

Oral History Number: 378-001
Interviewee: Dolly Browder
Interviewers: Darla Torres and G.G. Weix
Date of Interview: March 4, 2002
Project: Montana Feminist Oral History Collection

Darla Torres: —Women’s Studies office with Dolly Browder, and she’s going tell us about her experiences with midwifery in Montana—

Dolly Browder: And other activism—

DT: —and other activism.

DB: —projects that seemed to be ongoing. Well, this is 2002, which I can’t believe. I’m feeling old. I guess that to start out with, you know, maybe if we came awhile after I was involved in the women’s movement and my partner—my husband and I...Husband’s a hard word for me. I always use partner. Anyway, he and I moved here from Seattle. I had graduated from the University of Washington in Speech and Hearing Pathology and thought I’d be doing that. Came here, and both of us just decided to sign up for classes at the University of Montana. We both had graduated. He had his Masters. I had my Bachelors. We started taking classes, and I immediately got involved in the Women’s Resource Center. It wasn’t really a resource center at the time. This was the, the fall of 1970. I think a group of women were getting together, meeting. This was, you know, Diane Sands, and Judy, and another woman who’s...I was closer to. She and I did a rally one day, I remember, in the UC [University Center] where we got some music. We got Jimi Hendrix music and played, you know, the America song. We had on that America song really loud in the UC, and then had sort of a skit of women being asked if they were supposed to...if, you know, they’re getting stuck on the highway, and they were supposed to try and be changing their own tire. This guy would come up and try and do it for them. We were doing this whole thing of we can change our own tires.

It was the beginning of women taking control of their lives, and, and asserting their power. I remember that being one of them that I remember strongly. But meeting with these women, I mean it was...I don’t know why this was happening during this time. I didn’t really get involved at the University of Washington. It was more of the ‘60s and drugs and lots of stuff going on, but there wasn’t a whole lot of women’s issues going on at that time. It was the ‘60s. But the 1970s really for me was the start of the women’s movement.

I felt very comfortable doing that. We did quite a few little projects together, but I think soon after that I needed to get a job. I actually did a full year of classes here from 1970-71. Most of them were just fun classes. I took psychology classes, and art classes and had a great time. But then I needed to get a job. I actually did get a job pretty quickly working with a school because I had my BA in Speech and Hearing Pathology but I also had a teaching certificate. So I started working in a grade school down in Florence, and then eventually came to Missoula. But I was

really bored in the summers. Because of that then I got sort of lost from the women's group here. That's the summer of 1972 when I started the first all-women's firefighting crew. I knew a lot of women and just called people together and said, "You know, aren't you bored this summer? Let's...We should..." The Forest Service would not hire women to be on the crews, and, and so we decided, "Well, we'll just make our own women's crew then." I called up the Forest Service, asked them how to do it.

We started meeting and ended up calling our fire crew the Red Star crew. Which actually goes back to, I think, one of the reasons why it was comfortable for me to become an activist and feel like I'm comfortable in changing society is that my father was a Communist back in the '50s. Somebody told me just even about ten years ago that I'm called a red diaper baby. I've never even heard that term. Because my dad was really embarrassed by his political radicalism, because we lived in Spokane, Washington, which is the heart of conservatism. Did he really never even really talk to my sister and me about it? But he was a card-carrying Communist in the '50s, and he had a hard time. They found out about him, and I remember it being very tense when I was quite young.

My grandfather, actually, was a mineworker in northern Idaho and was blackballed from the mines at one point because he was trying to organize the workers. For my dad, and my grand...I never met grandfather cause he died of, actually died of, Black Lung disease before I was born. But truly my dad was really...they were really into workers' rights. It wasn't the kind of Communism that we were against in the '50s that was trying to take over the world or whatever. But it was really a workers' issue.

DT: More like the IWW?

DB: Yes, absolutely. Yes. That was it. My grandfather—his grave stone is in Idaho. He has a hammer and sickle on his gravestone. It's been hit and knocked over many times and scarred. I just have always felt really comfortable, but I've also really felt out of step with society because of that. I even, you know, because I grew up in this really conservative town, I never really felt like I belonged to the normal society. There was always something wrong with me in my heart, you know, inside. Nobody else I think really even knew about it except me. So, it was really comfortable for me to just go outside the norm. I remember even when I got pregnant the first time. I told my mom, "You know, we're going to have the baby at home."

It was like, "Oh. Nothing new for you." You know, I mean this was back in '76. Nobody was doing that. I just always kind of liked to buck the system and make people pay attention.

So, the women's firefighting crew was great. We did go to a few fires that summer. Mostly we were put on what's called mop-up. We really weren't given the forefront of digging line and being out there in the fire because I think they didn't really trust us. But we did get our little uniforms, and our Pulaskis, and our hard hats and go out there. It was awful. It was so hot and so miserable and filthy dirty and aagh! It's not anything I'd want to do every summer. But we

did it then again a second summer. It was '73. One of our liaison bosses decided to file a suit against us, and saying that we were not...that we really weren't performing our job. This was the end of the summer. I heard about it and thought, "This is insane." that they could say that we weren't doing our job and we clearly had been. I think what he was looking at is he had been a hotshot crew guy all his life and that he felt that we were substandard and that he didn't feel like we should be able to keep doing this. So, I filed a suit against him for the complaint. Another woman and I did through the U.S. government. I mean, we had guys come out here from D.C. to Lolo-podunk, Montana. Believe me, Missoula, Montana, back in the '70s was a lot smaller than it is now. It's really grown quite a bit since then.

And, you know, (unintelligible) interviewed me. I remember sitting at my parents-in-law who lived here in town. These guys in suits and ties from Washington D.C. come in with their tape recorder and tape-recorded what I had to say to answer their questions. We ended up winning that suit. My goal actually in starting that firefighting crew, even in the beginning, was that women should not have to work by themselves on a crew. They should be able to be on any crew that they want to be on. It came out of that. The following year after that one of the women on our crew applied to be on a regular firefighting crew and she got on. So, of course, now we look at that as silly because you can be on any crew you want to be on if you want to. So that was really great. I didn't know that that we were the only women's firefighting crew in the country. I had no idea at that...You know, you just do what you want to do. So that ended that summer of '73. I was involved then in just in working and didn't go back to it the following summer. The suit really made it so that you didn't need to have this all women's crew. The women who are interested in doing that during the summer then ended up getting on other crews.

So, I think in the '70s then I just was working. Nineteen seventy-six then I became pregnant with our first child. Again, the story of having a homebirth was, you know, I just couldn't imagine going to the hospital. I just looked at the hospital and went, "Women are having their babies here!" Shocked me what women were going through, and the horrible stories I was hearing. I just said, both Sebastian and I, who's my husband said, "You know. We're not sick. Let's don't go to the hospital. Let's just do this at home." So we ordered books and tried to find somebody. We didn't even know anybody who had had a home birth. I don't even know where it came from. To tell you the truth, I honestly don't know. I didn't read anything about it. It just felt like this is not the...I don't like hospitals first of all. Maybe that was mostly it—that I didn't want to go there for that reason. But it didn't really occur until about the middle of my pregnancy when both of us realized that we did not want to go to the hospital. There weren't very many books. I mean, there was a book called *The Birth Book* and *Spiritual Midwifery* hadn't come out yet, but it was just in beginning stages. We just started looking at things, and there was a movie that was here at the University, actually, that was of a woman giving birth in a bomb shelter in the 1950s. So we looked at that. We did finally find one couple who had had their baby in Arlee at home two years previous. A nurse had helped them, and basically that nurse got run out of town by the doctors and told her that she had to leave or they'd fire her.

GW: Who was your doctor?

DB: Doctor Pennell.

DT: Doctor Pennell was your doctor.

DB: Right. Dr. Pennell. He's no longer here, but he was the most open-minded. He did all my prenatal care. He knew that we weren't going into the hospital. At the end of my pregnancy my blood pressure went up a little bit. Now I think back on it, it was probably was something that would have been remedied if I had known what to do about it, but we just stayed at home. The labor went fine. I mean, brought me to my knees, literally, as most first-time mothers do. But I just had this strength and even during my labor, I kept thinking, "You know, women have been doing this since the beginning of time. I can do this." That really got me through a lot of the hard part. I remember, I mean, we'd had nothing. This was partly I call it, people who do this, is in their kind of naiveté bliss-ninny part of their lives. I can do anything sort of thing. It was really stupid of us to do it without. We didn't have anything to listen to the baby. We didn't have any oxygen. We were just like, might as well have been in Alaska tundra, you know. But the labor went fine.

Then finally I remember thinking right before pushing, "I'm really tired of this. I'm just going to try to push and see, because there's nobody there to check, to see if I was ready." I tried one contraction to push, and it didn't feel good so I thought, "Okay. I'm probably not quite ready yet." So I waited for a couple more, and I tried it again and it felt better. So, I just keep pushing, pushing, and finally the baby came out! Aaah! But the baby came out, and she didn't move right away. I remember thinking, "Hmm." I just was shocked that this was really a baby between my legs first of all. It was like first time mom. So this is very common.

I remember Sebastian coming over and kind of picking her up, and then finally she kind of started breathing and looking at me, you know, and we were with warm blankets. It was a really warm September day. It was September 9—9 / 9 / 76. It was in the afternoon about three o'clock. I could not get my placenta to come out. So we went to the hospital to get my placenta out. We thought, "Well, we might as well just have the baby checked too." Boy, when we got in the hospital, the quote, unquote "shit hit the fan." I mean, it was unbelievable. Partly because we didn't know that our daughter, Amanda, had lost blood during the delivery. I think at this point it must have been a placenta abruption. But I didn't have any bleeding. No bleeding at all during the labor. It was really quite a mystery, and I didn't really figure this out until years and years later.

DT: When you were already a midwife?

DB: Yes. I mean, even after I was a midwife, I keep talking, reading, trying to figure it out. It took many years to figure out that's probably what could have happened. But she was doing okay, but her kidneys had been shocked apparently from some blood loss. They felt like they had to

give her some blood. Then they really had a hard time getting my placenta out. An abrupted placenta usually is not hard to get out, so it's all kind of weird. So I get this out. We decided to stay there that night because it was getting late by the time this was all discovered.

I remember just getting lectures, unbelievable lectures. In the middle of the night, these nurses—I mean not even nurses—cleaning ladies were coming into the room lecturing me about how I was this horrible woman that was going to try and kill her baby by having her baby at home. You really wouldn't believe the emotion that came out of people. Hospitals are real gossip mills, and everybody knew about my birth story. I became the crazy woman who had had her baby at home in Missoula. Everybody talked about it. I heard nasty stories about my birth that were totally untrue for five years after her birth. At parties or we'd go out to somebody's house and I wouldn't know somebody, and they'd come up and go "Oh! You're the woman." One of the worst ones was I heard that, "Oh, yes. I've heard that you had this baby at home, and that the story is that your daughter really has something terrible and you don't know about it." Yes, really. I mean, "There's something wrong with her that you don't know about." Just awful, really cutting stories that were just terrible. It would just make me shrink every time I heard these things. But, I'm not somebody that sits by and takes things easily.

About a year after her birth...No, let's go back. About six months after Amanda was born...I mean, she turned out fine. The hospital here was so bad to us afterwards. They kept wanting to keep her there much longer than she needed to be. We basically just said, "We're leaving. We're going to go and talk to some people in Seattle because we don't trust you. We don't feel like you're giving us the right information." She was getting better. They wouldn't let me nurse. We just put her in the car, and we drove to Seattle. One of the doctors was willing to get us in to this clinic over there for children. By the time we got over there, I had breast-fed her, and she was perfectly fine. They just said, "You know, there's nothing wrong with her. You can go back and go home." So we were truly being treated badly here. That was resolved. I think because of that, I just felt like this is not fair for women to have to go through this.

After that, about six months after her birth, I just was bored being home. I really needed to have contact with other women. I wanted to get back into the women's movement again, so I joined Women's Place. That was in the spring of 1977. That was back with people that I'd known because Judy Smith was still involved. Diane Sands, I think, was still more in the Women's Center at that time, but she was also in Women's Place. There was only a core of about four or five people that had started Women's Place just only about six months before. So, I was kind of coming in the middle of the year, and they had started at the beginning of the fall.

But, interestingly enough, I think the thing that then surprised me about the women's movement at that time is that I was a mother, and none of the rest of them were mothers. I think that's probably the worst thing that the women's movement did in the beginning, is they did not pay any attention to women who were mothers, and that was most of us. It really was to try and get women in the workplace and where they wanted to work and be able to change tires and do these sort of male-dominated things. But they were not supporting women as

mothers. I have to say that that first meeting I can remember really clearly going to that, and I was nervous. I really wasn't sure how I was going to be received as being this new mother. I was breast-feeding. I don't think I took Amanda with me to that first meeting. I left her home for a couple hours with Sebastian, and I was going to get back. I remember feeling fairly positive that people were at least friendly to me and that they were...It was like I was the token mother of the group. So they were kind of pleased that a mother had joined the group.

DT: But you already knew most of these women? Judy Smith and Diane?

DB: I did. Right. There was Rona Finnman (?), who I had known just briefly previously, but she was also there. I honestly don't remember a lot of the other people. It was only about four or five. There weren't a lot.

I started with Women's Place then and kept working in that group. At that point we were above...in this tiny little room above the YWCA building. So a year later, we moved our offices downtown to the building now that's called...What's that old bank that's a bank building on Higgins? That's where we spent most of our time. It was before the building was remodeled, and it was on the second floor. We had a fairly nice office there in Women's Place. I started going to births that fall of '77, and it was only out of a fluke. I really did not have a sense that I was going to be a midwife. A woman asked me if should I come to her home birth, who lived about three blocks from me. So that was my first birth. I went to it just to help out. I certainly was not a midwife. She and her husband were going to do it by themselves. They really wanted somebody else to be there. I remember going there with two books on midwifery and reading them during the labor and going, "This is nuts! I don't know enough to be here." I can be strong in some things, but there's also some stupidity here. So I thought, "This," you know, "I can't do this anymore." That was in October of '77. Then I went to another one that next February. I was just there observing. I didn't, really didn't, participate a whole lot. But then that fall, about a year after Amanda was born, a midwife moved here from California whose name is Jenny Walker.

DT: In '78 that was?

DB: That's '78. Jeannine—that was her name. We all called her Jenny. Jeannine's husband was a...is a physician. He's an emergency room doctor. They had had their third baby at home in California, and she had mentored with another midwife in the Santa Cruz area. I think probably Jen had been to maybe 50 births or so. I thought that was a lot at the time. She heard about this crazy woman that had her baby at home and came and met me. We talked, and so she decided to start doing some workshops for people who wanted to learn. I had told her how I really needed to learn if I was going to do this. But then I was really happy that a midwife moved here because I didn't feel like I really had to...you know, I didn't have to become it. We had somebody here and that, but that I would be willing to help her. So we decide to do some workshops, and Jenny invited her mentor midwife whose name is Kate Boland.

Kate and Jenny did several week-long workshops on quote “beginning midwifery” unquote. It was really great. It was a lot like what I remember women’s self-help classes were like in Women’s Place.

Actually, I did forget to mention that. During that time that I was working, I also was still being part of Women’s Place. I helped start a group during there when we moved downtown to do women’s self-help groups. That was the beginning of self-help groups all across the country. We all brought our speculums, or we had speculums and doing them on each other and basically teaching each other about cycles and what happens to your body when you give birth and what happens for birth control. It was a really big issue around abortion then. Vacuum extraction was a big issue. I remember seeing a vacuum extractor and...A menses extraction—I want to say vacuum, but it’s not vacuum. It was a menses extraction kit. Just this little pump, a little hand...a little foot pump that you could use. You could actually put a thing up into your cervix and actually extract your menses, which was I think the very beginning of self-abortions for women. Instead of having the day-after pill, they would really try and get all their menses out so that they wouldn’t get pregnant or pregnancy wouldn’t continue on. I never did that. We never practiced that on it. I think we just kind of knew about it. It seemed a little too technological for me and risky, and so we never practiced that on anybody. I honestly don’t even know of anyone who actually did it. So I’m glad that we kind of avoided that issue.

At that time the Blue Mountain Clinic was beginning. It was Blue Mountain Women’s Clinic at the time, and I was helpful in just being a part of supporting them although I was clearly being involved in Women’s Place. Because at the time, I was then starting to teach childbirth classes at the same time doing this beginning midwifery stuff. Also really supporting the Blue Mountain Women’s Clinic starting up and wanting them to keep...get going. So I was doing also at the time in Women’s Place. I was not only doing the self-help groups but doing rape counseling, and doing battered women counseling. Oh, my gosh! I spent four grueling years in Women’s Place. I almost did remember feeling when I decided that I had to leave there because I was really becoming busy as a midwife that I just didn’t like any man. There wasn’t one male, besides my partner, that I felt good about. I really felt totally like I had the blinders on. I mean, all society was in bad shape because of male energy. That we really had so much work to do about that. I couldn’t even deal with normal dealings without feeling like there was an issue of rape or battering going on. It was just pervasive in my whole life. I was burned out. I was really exhausted and angry and hurt and just felt terrible because I couldn’t deal with it well.

DT: So did you quit Women’s Place because you...Did you realize that these...that you were having these feelings at the time, or is it only in retrospect?

DB: Yes. Oh, no. I knew it at the time, too, at the very end because I could just see myself. I couldn’t go to a movie without feeling that it was just so nasty. I couldn’t read any books without reading into it that there was some horrible thing going on here. Part of it was that Women’s Place did a really...We got a grant through Women’s Place to do a statewide rape—what did we call it—intervention across the whole state. I wasn’t a part of that. Two other

women were actually...took over the grant, and participated in it. But I certainly helped out in it. They would go around the state of Montana in communities, giving lectures about rape and talking to police departments about how to handle rape victims because the police were just terrible. We had to teach them how to deal with it. I, actually a couple of times, was called, because I was on call for Women's Place. Two or three times, more than a couple—several times—had to go down to talk with a rape victim because the police were there. The police were actually getting savvy enough to call one of us to go down because they didn't know how to talk to this woman. She didn't know her rights. She didn't know how to deal with the situation. So that was a very, very heavy time dealing with rape victims. I mean, rape crisis centers were really big then. Okay.

[End of Tape 1, Side A]

[Tape 1, Side B]

DB: All right. I think probably the hardest thing that happened during that time is there was a rift in the women's group. It came out of a fairly personal and political...No, not so much political as a business-oriented problem. It had to do with one of the women in Women's Place—Rona and her husband—were helping out with Judy Smith and her sister in the printing place. They all owned it together. Judy and her sister Lynn decided to...wanted to take it over. There was a real unhappy, very uncomfortable ending to that that kind of split the midwifery. The women's movement group, the people that were working in Missoula, partly because I think it was a really...personal stuff between them. I think people took sides. It was pretty nasty for quite some time after that. So Judy and Lynn then took over the printing press and Warren and Rona were pushed out, along with this other woman named Lisa was another one that was part of the big group and also came in when we first moved downtown in Women's Place. So that was too bad because I think that...I've seen that several times between women's groups or between actually two women often that will be very close to each other and working in a business together, and then something happens and they have just this huge falling out. They can't stand each other. As a matter of fact, will never speak to each other again. I think that really opened my eyes for the first time about how difficult it can be in working women's groups and how that to me was what needed to be healed. I don't think it ever has been. I think it's still rampant in groups, and you really have to be careful with that when you're working with just women.

DT: Why do you think that is, Dolly?

DB: I think partly it's because of our women's need to always include everybody with the caveat of a women's power to become in the women's movement to take power. When those two kind of clash, they don't know how to communicate with each other. It's really crazy. Also I think that I still, I mean, I certainly am friendly with Judy and Lynn, but I was much more friends with Rona and Warren and so pretty much felt out of that group because of that—really was taking more their side. I remember even talking to Lynn one time and saying, "You know, I just would like to know what happened." She would not tell me.

Said, "This is a private thing." I tried to tell her that this is really part of the women's movement here—that we need to get this out in the open and let everyone get healed from this and try and understand what happened. She would not tell me. She would not. She was very upset. We had a pretty heated discussion on the phone. Anyway, that went on.

But, after my birth, I continued then with Jenny Walker. I have to say that Jenny Walker and Kate Boland were the first two midwives to be prosecuted in the United States. They were actually in this book called *Immaculate Deception* written by Suzanne Arms. She wrote this book that's still an amazing book. Their story is in there. They were actually set up by the police. A policewoman dressed up as being pregnant and came to Kate's house pretending that she needed help with her pregnancy, and then saw what they were doing, and arrested them. Took

them to jail and arrested them for practicing medicine without a license. That's what the charge was. That's what was going on all across the country slowly. But Jenny and Kate were the first ones that were prosecuted.

DT: Where was this?

DB: Santa Cruz, California. I think that was in 1975 or '76. Must have been '75. So it was real hard for them. I think that's when Jenny and Frank Walker decided to move up here. I don't know if that was part of it. But they left Santa Cruz after that. I think when Jenny came here, I realized how politically hot this topic is. Childbirth! What would you think, having a baby is being a political topic? When I first heard about their story, I just could not believe it that the medical community was so threatened and so upset about what they're doing in the state of California that they're arresting these midwives and telling them they couldn't do this. Pregnancy is not an illness, folks. I couldn't believe it. So, of course, I go back to my political ire again. I'm really clear that this can't happen here, that we really have to be able to work.

But I have to say that when we first started working, the books were so bad and were so hard to read because they were clearly written for a medical model of birth. Certainly not for women to read to find about their bodies and what happens during birth—pregnancy and birth. It was extremely hard for us to learn so we formed a group of us. There were about four or five of us who were pretty intent on learning more about midwifery, after we took these workshops from Jenny and Kate, and started a study group.

So I was doing Women's Place, doing the study group, being a parent. Again, this is the classic women's thing, you know. You not only are now supposedly free as a powerful woman, but you're doing everything. Oh, my gosh! I was so exhausted all the time. I can remember going to those births those first few years when my daughter was really young. Fortunately, Sebastian had gotten a job at the Forest Service and he had the winters off. My partner Sebastian has almost four PhDs. He's a very, very bright young guy, and he's working in the fire crew for the Forest Service just trying to get money to help us take care of this kid. He was able to get the winters off, and so he helped a lot when he had the winters off. He would stay home with her while I was Women's Placing and doing all this stuff.

Then finally I started that year of 1978. I definitely started going to births and helping women with my own equipment. That beginning time of becoming a midwife having had only been to two or three births. I think I went to two births with Jenny. Whereas after all the stuff that I'd learned from my birth. I remember when women would come and ask me if I'd attend their birth, I would be real honest with them, "Listen, this is what I know. I mean, this is my experience. You know, I'll be really happy to be there with you, but if anything doesn't feel right, then we'll just go to the hospital," and they all agreed. Amazingly enough, those first 100 births that I went to I have incredibly good statistics.

DT: One hundred though?

DB: First hundred, yes. It's over 700 now. That first 100 births was when I was learning. It's incredible how...I think what it was for me at the time is that I really believed in birth. I think that the women also believed in birth—that it wasn't just me and my information, but it was also the women at that time who weren't so fearful about birth, weren't so caught up in the whole medical model of life. In the '70s, coming out of the '60s and starting to have babies, and were willing to be strong as women and giving birth to their babies. So the cesarean rate was just two percent! It was just unreal. It was really amazing statistics. It just slowly got worse. I look back at that and how little I knew and how good the statistics were, it really shows where birth is at.

I think the thing that I didn't remember to talk about last time that I think is really important is that in 1978, another woman and I...who is actually my child birth educator. She taught childbirth classes in the Bradley method. I knew enough to not take Lamaze. I don't know why. I think I knew that Lamaze was hospital-oriented, and I didn't want to take that class. So I found this woman who taught a Bradley class. Bradley is really into natural childbirth. So she and I decided to write a grant to the Montana Committee for Humanities. Yes! We got 10,000 dollars! That just seemed like an enormous amount of money to us, back in '78, and it was.

G. G. Weix: Comparable to less than a year's salary.

DB: Oh, wow. That's incredible. Faculty were paid...? Wow!

GW: Faculty were paid about 11,000.

DB: Wow. Amazing. Well we got 10,000 dollars to put on this conference, and we called the conference "Childbirth in Controversy." I love the title.

GW: That's great!

DB: It was really true because we were at the forefront of trying to decide what was best for women in birth. Hospital? Home? Drugs? No drugs? Fathers? No fathers? It was just a ton of issues we were dealing with. So we brought people from all over the country. I remember one guy we brought from Kentucky. Ontario, Canada, California—there was nobody here, so we just brought all these people here and had panels and group discussions. The hard part about doing those conferences for me is organizing the whole thing. Doing advertising, sending out notices to all the doctors and the nurses in town—that this is going to happen—hoping that some of them would come because we really wanted to change what was going on in the hospital too. It was a terrible place to have a baby. There were no birthing rooms. Fathers were barely allowed. It was archaic. We knew that things had to change. That's why women were wanting their babies at home.

So, amazingly enough, a new OB came to it. One doctor came to our conference. This was Tom Baumgartner. Tom was just beginning his practice as an OB. When you come to start a practice, you look for business. I know that's why he came. But he was also trying to be open-minded and seeing what things needed to change. After that conference, a year later, Tom convinced the hospital to open up its first birthing room. I really think that our conference and the home-birth community here made the hospital do some major changes. Because it wasn't only us saying, "Listen, you don't need to do episiotomies on women." That's only changed in the last five years. They finally stopped doing that. "You don't need to do this to women. You don't need to do this, or this, or this." It was many, many things that they were doing routinely that were actually dangerous and terrible for women. Not only were women going in and finally doing what I felt that the women's movement has started for women—interfacing with their doctor.

Before the women's movement, if you went to a doctor, you sat there, and you listened to what he wanted you to do. It was 99 percent of the time a he, not a her. You had no choice, and most women didn't even know what to ask. So suddenly now women were going into their OBs and saying, "Okay. I don't want you to do an episiotomy. Furthermore, I want my husband there. I want to be upright. I don't want to be on my back. And I want my baby with me the whole time too."

They're just going, "Well, I don't know about this. I mean, who do you think you are?" Slowly things have changed over the years now. So I really believe that that homebirth movement and certainly that conference helped to change the right of passage for women in going through childbirth.

DT: So who is your partner, your childbirth educator partner, that you did this conference with?

DB: Oh. Her name is Kathi Naplederm (?). K-A-T-H-I. Kathi Naplederm. She only taught childbirth classes for a few more years after that, and then she kind of faded away. I ended up attending her homebirth—her next baby. She had a homebirth. She did two children before that and then finally had a homebirth.

DT: So, by this time in '78, were you calling yourself a midwife and saying "I'm a midwife."?

DB: No. Definitely not. That didn't happen until quite a long time later. Actually what happened with Jenny Walker is then she got pregnant with her fourth child and, around 1979, and she quit. She just didn't want to do it anymore. Her husband was really giving her a hard time, and it was really getting political. Because most of the doctors in the hospital just did not know what we were all about. They still don't a lot of times, but it was amazing what the ignorance level was for them about what midwives are doing for women at home. I think Jenny's husband got really nervous and really talked her out of it and told her, "You can't do this anymore. I'm just...I'm too vulnerable." So, she quit in 1980, '79. Then I just got really busy. I also got pregnant then with my second baby in 1980, and had that baby at home. I was fairly busy at

that time. Maybe going to 30 births a year. That to me seemed busy. During the 1980s, it just...By 1988, I think I went to 45, 50 births one year. It was just unbelievable. That is really a lot of home births. I was exhausted, really tired. Teaching—I was teaching childbirth classes, going to births, teaching a pre-natal class or women—I just love teaching—and teaching an exercise class for pregnant women, plus going to all these births and postpartums. I was wiped out. I was just burnt.

DT: Were there other midwives for you to get some support from or have a community with at all?

DB: There really wasn't. Well Shawn Neal (?) was down in Darby at the time. I don't know exactly what time she moved into Missoula. She was going to a few births but definitely not very many. We just didn't know each other well. We had done those workshops with Jenny and Kate in the beginning. Then she was doing a few births down the valley, but she was more down the valley and we just didn't have the communication back and forth. But the study-groups—she was involved in the study-groups that we did and along with another woman named Morning Star, who you know, and Dee Golas. There were a lot of people that would kind of come in, though, with those study-groups. I remember one time going down to the Bitterroot Valley. It was just a real laissez-faire learning process and teaching each other a lot. It really was from a woman's perspective on passing things on to each other, as opposed to sitting down in a classroom.

I remember being at a gathering of a group of us. We were going to do a sweat. We were in a teepee down the valley. We were all in a circle passing the stone, and I thought...Somebody passed me the stone and I said, "Well, I conceived a baby last night." They all just looked at me like, yes. And I was right. I just knew that I'd conceived my second child, and so they all just thought that was pretty crazy. But Morning Star was there and Dee. A lot of us were doing a sweat and passing on information to each other. We would do that a lot. We just did a lot of group meetings that were just on the spur of the moment. We tried to kind of keep things regular, and that kind of fell apart. Then we'd start it up again. But I was poring over OB books. Even when I was pregnant with my second child, still I took a couple classes here—one in lab stuff, because I wasn't really savvy in lab. I had had anatomy and physiology in Speech and Pathology, so I knew that. I just felt like there was just major holes in my knowledge.

GW: Where were you looking for books? What libraries did you go to?

DB: Oh, God! It was really hard. They didn't have any here. Nothing on midwifery. I would find it through workshops that I was going to. Actually, the very first national conference that I went to was in 1983. The national midwifery organization called MANA—Midwives Alliance of North America—started, and had their first conference back in Milwaukee. Another nurse whose birth I had attended here in...down the Bitterroot. She and I drove straight through to go back to the conference, and spent three days back there. I just got so much information. But there was one book that was my bible. It was called *The Textbook for Midwives* from England.

DT: Myles' textbook?

DB: Myles. Yes. That's what I mean. Mine is so torn apart, and it just looks like a mess because it was the only thing that was actually for midwives that I could get my hands on. My husband's a real good book reader, and he would look for things. There was a national organization called Informed Homebirth, and that's where I got *The Birth Book* for our birth.

DT: Rahima Baldwin?

DB: Rahima Baldwin. Yes. That was back in Michigan. So, we would write to them. I mean we'd just get piecemeal of stuff. *Our Bodies, Ourselves* helped a lot, and the books that were listed in there. Jenny Walker and Kate Boland out of California...Santa Cruz Birth Center was going through a lot of stuff, and they had a lot of books and materials. That's where *The Birth Book* by Raven Lang came out of there.

DT: And by this time *Spiritual Midwifery*—?

DB: *Spiritual Midwifery* finally was out, right. It was just blooming. It was blossoming all over the country from Boston to Santa Cruz to the Farm in Tennessee. The Farm group had come through Montana and went down and actually parked in Tennessee. So by the time I had my second baby, homebirth was alive. By 1980 a lot of people knew about...the medical community was totally in the dark. A lot of people didn't know about it, but it was, it was coming up. It was a real grassroots beginning. So I was attending a lot of births.

Well, by the time 1988 came around, and that's when the proverbial shit hit the fan again. I attended a birth of a woman who is a nurse actually. She lived way out of town and decided to come into Missoula and give birth at her friend's house who was another nurse—friend of mine. She and I were working together to help this woman. We'd done her prenatal care. She came in in labor. Her labor just wasn't progressing appropriately. Finally we had her in the bathtub, I remember, and having to go in there and talk with her that I felt like we had to go in the hospital because her baby's heart rate was not doing well with the contractions. I just didn't feel comfortable staying there, and that we needed to go in. She agreed. We all packed up and went, came into the hospital.

Well, the doctor that met us there was a new doctor here in town, R.D. Marks. He's a family doctor. He thought he knew what was best for people. He was just out of medical school. Oh! This guy is hubris plus. "I know what's best for you." He's just awful. I knew that he did not have very much experience when we went in. He knew that we were coming in and why because I always call the hospital and tell them why I'm coming in and what's going on. He was listening to the mother's heartbeat. I'm going, "R.D., it's not the mother we're concerned about. She's fine. Would you please listen to the baby?" He was just out of it. I was very upset because then after it...She ended up having a cesarean. The baby was just big enough that it wouldn't come down.

Everything was fine. The baby and she was fine afterwards. It was not a problem. But he called me—I think it was the next day—and said that he was going to be calling the police. He was going to get rid of all the midwives, and I just was shocked. I had no idea what he was talking about. There was no law in Montana. I was actually working illegally because I was not a nurse. I was not into the nurses practice act. I was working in a state that doesn't have any licensing for non-nurse midwives. We didn't even have a term for it at that time. So I tried to tell him, "Listen. I really think that you're going in the wrong direction." I'd be glad to, to go with him to legislature. Let them decide what needs to be done here.

He just said, "No. No. This is...You'll be hearing from the police department." Then he hung up. He was just incredibly egotistical and an awful person to deal with. So heads up where we knew something was going on.

This was September of '88. So we had a meeting of a group of us that were...A couple of midwives had moved here. Sandanho had moved here from Texas, and Kathy was working with Michelle. Michelle was in town at the time. The kind of the midwives that are here now were just kind of beginning. They had all sort of come to Missoula. Sandanho was going to births with me. Kathy was going to a few births with me. That's Kathy Dunham. So Michelle and I were kind of the midwives in town, and we were helping train Kathy and Sandanho. We knew something was going to not be good.

We were going to have to try and go to the legislature. Well, legislature here meets every other year, so...as you know, and this was in the fall of '88. It was going to meet in '89 in January. So we had to get something together. We started raising money, and hired a lobbyist whose name is Mona Jamison, a great woman in Helena. She had absolutely no idea what homebirth was all about. Really, nobody did in the legislature. They just were totally blank slates. We raised about 25,000 dollars between September and January, if you can imagine. It was because of my suit. I really believe that all the people across the state—it was mostly Missoula—were so upset that the doctors were trying to get rid of all the midwives. R.D. was very clear. He said, "You're going to be the test case. We're going to get rid of you. You're going to be the test case that will get rid of all homebirth midwives across the state."

DT: But did the police ever actually bring any charges against you?

DB: Well, no. They couldn't actually. He called the police. The police said, "Sorry. There's no law that she's broken here." Fortunately there was a woman down—and I still don't even know this woman's name—was a lawyer working for the police, looked up the law, saw that there was nothing that...law that I had been broken and really wrote a review of that and told the police, "Sorry. There's nothing you can do here."

GW: We can look at that document?

DB: Oh, maybe so. Yes, right. Then R.D. called the Board of Medical Examiners. That's when then I was sent an injunction saying that I had to stop practicing because I was practicing medicine without a license. Two lawyers whose births I'd been to were willing to represent me for free, pro bono, because obviously we were doing this test case here. I certainly didn't have any money to pay for it. Believe me, those beginning births, I had cords of wood. I mean the trades were amazing. I think 50 dollars if they had the money, was getting paid. So this was not a money-making profession.

Anyway, one of the two lawyers that helped me was John Whiston and he was the main person. He was absolutely wonderful. He really poured his heart out in trying to review something that nobody knew about. There were no other test cases, except for Jenny and Kate's which turned up to be negative because they were found guilty and had to stop practicing. So what it came down to is that all of these civil cases that...and mine was a civil case. I had to go in front of a judge. So by the time we went into court in January...It was actually in December was the first day. We had three days in court—one in December, and two in January. It was just a judge—no jury or anything. They were just listening to it. Boy, the docs here in town...Valerie Knudsen was *really* there and all her cronies who hated homebirth. Boy were they vociferous. I felt really intimidated for the first time. God, I can start to cry about it. I truly felt like I was finally hitting the fan, at the end of my rope, because I... I was just exhausted. I was so burnt out—

[End of Tape 1, Side B]

[Tape 2, Side A]

DB: —done this court case, I think one of the first times that I really felt undermined—
undermined. That I didn't have the power that I felt like I needed to get through it. I was so
tired, and this was in the newspapers and on the radio and on the TV all across the state. I was
being put out as being this weird woman trying to survive as a midwife, and the nice thing
about it is the press did put it out as "This is midwives versus doctors."

We tried to get some good press coverage, and I think that actually *The Missoulian* did a decent
job—I was very amazed—of presenting it. But everywhere I went, people would ask me, "Oh,
you're the woman we saw." I felt like I had had to walk around with a bag over my head. I just
was constantly having to talk about it and dealing with the issue. I really didn't think that we
were going to win because I knew of all the cases across the country, judges are in with the
status quo. They're not going to go against some weird system of homebirth and midwives, so I
though the chances of us winning were very slim.

I don't know if John ever felt that (my lawyer), but it was real clear that when I finally get up on
the stand, the lawyer for the Board of Medical Examiner...whose name I'm blanking on right
now. Oh geez, she's been there for a long time. I think she's still there. She was really intense.
So here I am, I'm being opposed by this woman lawyer and a woman OB who's sitting on the
opposite of my bench. I mean, what kind of prophetic information is that to tell young women?
What are we battling here? It's clearly ideology. The sex roles now are becoming much more
vague. Women were getting in the workplace. They wanted to work. They were getting their
work done. But they had co-opted themselves completely to the male medical model and the
male legal model. It was scary. I remember looking up, you know the courtroom downtown—
it's the largest courtroom—was where it was in. There's this big picture of Justice—the woman
and the scales. I'm just sitting up there, looking at that, and going, "How many people have
come through here that have been, you know, through this courtroom because of, not a real
crime that they're committing, but because they don't fit in society? They're not following the
quote 'standard rules' of play." I really saw those scales and wondered whether it was going to
tip in our favor or not. It was just this mystery about what was going to happen with midwifery.
I just was so curious but yet just so exhausted, and felt like I didn't know if I could continue on
anymore. I really felt like this was doing me in.

The three grueling court days were very, very hard. On January 19, the judge came out with this
ruling that I was indeed practicing medicine without a license, and I had to stop or I'd be...I'd
have to go to jail. So I had 20 women due between that January and May when the legislature is
in. I really didn't know what to tell them. I just felt terrible about it. So Sandanho and Michelle
helped take over a few of the births. A couple women I know decided just to go to the hospital.
One woman I know moved away. Everybody got taken care of, but I had to stop. I just couldn't
practice. But everybody else kept doing it, even though they were watching what was going on.
We were in the legislature. We had raised the money. Now it was up to 30,000 dollars that we
had raised to pay Mona Jamison, our lobbyist, and just spending lots of time driving to Helena

and educating people. I wish that I could have had a classroom, but I was having to go one to one and tell the whole story over again—whole story all over again. “Do you know that pregnancy is not an illness? Don’t you know that women can give birth on their own, and don’t you know we don’t need episiotomies?” Just constantly doing this. I really remember thinking, “Oh, this is what it’s like being a kindergarten teacher. You’ve just got to keep telling these five years old over and over and over and over again.” Oh god, it was exhausting.

Anyway, amazingly enough we prevailed. By April 5, we had passed our law, and it was over. It was resounding. Nothing gets passed by 75 percent in the legislature here. It was a 75 percent passage! What we did, we were not able to set up anything complicated at the time, Mona’s vision at the time...because see, we didn’t even really hire her until December. The legislature was starting in January. So we had put in a package to say that midwives were not practicing medicine, and so we exempted midwives from the medical practice act. That’s all we did in that first legislative session. With the idea that at the end of the session, the legislators told us that they wanted us to come back, put a licensing package in two years, and that we would hopefully set up a board and all that stuff. But I can remember going over and testifying in front of committees. If I thought I was busy doing midwifery! I mean truly, if someone asks me to go back to legislature now, I get sick to my stomach. It’s just so exhausting! Oh! Because somebody had to be in charge of it all, and it turned out I had to do that. That meant not only being in charge of organizing who was going to go and testify for us at the committee meetings, which meant that we had to get a certain group of people. We tried to find a doctor. We had to get a nurse. We had to get a parent. We had to get a guy—a father. We had to make this ordered succession of people that could testify to convince the legislature this was not just some stupid thing we were doing here. So that was one part of it. The other part was having meetings of strategy. What to talk about, what kind of information to put in.

I kind of had a core group of women friends that really I relied on and helped me, and often I’d been to all their births. Dorothy Liston was one, Sally Thompson, oh...Robin Wall. All these were just incredibly supportive women who were also in the women’s movement and strong women. Then there was another whole group of women that were supportive. They’d had homebirths with either Michelle or me but weren’t involved in the women’s movement. So they were really, in my mind, kind of very, very helpful, but didn’t have the savvy that it took to deal with talking to doctors, talking to legislators, talking to judges. I think they probably could have if it really came down to it, but I relied more on this women’s group that I had been with for over years at Women’s Place. That was one of the downfalls of the whole system. Because this other group really did do a wonderful job in raising money, but they were kind of separated from this kind of core group that was having to spend so much time with strategizing and making out all these things to go. There sort of became a rift between us. I’ve really felt badly about that. The woman who was kind of in charge of this other group—I had been to two of her births, and she just got very upset at me. I tried talking with her and went over to her house several times. I think we were able to come to some basic understanding, but I really saw how—going back to that other story I told you about, once again, here we are—of not knowing how to do this. So

we ended up being very, very happy that we passed the law. At the time, I think the law then was in effect April 30. I went to my first birth May 5, as a legal midwife.

DT: And how many midwives were grandmothed in?

DB: There were seven of us. That's another long one. I can make that story really long, but there was actually a kind of group of us that were attending births across the state. Only seven of us of that were able to say that we had been to at least 150 births. No...They were only qualifying that...See, what happened is, that we had to set up some sort of interim thing between the two years so that we could get a group of midwives that were legal, that would then be the grandmother midwives. So we had to set some standards. Mona Jamison helped us do that, and the legislature wanted us to do it. We had to put something down. We stated that we would have a temporary license for those two years. Those of us that were practicing could continue to work for those two years. But by the time we went to the legislature the next time, when we set up the whole new system of our licensing procedure, then you were going to have to prove that you had been to at least 75 births. It had to be all prenatal care, birth, and post-partum for 75 people. I think at the time I'd been to over 300, so 75 didn't seem like much to me. But there were a few midwives that didn't make the cut. Sandanho was one, Kathy Dunham was another. There was a midwife in Great Falls who didn't make it because they just only had attended maybe 40 or 50 births. In order to be in the grandmother group that we weren't requiring education from, the state really said you have to make it more stringent. I felt badly about that because I felt like they certainly knew a lot. But I also knew that you have to set the standard somewhere. Somebody's going to fall through the cracks. If we'd set it for 50, there'd be somebody who at 38 didn't have enough, and so that was kind of hard to see.

DT: Do you remember who those midwives were? There was you and Michelle—

DB: Oh, the seven that made it through? Yes, there was Michelle and myself in Missoula. Ollie Hamilton in Great Falls. Patricia Murphy. Vicki Cane. Leslie Fellers in Whitefish. Let's see...Who was the woman in...? How many is that? Six. I'm missing one. Another.

DT: Wasn't there one in Billings?

DB: That was Ollie.

DT: Oh, that was Ollie.

DB: Yes, there wasn't anybody in Great Falls at the time. Vicki Cane. Oh, I can't remember. Anyway, there were seven of us that took that first exam. What happened is that then two years later, we had this interim time. We had to go take a CPR class which was really bogus. Most of it had already done that, but we took another one—prove that we'd been to these births—and write out some statement. I can't remember what it was now. So we went to the legislature then the second time. That was in the winter of 1991.

GW: How did you prove that you'd been to a birth? Had you kept your own records?

DT: Yes, absolutely. Yes. I still have records from every single birth I've been to, where I'll fill up two huge, three hug cases—legal file drawers full. So you had to turn in records that prove that, or you also could have an affidavit from the parent that you had attended their birth. But for me it was just easier to turn my records in. We had to blank out names and everything so it was confidential. I don't even know who looked at those. That's a good question. Who looked at those? We didn't have a board at the time. Somebody had to look at them.

DT: Maybe (unintelligible).

DB: Yes, maybe. Anyway, so we were then in 1991, we rehired Mona. We had to fundraise again. Let me tell you, this is another nauseating task, coming back to the legislature. Of course, a lot of new people that weren't there the last time that we had to reeducate again. This time, before the legislature began, in summer of 1990, we had to meet with our opposition. There was only one doctor, Van Kirke Nelson, who is an OB in Kalispell who's again a hard person to deal with. But he was willing to say that he would work with the midwives' group to try and write this legislation. We had to write what were going to be the requirements and what kind of board we were going to set up. Oh, it was so hard talking to him. It's really funny because Mona said that she'd...Every time that I would go over there to talk with Van Kirke and Mona about writing up some part of the legislative, you know, we'd go home and look at it, and then we'd get back together and have a meeting. Van Kirke had never looked me in the eye. He would never acknowledge that I was in the room. He would only talk to Mona Jamison, our lobbyist. It was like I wasn't there, and that I was talking through Mona. Mona was talking between us, and she finally...At one time after we had this meeting, she said, "You know, Dolly, it took me a long time to try and figure out why we, I, you know, why we couldn't talk to each other. Why would Van Kirke Nelson not talk with you in these meetings?" She said, "I'm sure it's because we're just...we've just got this pie of midwifery, and we're just smashing it in his face. We're just rubbing it in his face. He just can't take it." I didn't understand that until she had the vision of what was going on. So the next time we met, I stayed out of the room, and it went much better. Mona was able to talk with him. I just sat out in the hall, had my request. If there was a question, she'd come out and talk to me. It was absurd. But that's how we wrote the legislation. It was very grueling. Again, this group of women that I had relied on the first time, I really relied on again in helping me try and understand what would be the best legislation. We were looking at other states. New Hampshire was our guide. New Hampshire had passed a law several years before and had a very good law. We were really trying to go by that. Also New Mexico.

DT: Arizona had an Arizona (unintelligible).

DB: Yes, but Arizona's wasn't as good. Yes, the Arizona's was there, but they didn't...Their legislation wasn't that great. Theirs still isn't very good. New Mexico and New Hampshire were

the two that we were looking at. So we based our law a lot on that—on theirs. Trying to envision in the future what could possibly be something we were missing from their laws that we'd want to include in ours. Oh, little did we know, we still missed a lot, but, you know, we did the best we could at the time. Again, lots of testimony, going over in front of committees, in the middle of February, trying to get over there in storms and caravans of cars because we had to try and pack the courtrooms and the places over there in Helena when they were having meetings. Amazing enough, we prevailed again and passed law. Didn't pass as easily this time. It was a lot harder because the state hates to set up boards because we knew that we had to set up a board that would be self-sufficient monetarily, financially capable of doing that. There was another legislator who came up with this idea that actually was brilliant of setting up a board that would license not only midwives, but naturopathic physicians. They had just passed their law that year, and so they established a board called the Alternative Health Care Board, which I think is unfortunate, the name, but...because really, the medical model, in my mind, is the alternative. But, you know, obviously we're not the status quo. Anyway we have this board now that set up in 1991. So that fall, the seven midwives had to present their documentation that they could then be grandmothers in. What they had to do is to pass the national exam. Fortunately, through this Midwives Alliance of North America had a National Midwifery Exam, and we all sat and took our first exam. Amazing enough, we all passed, and history was set. It was amazing.

Okay. Our laws passed. We now had the seven of us that had passed the exam. The board is being set up, and that next...I think it was that winter, the governor sent me a letter and asked me if I would be on the board. So here I am coming from courtroom to being on the licensing board. So myself and Ollie were asked to be the first two midwives. The board was made up of two licensed midwives, two licensed naturopaths, and then there had to be a doctor with OB experience, and a public person. So we have six members on a board, and we still have that. It's still the same thing. I was amazed. I was honored to be on the board in the beginning, and writing our regulations, and trying to figure out what the laws all about. Oh boy! Was that a big eye opener for me! I just learned a tremendous amount. As the time went on, I was reappointed again, and I'm still on the board which is amazing. Probably because we don't have enough midwives in the state that know enough about it, and Ollie went off the board which I won't talk about. It's another kind of long story, but now we have Kathy Dunham is now a new midwife on the board which is really nice. She's been there for almost a year, and she says she's just beginning to understand some of this stuff. It's pretty difficult to try and get into what's going on on the board.

Once I realized when R.D. Marks was going to prosecute me, I have never really wanted licensing in the state of Montana. I never really felt that it was to protect the public. I really felt that it was to only ameliorate the physicians in not wanting to get rid of the midwives, and that would be the only reason that I would agree to do it. Because really licensing doesn't guarantee competency. It guarantees kind of a level of understanding. Still doesn't guarantee competency. I kept going back to that 100 births. How great they were. I wanted to keep preserving that as long as possible. Anytime the group of, kind of midwifery support group in Missoula would talk

about, “Well, maybe we should go to legislature,” and I remember Vicki Cane talking about that years before I had my suit. We’d all come down to “Why? Why should we be licensed? We’re legal, we really can do what we want here.” Then as, you know, obviously with my suit going on, it became real obvious that it was the only way we had to go. I still feel ambivalent about it. I think that we did the right thing, obviously. I do, in the long run, think that licensing is okay. The problem that I have with it is that you really have to be careful to not be co-opted into the medical model. If we were ever under the board of medical examiners, we would not even exist. We would be little, mini-nurse midwives. Not even nurse midwives, but the little, little underlings of doctors. That’s all that physicians want. They just want that control of all medicine, and even though birth is not medicine, birth is one of those non-medical events that can turn into a medical event. Then that’s why people look at it more as a medical event than really what it is. For that reason we could never have been under the board of medical examiners and survived.

So I really felt like this was the only route that we had to go in order to survive and keep our...At the time I didn’t...This is a new term now—it’s called the midwifery model of care. Only in the last year has that term come out. That we really are midwives for women. I’ve always been a feminist and I make no bones about it, but I have to say that I think the problem with birth is that it’s tied too much to a fear of pain. That alone has made women believe more in the medical model than the midwifery model. When you believe that doctors and hospitals can take care of you...I honestly think that another reason why women don’t choose to birth at home as much is because they’re, they’ve never really had to work that hard. You know? Not that women don’t work. God forbid! Mothers still are working and being mothers and cleaning the house and everything. That hasn’t changed. But they’re not doing the hard labor work that I think a lot of women used to do. They just can’t tolerate what they think is normal birth. They just don’t even want to think about it. That a lot of women are wanting to be anesthetized to life.

When you’re anesthetized to life, you don’t want to experience anything that’s out of the ordinary, and birth is definitely out of the ordinary for most women. That to me has been the one thing that hasn’t changed very much. I’m very sad about that. Every birth class I teach I try to think of something new to try and talk to women about, “Why are you so afraid? Why is it that you’re willing to go to the hospital and just give up all of your power, and do what they tell you to do and not experience something that is just absolutely incredible in your life?” They all just, their eyes glaze over. They don’t even know what I’m talking about. For me I guess that’s my vendetta to this day.

GW: The way you’re describing it, it sounds as if midwifery could be an alternative to feminism as a political movement.

DB: Oh, absolutely! It is.

GW: If instead of feminism, we had had midwifery—

DB: Oh, yes!

GW: It's always political connotations.

DB: Yes, yes.

GW: It sounds like it could have (unintelligible).

DB: It could have taken over more. It would have been a social movement. Absolutely. I think that's very perceptive. Yes. Although the problem with that is that the precepts of feminism—a lot of women just can't quite swallow. Their subjugation to men are so deep that I don't know that midwifery could transcend that. Because you are also becoming a mother, which is also often the opposite of being a feminist. Definitely not, but in some women's eyes that's the most feminine, not feminist, thing to do, is to be a mother and take care of children. So I'm not sure that midwifery could have done that. It's a strange cross between being powerful as a woman but also being feminine in your ability to give birth. Believe me, there's nothing feminine about giving birth. It's hard work! It hurts! It takes a long time! Oh, anyway.

But I think the feminine part about being, about giving birth is that you have this little helpless baby that you're taking care of. You're changing diapers and you're having to feed this little helpless person, and that that I think is what women get into as their personal power. Unfortunately still subjugated by men with that. That they don't take their power and really believing that that's where it's at. Anyway, it's not a philosophical question.

DT: So, Dolly, do you think that most midwives consider themselves feminist?

DB: Oh no! Definitely not. No. That's...was another big rift. In the National Midwifery Organization I went...I've been to almost every single conference that they've had every year. I think there were two or three years where I just couldn't afford it. I was still getting cords of wood. But I've just been dedicated to going. Actually, one year I even raised money to go to the conference that was in Canada because Sheila Kitzinger was going to come to the conference, and I really wanted to meet her. So I wrote a letter to all the people whose births I'd been to and said "Listen. I don't have enough money to go to this. Would you be willing to donate some money to me, so I can go to this conference? I'd be glad to come back and do a workshop on what I learned." So I did. I raised about 1,000, 1,500 dollars to take a plane back and go to this conference.

So, the midwives in MANA—Midwives Alliance of North America—are most of them that started that were feminist. I think really strong, strong women in the women's movement. But there's also a lot of midwives who were not, that were helping Amish women who were very religious and born-again Christian wing, Muslims, you know, women that were not in the feminist power group. They really were unhappy with Mona, when several of them came.

Didn't feel like their needs were being met. There was not a prayer group. They didn't feel like midwifery through God was being represented. The issue of abortion was really heavy because these women were totally anti-abortion. The feminists were completely pro-choice. That really came to lock our heads in a couple of the meetings. Amazingly enough, the Farm in Tennessee was instrumental in that because when the Farm was still first started, they were really anti-choice and would even advertised in the first book of *Spiritual Midwifery*, "Don't have an abortion. Come to the Farm and have your baby, and we'll take care of your baby." It was crazy. In some respects I kind of see where they were coming from, but in the other, they had no idea what they were doing by doing that. Ina May, in years later, recanted that. I was very impressed with her ability to go back on that.

Now of course, she's very pro-choice, but...and really described to a lot of these women who are anti-choice in those meetings—in MANA meetings. I was at the meeting when she announced, "We are no longer going to support this statement in our book," She said, "The reason is because I have women who come to me that—in early pregnancy—" and describing these horrific stories of women who really wanted abortions and couldn't get them. She said, "I can't not represent those women too." So they changed their policy. Still the choice, anti-choice group was very heavy in those years. Quite a few. It's not so much now. I mean, we really don't hear about it now in the meetings. Now it's another venue, but it's really less strong with people who were choice and not choice. A lot of the Christian midwives they were called—they called themselves Christian midwives—broke off and started kind of their own groups. They haven't really started a national group, but they actually even had a section in MANA where they would have specific meetings with each other and have prayer groups. That was a great way to do it is that we could all still be together, but that each of us with our own needs and desires would have separate venues.

DT: So where do you see midwifery going in the future? I guess both here in Montana and also on a national level. Do you see it pursuing a larger agenda, or—?

DB: Oh yes. Definitely. Well, right now I'm involved in two things. One is that I'm still on the board. The two major things that I'm being involved in is that I've started a school with a nurse midwife. Now this is another big issue, is the nurse midwives versus...Now we're called direct entry or licensed midwives. We're not nurses, but we're all midwives. The nurse midwives, for the most part, work in hospital settings or birth centers under doctor supervision. The direct entry midwives are autonomous, and they—99 percent of them—work at home. It's been very difficult to get these groups together. It wanes back and forth. Some years it seems to be that the national professional organization for nurse midwives, which is called ACNM...What's that called? Association of Certified Nurse Midwives, or Academy. I'm sorry. It's Academy of Certified Nurse Midwives. Then there's MANA that was representing themselves as the professional organization for the direct entry and licensed midwives. But it isn't really a professional organization. It really is an organization to support all midwives. Actually a lot of CNMs come to our MANA conferences because they're so much better. They really support kind of more open-mindedness about midwifery.

DT: Many states still don't have professional licensures, so—

DB: No, no. As there's only seven—

DT: (unintelligible)

DB: Right. As of 2002, there's only 17 states that license non-nurse midwives. So we still have a long way to go. A lot of states are in the process. A year ago, just about a year ago exactly, a nurse midwife in Missoula...There are now four nurse-midwives in Missoula. That's only been in the last five years. I was always looking for that. Actually, you'd asked me when did I call myself a midwife. It took five to ten years before I really felt like I was going to keep doing this. I just kept thinking, "Somebody's going to move here. You know, go back to speech pathology and live with deaf kids again." I never did. It just got busier and busier, and busier. Finally the nurse midwives came in about five years ago and are now working at the hospital, which I think is a great alternative—another option for women. But, the nurse midwives and the direct entry midwives have always had a very difficult time talking because they really have a difference between the medical model and the midwifery model of care, and—

[End of Tape 2, Side A]

[Tape 2, Side B]

DB: —licensed midwives, and we can...The school is an at-distance school from a school in New Mexico called the National College of Midwifery. You can actually get a B.A. in Midwifery. It's really exciting. We just were accredited last year by this national accrediting organization that was recognized by the national education association accreditation body. So they're the MEAC. It's called, M-E-A-C, Midwives Education Accreditation Council, was recognized by the national education accrediting council as the certifying or accrediting body for midwives groups, schools.

So the school is now accredited. Sharon and I are helping five students to go through this three-year grueling program. I mean, literally I spent three hours this morning working on it. It's just an amazing amount of work. But I'll go in spurts. I haven't worked on it for about a week, and then I'll have to just do this huge amount of work on it. But it's exciting to watch these young women learning, and I think the other thing that's sad about me is that we still don't have very many midwives in Montana. The process is very difficult to get through, as Darla knows. I'm dedicated to training midwives. I think I started that after my court case. A woman came up to me, and she said, "I really want to train with you." Her name is Tamara Smith. She's the first person who started from absolutely knowing nothing, and continued all the way through. Took her six years to get through the program that the board requires and the state of Montana requires. So, that's really great that we have the school going. I don't know if I'll be able to do it for anybody else. It's just so much work and not a lot of monetary exchange, so we'll see. But that's going on now.

DT: So, you've been thinking about going on to the MEAC board, haven't you?

DB: Well, they've been asking me, but I can't do both boards. I really have to do one or the other. Now I have another conflict going on because at the last MANA conference, we're now in the process of starting a professional organization.

DT: Right.

DB: It's for this group called the Certified Professional Midwives. The CPMs are now going to be in parallel with the CNMs. The CPMs, the professional midwives, are just midwives that are trained without nursing. So, it really is becoming a national certification. There's about 750 CPMs in the country. We're trying to start a professional organization, and I was asked to be on the interim council to get that going. Believe me, I've been on the phone more than I'd like to say, but it's just taken a lot of time. There are four of us. A midwife from Massachusetts, one from Colorado, and one from New Hampshire, and myself in Montana. So the four of us. Then there's another woman who is just kind of an activist in midwifery that's trying to help us get this thing started, and it's a tremendous amount of...Oh! It's so much work to get an organization going. But that's exciting, that we'll really have a true professional organization with the idea of having a journal at some year or who knows? Yes. So that's adventure. It's still alive. I think the disappointing thing for me for Montana again is that we don't have enough

midwives here. There's still cities that need homebirth midwives like Helena and more in Billings, and Great Falls...Well, not so much. Great Falls seems to be covered pretty well, but in Whitefish—

DT: (unintelligible)

DB: —and Kalispell. There's such a need. It's just hard to get all the experience. It's just like after a while, there'll be enough midwives that can train everybody, so then it'll be easy to do. Right now, we're just struggling with not enough midwives and not enough births to give to everybody, but what people need. But I'm really dedicated to helping people get through training. So, I have four apprentices that I'm helping along. You can only have four apprentices, so I just...That, that's a real important goal of mine, is to pass this on and not leave without...I really see myself as a grandmother midwife now because when I first started, I was working with my contemporaries. We were all having kids, you know? "Oh, yes. Yay! Let's have a homebirth! I'll help you out!" Now, I feel like I'm helping my kids. I mean they are. They're the age of my kids. You now, my kids are 25 and 21 now. There'll be a few, like the past person I went—mom—was 34, and I thought, "Oh, she's a little older." It's still normal, but...Anyway, it's just an interesting process.

I think back when I was going through the court proceeding and wondering where that scale was going to be tipped. It clearly has been tipped in favor of homebirth and midwifery surviving, but it's very tenuous with training and schools. Keeping that midwifery model of care intact and not being co-opted into being the medical model because once you start a professional organization, you do licensing for everybody. The tendency is to go right along with the status quo. So we're going to have to work hard to battle that. I'm definitely going to be in there.

DT: So, that leads me to the next question, which is, you know, you've been doing feminism and midwifery since 1970 following your (unintelligible).

DB: Yes, right.

DT: You are a very busy midwife. How do you avoid burn out? I mean, so many women just burn out.

DB: Oh, I'm really careful. Yes. Yes. They do, and actually a lot of midwives just...people like Tamara, that woman I told you, she's not practicing. She quit. I heard a statistic from somebody that 25 percent of the student midwives continue on. That's really sad because it is a hard profession. It's very difficult. I play a lot to keep from getting burnt out now. I think back when I was so burnt out. I went and bought all new ski equipment. I downhill ski twice a week now with another woman. I mean, I'm in my 50s now. This other woman, who lives across the street from me, and I go skiing twice a week up at Snowbowl. We buy passes. Last year I learned to

play golf for the first time. It was a little hard because golf is politically incorrect for me and I had a hard time but I'm trying.

GW: You might meet a doctor?

DB: I might meet a doctor. No, I'm actually embracing doctors even. I'm trying. There's several that I like a lot. I hike a lot. I really do work, like this last weekend. I wasn't supposed to be on call. I didn't have to be on call because I had these two births that happened on time, and I don't have another due now for another week and a half. I thought, "God, I have a weekend. I can, we can go somewhere, Sebastian." I'm telling, you know, my partner.

He's going, "Well, where?" I mean, he's resisting, resisting, and so we finally decide not to go anywhere. The weather just wasn't great. I couldn't think of anything perfect and place to go. So, we stayed home, but I made a real commitment that I was not going to work on anything. I mean, I have my business through my home. I could have done a million things on the school project stuff, and I just made myself not do it. So I'm much better at doing that now.

DT: You learned your lesson?

DB: I really learned my lesson. Yes. I'm teaching my apprentices that too. Any time one of my apprentices has a child that's sick or they have a chance to go to a family wedding, I just say, "Go! Do it! Don't come. When you're a midwife, and you have to be here, you won't be able to do this, but do it now." You just learn those hard lessons, and you want to pass it on to people.

DT: So what would you, what would you pass on to people in 100 years?

DB: Oh, god. I can't imagine. I actually think even in 100 years it won't be a whole lot different. It'll be different in the philosophy maybe, but we're still going to have babies. I mean, we're not going to have test tube babies. I don't think that will happen. I think that we're...Things kind of ebb and flow with going back to the old ways. Certainly I don't think the old ways are better in birth because we do have a lot of wonderful things that are happening in birth now. Birthing room water is just great. But I'm still a real strong believer in natural birth as much as possible for women because you get that power of going through it. I mean, that's what I really...that's the whole purpose for me to help a woman have a natural birth is for her to understand what her personal power is all about. That you can do so much with that, and I think that translates into your parenting. You can change the world by having a powerful, positive birth experience for everybody. Can you imagine? Whew! So, that's truly the ultimate goal. In 100 years, that needs to be there plus you need to have a vision of positive change for women that has to be constantly there.

DT: So do you have any final words for people who are listening to this tape or reading the transcript and to those that go to the archives? What do you want to say in farewell to them?

DB: Oh, I don't know if I can say "Farewell," because I think I'll always be here.

DT: You will, Dolly. You'll always be there.

DB: Yes, if not, I mean, I feel the legacy of the women that have done past. The right to vote for me. If anything, I think I'd say to you folks, if you're listening to this, remember those of us that toiled, and had tears and sweat and blood from going through this. Carry on in the next project, whatever it is.

DT: Oh. Thank you so much, Dolly.

DB: You're welcome.

[End of Interview]