes, many other grannies in the Progressive Era concealed their beliefs behind the veil of secrecy to protect themselves from those who looked down upon their traditional practices and deemed them backwards and evil.⁴¹ Some women took the same advice as Dykes and outright denied their "non-medical" religious practices to the public including to the Federal Writers Project interviewers.⁴² Others were just as guarded when questioned about their beliefs and practices.⁴³ Nonetheless, these practices continued. Midwives such as Lavinia McKee of South Carolina explained to her interviewer that the midwives still clung to their treasured herbs, remedies, and supernatural beliefs behind closed doors and when not behind a recording device.⁴⁴ Both Dykes and McKee demonstrated the continuation of African derived spiritual traditions in Southern midwifery practices. However, Dykes', Dykes' aunt's, and the other Southern midwives' absolute refusal to share such information with their interviewers

³⁸ Carrie Dykes, Federal Writers' Project, 650.

³⁹ Carrie Dykes, Federal Writers' Project, 654.

⁴⁰ Yvonne Chireau, *Black Magic*, 8.

⁴¹ Yvonne Chireau, *Black Magic*, 27.

⁴² Lavinia McKee, Federal Writers' Project, 4.

⁴³ Lula Russeau, Federal Writers' Project, 2. and Lavinia McKee. Federal Writers' Project, 4.

⁴⁴ Lavinia McKee, Federal Writers' Project, 3.

despite their differences in geographic location demonstrated the pervasive standard of secrecy in conjure midwifery traditions.

Although the midwives acted cautiously with interviewers and shrouded their spiritual beliefs in secrecy, one of the key ethics of the granny midwives included a strong emphasis on such spirituality. In her interview with Gertha Couric, seventy-seven-year-old Lula Rousseau, was one of few midwives who divulged details of her spiritual beliefs. Born into slavery and midwife to over five hundred births, Rousseau revealed that neither she nor her mother would use a doctor. Instead, the women made their own remedies such as bitter weed for chills and fever, cow peas in the road for fertility, and knives under the bed to “cut” a mother’s labor pains.⁴⁵ Rousseau also insisted upon yellow-root tea for morning sickness, and bolstered her gift of predicting twin pregnancies.⁴⁶ The respect and understanding of such spirituality as infused with and a part of the physical world is key component of the Black American spiritual epistemology.⁴⁷ Likewise, granny midwives understood their work of midwifery as not only a vocation but a unique, divine calling for which God created them.⁴⁸

The midwife spirituality was intricate and often incorporated overtly Christian religious practices. One such midwife who demonstrated this was, Granny Lewis. Granny Lewis was a midwife who worked with Southern doctor, Carrol Lupton. In Dr. Lupton’s interview with the Southern Oral History Program, he explained that Granny Lewis was a prominent figure in her community for both her fervent religiosity and maternity work.⁴⁹ During church, Granny Lewis

⁴⁵ Lula Rousseau, Federal Writers’ Project. 2,3,6,

⁴⁶ Lula Rousseau, Federal Writers’ Project. 5.

⁴⁷ Stephanie Mitchem. *African American Folk Healing*, 26.

⁴⁸ Lula Rousseau. Federal Writers’ Project, 1.

⁴⁹ Carrol Lupton, “Interview with Carrol Lupton MD by Mary Murphy,” 18 May 1979, Folder H-0028, *The Southern Oral History Program Collection Interviews (04007H)*, Southern

was well known for the spirited shouting and lavish prayers.⁵⁰ In her midwifery practice, Granny Lewis was also just as well known. Some expecting mothers of the community refused to deliver the child if Granny Lewis was not present.⁵¹ Although Granny Lewis often attended church and participated enthusiastically, she also regularly incorporated the use of traditional remedies such as “quilling” a mother experiencing stalled labor in her midwifery practice.⁵² Quilling was the practice commonly used by granny midwives where they inserted snuff or a tobacco filled straw into the nose of a mother whose labor had stalled. When she inhaled the snuff, it caused her to sneeze and inadvertently contract her uterine muscles thus safely progressing the passage of the baby.⁵³

Like Granny Lewis, many other granny midwives were very religious. Outside of church related activities, the presence of spiritual gifts was integral to the work of the grannies. These gifts manifested most prominently in the midwives who had been born with a caul or placenta over their head, indicating their supernatural abilities.⁵⁴ These respected abilities covered a wide range of areas from interpreting dreams, to seeing spirits or haints, seeing into the future, and/or predicting the sex of a child. To the midwives, spirituality encompassed an ethic that was an amalgam of many spiritual traditions both Christian and traditional West African with an emphasis on gifts and healing. This unique blend of spirituality combined with the delivery skills of the midwives formed the backbones of a belief system strongly based in spirituality and power

Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, 21, 22.

⁵⁰ Carroll Lupton, Southern Oral History Program, 21,22.

⁵¹ Carroll Lupton, Southern Oral History Program, 21,22.

⁵² Carroll Lupton, Southern Oral History Program, 23.

⁵³ Carroll Lupton, Southern Oral History Program, 24.

⁵⁴ Lula Russeau. Federal Writers’ Project,2.

beyond the physical. Their system of knowledge, spirituality, and devotion demonstrated the care the midwives supplied to birthing mothers.

Like their respect for and use of the supernatural, granny midwives also explored the limits of the self temporally, physically, and interpersonally.⁵⁵ As providers of medical care, the midwives often did not view a separation between the body and the spirit, meaning that spiritual problems could cause bodily conditions and vice versa.⁵⁶ Midwife Lula Rousseau advised her interviewer that she would turn her pockets inside out after seeing haints and that roots carried in a little sack around your neck would ward off “sickness”.⁵⁷ To her, like many other midwives and hoodoo healers, these remedies demonstrated their belief that there was little to no separation between physical and spiritual ailments. Like conjure, hoodoo is an African American spiritual practice of “healing, harming, and protection” through the “ritual harnessing of spiritual forces.”⁵⁸ Granny midwives also expanded space-time within their system of beliefs. Spiritual gifts allowed midwives to transcend the present and see into the future. Lula Rousseau proclaimed she was able to see into the future and predict the arrival of house guests.⁵⁹ Similarly, Carrie Dykes asserted she could predict the sex of an animal before it was born.⁶⁰

Finally, for many granny midwives, there was little interpersonal separation between themselves and their patients. Many midwives would stay with laboring women for multiple days, cooking, washing, rearing other children, and helping in any way that they could around

⁵⁵ Stephanie Mitchem. *African American Folk Healing*. 100.

⁵⁶ Katrina Hazzard-Donald, *Mojo Workin’: The Old African American Hoodoo System* (University of Illinois Press, 2012), 3.

⁵⁷ Lula Rousseau, Federal Writers’ Project. 2,4,3.

⁵⁸ Sharla Fett, *Working Cures*, 85.

⁵⁹ Lula Rousseau, Federal Writers’ Project, 2.

⁶⁰ Carrie Dykes, Federal Writers’ Project, 649.

the household.⁶¹ In this manner, the midwives blurred the lines of interpersonal responsibility, and expanded their concept of self while also caring for other women and their families. The midwives demonstrated a strong commitment to community and others. Their commitment to others was a powerful reminder that the same communal ethic that grounded the African American spiritual practices of hoodoo and conjure also sustained even the most seemingly mundane aspects of delivery.⁶² Through understanding the spiritual and physical as intertwined, stepping out of the present with dreams and visions, and lending their time, care, and talents to families in need, Granny midwives were able to provide total, comprehensive treatment to the women under their protection. This complete service even resonated with some white families, as well.⁶³ In this manner, the granny midwives demonstrated their commitment to others and the central value of communal care.

The final component of the ethic of granny midwives was their ability to infuse generosity and empathy in all their practices. As the latter half of this chapter will explore, under the direction of the federal government, the medical profession encroached on the birthing process, threatening the grannies' positions as midwife/caretaker/healer for Black women.⁶⁴ However, many midwives disregarded the new and upcoming challenges to their practice. For example, midwives disliked and did not use the "push" medicines, such as labor-inducing drugs, that doctors provided, critiquing them as too strong.⁶⁵ The rebellion against white influence in the practices of granny midwives demonstrated that resistance was an integral part of their

⁶¹ Lula Russeau, Federal Writers' Project, 5; Onnie Lee Logan, *Motherwit*. 31.

⁶² Stephanie Mitchem, *African American Folk Healing*, 19.

⁶³ Onnie Lee Logan, *Motherwit*, 34.

⁶⁴ Lloyd Taylor. *The Medical Profession and Social Reform*. 67.

⁶⁵ Lula Russeau. Federal Writers' Project. 6. And Mandy Johnson, "Mandy Johnson Midwife," 4 January 1939, Folder 64, *Federal Writers' Project Papers #3709 1936-1940*, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.3.

worldview. Regardless of changes and alterations suggested by the authorities, the granny midwives persevered and provided the care that the mothers in their community needed.

The generosity and empathy found in the granny practice also included the value of community. Many granny midwives were well respected in their communities not only for the midwifery skills, but for the elevated spiritual status.⁶⁶ The granny midwives earned the respect of the community, delivering the essential and extensive care for many mothers in their area.⁶⁷ Community members who utilized the services of a granny midwife rarely ever deprived her of her pay for very long. They recognized that doing so may diminish the midwife's ability to see and execute practices such as knot tying for a newborn's strength or counteracting the spirits that plague some newborns.⁶⁸ Community also played a role in the passing down of the midwifery practices. Daughters apprenticed with mothers, aunts, and grandmothers, learning the calling one remedy at a time.⁶⁹ The immense capacity for care and empathy shown by the granny midwives to women in their care and the community at large, their radically comprehensive care, and their attention to and respect of spirituality comprised an ethic of caring, that provided the women and community at large the quality help at a time when they desperately needed it.⁷⁰ The work of granny midwives such as Lula Rousseau, Onnie Lee Logan, Granny Lewis, and Lavinia McKee constituted a radical and comprehensive form of care that did not separate or seek to create a divide between the body from spirit or themselves from the birthing mothers and their families. Where reformers saw progress, granny midwives saw need. They fulfilled such needs with a

⁶⁶ Lavinia McKee, Federal Writers' Project, 2. And Katrina Hazzard-Donald. *Mojo Workin'*, 144.

⁶⁷ Carrol Lupton, Southern Oral History Project, 21.

⁶⁸ Lavinia McKee, Federal Writers' Project, 2.

⁶⁹ Lavinia McKee, Federal Writers' Project, 7.

⁷⁰ Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (Routledge, 2002), 768.

unique spirituality and emphasis on comprehensive and total body healing. Nevertheless, this radical care was not the progress medical reformers had in mind. It was exactly the type of work and care that the reformers sought to oppose.

Beginning at the turn of the century, individual physicians, professional organizations, and medical journals began to speak of a “midwife problem.”⁷¹ Publications began linking Black midwives with public health issues as early as the beginning of the century. Within one 1906 publication of the *Alabama Medical Journal*, contributor W. C. Gewin described a Black midwife as having “fingers full of dirt,” a “head full of arrogance and superstition,” and referring to the women as “the greatest palpable enemy of physiological puerperium,” the period following birth where a mother’s organs return to their non-pregnant state.⁷² This rhetoric continued for decades, with the same language of hygiene appearing in a 1920 law for midwife supervision calling granny midwives “old, unfit, diseased, ignorant, superstitious, and dirty.”⁷³ It is no surprise that this piece of legislation identified the midwife problem as “looming largest” in communities where the Black population was highest.⁷⁴ What was significant about all these

⁷¹ J. Whitridge Williams, “Medical Education and the Midwife Problem in the United States,” *The Journal of the American Medical Association* 58, no. 1. (1912), 1.

⁷² W.C Gewin, “Careless and Unscientific Midwifery With Special References to Some Features of the Work of Midwives.” *The Alabama Medical Journal* 18, no. 11. (1906), 632.

⁷³ US Department of Labor, “The Promotion of the Welfare and Hygiene of Maternity and Infancy,” 1 January 1916- 31 December 1934, Folder 002690-045-0519, Women's Studies Manuscript Collections from The Schlesinger Library, Radcliffe College, Series 1: Woman's Suffrage, Part D: New England, Proquest History Vault, Online, 18. <https://hv-proquest-com.proxy.library.emory.edu/historyvault/docview.jsp?folderId=002690-045-0519&q=fulltext%3ATHE%20PROMOTION%20OF%20THE%20WELFARE%20AND%20HYGIENE%20AOF%20MATERNITY%20AND%20INFANCY&position=1&numResults=10&numTotalResults=150>.

⁷⁴ US Department of Labor, “The Promotion of the Welfare and Hygiene of Maternity and Infancy.” 20.

seemingly isolated publications was the hyper-fixation of the authors on the bodies, knowledge, and cleanliness of the Black women granny midwives. The writings solidly position the granny midwives as the absolute other and the primary enemy of progress to scientific medicine.

However, demonizing the practices and bodies of grannies was not sufficient. In addition, the medical leaders also began to fixate on the granny midwives' *relationship* to the country's problem of infant mortality. In 1915, the nation had an overall infant mortality rate of 99.9 deaths per 1000 live births.⁷⁵ This same year the neonatal mortality rate, or the rate of babies dying within the first period after birth sat at 44.4 deaths per 1000 live births.⁷⁶ For Black children during that era, the death rates were even worse, almost doubling the nation's overall infant mortality rate at 181 deaths per 1000 live births.⁷⁷ No matter how one views it, these mortality numbers are bleak. From the viewpoint of the reformers, these numbers do not indicate a healthy, successful, and *progressive* country. Naturally, medical professionals looked to find the cause of their mortality problems and settled on the dirty, uneducated granny midwife. Doctors such as L. Emmett Holt in the early twentieth century identified the grim birth outcomes, observed the difference in statistics between Black and white communities, and concluded that the cause of infant mortality was due to the three prime factors of "poverty, ignorance, and neglect."⁷⁸ In other words, the cause of infant mortality was due to the presence of the granny midwives.

⁷⁵ US Census Bureau, "Fetal Death Ratio: Neonatal, Infant, and Maternal Mortality Rates By Race 1915-1970." *Vital Statistics*. Series B, 136-147.

⁷⁶ US Census Bureau, "Fetal Death Ratios: 1915-1970."

⁷⁷ US Census Bureau, "Fetal Death Ratios: 1915-1970."

⁷⁸ L. Emmett Holt, "Infant Mortality and Its Reduction Especially in New York City. *Journal of the American Medical Association* 54, no.8 (1910), 683.

The granny midwives of the time knew that medical elites placed the blame on them for the poor health outcomes. However, the women rejected the sentiments of the medical reformers, and instead painted the picture of rural mothers who lived starved, overworked, and at the mercy of a segregated healthcare system.⁷⁹ Even other doctors knew traditional midwife practices were not always to blame. For example, physician Carrol Lupton admitted that some of the traditional practices such as quilling actually “cut down the incidence of infection” as opposed to increasing it by deploying surgical and physical interference in the birth.⁸⁰ The testimony of the midwives and the shortcomings in the methods used by medical doctors demonstrated that infant mortality was not a midwife problem. Rather, the midwife problem was a fabricated problem to ignore the consequences of generations of poverty and inequity.⁸¹

Nonetheless, medical doctors and reformers doubled down on their theories. Publications such as the 1912 edition of *The Journal of the American Medical Association* linked the problem of lackluster obstetrical care to the “midwife problem.”⁸² Their solution was the intervention of the Flexner Report. The *Report Medical Education in the United States and Canada* colloquially known as the Flexner Report sought to examine the status and rigor of the 155 medical schools in the United States.⁸³ Commissioned by the Carnegie Foundation, the brother of the director of the Rockefeller Institute for Medical Research, Abraham Flexner, executed the study and wrote the report. Its findings announced that many medical colleges were “indescribably filthy” while

⁷⁹ Onnie Lee Logan, *Motherwit*, 36.

⁸⁰ Carrol Lupton, Federal Writers’ Project, 24.

⁸¹ W. E. B. Du Bois, *The Souls of Black Folk* (Yale University Press, 2015),4.

⁸² J Whitridge Williams, “Medical Education and the Midwife Problem in the United States,”1.

⁸³ James Burrow, *Organized Medicine in the Progressive Era*, 42.

others were primarily for-profit businesses, which happened to teach some medicine.⁸⁴ The report also examined a number of medical colleges open to the education of Black doctors. However, the report found that out of the ten medical colleges available and open to Black students, the only two institutions “worth developing” were Meharry Medical College and Howard University College of Medicine.⁸⁵ The publication of this report greatly influenced the prospects of medical schools, and its effect on Black medical education was devastating. As the chair of the Rockefeller Foundation General Education Board, Flexner was able to donate and withhold foundation money to certain medical schools in order to actualize the changes he desired.⁸⁶ By 1923, thirteen years after the publication of the Flexner Report, every Black medical school except Howard and Meharry closed.⁸⁷ There was no way to measure the potential loss that closing Black medical schools created. However, it ultimately limited the number of medical professionals who, in Jim Crow America, would have been willing to work with Black women and Black communities, who already lacked formally trained medical professionals that the reformers claimed they needed. The aftermath of the report demonstrated that it was never the intention of the medical reformers to decrease infant mortality by increasing trained medical practitioners in the *problem* areas of Black communities. Instead, the report worked against Black medical professionals limiting their numbers while simultaneously disabling what the reformers considered a primitive blemish on the medical system. The granny midwife.

⁸⁴ Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (Carnegie Foundation for the Advancement of Teaching, 1910). 227, 254.

⁸⁵ Abraham Flexner, *Medical Education in the United States*. 181. And Todd Savitt. “Abraham Flexner and the Black Medical Schools. 1992.” *Journal of the National Medical Association* 98, no. 9 (September 2006), 1415.

⁸⁶ Lester S. King, “XX. The Flexner Report of 1910,” *JAMA* 251, no. 8 (February 24, 1984): 1079–86, <https://doi.org/10.1001/jama.1984.03340320057029>.

⁸⁷ Mercer Joye, *USBE/HE Professional* (Career Communications Group, 1993), 33.

In accordance with their ethic of generosity and subversion, the granny midwives resisted. Despite numerous journal articles, trained professionals had a very hard time completely eradicating the presence and the care of the granny midwife. In the 1912 edition of the *Johns Hopkins Hospital Bulletin*, Doctors Helmina Jeidell and Willa Frickle concluded that the granny midwives were a “necessary evil” that filled a gap in rural, Black healthcare access that others refused to fill.⁸⁸ Because the reformers could not eradicate the practice of midwifery, they had to make a compromise. Utilizing the same “zeal” of the Progressive Era that passed the nineteenth amendment, reformers passed the Sheppard-Towner Act to supervise and train midwives.⁸⁹ The act detailed the close and invasive “supervision,” “training,” “licensing,” and “inspection” of granny midwifery practices in order to *train* them out of their *backwards* practices and remove those who were unwilling to change.⁹⁰ This act of legislation sought to actualize the aims of healthcare reform by eliminating the *problem* of the granny midwife.

However, the granny midwives did not take kindly to such drastic changes to their practices. Many midwives often evaded and avoided these provisions or outright rejected them. Some, like the mother of Onnie Lee Logan, continued to work without a license.⁹¹ She also did not report births, did not fill out birth certificates, and delivered babies before the designated doctor arrived.⁹² Others, like Carrie Dykes, informed their interviewers that she stopped delivering babies altogether despite other midwives clarifying that the midwives continued to

⁸⁸ Helmina Jeidell and Willa Frickle, “The Midwives of Anne Arundel County, Maryland.” *Johns Hopkins Hospital Bulletin* (1912), 281.

⁸⁹ FRANCES E. KOBRIN, “THE AMERICAN MIDWIFE CONTROVERSY: A CRISIS OF PROFESSIONALIZATION,” *Bulletin of the History of Medicine* 40, no. 4 (1966), 363.

⁹⁰ States Department of Labor, “The Promotion of the Welfare for and Hygiene of Maternity and Infancy.” 7,106, 20,19.

⁹¹ Onnie Lee Logan. *Motherwit*. 30

⁹² Carrie Dykes, Federal Writers’ Project, 649.

deliver children with their traditional practices.⁹³ These rebellious midwives demonstrated that even legislation from the federal level that forced supervision and training upon them could not stop their practice and could not hinder them from providing the care that they inherited to the mothers and communities in need.

The practice of granny midwifery is one filled with ancestral knowledge, secrecy, rebellion, community, and generosity. The midwives who carried on this practice at the turn of the twentieth century provided comprehensive care to women who needed their help. This level of care did not separate one person from another or one's spirit from one's body. Although medical reformers of the time attempted to better admittedly poor medical conditions, their aims largely harmed the communities that needed assistance. The ever-persistent granny midwives fought fiercely against attacks on their character and against acts designed to remove their work by continuing to provide care to the women who needed them. In a time where few sought to truly help vulnerable communities, the fight of the grannies and their ethic of generosity positioned them as radical proponents of health and care. This defiant spirit of care would carry through past the formal Progressive Era and into the work of the midwives during the 1930s.

⁹³ Carrie Dykes, Federal Writers' Project, 649. And Lavinia McKee, Federal Writer's Project, 3.

Chapter 2

Lose Your Daughter

On May 14, 1932, popular Black newspaper, The Baltimore *Afro-American*, published a story that the district attorney had arraigned two locals, Dr. Clarence A. Wright and midwife Mrs. Lettie King Hickman. Standing before the judge, Dr. Wright and Hickman pleaded not guilty for performing two separate “illegal operations” the month prior. The court accused Hickman of allegedly performing an “operation” on a local sixteen-year-old high school student named Elsie B. Randall on February 20, 1932. The next month, the girl died.⁹⁴

One week later, the *Afro-American* published another titled “2 Plead Not Guilty to Abortion Charge” updating readers on the progress of the Wright and Hickman cases. This time the paper reported that Hickman had not only been charged with performing an “operation” on Elsie Randall, but that the specific *operation* that Hickman performed was an abortion. The article also specified that Hickman also allegedly performed an abortion on another girl named Mamie E Tindell.⁹⁵

The case was such an event within the community, that the paper published another article on the last day of the year 1932 featured in their “Spotlighting” segment. This section recounted all the juiciest and most notable stories and events of the year. It included stories from the local brothers who, as a music group, broke attendance records at the nearby theatre to the

⁹⁴ "Political League Meets in Jersey." *Afro-American* (1893-), May 14, 1932.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/political-league-meets-jersey/docview/530949669/se-2?accountid=10747>.

⁹⁵ "2 Plead Not Guilty to Abortion Charge." *Afro-American* (1893-), May 21, 1932.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/2-plead-not-guilty-abortion-charge/docview/530988338/se-2?accountid=10747>.

couple that divorced after the wife asked for divorce papers, and of course, the story of Lettie King Hickman.⁹⁶

Nearly one year later in March of 1933, *The Afro-American* published a similar story of another white Baltimore resident named Leda Hughes, wife of army sergeant, Carl Hughes. The story explained that in December of 1932, Leda Hughes became sick with abdominal pains and vomiting. Carl Hughes recounted that the woman had “refused” to have any more children, and “refused” to allow her husband to take her to a doctor or else she would cause herself “bodily harm.” Carl Hughes alleged that on January 25, 1932, that he and his wife drove to the home of Black Baltimore resident, midwife, and janitress, Evelyn Dixon, handed his wife \$25, dropped her off, and waited for her in the car while reading a paper. After a “short time,” Leda Hughes emerged from the house, returned to the car, and told him everything was “all right.” Shortly following that, Carl Hughes reported that his wife “complained of suffering violent pains” and passed away on February 19, 1933. *The Afro-American* also named the operation in this story as an abortion.⁹⁷

In the following months, the *Afro-American* published multiple articles updating their audience on the Evelyn Dixon case. On May 13, 1933, the *Baltimore Afro-American* reported that Mrs. Evelyn Dixon, had finally pled guilty to a crime and would serve three and a half years

⁹⁶ Louis Lautier, "SPOTLIGHTING." *Afro-American (1893-)*, Dec 31, 1932.

<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/spotlighting/docview/530931219/se-2?accountid=10747>.

⁹⁷ "WOULDN'T HAVE CHILDREN, IS CRIME EXCUSE: ARMY SERGEANT TELLS OF TAKING WIFE TO ALLEGED MIDWIFE. SAY OPERATION IS ABORTION APT. HOUSE JANITRESS DENIES COMPLICITY." *Afro-American (1893-)*, Mar 04, 1933. <https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/wouldnt-have-children-is-crime-excuse/docview/531004104/se-2?accountid=10747>.

at the Maryland state penitentiary as her sentence. Furthermore, they reported that Evelyn Dixon's case was the "second of its kind" following that of the Lettie King Hickman case.⁹⁸

Although the Baltimore *Afro-American* characterized the cases of Lettie King Hickman and Evelyn Dixon as an exceptional event, in fact, with the help of practitioners like granny midwives, Black women in America have been controlling their pregnancies and births for generations. However, local governments did not approve of such exercises of Black autonomy. Instead, throughout early and mid-twentieth century, the articles published in the Baltimore *Afro-American* newspaper describe how local authorities systematically arrested and prosecuted midwives for allegedly performing abortions. This criminalization was especially heightened when the women the midwives assisted were white. The criminalization and accusations of granny midwives performing abortions complicates the history of midwifery, abortion, and Black medical care in the United States. These stories allow us to peer into the lives of ordinary Southern Black women and demand that we recognize the places where Black women operated with agency and care.⁹⁹ The previous chapter discussed how granny midwives operated in response to the influx of medical literature that framed their practice as backwards and the primary problem halting social progress. The professionalization of the medical field spurred legislation that criminalized granny midwives or demanded that they undergo training that stripped them of their herbal and spiritual tools. In short, the clash of care between allopathic medicine and the granny midwives. However, this chapter will discuss one method that granny

⁹⁸ "THE SIDELINER". "Washington White-Way." *Afro-American* (1893-), Mar 11, 1933. <https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/washington-white-way/docview/531004515/se-2?accountid=10747>.

⁹⁹ Laurie Wilkie. "Expelling Frogs and Binding Babies: Conception, Gestation and Birth in Nineteenth-Century African-American Midwifery." *World Archaeology* 45, no. 2 (June 2013): 275. <https://doi.org/10.1080/00438243.2013.799043>.

midwives used to resist, abortion. I argue that medical professionals used the controversy around abortion to distinguish themselves from midwives and further elevate their status as expert medical providers. As a result, one palpable outcome of the midwife problem, as discussed in chapter one, was state sponsored criminalization and arrest of the practicing granny midwives. However, the midwives resisted. Using the methods of archival scholarship described by Saidiya Hartman, I speculate the existence of networks of abortion care run by granny midwives that demonstrated the midwives' sustained resistance to the changes around them and their commitment to providing community-based care. Although implications of such criminalization were a violence against Black women, their bodies, and their spiritual traditions, these women and their knowledge continued to operate in silence and in secret.

When speaking about abortion, it is important to mention that in this chapter that abortion and contraception are often interchangeable. This is because for the women whose stories narrate the argument, it was remarkably hard to draw the line between contraception and abortion. The midwives and Black women of the early twentieth century often did not see a difference between the two terms and used the colloquial and legal indicator of “quickenings” or the ability of the mother to sense fetal movement to diagnose pregnancy.¹⁰⁰ This meant that a woman could be biologically pregnant without realizing it. In this manner, she would consider any attempt to restore her menstrual cycle as contraception and not as abortion.

During the times of enslavement, the ability of midwives and Black women to control their births and pregnancies frightened and threatened the white ruling class. In their article, “African American Midwifery: A History and a Lament” scholars Keisha Goode and Barbara

¹⁰⁰ Laurie Wilkie, *The Archaeology of Mothering: An African-American Midwife's Tale* (Routledge, 2003), 148.

Katz Rothman argued that enslaved women routinely controlled birth and pregnancy. Because the growth of the slave population was of the utmost importance in a plantation economy, the control enslaved women exerted over their frequency of pregnancy and number of children they delivered, was an act of “industrial sabotage” that allowed them to subversively take control of the slave supply chain.¹⁰¹ Throughout the time of enslavement, the control that Black woman exerted over their bodies through abortion practices continued to threaten both planters and physicians and their slave *industry*. In 1856, one Georgia physician, E.M. Pendleton, noted in his article, “Comparative Fecundity of the Caucasian and African Races,” that one such “prevailing fear” of Southern planters was the presence of a “Black secret” given to Black women by “jugglers” or practitioners like root doctors, conjurers, and granny midwives that granted women the “incapacity” of having children.¹⁰²

Pendleton goes on to dispute the validity of these fears and instead conducted a study using his “experience and observation.”¹⁰³ The inability to have children he attributed to the overworked conditions of Black women slaves and their “sexual indulgences” or tendency toward sexual promiscuity and otherwise licentious behavior.¹⁰⁴ Pendleton disregarded the knowledge and presence of traditional practitioners and instead painted the picture of rampant immorality amongst the enslaved population. However, Black women granny midwives did not

¹⁰¹ Keisha Goode, and Barbara Katz Rothman. “African-American Midwifery, a History and a Lament.” *The American Journal of Economics and Sociology* 76, no. 1 (2017): 74. <https://doi.org/10.1111/ajes.12173>.

¹⁰² E.M Pendleton, “Comparative Fecundity of the Caucasian and African Races” In *The Monthly Stethoscope and Medical Reporter*, 1856, 322.

¹⁰³ E.M Pendleton, title of article, *Monthly Stethoscope and Medical Reporter*. ..., 1856, 322. Repeat last name of author, abbreviated title of article [before the colon], and page number.

¹⁰⁴ E.M Pendleton, *The Monthly Stethoscope and Medical Reporter*. ..., 1856, 322.

stop helping fellow Black women control birth practices. Likewise, neither did doctors and lawmakers stop painting this practice as wildly immoral.

In a 1912 publication of the *Journal of the American Medical Association*, physician J. Whitridge Williams wrote of his recent survey of his fellow obstetrics and gynecology professors. He expressed his frustration around the rampant unpreparedness of many obstetrics and gynecology physicians and instructors. The results of his survey found that many of the doctors could not “competently” cope with obstetrical emergencies, and that the “average” medical practitioner lacked general preparation for obstetrics as a discipline.¹⁰⁵ One survey response admitted that “he had never seen a woman delivered” before taking the role as a professor of obstetrics and gynecology.¹⁰⁶

How did white American men ascend to the status of expertise in a field historically and globally dominated by women? Though it made little impact at the time, European physician and apothecary, Eucharius Rösslin, published the first obstetrical pamphlets during the fifteenth century marking the entrance of men into longstanding tradition of women attended birth and delivery practices.¹⁰⁷ Of course, there were many factors that led to American men’s increased presence in birth and delivery, but one notable factor was midwifery. According to Frances E. Korbin, during the Progressive Era, American obstetricians and gynecologists saw themselves as facing a “struggle for acceptance” with their most formidable “adversary,” the midwife.¹⁰⁸ In 1910, the percentage of births attended by women midwives was an astonishing 50 percent, and

¹⁰⁵ J. Whitridge Williams, “Medical Education and the Midwife Problem,” 1.

¹⁰⁶ J. Whitridge Williams, “Medical Education and the Midwife Problem,” 2.

¹⁰⁷ Drife, J. “The Start of Life: A History of Obstetrics.” *Postgraduate Medical Journal* 78, no. 919 (May 1, 2002): 311. <https://doi.org/10.1136/pmj.78.919.311>.

¹⁰⁸ KOBKIN, FRANCES E. “THE AMERICAN MIDWIFE CONTROVERSY: A CRISIS OF PROFESSIONALIZATION.” *Bulletin of the History of Medicine* 40, no. 4 (1966), 350.

often even higher in large cities.¹⁰⁹ After the creation of the midwife *problem*, detailed in the first chapter, looking to elevate their status as experts in the field of obstetrics, members of the American allopathic medical institution sought to distinguish themselves from granny midwives as obstetrical experts. One major source of difference was the midwives' use of the abortion and contraceptive practices.

In the United States, medical doctors have often had opinions on and vilified abortion. Under the direction of physician Horatio R Storer, physicians' aversion toward abortion even reached the levels of national organization. During the 1850s, Storer persuaded the American Medical Association (AMA) to launch a committee on "criminal abortion" and the organization appointed him chairman.¹¹⁰ Their committee created much movement around abortion, advocating for stricter and additional anti-abortion laws.¹¹¹ Doctors such as Storer published an abundance of literature in opposition to abortion including his own book, *On Criminal Abortion in America*. His book is carefully addressed to "physicians, attorneys, jurors, judges, and parents," while Storer referred to midwives as his "rivals."¹¹² Storer did not hesitate to associate midwives with abortion, which he defined as tawdry and unworthy of a civilized society. He, therefore, accused midwives of causing abortions "openly and without disguise."¹¹³ Storer was adamant in his anger and even included women physicians in his suspicions of criminality.¹¹⁴ It was clear through Storer's writing, that he was vehemently opposed to any woman, particularly

¹⁰⁹ Thomas Darlington, "The Present Status of the Midwife," *The American Journal of Obstetrics and Diseases of Women and Children* 63 (1911), 870.

¹¹⁰ Frederick Dyer, "American Medical Association Documents That Led to Laws Overturned by *Roe v. Wade*," *Journal of American Physicians and Surgeons* 26, no. 3 (2021), 83.

¹¹¹ Frederick Dyer, "American Medical Association Documents," 83.

¹¹² Horatio Robinson Storer, *On Criminal Abortion in America* (Boston: J.B. Lippincott & Company, 1860), 56.

¹¹³ Horatio Robinson Storer, *On Criminal Abortion*, 56.

¹¹⁴ Horatio Robinson Storer, *On Criminal Abortion*, 56.

the involvement of female midwives in medicine. He and his AMA committee worked to strengthen anti-abortion laws. They were successful. By the end of the 1880s, abortion was illegal in every state “at any state of pregnancy” with the exception of specifically physician assisted abortion in the case of imminent death of the mother or fetus.¹¹⁵

For the average Black woman, Jim Crow meant that physician assisted abortion was not a viable financial, legal, or ethical option. Nonetheless, in the custom of traditional granny midwifery, Black granny midwives continued to provide abortion services to Black women in need during the twentieth century. Such radical care sought to tend to all pregnancy and delivery related needs including their termination. Granny midwives not only attended women at birth, but also provided advice and assistance in fertility, contraception, and abortion from enslavement forward.¹¹⁶ Unfortunately, the anti-abortion campaign pushed by the American Medical Association was successful in yet another way. The continuation of abortion practices despite its illegal status placed many Black women granny midwives in the crosshairs of their local legal systems.

On July 9, 1920, the Baltimore *Afro-American*, wrote about local midwife, Mrs. Hester Scott. In this edition of the *Afro-American*, the paper published the recent and titillating news of the 60-year-old’s release from her recent incarceration on bail set at one thousand dollars. The crime the state accused her of was unlawfully giving a white woman, Sallie Pommery, medication that would induce an abortion. Her conduct came to light due to the actions of Sallie Pommery, who had her husband arrested for attempting to “marry an affinity” or marrying

¹¹⁵ Madeleine Ware, Cara Delay, and Beth Sundstrom, “Abortion and Black Women’s Health Networks in South Carolina, 1940–70,” *Gender & History* 32, no. 3 (2020): 641. <https://doi.org/10.1111/1468-0424.12503>.

¹¹⁶ Madeline Ware, “Abortion and Black Women’s Health Networks,” 640.

someone with blood or sexual relation. It is not clear from the article how Mrs. Scott was involved in the marital disputes between Pommery and her husband. However, it was ultimately the Black midwife, Mrs. Hester Scott who faced punishment.¹¹⁷

Nearly two years later on March 31, 1922, the *Afro American* wrote a story about yet another midwife who had been arrested. This article retold the story of a conflict between a local Black deacon, Reverend Isaac Beale, and another Black woman Elisabeth Smith. According to the article, the minister was arrested for breaking into the home of Smith, assaulting her, and after impregnating her, threatening her not to tell anyone, and subsequently taking her to undergo an abortion with the local midwife. Of course, the midwife, Mrs. Hester Scott, was arrested for allegedly performing an abortion on Smith. From the article, it is hard to ascertain exact details and the results of the incident. However, Mrs. Scott certainly did not avoid punishment for her involvement in the situation.¹¹⁸

Mrs. Scott was not the only midwife operating in the Baltimore area. Other midwives, such as Mrs. Edna Gray, also provided midwifery services. On April 6, 1929, the *Afro-American* published a story on Mrs. Gray. According to their sources, she had allegedly performed a “criminal operation” for which the local authorities consequently arrested her. In this case, Mrs.

¹¹⁷ "ARRESTED IN ABORTION CASE: MIDWIFE CHARGED WITH GIVING WHITE WOMAN MEDICINE." *Afro-American (1893-)*, Jul 09, 1920.

<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/arrested-abortion-case/docview/530537940/se-2?accountid=10747>.

¹¹⁸ "DEACON AND MIDWIFE HELD FOR ABORTION: MAN WHO CALLS HIMSELF REV. ISAAC BEALE, ARRESTED ON SERIOUS CHARGE GIRL ACCUSES HIM CONFINED TO HOSPITAL SHE DECLARES HE WAS FATHER OF HER CHILD." *Afro-American (1893-)*, Mar 31, 1922. Niara, double-check the words in the title that I've highlighted. As is they don't make sense.

<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/deacon-midwife-held-abortion/docview/530551035/se-2?accountid=10747>.

Gray allegedly performed a criminal operation, usually an abortion, on a local white woman, Hazel Hardy, after her male cousin procured the treatment. Nonetheless, this man, the cousin, secured immunity from the court. Punishment was reserved for the midwife. However, after the court discovered that jurors had read the local paper with news about Mrs. Gray, the judge declared a mistrial. This case marked the eighth time in the past seven years that authorities arrested Mrs. Gray for charges ranging from criminal operations to first degree murder.¹¹⁹

Like Mrs. Gray, other midwives faced arrest due to a variety of charges and crimes that did not relate to abortion services. In June of 1922, a midwife named Mary Green was charged with using the “wrong method” in an operation.¹²⁰ In 1931, other midwives like Mrs. Rebecca Driver faced criminal action for allegedly practicing midwifery without a license. Her punishment for such action was a fine of fifty dollars, which is approximately \$850 in 2021 dollars.¹²¹

The local government in Baltimore also arrested and charged midwives on crimes unrelated to both abortion and midwifery. On September 22nd of that year, the paper published an article detailing the recent arrest of a midwife, Mrs. Rebecca Williams. Unlike the other Baltimore midwives, the crime for which she was prosecuted was financial. Although Mrs.

¹¹⁹ "Obliging Midwife Arrested 8 Times, to Court April 5: Judge Grants Mistrial because Five Jurors Read Newspapers." *Afro-American (1893-)*, Apr 06, 1929.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/obliging-midwife-arrested-8-times-court-april-5/docview/530760247/se-2?accountid=10747>.

¹²⁰ "Health Department Is After Midwives: Mrs. Mary Green Charged With Wrong Method in Operation," *Afro-American (1893-)*, Jun 23, 1922.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/health-department-is-after-midwives/docview/530472857/se-2?accountid=10747>.

¹²¹ Measuring Wealth,
<https://www.measuringworth.com/calculators/uscompare/relativevalue.php>.

Williams had a midwifery license, she allegedly illegally obtained today's equivalent of about fifty thousand dollars in relief funding.¹²²

The stories of these women and their dealings with the local authorities indicate the state oversight and legal encroachment that touched the lives of everyday midwives. These women faced punishments from arrest, fines, probation, and incarceration all for practicing their craft and tending to their community.

However, their stories and their contact with local authorities allow us to briefly behold the networks of care that the women provided. In the midst of medical professionals attempting to elevate themselves on their backs, and local authorities penalizing their work, these women resisted by continuing their practice. When we examine the stories of these women from the accounts in the *Afro-American*, they displayed a commitment to continuing their services, despite the legal consequences. From these accounts, I speculate the existence networks of midwifery and abortion care in the Baltimore area during the 1920s and 1930s.

Often, the women featured in the *Afro-American* faced repeated punishment and arrests. Midwives such as Mrs. Hester Scott continuously performed abortions despite multiple charges, fines, and jailing.¹²³ After her run-in with the law in 1920, she again faced punishment for the second alleged abortion in 1922.¹²⁴ Likewise, Mrs. Edna Gray faced arrest from authorities eight

¹²² "Nab 4 Colored in Roundup of "Chiselers": Licensed Midwife Held for Illegally Obtaining \$2400." *Philadelphia Tribune (1912-)*, Sep 22, 1938.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/nab-4-colored-roundup-chiselers/docview/531491226/se-2?accountid=10747>.

¹²³ ARRESTED IN ABORTION CASE: MIDWIFE CHARGED WITH GIVING WHITE WOMAN MEDICINE." *Afro-American (1893-)*, Jul 09, 1920.

¹²⁴ "Deacon and Midwife Held for Abortion: Man Who Calls Himself Rev. Isaac Beale, Arrested on Serious Charge Girl Accuses Him Goodfine to Hospital She Declares He was the Fablier of her Child," *Afro-American (1893-)*, Mar 31, 1922.

times for abortions and other alleged crimes including murder. The stories of Mrs. Hester Scott and Mrs. Edna Gray demonstrate that midwives continued to provide their services and consequently faced criminal punishment. We cannot know how many abortions or other granny midwife services midwives like Hester Scott and Edna Gray rendered. However, their repeated arrests and trials demonstrate that abortion services continued in some format.

In addition to repeat arrests, the names and identities of the midwives also repeated within the published articles. Allegedly, a local white man sought out the services of Mrs. Hester Scott for his cousin, Sally Pommery, as did the Black minister Reverend Isaac Beale for the woman he raped.¹²⁵ Although the cousin and Reverend Beale were two entirely different people in two different situations that occurred two years apart, they both knew to contact Mrs. Hester Scott to procure abortion services. Although Scott ultimately faced punishment for assisting the white man and Reverend Beale, this continuity between their cases demonstrated that the community knew to seek her out and other local midwives for their help.

Despite the deaths of some of the recipients of the midwives' abortion services, the women showcased in the *Afro-American* articles did not undergo surgical procedures. This commonality could indicate the use of traditional remedies and abortifacients of granny midwives. Leda Hughes, the wife of the army sergeant who sought the help of midwife Mrs. Evelyn Dixon, underwent examination after her arrival at the hospital. Doctors found no

¹²⁵ ARRESTED IN ABORTION CASE: MIDWIFE CHARGED WITH GIVING WHITE WOMAN MEDICINE." *Afro-American* (1893-), Jul 09, 1920. And Deacon and Midwife Held for Abortion: Man Who Calls Himself Rev. Isaac Beale, Arrested on Serious Charge Girl Accuses Him Goodfame to Hospital She Declares He was the Fablier of her Child," *Afro-American* (1893-), Mar 31, 1922.

evidence of instrument use in the alleged procedure and testified to that account.¹²⁶ Likewise, the remedies that granny midwives used were often abortifacients, or abortion inducing herbs and medications like dirt dauber tea, hot water immersion, ginger root tea, turpentine, and castor oil.¹²⁷ Items such as these harness some abortifacient properties, and are found in Harry Middleton Hyatt's 1970 oral history collection of *Hoodoo, Conjuraton, Witchcraft, and Rootwork*.¹²⁸ Although there is no way to verify this, it is likely that the midwives featured in the *Afro-American* articles would utilize such remedies as their mothers and grandmothers had, leaving no surgical trace of their interference.

Together, repeated use of the same midwives, with multiple alleged attempts to provide abortions and multiple subsequent arrests and punishments, using quintessential hoodoo and granny midwifery remedies that would not leave surgical scars, point to the existence of a network of knowledge around abortion practice and care in Baltimore, Maryland.

Although this is partly conjecture, other experts have also speculated about the existence of "care networks" of abortion led by granny midwives in other Southern cities such as Charleston, South Carolina. Scholars Madeleine Ware, Care Delay, and Beth Sundstrom argued that given the history of communal healthcare provided by Black granny midwives in Southern cities and the experiences of the local women in the oral histories that they conducted, abortion care was an integral part of a granny midwife's knowledge that endured well into the late twentieth century through networks in Charleston, South Carolina.¹²⁹

¹²⁶ WOULDNT HAVE CHILDREN, IS CRIME EXCUSE: ARMY SERGEANT TELLS OF TAKING WIFE TO ALLEGED MIDWIFE. SAY OPERATION IS ABORTION APT. HOUSE JANITRESS DENIES COMPLICITY." *Afro-American* (1893-), Mar 04, 1933.

¹²⁷ Laurie A. Wilkie, *The Archaeology of Mothering: An African-American Midwife's Tale* (Routledge, 2003), 158-159.

¹²⁸ Laurie Wilkie, *Archaeology of Mothering*, 158.

¹²⁹ Madeline Ware, *Abortion and Black Women's Health Networks*, 643,644.

To be sure, during this time, Black communities experienced high levels of police involvement, surveillance, and violence. In his book, *Race, Crime, and Policing in the Jim Crow South*, historian and professor Brandon Jett argued that in the South, police forces were on the front lines of maintaining Jim Crow segregation laws.¹³⁰ Based on violence and intimidation, this enforcement required officers to maintain a heavy presence in Black neighborhoods and areas.¹³¹ Nonetheless, midwives still delivered a substantial proportion of babies. In 1928 in Georgia, granny midwives delivered one third of the babies.¹³² Not only do their repeat arrests and punishments further verify the findings of Jett, but they also speak to the dedication of the midwives. These women continued their practices under the threat of punishment. In the midst of over policing, the midwives were unafraid. This resistance also makes sense in the context of the midwives' ethics and values. Returning to the first chapter and the ethic of care from which they operated in chapter one, it is clear that their values fell outside of what was formal governmental authority and centered care.

These factors all point to the possibility and plausibility of a similar network of care operating in Baltimore. Such a network only comes into clear view when we imagine what we “cannot verify.”¹³³ Like the women who came before these granny midwives who endured the Middle Passage, the only way to re imagine their everyday lives is to “stumble upon her in her

¹³⁰ Brandon T. Jett, *Race, Crime, and Policing in the Jim Crow South: African Americans and Law Enforcement in Birmingham, Memphis, and New Orleans, 1920–1945* (LSU Press, 2021), 2.

¹³¹ Brandon Jett, *Race, Crime, and Policing in the Jim Crow South*, 5.

¹³² "Georgia's Midwives." *Afro-American* (1893-), Jun 23, 1928.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/georgias-midwives/docview/530717866/se-2?accountid=10747>.

¹³³ Saidiya Hartman, “Venus in Two Acts,” *Small Axe* 12, no. 2 (2008), 12.

exorbitant circumstances” and read what others have written about her with suspicion.¹³⁴ The midwives dug into their spiritual traditions despite potential punishment and resisted.

The medical community saw the midwives as rivals and threats. They called for the violence of incarceration to punish and remove them. They sought to extinguish their ancestral practices. However, in that same ancestral vein, the granny midwives secretly asserted their autonomy, assisting those who called upon them for help.

¹³⁴ Saidiya Hartman, “Venus in Two Acts,” *Small Axe* 12, no. 2 (2008), 2.

Chapter Three

Sound and Silence

Massive health disparities and staggering mortality rates affected the national Black community. As a result, the issue of access to healthcare was a national crisis, and other Black community organizations dedicated projects and resources to improving the material health conditions of Black people in the United States. These organizations all fought in unique ways to improve the healthcare conditions for Black people. Their ranks included establishments like the Tuskegee Institute, the professional organization of Black physicians, the National Medical Association (NMA), and the National Association for the Advancement of Colored People (NAACP). These organizations used the method of drawing public attention and calling for public change as their chosen method of activism and resistance to healthcare inequality. As a result, they fixed their attention away from the work of rural granny midwives. Formally trained Black women medical professionals also engaged in health activism with an emphasis on community grassroots change. However, in contrast to organizations such as the NMA, they worked tirelessly on the frontlines of health inequality but maintained silence around their views of granny midwives. I argue that when we examine the silent activism of granny midwives through the lens of the African American trickster tale tradition and compare this activism to that of Black progressive organizations and Black women professionals the power of the granny midwives' silence emerges.

When I first considered the topic of this chapter, I imagined that it would be about the work of granny midwives and their relationship with their surrounding Black communities. I anticipated that I would find and focus on the contributions of various other community organizations and demonstrate how such groups rallied around the granny midwives,

acknowledged their efforts in trying to provide healthcare to the Black community, and collectively worked to protect the efforts of the granny midwives. However, that did not happen. While many individuals and Black progressive organizations fought for the elimination of inequalities in health and healthcare, they did not actively or intentionally fight against the removal of granny midwives as healthcare providers to rural Black women.

In fact, opposition to the work of the granny midwives was a prevalent belief even within Black communities. On June 23, 1928, a Baltimore *Afro-American* newspaper contributor published an article criticizing the practice of granny midwifery. The author disparaged the midwives by calling them “old, ignorant, and superstitious.”¹³⁵ Although this is just one article, it indicated that members of Black communities also looked down upon the granny midwives and their lack of formal education. These sentiments revealed how pervasive the ideas hatched by white physicians in their circles and medical journals were. Their ideas presented in the discourse of the larger Black communities.

Black activist organizations were, therefore, not immune from dismissing the role of the granny midwife. The National Medical Association approached the Black health crisis in America through advocating for increased quantity and presence of Black physicians. While the position of the NMA, never outwardly opposed the work of the midwives, they envisioned a healthcare model that centered the Black physician. Consequently, their major emphasis and fight focused on increasing the number of Black physicians in practice and thus the number of Black patients able to receive care from a Black doctor. During November 1930, President Herbert Hoover hosted a medical conference, known as the White House Conference on Child

¹³⁵"Georgia's Midwives." *Afro-American* (1893-), Jun 23, 1928.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/georgias-midwives/docview/530717866/se-2?accountid=10747>.

Health and Protection.¹³⁶ Among those invited was a Black delegation made up of 150 Black physicians. Many of these physicians, such as doctor W.G Alexander, were prominent members of the National Medical Association.¹³⁷ A contributor to the *Afro-American* reported that during the conference, in an address to the assembly of physicians, doctors presented speeches on the topic of Black health in the country. Speakers informed the assembly that many Black hospitals had limited capacity, limited facilities, physicians, and reach. They informed the audience that the lack of Black medical schools, and the inability of Black student doctors to gain adequate clinical experience in segregated hospital settings further diminished a Black community's ability to visit a Black physician.¹³⁸ Additionally, during the time, white physicians and white hospitals generally refused to serve Black patients. As a result, in their vocal national activism, the NMA focused on the role of the Black doctor. They railed against the stark inequal access to healthcare that many Black people faced as described in chapter one, and subsequently called for the increased role of the Black M.D.'s.

Because the NMA sought to increase the presence of the Black physician, they envisioned a decreased role of the rural granny midwife. In a 1910 edition of their professional journal, the *Journal of the National Medical Association*, physician E.E. McCoy wrote of his successful delivery of three triplets to a Black woman in Nashville, Tennessee. Although one of

¹³⁶ J. SCHUYLER LONG, "THE WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION," *American Annals of the Deaf* 76, no. 1 (1931), 1.

¹³⁷ "Largest Number of Midwives in Country are Negroes, Physician Tells Conference: Negro Hospitals in South Largely Given Over to Surgical Cases; More Nurses Needed." *Philadelphia Tribune* (1912-), Feb 26, 1931.
<https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/largest-number-midwives-country-are-negroes/docview/531217106/se-2?accountid=10747>.

¹³⁸ "Largest Number of Midwives in Country are Negroes, Physician Tells Conference: Negro Hospitals in South Largely Given Over to Surgical Cases; More Nurses Needed." *Philadelphia Tribune* (1912-), Feb 26, 1931.

the babies was in a breech or feet first position during delivery, Dr. McCoy recorded that he was able to deliver all three children in one hour and without any major complications.¹³⁹ This birth was such a successful event, that the doctor who presided over the delivery sought to publish and permanently record his landmark success in the medical journal. Delivery of triplets with the assistance of a Black physician and not a midwife indicated professional and community progress. In contrast, chapter two demonstrated that when publications did talk about midwifery, it was only to document their criminal punishments or the deaths of the women they allegedly assisted.

It is not surprising that the premier professional organization of Black physicians would advocate for their increased representation in Black healthcare. However, their presence in conferences advocating for increased education and access to Black doctors and celebration of successful medical cases in their medical journal indicated an alignment with the larger medical community, a community that opposed the core objectives of granny midwifery. While midwives largely suffered disparaging critiques and faced systematic removal for their contributions to Black community healthcare, the National Medical Association made no indicated effort to support the women in their endeavors and instead focused their efforts on pointing to inequality and the doctors' outstanding qualifications.

Similarly, the Tuskegee Institute and Booker T. Washington also fought for quality healthcare for Black Americans through their various public programs and initiatives. One notable tactic that built a coalition of integrated support declared that “germs know no color

¹³⁹ E. E. McCoy, “A Case of Triplets: All Healthy and Thriving,” *Journal of the National Medical Association* 2, no. 4 (1910): 265.

line.”¹⁴⁰ This phrase came from a 1912 speech that Washington gave urging white community leaders to improve Black healthcare conditions for their own sake. He warned them that if they did not, the Black people who work in their homes and cooked their food could be at risk for passing diseases to them because germs care not for segregation laws.¹⁴¹

After that address, Washington continued his fight to better Black health by targeting community health and hygiene. One such initiative was the National Negro Health Week Campaign. Headed by Washington and backed by the Institute in 1915, the campaign sought to unify the Black community and “promote Black health, education, and interracial cooperation.”¹⁴² According to Washington, the ultimate goal of the campaign was to increase the “health and long life” of Black communities for the purpose of ensuring their permanent economic success and stability.¹⁴³ The objectives of the health week such as increasing the number of rural healthcare facilities, increasing training of Black providers, and calling for improved housing conditions were merely steps to achieve that goal. Although the week went on to have separate, nationwide observances, their tactics were similar. Events of the week included watching films, distributing brochures, listening to lectures or speeches on hygiene, and orchestrating visiting local clinics.¹⁴⁴ Much like the aims of “germs know no color line,” interracial cooperation and support was central to the ambitions of Health Week. Hence organizations like the American Red Cross sent delegates to the week’s planning meetings.¹⁴⁵

¹⁴⁰ Susan Smith, *Sick and Tired of Being Sick and Tired*, 40.

¹⁴¹ Booker T. Washington, Louis R. Harlan, and Raymond W. Smock, *Booker T. Washington Papers Volume 12: 1912-14*, vol. 12 (University of Illinois Press, 1983), 19.

¹⁴² Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women’s Health Activism in America, 1890-1950* (University of Pennsylvania Press, 2010), 33.

¹⁴³ Susan Smith, *Sick and Tired of Being Sick and Tired*, 38.

¹⁴⁴ Susan Smith, *Sick and Tired of Being Sick and Tired*, 51,52.

¹⁴⁵ Susan Smith, *Sick and Tired of Being Sick and Tired*, 44.

When the ultimate goal of the Institute was permanent economic success, quality healthcare simply became a means to achieving that goal.

Although the NAACP was notably absent from the Negro Health Week planning committee, within their organization they also sought to combat healthcare inequality and improve the health of Black people in America.¹⁴⁶ In their 28th annual conference in Detroit, Michigan, the NAACP, adopted a set of resolutions. These resolutions would be their focus of organizing, attention, and funds for the next year until their next conference. Within the document, the organization set the matter of public health under the category of “Civil Rights.”¹⁴⁷ Their aim was to end legal discrimination in projects of “public health” especially as they pertained to public areas such as parks and recreational areas.¹⁴⁸ Furthermore, they set increasing formal training and education for midwives and nurses as one of their primary health goals.¹⁴⁹ Although the organization as a whole did not support the planning of Negro Health Week, individuals members, such as scholar and professor W.E.B Du Bois supported the efforts as he was the keynote speaker for one of the events.¹⁵⁰ Similar to the NMA and the Tuskegee Institute, the NAACP also engaged in public and outspoken activism that called for public solutions to healthcare inequality.

¹⁴⁶ Susan Smith, *Sick and Tired of Being Sick and Tired*, 43,44.

¹⁴⁷ National Association for the Advancement of Colored People, “Resolutions Adopted by the Twenty-Eighth Annual Conference of the N.A.A.C.P., in Detroit, Michigan, June 29-July 4, 1937,” 1937 Annual Conference, Annual Conference Proceedings, 1910-1950, Papers of the NAACP, Part 01: Meetings of the Board of Directors, Records of Annual Conferences, Major Speeches, and Special Reports, Library of Congress. Copyright 2012, NAACP, 39.

¹⁴⁸ NAACP, “Resolutions Adopted by the Twenty-Eighth Annual Conference,” 39.

¹⁴⁹ HISTORY VAULT

¹⁵⁰ Susan Smith, *Sick and Tired of Being Sick and Tired*,36.

In this era, improved health and the concept of hygiene were very closely linked. Although many Black activist organizations demonstrated their investment in health, when these organizations were not focused on increasing access to formal education, they specifically centered their efforts on improving *hygiene*. Individual events of National Health Week drew attention to “individual hygiene and environmental sanitation.”¹⁵¹ Similarly, the NAACP attempted to tackle public health through the organizing against environmental segregation. After the onset of germ theory, the position that microorganisms such as viruses, bacteria, and other *germs* caused communicable diseases the concept of public health became of the utmost importance.¹⁵² Black organizations of the time saw such an emphasis as an opportunity to mobilize minds and funds for the betterment of the entire country’s health. In a world where germs could cross a color line, Black organizations who were already invested in decreasing mortality rates and saw this development as an excellent rhetorical argument to urge white leaders to better Black health and life.

It is important to emphasize that the efforts and tactics of Black activist organizations were radical because they advocated for the protection of Black life during a time when the rhetoric of eugenics was still popular. According to professor of Education Policy and Leadership at the University of Maryland College Park, Steven Seldon, the popularity of eugenics and the American Eugenics Movement, lingered well into the 1930s.¹⁵³ One major doctrine of the eugenics movement was the belief that Black individuals were inherently more disease prone compared to white individuals. One eugenicist, Edward Eggleston, predicted that

¹⁵¹ Susan Smith, *Sick and Tired of Being Sick and Tired*, 46.

¹⁵² Germ theory or public health – Todd pg 1?

¹⁵³ Steven Seldon, “Transforming Better Babies into Fitter Families: Archival Resources and the History of the American Eugenics Movement, 1908-1930,” *Proceedings of the American Philosophical Society* 149, no. 2 (2005), 199.

as a result of this inherent racial difference, Black populations would “die out” when in competition with white people.¹⁵⁴ In this manner, any attempt to improve Black health conditions and preserve Black life taken by activist organizations such as the NMA and NAACP was a radical act.

Unfortunately, according to Professor of Liberal Studies, Andrea Patterson, eugenicists also hijacked the hygiene movement.¹⁵⁵ From the turn of the century until the 1930s, the American Eugenics movement took on a variety of tactics to advance the “fitness” of the human race. Poor health was a barrier to increased fitness and as a consequence, they tailored many tactics to eliminate bad health outcomes. During that time Black communities had some of the worst outcomes in the country. To eugenicists, Blackness became a marker of biological inferiority. As a result, they crafted techniques such as the birth control movement.¹⁵⁶ This movement sought to increase racial fitness by *controlling* the rate of new births of Black children.

In their struggle to improve Black health and healthcare, Black leaders and organizations were not able to avoid this entanglement. The American Birth Control Federation was an organization aimed at increasing rates of birth control usage.¹⁵⁷ On May 1, 1940, Walter White, the current secretary of the NAACP received a letter from the Birth Control Federation inviting him to serve on their national advisory board. Their letter explained that the advisory board was very interested in crafting programs “especially adapted to meet the need of colored people,” and

¹⁵⁴ Edward Eggleston, *The Ultimate Solution of the American Negro Problem* (R. G. Badger, 1913), 253.

¹⁵⁵ Andrea Patterson, “Germs and Jim Crow: The Impact of Microbiology on Public Health Policies in Progressive Era American South,” *Journal of the History of Biology* 42, no. 3 (October 29, 2008): 529, <https://doi.org/10.1007/s10739-008-9164-x>.

¹⁵⁶ Andrea Patterson, *Germs and Jim Crow*, 551.

¹⁵⁷ Andrea Patterson *Germs and Jim Crow*, 550.

consequently asked him to join.¹⁵⁸ In his reply, Walter White regretfully declined the invitation on the grounds of NAACP rules about sitting on extra-organizational committees and his inability to make the meetings.¹⁵⁹ However, he still expressed his interest in Black targeted birth control programs.¹⁶⁰

The first chapter demonstrated that it was this same rhetoric of cleanliness and hygiene especially around infant mortality that prompted legislation and removal of granny midwives. During a time when Black organizations were also interested in health activism and national public health, they failed to support the women who provided it. Instead, organizations such as the NAACP focused their attention on publicly vocalizing inequality and tragically also becoming entangled in eugenic activities. Professional organizations like the NMA aligned themselves with the end of midwifery, and the Tuskegee Institute used the language that demonized the work of granny midwives to boost their aspirations of Black financial and social success.

The leadership of the NAACP, NMA, and Tuskegee Institute heavily consisted of men. However, Black women were also involved in organizing against anti-Black health inequality. In many ways, Black women were at the forefront of public health initiatives working on the ground and engaging with the individuals living in the communities they sought to serve. However, like their granny midwife counterparts, Black women involved in health equity efforts

¹⁵⁸ “Letter to Walter White July 30, 1940,” Leagues-Birth Control Federation of America, Inc., 1940-1941. 79pp, Group II, Series A, General Office File, Papers of the NAACP, Part 18. Special Subjects, 1940-1955, Series C: General Office Files: Justice Department-White Supremacy, Library of Congress. Copyright 2014, NAACP, 4.

¹⁵⁹ “Letter to Woodbridge E. Morris May 1, 1940,” Leagues-Birth Control Federation of America, Inc., 1940-1941. 79pp, Group II, Series A, General Office File, Papers of the NAACP, Part 18. Special Subjects, 1940-1955, Series C: General Office Files: Justice Department-White Supremacy, Library of Congress. Copyright 2014, NAACP, 4.

¹⁶⁰ “Letter to Woodbridge E. Morris May 1, 1940”

largely operated and left a record of their work that was shrouded in silence. In her work, scholar and historian Darlene Clark Hine, proposed that as a result of the sexual violence Black women experienced on the slave plantation, Black women crafted a “culture of dissemblance” or the façade of “openness and disclosure” that shielded their inner lives from public view.¹⁶¹ It is within this legacy that both the Black women trained medical professionals and midwives operated.

One such woman was physician Ionia Rollin Whipper. Born in Beaufort, South Carolina to a prominent family, Dr. Whipper was one of the first women to graduate from Howard University’s medical school. Throughout her more than forty-year long career she worked to provide underserved Black communities and implement public health measures. Some of her most notable achievements included conducting health and sanitation classes for Southern granny midwives in the implementation of the Sheppard-Towner Act and opening the Ionia Whipper Home for Unwed Mothers.¹⁶²

Throughout her time as a midwife instructor, Dr. Whipper maintained detailed records of her service and work. In her correspondence with the organizing government agency, the US Children’s Bureau, Dr. Whipper meticulously recorded and reported her plans and progress for her supervisor, Dr. Blanche M. Haines. On each of her letters, Dr. Whipper placed the official letterhead of the Children’s Bureau as well as Dr. Haines’ formal position title. On April 14, 1928, Dr. Whipper reported to Haines about the work achieved in Austin, Texas the previous week. She informed Haines that the primary objective of the past week involved the search for

¹⁶¹ Darlene Clark Hine, “Rape and the Inner Lives of Black Women in the Middle West,” *Signs* 14, no. 4 (1989): 912.

¹⁶² "Dr. Whipper Dies in N.Y. Hospital." *Afro-American (1893-)*, May 02, 1953. <https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/historical-newspapers/dr-whipper-dies-n-y-hospital/docview/531798213/se-2?accountid=10747>.

midwives and newborn babies to recruit for midwife classes. She announced that the past week had been very “profitable” for the Wednesday night midwifery classes, and she also spent time helping the other doctors and nurses in the area hold classes of their own. Whipper even informed Haines that she would be leaving for Washington County, Texas on Monday but would return before the weekend to continue working.¹⁶³

In addition to her daily tasks and plans for leading midwife classes, Ionia Whipper also discussed the details of planning and executing the classes in her correspondence. On February 18, 1928, Dr. Whipper again wrote to Dr. Haines. This letter detailed how hard she was working to ensure the success of both the midwife classes and the birth registration campaign for children born without official birth certificates. She informed Haines about her troubles with the state of Texas and their refusal to license midwives. However, she made sure to inform Dr. Haines that her and her team were currently searching for solutions and petitioning the state to allow them to issue certificates of attendance to the midwife classes as an alternative.¹⁶⁴

However, Dr. whipper remained silent on many topics pertaining to the granny midwives. Dr. Whipper even went to great lengths to inform her supervisor about the techniques she was using to recruit additional support from the community. She reported that she and her coworkers worked to garner support from local colleges, Black organizations, churches, church leaders, and fellow local doctors. Her correspondence demonstrated that Dr. Whipper looked to find and

¹⁶³ Ionia R. Whipper, Austin, Texas, Report for March 21 through April 14, 1928, File 4-2-1-2-1, Folder 1, Box 267, Central File 1925-1928, Records of the US Children's Bureau (RG 102), National Archives, College Park, Maryland

¹⁶⁴ Ionia R. Whipper, Austin, Texas to Blanche M. Haines, February 18, 1928, File 4-2-1-2-1, Folder 1, Box 267, Central File 1925-1928, Records of the US Children's Bureau (RG 102), National Archives, College Park, Maryland

cultivate change starting with Black leaders and those in Black organizations, not amongst the midwives with whom she interacted.¹⁶⁵

Rarely did Dr. Whipper offer details about the women with whom she and her team interacted. Whenever she did, she used descriptions that lacked specific details and descriptions. On March 18, 1928, Dr. Whipper wrote to Dr. Haines and conveyed the progress of the midwifery training classes that she was supervising. She remarked that it was almost impossible to form classes because of how far apart the midwives lived. She described the mothers who visited her baby conferences as “anxious” to understand and learn more about their children’s conditions but divulged nothing more.¹⁶⁶

Even within her personal journal and diary Ionia Whipper maintained a level of distance and discretion. For example, her personal journal served as an archive of her religious and spiritual beliefs in growth. She recorded details of her thoughts on the Biblical beatitudes, what they were, their “scheme,” and meaning.¹⁶⁷ Within this journal she also recorded and recited the Biblical morals and ethics that were of the utmost importance to her. This included virtues such as self-control, selflessness, and purity.¹⁶⁸ Whipper repeatedly recorded verses that uplifted good morals such as these. However, there was no mention of the midwives that she worked with or her personal thoughts and feelings toward her work.

¹⁶⁵ Ionia R. Whipper, Austin, Texas to Blanche M. Haines, February 18, 1928

¹⁶⁶ Ionia R. Whipper, Austin, Texas to Blanche M. Haines, March 18, 1928, File 4-2-1-2-1, Folder 1, Box 267, Central File 1925-1928, Records of the US Children's Bureau (RG 102), National Archives, College Park, Maryland.

¹⁶⁷ Journal of Dr. Ionia Rollin Whipper, Object 2018.101.5, Collection of the Smithsonian National Museum of African American History and Culture, Gift of the Carole Ione Lewis Family Collection, Washington D.C.

¹⁶⁸ Journal of Dr. Ionia Rollin Whipper

It is understandable that Dr. Whipper could have used her journal to only record spiritual notes and growth. However, Dr. Whipper's personal diary also continued to maintain this distance from her inner thoughts and feelings. Dr. Whipper's diary included exhaustive descriptions of her daily life. On January 9, she recorded that during that day she met a woman, Mrs. Gandy, sent a package to the address of Mrs. Carrie E Spencer, and prepared for six hundred girls, and almost two hundred boys to attend a Children's Bureau conference in Lynchburg Virginia.¹⁶⁹

In other instances, she even listed details of future plans. In Dr. Whipper's entry for January 4, 1923 she listed all the details of her day that began with her heading to work with the midwives. She then recorded that later that day she was not able to send her telegram and even included the expenses for her upcoming trip to Petersburg. Her expenses included seventy-five cent cab ride, a forty-eight cent telegram, and one dollar twenty five cents for her luggage.¹⁷⁰ These details demonstrated how exhaustive Dr. Whipper was in her descriptions of her daily activities that did not translate to her descriptions of the midwives that she encountered.

Whenever she did mention the midwives that she worked with, their descriptions were brief and simple. On her January 4, 1923, entry, she described the home of midwives living in Waycross, Georgia as "very good." Her March 21 entry described the midwives in Brunswick, Georgia as "very interesting" with no other description or indication of what happened that day. The third and last time that Dr. Whipper mentions her work with the midwives within her

¹⁶⁹ Diary of Dr. Ionia Rollin Whipper, Object 2018.101.2, Collection of the Smithsonian National Museum of African American History and Culture, Gift of the Carole Ione Lewis Family Collection, Washington D.C.

¹⁷⁰ Diary of Ionia Rollin Whipper

personal diary is just in passing. In her May 10 entry, Dr. Whipper recorded that she would soon be traveling to Independence, Georgia in search of more midwives for her upcoming classes.¹⁷¹

One remarkable time that Dr. Whipper broke her silence and voiced opinions on the midwives was in her official reports and studies for the Children's Bureau. Within her report, "Instructions of Negro Midwives in Tennessee," Whipper detailed the conditions of various counties in Tennessee and explained how she went about forming classes. In her notes she recorded that she informed the midwives that the new regulations were not meant to "necessarily condemn" their practices, but simply serve to "set a standard" for midwifery care.¹⁷² She recounted that one of the attendees failed to get their certificate because she "positively refused" to give up her "unsanitary," "superstitious practices" such as throwing away a woman's placenta ashes before thirty days.¹⁷³ However, she made no other remark or specific information about the woman except that she may be a "disruption" to the class.¹⁷⁴ Dr. Whipper's remarks demonstrated that it was only in her formal role that she commented on the Southern granny midwives. Furthermore, these opinions reinforced and agreed with popular commentary on granny midwives, their cleanliness, and their practices.

Throughout her correspondence with the Children's Bureau and her personal records found in her journal and diary, Dr. Ionia Whipper maintained a palpable level of distance from her work. While she left detailed records of her daily tasks in her diary, meticulous outlines of

¹⁷¹ Journal of Dr. Ionia Rollin Whipper

¹⁷² Ionia R. Whipper, "Instruction of Negro Midwives in Tennessee," 1 January 1924- 31 December 1924, Folder 201751-178-0065, Part 3: Children's Bureau History, Records of the Children's Bureau 1912-1969, National Archives, College Park, Maryland, Proquest History Vault, Online, 9.

¹⁷³ Ionia R. Whipper, "Instruction of Negro Midwives in Tennessee," 10.

¹⁷⁴ Ionia R. Whipper, "Instruction of Negro Midwives in Tennessee," 10.

her spiritual journey in her journal, and thorough descriptions of her plans and accomplishments in her correspondence with the Children's Bureau, her personal thoughts on her work and life surrounding herself in the world of granny midwives were strikingly absent. In the style of Black women's dissemblance, Dr. Whipper provided her supervisor details that made her appear open, and in agreement with perceptions of granny midwives, yet at the same time she provided little description of her interactions with the midwives that she worked closely with.

Unlike the work of Black activist organizations and institutions like the NMA and the NAACP, Dr. Ionia Whipper became involved in health organizing by working daily with those that she aspired to help. Instead of tackling public health issues at the governmental level and legislative level, she worked and lived amongst the granny midwives and their communities in order to increase the quality of care in those communities. Yet in her writings she is silent on matters relating to her thoughts and interactions with the midwives that she talked to and trained.

In many ways, the midwives were also silent, mobilizing another variation of the culture of dissemblance to protect themselves and their practices. However, the granny midwives worked within their silence, not leaving out details as Ionia Whipper did, but evading authority and preserving their practices. When we examine the oral history of the Alabama midwife, Lula Rousseau, as an African American trickster narrative, her silence becomes a sophisticated method of subversion and resistance.

According to Professor of English and Folklore at The Ohio State University, John Roberts, trickster tales are traditional forms of African and African American folklore that describe how one clever, weaker party usually portrayed by a small animal, "secures individual

interests without disrupting the order and harmony of society” through subversive storytelling and deception.¹⁷⁵ In this deception, the weaker party is able to triumph over the stronger.

There are many components and hallmarks that constitute an African American trickster and trickster tale. The first is that tricksters navigate their lives and stories within a power imbalance.¹⁷⁶ The story of Br’er Rabbit and the elephant or fox is one well-known trickster tale that demonstrates the distinct power dynamic that exists between characters. Although Br’er Rabbit, the character that represents Black people, holds a conventionally weaker position compared to his adversary the elephant, ultimately Br’er Rabbit and his superior wit overtakes the stronger character.¹⁷⁷

Likewise, Lula Russeau navigated a similar power dynamic between herself and her white Federal Writers’ Project interviewer. The Federal Writers’ Project was a government initiative of the Works Progress Administration (WPA) and New Deal. As a result, many interviewees such as Lula Russeau, mistook interviewers for government representatives and answered their questions bearing the WPA employees’ authority in mind.¹⁷⁸ Furthermore, the interviewers were overwhelmingly white and took up interviewing participants such as Russeau who were mere years removed from the violence of racial slavery and still living in impoverished conditions and the violence of Jim Crow.¹⁷⁹

¹⁷⁵ John W. Roberts, *From Trickster to Badman: The Black Folk Hero in Slavery and Freedom* (University of Pennsylvania Press, 2010), 29.

¹⁷⁶ John Roberts, *From Trickster to Badman*, 29.

¹⁷⁷ John Roberts, *From Trickster to Badman*, 19.

¹⁷⁸ Norman R. Yetman, “Ex-Slave Interviews and the Historiography of Slavery,” *American Quarterly* 36, no. 2 (1984), 187. <https://doi.org/10.2307/2712724>.

¹⁷⁹ Norman Yetman, “Ex-Slave Interviews and the Historiography of Slavery,” 188.

The conditions surrounding the trickster also are an important characteristic of a tale. Often tricksters acted and deceived because of their desire to satisfy a life sustaining need.¹⁸⁰ For example, in an African trickster tale, *How Ture Got Food From the Sky*, the presence of a famine motivated the trickster, Ture, to deceive another man for food.¹⁸¹ In the context of Lula Russeau's oral history, as a formerly enslaved Black woman living through the Great Depression in Alabama, she would have experience living in extreme poverty, but also extreme lack of quality healthcare. It was in this need that she and other granny midwives acted in care as traditional healers and practitioners.¹⁸² Within her oral history she recounted that her mother refused to use doctors and would instead craft her own medications from her knowledge of herbs.¹⁸³ Similar to tricksters like Ture who operated to provide food during a famine, granny midwives like Lula Russeau and her mother strove to provide healthcare and healing services during a time where rural, Black access to formal healthcare was scarce.

However, tricksters did not act on their needs without planning. Tricksters carefully and cunningly planned to achieve their goals. This often included subverting the authority of those in control without disrupting the power imbalance.¹⁸⁴ They accomplished this by feigning friendship with those in power effectively disarming them.¹⁸⁵ For Lula Russeau this meant distancing herself from *superstitious* beliefs and aligning herself on the side of the interviewer. During her interview, Russeau exclaimed, "some folks thinks I is a conjur woman but I sho' aint."¹⁸⁶ Russeau goes on to describe all of the herbs and remedies that she knows, but clarifies

¹⁸⁰ John Roberts, *From Trickster to Badman*, 25.

¹⁸¹ John Roberts, *From Trickster to Badman*, 25.

¹⁸² Lula Russeau, *Federal Writers' Project Papers*, 1.

¹⁸³ Lula Russeau, *Federal Writers' Project Papers*, 2.

¹⁸⁴ John Roberts, *From Trickster to Badman*, 29.

¹⁸⁵ John Roberts, *From Trickster to Badman*, 25.

¹⁸⁶ Lula Russeau, *Federal Writers' Project Papers*, 2.

that the information is simply knowledge that her mother taught her, and not necessarily her personal beliefs.¹⁸⁷ Operating with the knowledge that white audiences often looked down upon Black ritual beliefs, Lula Russeau created distance between herself and her knowledge to effectively align herself with her white interviewer and provide them with a sense of camaraderie.

The final and arguably most important aspect of a trickster narrative is the deception.¹⁸⁸ This is the portion of the tale when Brer Rabbit successfully lies to steal food or when Ture triumphantly gets the man to make a blood oath with him linking them as kin and then asking for him to take him to the food his now blood brother has in the sky.¹⁸⁹ For Lula Russeau, she performed this type of deception when talking about the specific uses of herbs and remedies. Russeau informed her interviewer that her remedy for a woman who was “threatened with a miscarriage” was the herb tansy.¹⁹⁰ She clarified that while some midwives use dirt dauber tea for miscarriages, she never did.¹⁹¹ However, tansy and dirt dauber are known herbal abortifacients or substances a woman would take to create a miscarriage, and a granny midwife would know this information. In their research, scholars have recorded that granny midwives knowingly used and concocted tansy herb and dirt dauber teas to administer as abortion agents for women in need.¹⁹² In this deception, Lula Russeau could maintain her false alignment with

¹⁸⁷ Lula Russeau, *Federal Writers' Project Papers*, 3.

¹⁸⁸ John Roberts, *From Trickster to Badman*, 25.

¹⁸⁹ John Roberts, *From Trickster to Badman*, 37, 25, 26.

¹⁹⁰ Lula Russeau, *Federal Writers' Project Papers*, 4.

¹⁹¹ Lula Russeau, *Federal Writers' Project Papers*, 4.

¹⁹² Laurie A. Wilkie, *The Archaeology of Mothering: An African-American Midwife's Tale* (Routledge, 2003), 158, 160.

the interviewer not allowing them to understand the ritual knowledge that she had and thus allowing her to safeguard her practices.

Through the folktale tradition of trickster tales, the silences that the midwives left in their oral histories became a means of resistance. The activism of progressive organizations such as the NMA and NAACP utilized public platforms to demand equality in healthcare, but they failed to advocate for the needs of rural granny midwives and instead saw formally trained physicians and nurses as the future of Black medical care. Likewise, the activism of Black women professionals like Dr. Ionia Rollin Whipper, while formidable and action oriented, fell silent when it came to their perceptions and work with granny midwives. They also failed to support their ritual work and practices. It is through the tradition of African American storytelling and trickster tales, that we are able to see how granny midwives such as Lula Russeau utilized silence and absence to navigate the imbalance of power between themselves and their interviewers, subvert authority, and safeguard their knowledge and practice of care from outsiders. In the absence of support from Black women physicians and Black activist organizations, it is in the silence of Black folklore that granny midwives and their practice of care could persist.

Conclusion

“To be a slave is to be excluded from the prerogatives of birth. Where a mother’s only claim is the transfer of her dispossession to the child.”¹⁹³ In this passage, Hartman marks the concept of motherhood as unintelligible to the realities of Black womanhood on the plantation. In the wake of enslavement, denigration, regulation, control, and criminalization would continue to define the reproduction of Black women.¹⁹⁴ In this exploration of granny midwives in the early twentieth century, healthcare provider was also a role denied to Black women caretakers.

All too often, scholarly investigations of granny midwives in the United States seek to record what happened *to* the midwives and do not examine the ways that these women asserted themselves and utilized their knowledge for the benefit of themselves and the community. These chapters sought to record how the women navigated medical reform, criminalization, and disregard from Black activist organizations in the context of their positions as bastions of African tradition and knowledge.

Granny midwives held a central role in the Black American social community from enslavement forward. These women fulfilled this role with generations of knowledge passed down from woman to woman filled with care and healing. Their work was priceless during a time when rural Black Southerners lacked access to quality healthcare. Even amid much upheaval and change to the medical field in the Progressive Era, the women continued their work. In a society replete with violence and hardship for many Black people, granny midwives made the birth of a child a marvelous entrance into the world facilitated with care.

However, the largely white medical doctors of the time, preoccupied with progress, modernity, and expertise took the midwives’ wisdom for ignorance and practice for dirtiness. As a result, they launched a series of campaigns to paint Black granny midwives as the premier enemy of medical

¹⁹³ Saidiya Hartman, “The Belly of the World: A Note on Black Women’s Labors,” *Souls* 18, no. 1 (March 14, 2016), 166. <https://doi.org/10.1080/10999949.2016.1162596>.

¹⁹⁴ Saidiya Hartman, “The Belly of the World,” 166.

progress. They cracked down on medical education effectively eliminating many institutions designed to train Black doctors and aspired to create a medical landscape without granny midwives.

In the midst of campaigns against the midwives, the formation of the midwife *problem*, the decimation of Black medical education, and government-led efforts to remove traditional Black midwifery, the granny midwives resisted. Some women told their interviewers that they stopped delivering children altogether, others remained steadfast in their traditional practices privately, and others evaded the rules and regulations delivering babies without licenses. Most significantly, the women remained dedicated to the values that constituted their ethic of care.

When we closely examine the practice of granny midwives, centering their oral histories, their insistence upon secrecy, spirituality, community, generosity, and care aimed to attend to the needs of rural Black women and facilitate Black life, these values begin to form an ethic. Reformers could not remove this presence. They recognized that granny midwives were some of the only healthcare providers willing and able to assist rural Black mothers. This examination allows us to see that the dedication to upholding Black life and community when many saw their practices as backward was also integral to their resistance. It is so profound that in the midst of *progress* and removal, these ordinary and often poor Black women were agents of Black resistance. It is profound that this resistance arose through their ancestral knowledge and refusal to provide healing without generosity and care.

This staunch commitment to radical care did not stop at the end of the Progressive Era. One tangible result of the midwife problem was the criminalization of many midwives and their practices. When white American men aspired to expertise in a field traditionally dominated by women, they saw the practices of abortion as a means to differentiate themselves from the midwives and uplift themselves as the authority in pregnancy and delivery brandishing their expertise and morality.

The stories of Lettie King Hickman, Evelyn Dixon, and all other midwives arrested in Baltimore on illegal abortion allegations speak to the commitment of those midwives and how they continued to pursue community-oriented healing despite the immense legal pressure to stop. In the tradition of the enslaved granny midwives who learned to help other women to control their pregnancies as an act of

resistance on the slave plantation, these women continued to provide for the women in their communities, even while under the threat of criminal consequences. As a result, local authorities arrested, fined, and incarcerated the midwives. This criminalization was violent on many levels. It was a violence against their physical bodies when subjected to arrest and incarceration, and a violence against their spiritual beliefs. Even within this violence, the midwives resisted through continued networks of care. Where the medical community saw midwives as rivals and threats and failed to properly care for Black women, the midwives dug into their traditional spiritual knowledge and assisted other women in controlling their fertility and exercising autonomy.

However, these systems of care are not readily apparent in the historical archive. Their resistance emerged only through the skeptical reading of articles published on their alleged criminal actions. The records of their arrests, incarcerations, and other legal penalizations served as flickers of light in the archive and allowed us to behold the networks of healing that midwives provided for their community under the threat of punishment.

The granny midwives' commitment to care was tremendous. However, Black activist organizations did not always recognize it as such. Unfortunately, in their activism, establishments like the Tuskegee Institute, and organizations like the NMA failed to support the plight of the granny midwife. Instead of defending granny midwives against public accusations of uncleanliness and ignorance, they instead focused on increasing the numbers of Black physicians, promoting hygiene campaigns, and supporting the attempts to control the population via birth control. Instead of focusing on the areas where midwives worked, they looked to increase public discourse around Black access to healthcare.

Even other Black women such as formally trained women physicians like Dr. Ionia Whipper, also failed to support the plight of the granny midwife. Although she was on the front lines and living in the communities that the rural midwives lived in, she also fell silent when it came to expressing her experiences with the midwives. She maintained this silence in her official correspondence with the Children's Bureau, her journal, and her diary failing to record the midwives' traditional knowledge and contributions to rural communities as valuable. Although the actions of Ionia Whipper, the NAACP,

NMA, and the Tuskegee Institute were important because they did intend to advocate for better Black healthcare, they failed to recognize granny midwives as partners in their fight. The activism of organizations such as the NMA celebrated the front-facing advocacy and direct action. Although Dr. Ionia Whipper also sought to increase the quality of healthcare for rural Black communities, her direct action approach allowed her to remain silent on the contributions of the midwives.

Whether through hands-on direct action, or large-scale campaigns, the use of the language of hygiene and sanitation as a solution for public health inequality was problematic for many reasons. It played into, not rejected, the existing stereotypes of granny midwives' dirtiness as the cause of mortality. When enacted, it sought to *sanitize* granny midwives from healthcare and *sanitize* their traditional knowledge from midwifery practice. Furthermore, the American Eugenics Movement utilized similar language for their motives of human purity. In this manner, when the language of hygiene compromised the ability of Black activists to demand health equity, the use of silence becomes even more radical.

When we read the oral histories of the midwives in the tradition of African and African American trickster folk tales, their resistance surfaces. In the fashion of the trickster, the midwives navigated the power imbalance between themselves and their white interviewers, subverted their authority, and protected their traditional practices. Like midwifery, folktales and other storytelling traditions remained in Black communities through generations. In this manner, it is not only the traditional practices of midwifery that allowed the midwives to resist but also their broader deployment of African and African American knowledge systems that became the means by which they navigated racially oppressive societies. Their oral histories force us to reorient our understanding of what is activism. If the only view of advocacy and resistance is the public discourse of the NAACP or NMA or even the direct action of Ionia Whipper, we fail to acknowledge the midwives' resistance. Grounded in knowledge, their *activism* was a radical work of care that utilized silence and subversion to navigate the changing medical and legal contexts and to look after the women in their communities.

In the wake of the violence against and regulation of Black women's reproduction, it is imperative that we study their stories and consider the ways that they created livelihood amidst violence.

Centering the perspective of granny midwives during the era of medical professionalization also allows us to examine their resistance and the ethics of American medicine. Through their eyes, we can understand how narratives of the time such as progress, modernity, and even medicine obstruct the realities of Black women's lives and cloud our ability to view the ways that they resisted. Reformers of the time painted the granny midwife and her spiritually infused practices of healing at complete odds with the aims of modern American medicine. However, when we examine history from their perspective, the many ways that these women created healing emerges. It is my hope that these chapters fall in the sacred tradition of remembering the lives of Black women and the contributions they made to those around them. It is through this remembrance that we can see various ways that they resisted that all too often goes unrecognized.

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