

WOMEN UNAFRAID OF BLOOD:

Kootenay Community Midwives,

1970-90

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Only after a while did the midwives emerge, women who were not afraid of blood or organic stuff, not fearful of the birth process, or intimidated by the fact that it was outside the system. Then people began to recognize the midwifery system that we had going there.

– Abra Palumbo, Kootenay community midwife, 1975-84¹

COMMUNITY MIDWIVES LIKE Abra Palumbo, women not fearful of the physical realities of childbirth or deterred by being labelled renegade health practitioners, were important to the radical redefinition of childbirth that took shape in Canada during the 1970s and early 1980s.² In different regions of British Columbia, parents and midwives allied with sympathetic health practitioners in a sustained critique of the standard hospital birthing procedures, which they regarded as pathologizing and medicalizing a natural process. This social movement redefined birth not as a medical event but, rather, in ways that spoke to the collective, the female, the spiritual, and the familial aspects of reproduction and as an event that took place not on

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¹ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

² I use the term “community midwife” because that is what the Kootenay women called themselves. For a discussion of the term, see Margaret MacDonald, *At Work in the Field of Birth: Midwifery Narratives of Nature, Tradition and Home* (Nashville: Vanderbilt University Press, 2007), 31.

the maternity ward but in a familiar home setting.³ Coming from within counterculture communities, certain women were deemed “midwives” not because of their affiliation with a professional body or their possession of a credential but, rather, because of the nature of their practice, their knowledge, and their personal status.

This is the story of a group of BC midwives from the Kootenay Childbirth Counselling Centre, which was active from the mid-1970s to the mid-1980s in an area seven hours drive from both Calgary and Vancouver, and renowned for home births during this period. The lives, values, and practices of these women provide a case study in the evolution of what has been called the “new midwifery.”⁴ Situating this renaissance of women-centred birth within older traditions of community midwifery practised by indigenous women, nurse-midwives in remote regions, and the neighbourhood midwife,⁵ midwifery researchers describe the evolution of midwifery during this period as a “critical shift in thinking and action by midwives, birthing women, and sympathetic supporters” that offered new ideas and options for the health and well-being of mothers and infants.⁶ Although this was a transitional moment in the history of Canadian midwifery, midwifery remained alegal (outside the law) until the 1990s, and the Kootenay midwives were keenly aware that they could be charged with manslaughter if a woman or baby died during a childbirth that they were attending.⁷ Scholars studying these changes have generally focused on aspects such as professionalization through education and associational formation, political lobbying, and policy initiatives.⁸

³ For an analysis of late twentieth-century midwifery as a social movement, see Betty-Anne Daviss, “From Calling to Caring: Keeping the Social Movement in the Professional Project,” in *Mainstreaming Midwives: The Politics of Change*, ed. R. Davis-Floyd and C.B. Johnson (New York: Routledge, 2006), 413-36.

⁴ Brian Burch deals with the fact that community midwifery was essentially outside the law. See Brian Burch, *Trials of Labour: The Re-emergence of Midwifery* (Montreal and Kingston: McGill-Queen’s University Press, 1994), 3-4.

⁵ See, for example, Lesley Biggs, “Rethinking the History of Midwifery in Canada,” in *Reconceiving Midwifery*, ed. I.L. Bourgeault, C. Benoit, and R. Davis-Floyd (Montreal and Kingston: McGill-Queen’s University Press, 2004), 17-45; J.T.H. Connor, “Larger Fish to Catch Here Than Midwives: Midwifery and the Medical Profession in Nineteenth-Century Ontario,” in *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, ed. D. Dodd and D. Gorham (Ottawa: University of Ottawa Press, 1994), 103-34.

⁶ The term “new midwifery” and the particular significance of change in the Canadian context is noted by Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, 3-14.

⁷ See Burch, *Trials of Labour*, 3-4. The legalities of home birth were presented most strongly by Liz Tanner in recounting the haemorrhage that followed one home birth. Videotaped interview with Diane Holt, Susan Stryck, Liz Tanner, and Don Tanner, Nelson, BC, 28 June 2004.

⁸ For a survey of this process, see Farah Shroff, ed., *The New Midwifery: Reflections on Renaissance and Regulation* (Toronto: The Women’s Press, 1997).

In this article I stress, instead, the distinctive knowledge system and practice model that the Kootenay midwives created, shaped by the alternative values of the era, personal life experience, and an unorthodox engagement with biomedicine.⁹ American migration, adherence to principles of self-sufficiency and self-education among members of the counterculture, a feminist-informed personal belief that the female body is the purview of women, and alternative understandings of nature and health are important themes here. Yet the knowledge base of the Kootenay midwives was also firmly rooted in obstetrical medicine, and they underwent rigorous medical training, albeit in unconventional settings and ways.

The notion of *place* is central in my analysis, with region, community, and household operating as sites for the construction of oppositional or blended health practices and collective and personal identities through home birth and midwifery.¹⁰ This is a history that unfolded in the remote home-built A-frame home, the local community hall and women's centre, and on the winding roads of the rural Kootenays.¹¹ Contextualizing the Kootenay midwives in these sites, I trace significant life events and explore how they built their practices, educated themselves and their clients, and contributed to a local culture of natural childbirth.

My primary source for this study is a series of videotaped oral histories, but I also used documents produced by home-birth advocates and midwives, a local women's newspaper, and published materials that

⁹ These aspects have not been entirely neglected, but they have not yet been the focus of sustained scholarly attention. See, in particular, MacDonald, *At Work in the Field*. The introduction to Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, contains a useful summary of these cultural aspects, and Mary Sharpe references the "strong subculture" of the Ontario 1970s home-birthing movement. See Mary Sharpe, "Exploring Legislated Midwifery: Texts and Rulings," in Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, 151. Barrington's 1984 work is a polemic designed to further the cause of midwifery in Canada, but its extensive section on the Kootenays opened the door for my own research on the region. See Eleanor Barrington, *Midwifery Is Catching* (Toronto: NC Press, 1984). The ideas of H. Wulff regarding the ways in which theoretical reasoning, experiential reasoning, hermeneutic reasoning, and ethical reasoning create multiple medical cultures have been useful to me in constructing my analysis. See H. Wulff, "The Two Cultures of Medicine: Objective Facts versus Subjectivity and Values," *Journal of the Royal Society of Medicine* 92, 11 (1999): 549-52.

¹⁰ The theoretical literature about community is extensive, but here I am using anthropologist Anthony Cohen's dynamic notion of "community." See Anthony P. Cohen, *The Symbolic Construction of Community* (London: Tavistock Press, 1985). I also draw on work of social geographers on therapeutic landscapes, place, and the creation of identity and social networks. See Allison Williams's excellent introductory synthesis of the field of health geography in *Therapeutic Landscapes: The Dynamic between Place and Wellness*, ed. A. Williams (New York: University Press of America, 1999), 1-14.

¹¹ Popular in the post-Second World War era, but particularly in the 1960s, an A-frame house is designed in an inverted "V" shape, with a roof that extends to the ground.

midwives consulted.¹² As University of Southern California anthropologist Cheryl Mattingly observes, “we make as well as tell the stories of our lives,” and important subjective experiences are encapsulated in the midwives’ oral histories that are unavailable elsewhere.¹³ The interviews reveal that these women were hard at work creating alternative identities and lifestyles – as individuals, midwives, families, and communities. Read as counter-narratives, the oral histories demonstrate an intense commitment to establishing a new midwifery. Read as accounts of daily incidents, the oral histories show that the lives of Kootenay midwives were shaped by a range of concrete experiences – late-night breast feeding, locating medical supplies, winter driving, waged labour, community networking, cooking, and monitoring labouring women.¹⁴

HISTORICAL CONTEXTS

My analysis is situated within two key historical contexts of the twentieth century: (1) the medicalization of modern childbirth and (2) the rise of alternative social movements. Considered to be skilled practitioners in indigenous Canadian cultures, trained and lay midwives

¹² In November 2000, I conducted eight preliminary field interviews in the Kootenays. In the summer of 2004, I shot twenty-nine videotaped interviews with women who had worked as community midwives and women who had given birth at home during the 1970s and 1980s in three regions of British Columbia: the Kootenays, the southern Gulf Islands, and Vancouver. These are in the University of British Columbia Archives, along with Abra Palumbo’s midwifery papers. Another paper that analyzes the Kootenay home-birth scene as environmental health history, “Nature, Spirit, Home: Back-to-the-Land Childbirth in BC’s Kootenay Region,” will be published in a collection of articles about counterculture and the environment. My oral history interviews are always led by the person telling the story, though I have on hand a list of themes that I believe are important and will insert later on in the interview to see whether or not they resonate with the interviewee. I want to note that the personal connections that I established with some of my research subjects preclude any pretense at objectivity. My interviewees welcomed me into their homes. They asked after my children, remembering pertinent details of their lives. We ate the same kind of food. One of them inspired us to buy an island cottage. Complete scholarly detachment is impossible.

¹³ Cheryl Mattingly, “The Concept of Therapeutic Implantment,” *Social Science and Medicine* 38, 6 (1994): 811.

¹⁴ Useful works in dealing with narratives and oral histories include Penny Summerfield, *Reconstructing Women’s Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War* (Manchester: Manchester University Press, 1998); M. Bury, “Illness Narratives: Fact or Fiction?” *Sociology of Health and Illness* 23/3 (2001): 263–85; C. Mattingly and L. Garro, eds., *Narrative and the Cultural Construction of Illness and Healing* (Berkeley: University of California Press, 2001); Helen Kirkpatrick, “A Narrative Framework for Understanding Experiences of People with Severe Mental Illnesses,” *Archives of Psychiatric Nursing* 22, 2 (2008): 61–68; Margaret MacDonald and Ivy Lynn Bourgeault, “The Politics of Representation: Doing and Writing ‘Interested’ Research on Midwifery,” *Resources for Feminist Research* 28, 1–2 (2000): 151–68.

were also part of early Euro-Canadian settlements.¹⁵ However, over the nineteenth century Canadian physicians marginalized midwives and positioned themselves as the legitimate birthing experts.¹⁶ The shift from home to hospital birth, and the rise of the medically managed birth through surgical procedures such as cesarean sections, episiotomies, and pain management were twentieth-century phenomena.¹⁷ By the 1970s, regional hospitals in the Kootenay communities of Nelson, Trail, and Cranbrook were each handling from three hundred to four hundred births per year. Smaller local hospitals in Castlegar, Creston, Kaslo, Nakusp, and New Denver saw less frequent births: Nakusp Hospital typically handled about fifty-five births each year, and the tiny New Denver Hospital reported fifteen births in 1970, 1972, and 1975.¹⁸

The childbirth reform movement of the late twentieth century attracted renegade physicians, parents looking for natural childbirth options, feminist health activists, and natural health adherents.¹⁹ British obstetrician Grantley Dick-Read published *Childbirth without Fear* in 1959, presenting the first medical argument for non-medicalized childbirth. Other discordant medical voices, including those of French doctors Frederick Leboyer, Michel Odent, and Fernand Lamaze, emerged during the decades that followed. In the United States, Ina May Gaskin and a cadre of midwives operating out of the Farm created a base of midwifery practice in rural Tennessee in the early 1970s, while Raven Lang and other counterculture midwives established the Santa Cruz Birth Center in California in 1971.²⁰ Basing their ideas on theorists who

¹⁵ See Biggs, "Rethinking the History"; MacDonald, *At Work in the Field*, 25-29.

¹⁶ Biggs cites Aboriginal, Inuit, Mennonite, and Hutterite practices and Newfoundland midwifery as exceptions to this picture. See Biggs, "Rethinking the History." My research on British Columbia's Peace River region in the pre-Second World War era demonstrates the use of midwives right up to the end of my period. See Megan Davies, "Mother's Medicine: Women, Home and Health in BC's Peace River Region, 1920-1940," in *Social Medicine and Rural Health in the North in the 19th and 20th centuries*, ed. J.T.H. Conner and S. Curtis (London: Pickering and Chatto, Society for the Social History of Medicine Series, 2010), 199-214.

¹⁷ See Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002).

¹⁸ Department of Health Services and Hospital Insurance, British Columbia, Report on Hospital Statistics and Administration of the Hospital Act for the years ending 1970-75.

¹⁹ I am condensing a remarkably complex history here and, in the process, neglecting related stories of the breast-feeding movement, the childbirth education movement, and the birth control and the abortion-rights movements. See Margot Edwards and Mary Waldorf, *Reclaiming Birth: History and Heroines of American Childbirth Reform* (New York: The Crossing Press, 1984) for a history of feeding and childbirth education activism in the United States. See Sandra Morgan, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick, New Jersey: Rutgers's University Press, 2002), for a history of birth control and abortion rights activism.

²⁰ The farm espoused communal beliefs and an anti-abortion philosophy and offered any pregnant women free delivery and the choice of staying on the farm or leaving their child to be raised

critiqued the medicalization of women's bodies and identified birth as a stolen site of female power, feminist health activists were early supporters of the right to choice in birth.²¹ Historians of Complementary and Alternative Medicine (CAM) see significant lay resistance to orthodox medical dominance in the late twentieth century, and they argue that the women's health movement and alternative birthing practices were key to this process.²²

Canadian scholars trace similarly strong links between the women's health movement and new midwifery, and they note as well the importance of a broad critique of the efficacy of biomedicine developed by alternative health movements.²³ British Columbia was at the fore in offering radical birthing options. The Vancouver Free Childbirth Education Centre opened in 1971 with funding from the federal government's Local Initiatives Program (LIP) and the Vancouver Birth Centre opened one year later. Lay midwife Cheryl Anderson was a pivotal figure in both these developments. Sojourning in Canada when the political situation in Santa Cruz became problematic in 1972-74, Raven Lang was also involved.²⁴ In Toronto, a community of midwives developed late in the 1970s: a decade later there were approximately fifty established Ontario

by the collective. Ina May Gaskin and the farm midwives have recently been chronicled in the 2012 documentary entitled *Birth Story: Ina May Gaskin and the Farm Midwives*, directed by Sara Lamm and Mary Wigmore. For a history of The Farm see Timothy Miller, *The 60s Communes: Hippies and Beyond* (Syracuse: Syracuse University Press, 1999), 118-24. For a history of Lang and the Santa Cruz Birthing Center see Edwards and Waldorf, *Reclaiming Birth*, 156-79.

²¹ See Morgan, *Into Our Own Hands*, 8-12, for the American scene. Key feminist theorists who have written about women and birth include: Ann Oakley, *Women Confined: Towards a Sociology of Childbirth* (Oxford: Martin Robertson, 1984); Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (London: Virago, 1977); Barbara Ehrenreich and Deidre English, *Witches, Midwives, and Nurses: A History of Women Healers* (New York: The Feminist Press, 1973). For a recent critique of the "Ehrenreich thesis," see Monica H. Green, "Gendering the History of Women's Health," *Gender and History* 20, 3 (2008): 487-518.

²² M. Saks, "Political and Historical Perspectives," in *Perspectives on Complementary and Alternative Medicine*, ed. T. Heller, G. Lee-Treweek, J. Katz, J. Stone, and S. Spurr (Abingdon, UK: Routledge, 2005), 59-82; and M. Saks, "Medicine and the Counter Culture," in *Medicine in the Twentieth Century*, ed. R. Cooter and J. Pickstone (Amsterdam: Harwood Academic Publishers, 2000), 113-23.

²³ There is not yet a Canadian history of the women's health movement, but elements of it are covered in broader volumes. See N. Adamson, L. Briskin, and M. McPhail, *Feminists Organizing for Change: The Contemporary Women's Movement in Canada* (Don Mills, ON: Oxford University Press, 1988), 45-46; Doug Owrain, *Born at the Right Time: A History of the Baby Boom Generation* (Toronto: University of Toronto Press, 1996), 264-69; J.K. Crellin, R.R. Anderson, and J.T.H. Connor, *Alternative Health Care in Canada: Nineteenth- and Twentieth-Century Perspectives* (Toronto: Canadian Scholar's Press, 1997).

²⁴ Lang was in British Columbia in 1972 and from 1973 to 1976. I suspect part of her work in British Columbia was funded by federal LIP grants. For a biography of Lang, see Edwards and Waldorf, *Reclaiming Birth*, 156-64.

midwives and about fifteen hundred women chose to give birth with midwives each year.²⁵ There were also clusters of activity in Nova Scotia, Quebec, Saskatchewan, Alberta, Manitoba, and Prince Edward Island.²⁶ By and large it seems clear that Aboriginal women and women of colour were not participants in this social shift.²⁷ Studies of the history of Aboriginal childbirth reveal a separate history of colonization and revival through the loss and reclamation of traditional birthing practices over the course of the twentieth century.²⁸ Although midwives in the later stages of professional development have been described as “middle-class,” I cannot pin my midwifery respondents down in this regard: while their life histories indicate a varied set of class and education backgrounds, the counterculture lifestyles of the period tended to blur such differences.

The rise of lay midwifery in the Kootenay region had much to do with the counterculture migration to British Columbia and the rise of a broad-based alternative social movement in the province in the 1960s and 1970s.²⁹ Thousands of young American men and women crossed into Canada to resist the draft and to protest their country’s involvement in the Vietnam War.³⁰ While larger political, social, and cultural initiatives, like Greenpeace and the feminist printing collective Press Gang, were located in urban Vancouver, the search for alternative lifestyles had a strong rural orientation, as demonstrated by Mark Vonnegut’s powerful memoir, *The Eden Express*, which recounts his experience in a remote community near Powell River.³¹ The scholarship of sociologist Kathleen

²⁵ Van Wagner (1988) and Tyson (1991) cited in MacDonald, *At Work in the Field*, 31.

²⁶ Unless otherwise referenced, the information in this paragraph is taken from Barrington, *Midwifery Is Catching*, 34–38.

²⁷ See, for example, Denise Marian, “Unregulated Midwifery: Experiences of Women in Nova Scotia,” in Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, 225–43; Sheryl Nestel, “The Boundaries of Professional Belonging: How Race Has Shaped the Re-emergence of Midwifery in Ontario,” in Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, 287–305.

²⁸ Patricia Jasen, “Race, Culture, and the Colonization of Childbirth in Northern Canada,” *Social History of Medicine* 10, 3 (1997): 383–400.

²⁹ See Lawrence Aronsen, *City of Love and Revolution: Vancouver in the Sixties* (Vancouver: New Star Press, 2011); and Owsram, *Born at the Right Time*, 190, for specific references. A snapshot of the Vancouver counterculture scene is provided by Jean Barman, *The West beyond the West: A History of British Columbia* (Toronto: University of Toronto Press, 1996), 314–16.

³⁰ Lara Campbell, “‘Women United Against the War’: Gender Politics, Feminism, and Vietnam Draft Resistance in Canada,” in *New World Coming*, ed. K. Dubinsky, Sean Mills, Scott Rutherford (Toronto/London: Between the Lines/Palgrave MacMillan, 2009), 339–46; Kathleen Rodgers, *Welcome to Resisterville: American Dissidents in British Columbia* (Vancouver: UBC Press, 2014).

³¹ Mark Vonnegut, *The Eden Express* (New York: Praeger, 1976). Other BC accounts that deal with the back-to-the-land movement are Kenneth Brower, *The Starship and the Canoe* (New York: Bantam Books, 1978); and Finnie Zinger, *Within This Wilderness* (New York: W.W. Norton, 1978). For scholarly treatment of rural back-to-the-land radicalism, see Sharon Weaver, “First

Rodgers points to the importance of the politics of community and the strongly idealistic orientation of American war resisters who settled in British Columbia.

In many ways the Kootenays, in the southeastern corner of the province, were British Columbia's quintessential rural retreat, holding near-mythical status as a place with green mountains, clean water, and affordable land.³² Counterculture adherents came to the region from central and eastern Canada, the Prairies, and the United States, bringing with them social movement "tool kits" that fostered social change.³³ The story of the Kootenay midwives maps well onto Rodgers's analysis for their work as midwives was an embodied critique of the life they had left behind.³⁴ Local midwives like Palumbo were among the new migrants who widened community and institutional options in the region, establishing schools, alternative health systems, and political and social groups.³⁵ The unconventional character of the region was reflected in its birth statistics: a 1980 federal study found that 8 percent of Kootenay births took place at home, compared to 1 or 2 percent elsewhere in British Columbia.³⁶

Encounters: 1970s Back-to-the-Land, Cape Breton, NS and Denman, Hornby and Lasqueti Islands, BC," *Oral History Forum/d'histoire orale* 30 (2010): 1-30; Justine Brown, *All Possible Worlds: Utopian Experiments in British Columbia* (Vancouver: New Star Books, 1995); Terry Allan Simmons, "But We Must Cultivate Our Garden: Twentieth-Century Pioneering in Rural British Columbia" (PhD diss., University of Minnesota, 1979).

³² The Kootenay region includes the Upper and Lower Arrow Lakes and the regional centres of Nakusp, Castlegar, and Trail to the west; the Slocan Valley with New Denver as the main service centre, Nelson, and Kootenay Lake (Kaslo) in the middle of the district; and the Columbia River and towns like Kimberley, Cranbrook, Invermere, and Fernie to the east. Four north-south mountain ranges run through the region: the Monashees, the Selkirks, the Purcells, and the Rockies. See Brett McGillivray, *Geography of British Columbia: People and Landscapes in Transition* (Vancouver: UBC Press, 2000), 13-14. Most of the back-to-the-land/ counterculture settlement in the region was clustered in the Slocan Valley, but there was significant settlement around Kootenay Lake and Nelson as well. Barry Lamare, American expat who moved to Vallican states that, in California, among alternative groups, the Kootenays had an "almost mystical aura" by the mid-1960s. Quoted in Katherine Gordon, *The Slocan: Portrait of a Valley* (Winlaw, BC: Sono Nis, 2004), 238.

³³ McAdam uses this term to encompass both tactics and ideologies. See Doug McAdam, "Culture and Social Movements," in *New Social Movements: From Ideology to Identity*, ed. E. Laraña, H. Johnston, and J.R. Gusfield (Philadelphia, PA: Temple University Press, 1994), 36-57.

³⁴ Rodgers, *Resisterville*, makes this point about personal lives and community formation being an embodied critique of mainstream society on page 8 and develops it throughout.

³⁵ For a history of this process in the Kootenays, see Gordon, *The Slocan*, chap. 15.

³⁶ Cited in Barrington, *Midwifery Is Catching*, 87.

BECOMING A MIDWIFE: LIFE STORIES

In the 1970s and early 1980s, a small, homogenous group of Kootenay women grew into the role of community midwives.³⁷ I crafted a collective biography by interviewing five of the seven women in this circle and gathering information on a radical local doctor who mentored them.³⁸ Strong interpersonal connections and commonalities were evident. Three of the women who migrated from the United States during the Vietnam War were politicized by their opposition to the foreign policy of their government, and all made a purposeful choice to live in a rural counterculture community.³⁹ Several were involved in the wider women's health movement and/or had a family member who was a health practitioner. Although not all specifically defined themselves as second-wave feminists, each interpreted her work as a midwife in the broad context of a rights-based discourse and regarded childbirth as a woman-centred experience.⁴⁰ Each of the women had given birth before they became midwives, giving them a "life-body" kinship with their work and the birthing women for whom they cared. Four of the midwives – Palumbo, Bush, Bell, and Strom – gave birth while they were practising in the Kootenays, shifting across a standard patient/practitioner divide, although they did not regard it in this fashion. Significantly, all but one midwife recalled her first pregnancy and childbirth as a pivotal moment – a moment when she realized that the medical system had taken away women's ownership of a natural female process and key life event.

A registered nurse, Pat Armstrong came to the Slocan Valley in 1970 from California, where she had trained as a Lamaze birthing instructor and been connected with alternative birthing through Raven Lang and the Stanford University Hospital. Armstrong's key early experiences with birth – as a birthing mother and then as a midwife – mirrored the sense of

³⁷ Other local women worked with the midwives on an informal basis, but the members of this small group stand apart because of their deep commitment to the process of learning and practising their craft. I did not collect data on ethnicity or try to ascertain class as a category, but not one of my interview subjects was a woman of colour. Netsel and others have noted the shared social identities of Canadian midwifery movements of the 1970s and 1980s. See Nestel, "Boundaries of Professional Belonging," 287-305.

³⁸ I emphasize the solidity of this group at the expense of demonstrating its more fluid nature. In fact, Pat Armstrong stopped practising in 1974, and there were apprentice midwives (like Diane Goldsmith and Carol Rogers) as well as midwives who came in at the end of the period (like Penny Ruvenski, Dianne Carter, and Susan Miller).

³⁹ Burtch characterized community midwifery in the interior of British Columbia in the 1980s as civil disobedience. See MacDonald, *At Work in the Field*, 81.

⁴⁰ For a discussion of rights-based discourse in Ontario, see MacDonald, *At Work in the Field*, 30. Palumbo clearly employs rights-based discourse in a 1977 letter to the *Province* newspaper with references to consumer choice and the right of citizens to make informed decision. See undated letter, Abra Palumbo Papers (hereafter AP), UBC Archives.

biomedical disempowerment and the importance of empowering women evident in the life histories of all the women whom I interviewed. Her first experience of giving birth, when she was just fifteen years old, was traumatic. Tied down throughout labour so she would not “contaminate the baby,” the doctor had to tell her how babies were born. “Nobody,” she told me in November 2000, “should ever do that to a woman.” After her first home delivery, midwife Pat Armstrong was “infused with power” and “knew that women had to take control.”⁴¹ The first counterculture midwife in the region, Armstrong began teaching childbirth education classes in Winlaw, at the foot of the Slocan Valley, in 1971. Helping out at homebirths grew out of her teaching: she attended about two births a month from 1971 to 1974.⁴²

Pregnancy and childbirth were subjects of “dinner time conversation” in the American Midwest home of Camille Bush, where her grandmother shared positive experiences of helping neighbourhood women through labour during the 1920s and 1930s. After four years in Canada, Bush began to learn midwifery with Cheryl Anderson at the Vancouver Birth Centre in 1973. A LIP position as a women’s health worker came up at the Nelson Women’s Centre the following year. Stopping along the way at the geodesic dome community in Lumby, British Columbia, for her first solo midwifery experience, Camille Bush arrived in the Slocan Valley in January 1975. By the summer she was attending births with Dr. Carolyn deMarco. Schooled in feminist health initiatives, Camille Bush believed she was part of a “righteous movement” that, although illegal, was working for the greater good.⁴³

Dr. Carolyn deMarco came to the Kootenays soon after Camille and set up practice in Slocan City.⁴⁴ DeMarco had interned at Toronto East General Hospital. Reading Lang’s *Birth Book* on her journey west, deMarco decided to attend home births. While she acknowledged the difficulty of shifting from a biomedical view of birth to an acceptance of the natural capability of the female body, deMarco became a key mentor for the Kootenay midwives.⁴⁵

Abra Palumbo, a native New Yorker of Mayflower stock, left the United States in 1967 with a single backpack, horrified at the civilian carnage she witnessed in Vietnam news clips. Based on the west coast,

⁴¹ Field notes, interview with Pat Armstrong, Nelson, BC, November 2000.

⁴² Pat Armstrong’s biographical details come from Barrington, *Midwifery Is Catching*, 87–88; and my field notes, November 2000, Nelson, BC.

⁴³ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁴⁴ DeMarco was featured in the 1993 National Film Board documentary entitled *Born at Home*. Glynis Whiting, director.

⁴⁵ Barrington, *Midwifery Is Catching*, 86–93.

Palumbo travelled to northern Alaska to have her first baby with a female Inuit health worker who had midwifery training. Palumbo believes that she became a midwife during this birth, with her brother holding a mirror so she could herself gauge the crowning process as daughter Robynn's head emerged. By the time Palumbo moved with her family to the Slocan Valley in 1976 she had been present at childbirths on Salt Spring Island and at Qualicum, and had given birth in a candlelit tipi on Hornby Island with her husband assisting. A bulletin board notice alerted her to a home-birth meeting and drew her into a "sisterhood" of support and companionship.⁴⁶

The only BC native whom I interviewed, Barbara Ray, was born in Trail. After giving birth to her first daughter in the Trail hospital in 1973, she was handed a glass of Tang and a jelly doughnut rather than her baby. Pregnant with her second child in New Denver two years later, she was determined to give birth at home. Later, she was drawn into the burgeoning home-birth scene in the Slocan Valley: "Before long I was going to lots of births in the Kootenays, all over the Kootenays – Salmo, Trail, Rossland – lots of women were choosing to have their babies at home because of the way birth was treated as very much a medical and surgical event."⁴⁷ By the late 1970s Palumbo, Ray, and Bush were practising alongside midwife Patti Strom, with two midwives attending each birth and a third providing backup.⁴⁸

Like Bush, Irene Bell came into midwifery from the women's health movement – in her case from Toronto. Giving birth to her first child in 1977, Bell had "plunged right into the middle of the pond," studying books and attending births, and thus brought considerable midwifery experience with her when she moved to the Kootenays in the autumn of 1980. A chance phone call brought an invitation to a local potluck: Bell walked into a room of midwives and mothers and immediately felt part of a community.⁴⁹

There were, clearly, common elements in the lives of these midwives, most importantly a shared experiential knowledge of childbirth and an impassioned and sustained commitment to the kind of female-centred pregnancy and birth that midwifery made possible. The practice model that they created together, although based on medical science, reflected this common life world knowledge and strong political commitment.

⁴⁶ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

⁴⁷ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁴⁸ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

⁴⁹ Judy Pustil, a Toronto colleague and close friend of Bell, arrived in Nelson in 1982. Pustil died in 1997. I have not collected biographical information on her.

Similarly drawn to the rural, counterculture life of the Kootenays, the women took multiple pathways into the work of midwifery – demonstrating that becoming a midwife in the period before certification was typically contingent on time and circumstances rather than being the product of a singular decision. Personal connections imparted a strong sense of cohesion to the midwife group, but unique life histories created diverse understandings of feminist practice, civil disobedience, and biomedical dominance.

KNOWLEDGES AND PRACTICES IN COMMUNITY MIDWIFERY

Knowledge formation and the practice of midwifery in the Kootenays in the 1970s and early 1980s were closely interdependent, shaped both by the biomedical system and oppositional social movements of the era. In formal classes, through apprenticeship, and from personal encounters with local health practitioners, the midwives became familiar with obstetrical theory and the instruments and techniques of their medical specialty. At work in the field and in their daily lives, this biomedical skill set was frequently mediated and reshaped by other knowledges and practices based not on medicine but, rather, on the values and lifestyle of their Kootenay counterculture community and their understanding of childbirth as a female-centred event.

Kootenay midwives operated independently of physicians in their day-to-day work, but the strong mentorship of Pat Armstrong, a trained nurse, and Dr. Carolyn deMarco meant that they worked from a solid biomedical knowledge base.⁵⁰ In the Kootenays, aspiring midwives Palumbo, Ray, and Bush gathered through 1977 at deMarco's or Armstrong's home to study standard medical procedures, including sterile technique and pelvic measurement, and to learn the mechanics of birth.⁵¹ Prenatal clinic participation gave these women the opportunity to learn blood and urine testing, medical record management, and the process of following a woman through pregnancy. Armstrong was a stickler for doing things right, Ray recalled, and a commitment to the knowledge process was a measure of intent: "You had to know, because if you didn't then you weren't serious about being a midwife."⁵² DeMarco was an encouraging, empowering figure who oversaw the learning experience.⁵³

⁵⁰ Videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004.

⁵¹ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁵² Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁵³ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

However, although deMarco and Armstrong were key mentors in the medical world of childbirth, the midwives also learned these elements of their craft in an independent, experiential fashion. Here we see a synthesis of social knowledge, apprenticeship, and techniques learned through hands-on midwifery practice.⁵⁴ Like their Ontario cohort of the same period, the Kootenay midwives were engaged in a craft that was oppositional to the mainstream and “underground,” thus necessitating an eclectic and inventive approach to knowledge acquisition.⁵⁵ Drawn into the home-birth movement, Ray attended births all over the Kootenays – in Salmo, Trail, Yahk, and Rossland – and benefited from informal training on the job with Armstrong.⁵⁶ Lifeworld birthing experiences were discussed and contextualized with deMarco and the other midwives. Identifying gaps in their expertise, the midwives came together independently in study or practice groups to acquire and share information and skills.⁵⁷ Some of the women learned to suture by practising on raw chicken pieces.⁵⁸

With the exception of deMarco, relations with local health professionals were variable and generally conducted at a distance. The Nelson obstetrics and gynecologist specialist Andrew Laing was deeply opposed to the midwives, but even local physicians like Gordon Chaytors and Mike Hartley – considered supportive by the midwives – were clearly reluctant to speak publicly in favour of home birth and midwifery.⁵⁹

⁵⁴ Benoit and Davis-Floyd tell us that the midwife in training “becomes an expert in lifeworld knowledge, which consists of a sustained social and intuitive knowledge of the women she serves, as well as a body of techniques acquired by ‘doing’ midwifery work with other women who share a similar social world.” See Benoit and Davis-Floyd, “Becoming a Midwife in Canada: Models of Midwifery Education,” in Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, 172.

⁵⁵ Early Ontario midwives worked with a skill set derived from a combination of self-education and study groups. See Margaret MacDonald, “Tradition as a Political Symbol in the New Midwifery in Canada,” in Bourgeault, Benoit, and Davis-Floyd, *Reconceiving Midwifery*, 46–66. Adamson et al., *Feminists Organizing for Change*, 241, note the importance of self-education within the Canadian women’s movement. Noting that Canada and the United States were unique among high-income countries for having apprenticeship systems of midwifery education, Benoit and Davis-Floyd argue that this was the product not only of a social movement that was formed as oppositional to mainstream biomedicine but also of the “underground” character of midwifery training and practice in Canada during this period. See Benoit and Davis-Floyd, “Becoming a Midwife,” 46–66.

⁵⁶ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁵⁷ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

⁵⁸ Video-tape, interview with Ilene Bell, Nelson, BC, 29 June 2004.

⁵⁹ Like the visibility of midwives in the Kootenay community, the issue of supportive or non-supportive doctors and nurses is difficult to ascertain. Laing declined to be interviewed for this project, but his views were expressed publicly in “Hazards Complicate Home-Birth Issue,” *Nelson Daily News*, 19 April 1978. Because he believed it was important not to alienate women, Hartley did not refuse to care for women who told him they were choosing a home

However, the intimacy of rural Kootenay communities meant that professional and personal ties often overlapped, and a handful of local nurses and physicians did indirectly participate in the midwives' education and practices.⁶⁰ When Ray decided to have her second baby at home in 1975, a New Denver nurse and personal friend shared information through conversation and a midwifery textbook, and agreed (albeit somewhat reluctantly) to attend the event.⁶¹ In 1980, another local nurse wrote to the Kootenay Parents for Childbirth to offer support for postpartum mothers.⁶² Only one registered nurse in the region regularly assisted with home births during the period.⁶³ Ray became friends with a woman who was a general practitioner in Nakusp. "D. thought we were crazy too," she told me, "But she also became an encouraging and supportive friend."⁶⁴

Home-birthing women connected the midwives to sympathetic local physicians who might provide obstetrical direction.⁶⁵ For the midwives, conversations with Hartley, and opportunities to watch him at work, were glimpses into the medical world and were understood by them to be part of their training. A British-trained physician with experience working with midwives in the United Kingdom, Hartley had a good working relationship with the midwives interviewed for this article and was usually willing to talk informally with them about their work.

birth with a midwife, but he carefully documented these conversations in case files. See videotaped interview with J. Michael Hartley, Nelson, BC, 28 June 2004. I am not speaking here of efforts to establish a dialogue between nurses and community midwives, which included a 1983 in-service for hospital nurses, nor of the failed 1980 joint effort by the Selkirk Health Unit and the Kootenay Childbirth Counselling Centre to study home births in the region. In Ontario, following the 1982 inquest into the death of a baby born at home under the care of a midwife, the College of Physicians and Surgeons issued a statement strongly discouraging doctors from attending home births. See Margaret MacDonald, "Expectations: The Cultural Construction of Nature in Midwifery Discourse in Ontario" (PhD diss., York University, 1999), 94.

⁶⁰ These elements were highly personalized and localized. On Salt Spring Island, for example, midwife Maggie Ramsey's "local girl" status and family connections to the local medical elite appear to have helped create a positive professional relationship.

⁶¹ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁶² Kootenay Parents for Childbirth Rights Newsletter, vol. 1, no. 2, May 1980, AP Papers, UBC Archives.

⁶³ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004. One younger nurse at the Nelson hospital with an interest in home birth attended midwife Camille Bush's home delivery of her son Bryn in 1979. See videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁶⁴ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁶⁵ Chaytors was a young Nelson doctor whom the midwives regarded as sympathetic, and, throughout this period, Hartley continued to support women choosing to give birth at home. See videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004. Barbara Ray often went to prenatal appointments with clients. See videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

Interviewed in 2004, Hartley remembered chatting with the midwives and conducting phone consultations with them from the hospital when they needed advice.⁶⁶ Ray recalled that Hartley always took the time to call her back with explanations and answers to questions, and Palumbo characterized Hartley's involvement as teaching through sharing small pieces of information.⁶⁷ After a 1981 birth in Queen's Bay, Bell watched Hartley doing a suture and realized: "I could have done that." So she studied, practised with Palumbo, and acquired the skill in the field.⁶⁸ For Bell, suturing "felt like a very medical thing to do."⁶⁹

Books that politicized "natural" childbirth were a critical source of information and inspiration for Canadian midwives during this period, and the Kootenay group read voraciously across the spectrum of birthing texts.⁷⁰ Maggie Myles's textbook for midwives and the writings of British physician Dick-Read were among the more mainstream works consulted, but also important were Lang's *Birth Book*, Gaskin's *Spiritual Midwifery*, Davis's *Heart and Hands: A Guide to Midwifery*, Baldwin's *Special Delivery: The Complete Guide to an Informed Birth*, and, for Palumbo, a rural midwifery manual developed for use in China and Mexico.⁷¹ Personal ties south of the border may have favoured reference to alternative American birthing texts.⁷²

The growing medical sophistication of the midwives is evident in the evolution of patient care forms and birthing kits used by the Kootenay midwives. Initially, the women used forms developed by legendary American counterculture midwife Ina May Gaskin, but, over time, a

⁶⁶ Videotaped interview with J. Michael Hartley, Nelson, BC, 28 June 2004. Chaytors subsequently left the region to work in Alberta (e-mail communication, Ivor McMahan, 9 February 2010). Hartley practised in Nelson for the rest of his career.

⁶⁷ Palumbo noted that Hartley would "share information in a way that gave information ... would give you the picture. He did teach us, but in a very quiet unassuming gentle way with just little bits." This also may have been Hartley's attempt to help while also protecting himself. See videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004; videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁶⁸ Videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004.

⁶⁹ Ibid.

⁷⁰ MacDonald makes this point about books, dividing them into feminist-orientated and physician-authored alternative childbirth texts. See MacDonald, *At Work in the Field*, 54-55.

⁷¹ Videotaped interviews with Barbara Ray, Victoria, BC, 10 July 2004; and Camille Bush, Vancouver, BC, 13 July 2004. E-mail to the author from Abra Palumbo, 24 June 2005. My impression is that *Spiritual Midwifery*, published in 1977, was the most inspirational volume for both midwives and birthing women in the Kootenays.

⁷² It is interesting that Vancouver midwife Cheryl Anderson's *Free Delivery* was not cited by the Kootenay women, although Bush had received her first training from Anderson. Cheryl Anderson's *Free Delivery*, dedicated "toward the demystification of childbirth," was produced by the Free Childbirth Education Centre and Printed by Press Gang publishers. It was likely funded by a federal LIP grant.

standard “medical” form was created to facilitate continuity of care for women who needed to transfer from home to hospital during labour.⁷³ A similar pattern is evident in the items included in midwifery kits. In 1975, when deMarco began attending births in the Kootenays, Armstrong advised her to take hemostats, scissors, and dental floss or a sterilized shoelace to tie the cord.⁷⁴ By the time that Ray conducted her first solo birth in 1977, she was carrying a stethoscope, a blood pressure cuff, oxygen, and an ambie bag in a “cute little wicker basket.”⁷⁵ An unidentified local midwife interviewed for a newspaper the following year reported carrying a fetoscope, blood pressure cuff, urine sticks, a suction device, and some emergency equipment.⁷⁶ By 1980, the “kit” included gloves, oxytocin, and ergometrin – a very “medical” array of tools for a renegade health practitioner.⁷⁷ These supplies, along with teaching materials, were ordered from Vancouver and Oregon.

The midwives’ biomedical knowledge was recast in the social and cultural world of alternative rural Kootenay communities.⁷⁸ Although most of the women were already using complementary and alternative medicine (CAM) in their families, Kootenay midwives responded to a local interest by developing their expertise in the use of herbal treatments in pregnancy and labour, and employing them alongside mainstream medical techniques.⁷⁹ This aspect of Kootenay midwifery practice reflected a counterculture appreciation for “the natural” and a broader societal shift towards the use of such alternative therapies among white, educated, middle-class females.⁸⁰

Among the midwives, Palumbo was most interested in the medicinal uses of herbs, always carrying them with her and conducting research with

⁷³ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004. This was a stop-gap measure for what the midwives regarded as a highly problematic and sometimes dangerous situation that occurred when they were refused access to women in their care after they went into the hospital.

⁷⁴ Barrington, *Midwifery Is Catching*, 89.

⁷⁵ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁷⁶ *Nelson Daily News*, April 18 1978, AP Papers, UBC Archives.

⁷⁷ Videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004. Graduate nursing students at UBC who read this paper in March 2014 were astounded at the array of items in the midwives’ kits, equating them with current nurse practitioners.

⁷⁸ Noting that Canada and United States were unique among high-income countries for having apprenticeship systems of midwifery education, Benoit and Davis-Floyd argue that this was a product not only of a social movement that was formed in opposition to mainstream biomedicine but also of the “underground” character of midwifery training and practice in Canada during this period. See Benoit and Davis-Floyd, “Becoming a Midwife,” 46–66.

⁷⁹ Barbara Ray made this point, saying that midwives used herbal remedies with their families. See videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁸⁰ The available Canadian data are discussed in Jacqueline Low, *Using Alternative Therapies: A Qualitative Analysis* (Toronto: Canadian Scholars’ Press, 2004), 1–2, 20–25.

her husband.⁸¹ But Ray also prepared doses of blue and black cohosh, berry leaf, lobelia, raspberry leaf, and squaw vine to promote good uterine tone and to minimize long labours.⁸² Bush, too, learned to use blue cohosh and angelica root for assistance in expelling the placenta, ginger compresses for perinatal support, and shepherd's purse to help control bleeding. She considered herbs to be medicine. "It felt right," she told me, "to have a pot of herbal tea brewing during labour to help the uterus contract."⁸³ Here again, personal and transborder connections were important. American herbalist and author Joy Gardner, a friend of deMarco, held Kootenay workshops on herbs in pregnancy and childbirth.⁸⁴

The everyday mechanisms of the midwives' lives and the social world of their alternative Kootenay community reordered any pretense at a standard model of medical practice.⁸⁵ Midwifery was not a full-time professional career but one task among many to be fitted into the daily lives of these busy women, and the role of midwife needed to be negotiated with other roles as mothers and wage-earners. Ray took her four-month-old daughter along to a job as deMarco's office assistant: the local credit union allowed her to be absent from work when she was called upon to attend a birth.⁸⁶ Bush combined midwifery with work at the women's health centre in Nelson and a local health food store.⁸⁷ Palumbo was employed at the local cooperative daycare: she and Bell would see pregnant women after the facility had closed for the day.⁸⁸ If Palumbo had to leave work to attend a woman in labour, she would call another parent to cover for her.⁸⁹ Single mother Ray took her children to births, bedding them down for the night in the back of her station wagon. "Sometimes I wake up in New Denver. Sometimes I wake up in Kaslo. I sleep in my mum's car in the 'back back,'" daughter Vanessa wrote in her kindergarten journal.⁹⁰

⁸¹ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004; videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004. Bell said that this was an important part of Palumbo's practice.

⁸² Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁸³ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁸⁴ *Ibid.*; and e-mail from Abra Palumbo to the author, 24 June 2005. Gardner's book is dedicated to children, parents, teachers, and "the midwives who facilitate and hold the moment of birth." See Joy Gardner, *Healing the Family: Pregnancy, Birth and Children's Ailments* (New York: Bantam Books, 1982).

⁸⁵ See footnote 79.

⁸⁶ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁸⁷ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁸⁸ Videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004; videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

⁸⁹ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004.

⁹⁰ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

The midwives received minimal financial compensation for their work. Underscoring the ethical commitment of the midwives to providing safe alternative childbirth options, Ray pointed out that “it wasn’t about the money.”⁹¹ Palumbo was paid fifty dollars for a birth when she began in 1976, an amount that had increased to two hundred dollars by 1985. Her family depended on her husband’s teaching income.⁹² Bell recounted that she was doing about fifteen to twenty births each year in the early 1980s. The fee was supposed to be one hundred dollars for each midwife, but many cash-strapped residents paid fifty dollars or nothing at all.⁹³

Kootenay midwives were often paid in kind, placing a value on “home-grown” and “natural” products and reflecting countercultural adherence to economic exchanges regarded as traditionally rural.⁹⁴ Stressing that bartering was big in the region, Bush recalled being compensated with homemade bread, firewood, home canning, boxes of apples and produce, house-cleaning, and childcare.⁹⁵ Ray received a year’s worth of eggs, garden produce, and car maintenance, telling me that she was paid in “good will” many times and that she never had to wait long for help when her car failed on a country road.⁹⁶ In-kind payments also reflected an understanding of home birth as a special, individualized experience. Some were objects infused with the meaning of birth, like the teapot crafted by potter Pamela Stevenson for her midwife, the lid the exact circumference of a fully dilated cervix.⁹⁷

The countercultural critique of scientific medicine has been described as essentially anti-modern, discarding objective medicine and professional expertise, but this was not the case in the Kootenays, where a hybridity of radical home birth and biomedical techniques evolved.⁹⁸ As the epigraph with which I begin this article indicates, Abra Palumbo and her Kootenay colleagues discovered a personal affinity for assisting with births, then developed a skill set through study and hands-on ex-

⁹¹ Ibid.

⁹² Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004. Bush also recalled getting fifty dollars for a birth. See videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁹³ Videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004.

⁹⁴ Here I am referencing Belasco’s work on counterculture food and the stress on “natural” food prepared through the use of traditional methods. See Warren Belasco, “Food and the Counterculture: A Story of Bread and Politics,” in *The Cultural Politics of Food and Eating: A Reader*, ed. J.L. Watson and M.L. Caldwell (Oxford: Blackwell, 2005), 217–34.

⁹⁵ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

⁹⁶ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

⁹⁷ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004; and videotaped interview with Pamela Nagley Stevenson, Winlaw, BC, 28 June 2004.

⁹⁸ Saks, “Political and Historical Perspectives,” 59–82.

perience. This pattern was typical of the midwifery movement in other parts of Canada as well, but what distinguished the Kootenay case was the combination of these elements with the local counterculture ideology and lifestyle, aspects that made *place* fundamental to a radical reworking of birth.⁹⁹ The “tools” of their craft that the Kootenay midwives took with them into their practice were thus medical (knowledge, equipment), ideological (feminist, counterculture), and experiential (apprenticeship, personal birth experiences).

THE COMMUNITY CONTEXT

The Kootenay midwives were both “out” and “hidden”: they were health practitioners working outside the law and the health system, but they were recognized locally as women with expertise in pregnancy and childbirth.¹⁰⁰ “It was underground, but you know, in a small community, nothing’s really underground,” Ray stated.¹⁰¹ Bush identified the Kootenay midwives as few in number and with a definite place in the counterculture community.¹⁰² As part of their midwifery “practice” they assumed important community roles as leaders, educators, healers, and women of wisdom, operating across public and private spaces to support women in their choice of non-medical home births. Bush’s comment that men regarded her as “different” suggests that this activity was very much located in the female sphere.¹⁰³

The midwives had public profiles as lay “experts” on childbirth and children, sharing their knowledge in multiple ways across the long valleys of the Kootenays. Camille Bush used the pages of *Images*, the local women’s paper, to publicize women’s health events (including “natural” childbirth education) at the Nelson Women’s Centre and to provide information on topics like birth control.¹⁰⁴ In 1980, Abra Palumbo spoke about the role of intrauterine and birthing experiences in childhood development at a satellite University of Victoria teacher-training program and about the impact of radiation on the unborn child at a Safe

⁹⁹ MacDonald, *At Work in the Field*, 31.

¹⁰⁰ A 1978 article in the local newspaper demonstrates this point about local midwives being simultaneously both known and secret. See *Nelson Daily News*, 18 April 1978, AP Papers, UBC Archives; videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

¹⁰¹ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

¹⁰² Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

¹⁰³ *Ibid.*

¹⁰⁴ Camille Bush, “Returning Our Bodies to Their Rightful Owners – Us,” *Images*, November 1974, 8; Camille Bush, “Childbirth Education,” *Images*, February 1975, 13; Camille Bush, “The Diaphragm,” *Images*, March 1975, 6.

Energy forum.¹⁰⁵ Three years later *Images* published a lengthy article by Palumbo detailing the manner in which the midwifery model of care diverged from the medical model. Palumbo, who does not self-identify as a midwife in her piece, argues that midwifery functions as a series of resources to empower pregnant women, providing health education, information about pregnancy and childbirth, prenatal counselling, and personal supportive care throughout the process of pregnancy, labour, and postpartum.¹⁰⁶ Local press coverage like this, and a May 1983 piece criticizing moves to pressure local doctors not to give prenatal care to women choosing home birth, presented the voice of the midwives as both authoritative and political.¹⁰⁷

Midwifery expertise also functioned on an informal everyday basis. The midwives recall that they were regarded as wise women and healers who knew about herbs and natural ways of dealing with health issues like ear infections, tonsillitis, and staph infections.¹⁰⁸ Palumbo, Bell, Bush, and Strom were also pregnant women and mothers of young children during their time as Kootenay midwives, which probably explains part of the reason that they were consulted about baby care and women's health. Bush had a particular profile in the Kootenay community as a feminist and women's health specialist because of her work spearheading a health group at the Nelson Women's Centre in 1974.¹⁰⁹ There is always some aspect of counselling in the work of midwifery, Bush noted, adding that keeping confidentiality was sometimes problematic in the tight-knit alternative community.¹¹⁰

The Kootenay midwives regarded themselves as educators, helping prospective parents prepare for the unique birth they were "seeking and creating."¹¹¹ Bush's statement of their standards for parents is a clear articulation of counterculture and alternative health values and feminist empowerment through self-education: "We expected people to be responsible for their own experience and they expected that. They wanted that."¹¹² *Responsible Home-Centred Childbirth: A Parents' Manual*,

¹⁰⁵ AP Papers, UBC Archives.

¹⁰⁶ Abra Palumbo, "Midwives for Women-Centred Birth," *Images*, August/September 1983, 2-3, 14. It is possible that Palumbo or one of the other midwives wrote the article "Episiotomy," *Images*, March 1977, 4, 15; and "Ultrasound Safety Questioned," *Images*, March 1982, 6-7.

¹⁰⁷ "K.L.D.H. Down on Midwives," *Images*, May 1983, 4.

¹⁰⁸ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

¹⁰⁹ Bush, "Returning Our Bodies," 8.

¹¹⁰ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

¹¹¹ Prenatal class handouts, AP Papers, UBC Archives.

¹¹² Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004; and Camille Bush, "Returning Our Bodies," 8. Patterns of self-help and self-education that I found among home-birthing women and midwives in the Kootenays mirror early abortion activism in Chicago,

a ninety-two-page volume put together in the late 1970s by the midwives, includes detailed clinical descriptions of pregnancy, childbirth, and post-partum, and sections on nutrition, useful herbs, sexual relations, what to do if the midwife doesn't make it, and a reading list of eighty-nine books.¹¹³ According to Barb Ray the manual was intended to “take the mystique out of child birth” and to ensure that birthing parents were both knowledgeable and responsible.¹¹⁴ These elements were especially critical in rural births and winter births, where access to mainstream obstetrical services could be a problem.

Childbirth education, healthy pregnancies, family life, and community overlapped at biweekly prenatal clinics run by the Kootenay midwives. Pregnant women, partners, and children attended these events, held first at deMarco's house, then the Vallican Community Whole (Hall), and later at an old schoolhouse midway between Nelson and Castlegar as well as at the Nelson Women's Centre. The clinics were purposeful efforts at fostering lay knowledge and building community: all the women attended a shared lunch with a visiting speaker and a discussion group.¹¹⁵ Care was holistic, incorporating medical techniques, CAM, experiential knowledge, and the values and interests of the counterculture community of which they were a part: the midwives not only checked blood pressure and tested urine but also wanted to know about family dynamics and birthing dreams.¹¹⁶ Children were very much a feature of these events: Ray and Bush brought their young daughters, who found ready playmates in the Palumbo girls.¹¹⁷

where members of the Abortion Counseling Service collective learned how to perform the service through apprenticeship. The expertise offered by the “Janes” of Chicago soon expanded beyond abortion to Pap smears and birth control information and supplies. See Morgan, *Into Our Own Hands*, 5-6.

¹¹³ The manual was typed out by Abra Palumbo and illustrated by Patti Strom. See videotaped interview with Barbara Ray, Victoria, BC, 7 July 2004.

¹¹⁴ Videotaped interview with Barbara Ray, Victoria, BC, 7 July 2004.

¹¹⁵ This description is drawn from a variety of sources: Field notes, interview with Celestina Hart and Glenda Patterson, Nelson, November 2000; videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004; videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004; Barrington, *Midwifery Is Catching*, 90; Letter to the Editor of the *Province* newspaper, AP Papers, UBC Archives; and Camille Bush, “Childbirth Education,” *Images*, February 1975, 13.

¹¹⁶ Videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004. DeMarco's Gestalt training meant there was always a strong emphasis on the body-mind connection among the Kootenay midwives.

¹¹⁷ Palumbo remembered that there were always “lots of little kids all over the place.” See videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004; and videotaped interview with Barbara Ray, Victoria, BC, 7 July 2004. Bush remembered her daughter getting into a huge fight with one of Barbara Ray's girls at the clinic. See videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

Theorists tell us that home is associated with good health, “place identity,” security, and privacy, but that the “homeplace” can also operate as a site of resistance to mainstream dominance.¹¹⁸ The Kootenay midwives understood home in this fashion, as both a therapeutic and a political space, rich in possibilities for self-expression and the construction of an alternative life history.¹¹⁹ As she grew into the role of midwife, Bush realized that each birth she assisted was a political statement and, hence, that the birth place was a political space.¹²⁰ Anthropologist Margaret MacDonald regards midwives as facilitators in the creation of spaces undefined by biomedicine and institutional control, places where women’s wishes can be respected and their bodies regarded as capable.¹²¹ In an era during which the hospital seemed like, “the last place this stuff was going to happen,” the Kootenay midwives believed that their presence made birth at home safer.¹²² Time and time again the women I interviewed stated that part of their decision to take on the role of midwife was based on the fact that women were going to give birth at home whether there was a trained attendant present or not.¹²³ Home birth with a midwife offered women and their families control over this significant life event and the option of a pro-home, personalized, empowering model of birth.¹²⁴

American historian Pamela Klassen argues that home-birthing women have the potential to create spirituality at the same moment that they create family and personal identity. Home, she notes, can be a spiritual site, whereas a health care institution cannot.¹²⁵ While theorists of the North American midwifery movement argue that there was less space for spiritualism in the Canadian movement than south of the border, the

¹¹⁸ Williams’s work on dying at home is most useful in theorizing home birth in a locational context. See Allison M. Williams, “The Impact of Palliation on Familial Space: Home Space from the Perspective of Family Members Who Are Living (and Caring) for Dying Loved Ones at Home,” in *Home/Bodies: Geographies of Self, Place and Space*, ed. W. Schissel (Calgary: University of Calgary Press, 2006), 99–120. Bell hooks argues that “homeplaces” are spaces from which resistance to dominant ways of seeing can be established and alternatives can be played out. See bell hooks and Cornel West, *Breaking Bread: Insurgent Black Intellectual Life* (Toronto: Between the Lines, 1991).

¹¹⁹ The parents of the Vallican Free School also educated their children at home, taking turns offering lessons and accommodation. See Gordon, *The Slocan*, 247.

¹²⁰ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

¹²¹ MacDonald, *At Work in the Field*, 131.

¹²² Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Pamela Klassen, “Procreating Women and Religion: The Politics of Spirituality, Healing, and Childbirth in America,” in *Religion and Healing in America*, ed. L. Barnes and S. Sered (New York: Oxford University Press, 2003), 71–88.

Kootenay case demonstrates otherwise and illuminates the midwives' leadership in fostering a spiritual understanding of pregnancy and childbirth.¹²⁶ For Camille Bush, midwifery practice brought political action and spirituality together.¹²⁷ Two of the women I interviewed gave remarkably similar interpretations of lay midwife Abra Palumbo's transformation, at the time of labour and birth, from local daycare woman into high priestess. Ellie Kremler noted that there was something spiritual about having someone who is part of your day-to-day life become a being of power.¹²⁸ As Lisa Farr recalled: "Once the birth actually started they became shaman[s] ... There is a medicine and power to their presence ... something they plug into and afterwards there was an awareness that I carried with me."¹²⁹

Klassen's thoughtful analysis can be extended to the public sphere to show how Kootenay midwives employed public forums to frame birth as a sacred process. The Blessing Way ritual, an adaptation of a Navajo rite of passage used by counterculture people of the region during this period, honoured the process of birth as "not just a physical process, but a rite of passage, truly a transformation," and midwives were central to its implementation.¹³⁰

A flexible event, the Blessing Way usually took place before the birth but was also adapted to acknowledge a miscarriage and to celebrate a marriage. Participants, wearing colourful clothing and bringing a gift either handmade or infused with the special meaning of the moment, formed a circle around the pregnant woman and her partner, who wore floral wreaths. The midwife, or sometimes close female friends, washed the mother's feet and massaged them with cornmeal.¹³¹ The scope of the ritual ranged from a deeply intimate event to a "blessing way ceremony," which the Kootenay Childbirth Counselling Centre presented as a workshop for mothers and babies at the 1984 Festival of Awareness, held

¹²⁶ Cited in Daviss, "From Calling to Caring," 428.

¹²⁷ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

¹²⁸ Field notes, interview with Ellie Kremler, Kaslo, BC, 30 June 2004.

¹²⁹ Videotaped interview with Leslie M. Campos, Lisa Farr, Irme Mende, and Lynnda Moore, Slokan, BC, 27 June 2004.

¹³⁰ Videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004.

¹³¹ This description is gathered from the following sources: videotaped interview with Barbara Ray, Victoria, BC, 10 July 2004; videotaped interview with Abra Palumbo, Black Creek, BC, 9 July 2004; videotaped interview with Pamela Nagley Stevenson, Winlaw, BC, 28 June 2004; field notes, interview with Ellie Kremler, Kaslo, BC, 30 June 2004; "The Blessing Way Ceremony," handwritten and hand-decorated description, n.d., AP Papers, UBC Archives; Barrington, *Midwifery Is Catching*, 91.

at the David Thompson University Centre and attended by an estimated seven hundred people.¹³²

While no one was certain, midwife Patti Strom likely brought the Blessing Way idea to the Slokan,¹³³ and its use reflects links to Raven Lang, who was conducting similar rituals in California, and to a broader back-to-the-land interest in Aboriginal peoples and a willingness to appropriate their cultural customs.¹³⁴ Oral historians need to tread carefully in interpreting this kind of information, balancing the ethics of the trust relationship that we enter into with interviewees and the analytical tools of our trade.¹³⁵ Rather than pronouncing judgment on this act as either intentional or unthinking cultural pilfering, I understand the midwives' use of a Navajo ritual as social movement theorist Doug McAdam might – that is, as a framing device that they knew would resonate within the counterculture community and as another item in their midwifery “tool kit.”¹³⁶

The Kootenay midwives of the 1970s and 1980s held a kind of relational authority usually associated with folk healers and other non-professional health specialists in locales distant from organized biomedicine.¹³⁷ Accredited not by the state or a professional board but, rather, by their counterculture community, they crafted a highly malleable model of midwifery practice that allowed them to take multiple roles as health care providers, wise women, educators, and spiritual mentors, moving across public and private spheres as they did so.¹³⁸

¹³² *Nelson Daily News*, 29 March 1984.

¹³³ Letter from Abra Palumbo to the author, 2 June 2005.

¹³⁴ It appears that, by the late 1970s, Lang was teaching the ritual to women attending the Institute for Feminine Arts in California. See Edwards and Waldorf, *Reclaiming Birth*, 187–88. *Reclaiming Birth* also contains a lovely description of a Blessing Way conducted by Lang in 1980. Miller also notes the use of tipis and peyote rituals among counterculture Americans as being reflective of this interest in Aboriginal culture. See Miller, 60s *Communes*, 153.

¹³⁵ Sheryl Nestal employs the lens of colonialism in her analysis of the use of “Third World” practice sites as places for Ontario midwives to establish their professional credentials. Here I feel I must strongly and publicly disagree with Nestal’s use of oral testimonials taken from Ontario midwives in an analysis that equates this practice, problematic as it obviously is, with sex tourism. I wonder if any of the women she interviewed were given an opportunity to read and respond to Nestal’s piece before publication. See Sheryl Nestal, “Delivering Subjects: Race, Space, and the Emergence of Legalized Midwifery in Ontario,” *Canadian Journal of Law and Society* 15, 2 (2000): 187–215.

¹³⁶ Doug McAdam, “Culture and Social Movements,” 36–57.

¹³⁷ The concept of relational authority and its importance in understanding how authority works within folk medicine is explored by Erika Brady, “Introduction,” *Healing Logistics: Culture and Medicine in Modern Health Belief Systems* (Logan: Utah State University Press, 2001), 3–12.

¹³⁸ Midwifery scholars have made this point about the pre-professional period elsewhere. See Bourgeault cited in MacDonald, *At Work in the Field*, 33.

CONCLUSION

It was a former Kootenay midwife – Camille Bush – who caught the first legal midwifery baby in British Columbia just after midnight on 1 January 1998. In her interview, Bush traced her path from the Kootenay Childbirth Counselling Centre into professional midwifery. Speaking about creating a profession in its own right and the need to change the system rather than to work outside of it, she acknowledged that community connections had weakened as midwifery moved towards professionalism.¹³⁹

In fact, the years from 1971 to 1984 marked a high point in Kootenay community midwifery. By 1985, Bush, Palumbo, and Ray had left the region: Palumbo moved to Vancouver Island and focused on her family, while Ray and Bush pursued midwifery careers elsewhere.¹⁴⁰ But there were shifts within the local health care system and in the countercultural community of the region as well. Whereas Bell and the other midwives were free to go into the Nelson hospital with birthing women in 1980, five years later they were excluded.¹⁴¹ Bell thought that the hospital's punitive attitude towards midwives was creating an unethical and potentially dangerous situation: she stopped practising as a midwife in 1987.¹⁴² By the late 1980s, Notre Dame University had closed, government funding for community-based initiatives like the Nelson Women's Centre had dwindled, and back-to-the-landers were moving away from the area in search of better economic opportunities elsewhere.¹⁴³ Ironically, on the eve of the legalization of midwifery in the province, the cultural and political world in which Kootenay community midwifery had flourished was reordered and diminished, mirroring more general trends in politics and culture.

The Kootenay home-birth movement was thus a geographically and historically contingent moment. However, as Bennet Berger points out in his work on the American counterculture movement, a cultural "side-show" still has relevance to the performance unfolding in the main circus tent.¹⁴⁴ This is particularly the case in British Columbia, where

¹³⁹ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.

¹⁴⁰ Camille Bush and Barbara Ray were among the graduating class of the short-lived underground Vancouver School of Midwifery run by Carol Hind. Ray went on to a midwifery practice in Victoria, from which she is now retired. Bush is associated with Vancouver's Westside Midwives. See http://westsidemidwives.com/?page_id=7.

¹⁴¹ "K.L.D.H. Down on Midwives," *Images*, May 1983, 4.

¹⁴² Videotaped interview with Ilene Bell, Nelson, BC, 29 June 2004.

¹⁴³ These shifts are chronicled in the pages of *Images*, the Kootenay women's newspaper.

¹⁴⁴ Bennet M. Berger, *The Survival of a Counterculture: Ideological Work and Everyday Life among Rural Communards* (Berkeley: University of California Press, 1981), 186.

the impact of counterculture ideas and practices was arguably more widespread and long-lasting than it was in other parts of Canada. Like community midwives elsewhere, the Kootenay women operated on the margins of medicine, practising, for the most part, beyond the confines of sometimes antagonistic hospital boards and staff yet also intersecting with medicine through formal or informal education and connections with sympathetic doctors and nurses. With the exception of Barb Ray, each of them had learned elements of the craft of midwifery elsewhere, but their time in the Kootenays was marked by the acquisition of a solid understanding of the mechanics of birth and a wide range of experiential learning. This was clearly a step towards mainstreaming midwifery.

Yet the essentially hybrid nature of Kootenay midwifery is what makes this a significant story. The Kootenay midwives' female-centred practice model – a fusion of medical science, CAM, experiential understandings, and counterculture and feminist ethics – did more than simply challenge biomedical interpretations and ownership of pregnancy and childbirth. It created an entirely different paradigm of midwifery care that was specific to time and place. Moved to defy the law by their own memories of giving birth, and supported by the local counterculture and feminist communities, the Kootenay midwives offered an alternative basket of services as skilled practitioners, educators, advocates, and cultural mentors. In Nelson, Argenta, Kaslo, and throughout the Slocan Valley, the midwives were key participants in the radical recreation of the home and the local community as spaces where traditional female birthing practices were respected and celebrated. Camille Bush may have experienced her first legal moment as a BC midwife in an urban hospital surrounded by nurses and doctors, but the hands that held that newborn baby had also prepared ginger compresses for perinatal support and helped women give birth safely in isolated rural homesteads.¹⁴⁵ This is a powerful and unique professional legacy.

¹⁴⁵ Videotaped interview with Camille Bush, Vancouver, BC, 13 July 2004.