**Oral History Number: 378-005**
**Interviewee: Molly "Sandanho" Danison**
**Interviewer: Darla Torres**
**Date of Interview: April 1, 2002**
**Project: Montana Feminist History Oral History Collection**

Darla Torres: So, here we are on April Fool's Day, the year 2002, and I'm interviewing Sandanho Danison at the University of Montana through the Montana Feminist History Project. Sandanho is a licensed direct entry midwife here in Montana. And I'm just really happy to be able to talk to you today. Let's start out with just a little bit of your background. Tell me where you came from, and how long you've lived in Montana.

Molly "Sandanho" Danison: Okay. Let's see. I was born in 1959 in Ohio. I went to nursing school after high school, and during that time my sister became pregnant, and I wanted – she wanted me to help her. Because I was in nursing school, she thought I would know what I was doing, but I really didn't. But anyway, I helped her. And that's what got me to do midwifery instead of nursing, which I felt were two separate things.

DT: And how old were you then?

MSD: Oh, let's see. That was in 1981. I must have been 21 or 22 when I went to that birth.

DT: And was that a homebirth or…?

MSD: No. It was a country doctor's birth, and my sister and I had spent the day laboring together, and had such a nice day, and saw a rainbow, and walked along the creek, and breathing with the contractions. And towards evening we thought we should go to this country doc's clinic in Washington state. And we went, and he put her flat on her back, and strapped her legs into stirrups, and she was seven, eight centimeters, and cut a huge episiotomy, and it all went really wrong. But, the baby was fine. And she gave birth, and…
DT: And how did you feel about that birth?

MSD: I didn't like it.

DT: (…inaudible…)

MSD: That was not okay. Yeah. So then in '83 she was pregnant again, and wanted me to come help. And I said I wouldn't do that again. I couldn't watch that again. And she said, 'Well, we'll have it at home.' So then she had a homebirth. And that was great.

DT: Did she have a midwife?

MSD: No, but she had some women that had knowledge, but they weren't midwives. Washington was just starting licensure then. These women had been nurses – labor and delivery nurses, but they weren't midwives yet, and they were trying to figure out what was gonna happen in Washington. In the end, one of them did go to Seattle School of Midwifery, and become a midwife. But at the time, they were just women helping women rural. So…

DT: And in the intervening three years did you continue with nursing school?

MSD: No. I just went out. I knew I was gonna do something else.

DT: And then you started training as a midwife?

MSD: In '84. That's what triggered me to go. Just seeing the homebirth and seeing that it was different, and she wasn't flat on her back. She was kneeling on her bed, listening to music she wanted to listen to, and it was just so sweet, and gentle. That's when I decided to check out midwifery schools. I checked out Seattle School of Midwifery, but it was just starting, and it was expensive, and so then I started looking in the back of *Mothering*, old *Mothering* magazines. And The Maternity Center was there, so I wrote off for information and then I applied, and got accepted, and went in September of '84.

DT: And can you talk a little bit about The Maternity Center? The history of it and what it was like when you were there?

MSD: It was hell. No. It was great really. I can really see a difference in the midwives around here who have gone to El Paso and those who haven't, or those who haven't gotten any training other than just coming out of their communities. There's some differences. When I went to El Paso, and to The Maternity Center, there were three centers and I was mostly at the Alameda Center on Border Highway. And gosh, we would do…I don't know…fifty to a hundred births a month. Very busy – different than Maternidad La Luz. At times I don't even think they, they do twenty-five in a month.

DT: Not anymore.

MSD: Not anymore, yeah. Gosh, what about El Paso?

DT: So how…Just talk about how The Maternity Center got started, you know, just for posterity… how it got started and the sort of clientele, the kind of training that you received there, maybe some of your experiences there.

MSD: The Maternity Center was started by Shari Daniels, and it had been going on nine years by the time I got there. And it had – it started in downtown El Paso, and then expanded into these two other satellite centers. And I'm not sure how Shai got into midwifery herself. In those days in Texas – I don't know how it is now – you just had to be eighteen, have a high school

equivalent kind of diploma, and if you signed this piece of paper and be a midwife. It wasn't like it was regulated or any of that. And that… I don't really know how Shari decided to do it. But somehow she saw a need, because the Mexican women would want to come over and get the US birth certificate. And the border, I think was more open then than it is now – the highway, that bridge.

DT: So most of the clientele were Mexican women?

MSD: Oh, ninety-eight percent were from Juarez, from Mexico. Very few actually lived in the US
.
DT: So they would cross the border for their prenatal care, and they would give birth there, and the babies would get birth certificates. And were the staff midwives from all over the country?

MSD: All over the world.

DT: Uh huh.

MSD: Yeah. Gosh! I'm trying to think who was all there. The students – one student was from Belgium, another student was from Germany. How they heard about it in Europe is beyond me. It was great. And then another woman from…Where was she from? Laopi (?), who lives in the Southwest now. Do you know Laopi? Yeah. She was maybe from England. But the actual midwives themselves – one named Shek(?). Did you know Shek? She was the mission, did missionary work in South America, and saw the need for midwifery there, and had four or five kids of her own. Then she came to get licensed, or not licensed but trained, and decided to stay on and be a director, but with the intention of three years or so that she would then go back to South America and do missionary midwifery work, which I think she probably is. I'm trying to think – Diane is around. You know Diane Holzer and Joan Green…Gosh, I can't remember
.
DT: Was Kathy (…inaudible…) there?

MSD: Kathy – she was gone already. But she came back, but she was gone during the year I was there. I know there was that one woman that …well, Kaley. Kaley was a director when I went to The Maternity Center. Deborah Kaley. And then there was the one woman who ran the desk that ended up having a baby that wasn't a midwife yet – and then went on to do midwifery and was really connected with Kaley. Susan or…? She could speak fluent Spanish. Oh, I can't remember.

DT: And then you have changes and you get changes so fast.

MSD: Constantly.

DT: (Inaudible)

MSD: Yeah. Yeah. And then The Maternity Center – all of them closed. And then la Luz came out of those ashes, but in a whole different building, not far from the downtown center.

DT: In the Segundo Barrio?

MSD: Uh huh.

DT: So when you went down to El Paso, did you speak Spanish?

MSD: No.

DT: That just must have been an amazing hurdle…

MSD: Amazing hurdle!

DT: And you were there for a year?

MSD: Just shy of a year.

DT: Uh huh. So, the structure of the, of the school…just tell us a little bit about the structure of the school. You know, classes and births, and…

MSD: Right. Well, the first day I arrived, school was gonna start on a Monday. I arrived Sunday around eleven. As we were moving in they called me to a birth. I left Paul, and went off to a birth. Then I came back. Several hours later, and I got a call to go to another birth, out in Canatillo, and they just left me with her. I was like, 'Whoa! Wow!' But she was from Montana. She was from Helena, Montana. That's why they wanted me to come and be with her. It was really sweet. Then people did come for the actual birth. Then they went away, and I stayed with her for post-partum. I got home around midnight and the next morning classes started. Classes were three days a week. I think Monday, Wednesday, Friday mornings. The rest was clinic time and you were just always on call. There was never not call when I went.

DT: So, and the clinic times were…? What did you do during the clinic time?

MSD: Prenatals and postpartums. Seeing babies. There were pre-natal days, and intermixed with prenatals would always be postpartum visits as well. I'm trying to think of…there were actually just certain like three days or something of clinic days. Then you get a couple afternoons, and then two full days. Like, Tuesdays and Thursdays I think were full clinic days and afternoons on Mondays and Fridays. And Wednesdays – I know that it was on Wednesdays too.

DT: So on an average day, how many prenatals or postpartum exams would you do in a day back then?

MSD: Oh, gosh! At least thirteen or fourteen.

DT: That's – That's a lot. And then two to three or four births a week?
MSD: Oh, more some times. I went to six births in a day.

DT: Uh huh. Wow.

MSD: Yeah. You see everything from the virgin who's fifteen who never had a period, who doesn't understand what's going on, to a mom having a thirteenth.

DT: This one doesn't really need your help that much, then?

MSD: Uh uh. Uh uh. No, and we could do twins and breaches at the time. And then there was quite a few adoption births that happened when I was there. And there was a twin birth that – the twins were getting adopted out by an American gringo family. And this mom was from Mexico, outside of Juarez, and already had five or six children, and just felt like she couldn't take on two more. I don't think she had a partner anymore, but that was such a sweet birth, really.

DT: And the adoptive parents were there?

MSD: Yes, they were there with her. And she got to hold them, and they got to hold them, and then she wanted some alone time, so the adoptive parents took them to another bedroom – the babies, and curled up, and…

DT: Oh!

MSD: Yeah. It was sweet.

DT: So, after you left El Paso then you came back and you came to Montana, and you have lived in Montana for…?

MSD: Yeah, see I moved to Washington state and worked for the Forest Service in 1979, and my partner, Paul, then we worked out of West Yellowstone for the Forest Service, and from there in '81 we came to Missoula, and we started living in Missoula. And he started working on a hot-shot crew, and I went and helped at my sister's birth in '81, and again in '83, and then we went to El Paso in '84. We went to India in '81 as well, for three months. It's so long ago now. I can't remember.

DT: So, Paul went with you to El Paso and stayed there?

MSD: Oh yeah. Oh yeah. Yeah. We lived right next door to the clinic, that was an - it was an attached garage. It was an old house with an attached garage that they had made into this little apartment, and we lived in the little apartment. And a birth room was on the other side of the wall, so even if I wasn't at – physically at the birth - I could hear every single thing.

DT: That's a good experience. So you came back to Montana in '85?

MSD: Actually in fall of '85, but then we went to India and Nepal again for winter of '85, and …or yeah, and winter of '86, and we came back spring of '86 from India. We went for three and a half, four months. And then we came back.

DT: What were – What were you doing in India?

MSD: Traveling. Checking it out.

DT: Checking it out?

MSD: Trekking in Nepal. Yeah, so then…Gosh, it seemed like…well, my sister had a set of twins. So I went to midwifery school in '84 and '85. Then that fall of '85, my sister was pregnant and because originally we were gonna be gone for about six months and we'd gotten the visas and all that special set-up for that. But then my sister was pregnant, and she was…just palpating her belly, it just felt like twins to me. Twins run in our family. I got her set up with some midwives in Washington that I had met through El Paso, and we cut our trip back to three and a half months, so that I could be back for the birth. But on the day we flew back into the United States she was giving birth.

DT: Was that a homebirth?

MSD: It was a homebirth with twins, but they had screwed up. She had saw this one midwife out of Olympia, Washington, and instead of believing it was twins, she felt like her due date was off, so she moved my sister's due date up a month. And when she then – and then they had kind of a falling out. But the paperwork went with her to then Seattle to a naturopath, who felt like it was twins and got a sonogram for her, and yes, it was twins. But no one bothered to move her due date a month later. She gave birth at thirty-four weeks, and they were thinking she was thirty-eight. She gave birth at home, but the babies were in trouble and needed to go into the hospital. They were in for two weeks. I flew in that day she gave birth. And on the East Coast where our cars were, and we slowly made it out here so I could take care of her for two weeks or so after the babies. Yeah, and then her fifth baby, I helped her, and it was a homebirth, and by then…you know, Jesse, her first one, I didn't know anything, and I was with her second one, which triggered me to want to go into midwifery. Then the twins were her third, and I missed them, just by a hair, dog gonnit! Her fifth one in eighty-, no it was in ninety, I did all her prenatal care, and caught the baby, and did it all as a midwife, a licensed, almost licensed in Montana by then.

DT: So, so how did you come – when you came back to Montana and started doing births right away…or was it later?

MSD: So…no, I - Yeah, I started going to births right away. I became pregnant and, and was due July of '87. I started going to births with Dolly right away, and while I was pregnant. We got back into Missoula after traveling, and the twins in '86 sometime, fall of '86. I just started going to births with Dolly, and became pregnant, and just kept going to births ever since then, and then Dolly had the injunction. She and I were at a birth together, and we broke waters, and the meconium and heart tones were funky, and we decided to go into the hospital and, it was the Doctor Marks whole fiasco. The injunction came out of that, so I took over Dolly's births, although I felt like I wasn't quite ready for that level of responsibility, because I was used to a clinic set-up. I have never attended births alone and never really wanted to attend births alone, so I talked with Michelle. Michelle and I teamed up to take on Dolly's births, and Michelle had some births too. When the injunction got lifted, Dolly could start attending, take her clients back. I held her equipment in my shed, so it wouldn't be confiscated.

DT: I remember when all that was happening. I was pregnant myself.

MSD: I had – Camas [my daughter] was little. She was not even walking yet.

DT: So, now you're a licensed direct-entry midwife, as opposed to a certified nurse midwife, and I'm asking all the midwives this question, because I'd like to hear what, what everyone has to say about the differences between the two. How do you take care of women? What's the difference between your midwifery model of care, and assorted other medical models?

MSD: Well, I would…I …gosh! I think that my idea of the midwifery model is that it's not broken, there isn't anything to fix, that it is to guide and help and heal. The most healing outcome maybe is cesarean. I don't know. It's unique to that woman and her baby. I see it all as a normal trusting – I just have faith in the whole process, and I trust that it just inherently works. But I feel like the medical model … I went to this medical continuing ed. thing, years ago now, probably ten years ago, here in Missoula. And the first slide this perinatalogist guy showed was the only normal birth is in retrospection. It's only normal after it's over. It should be treated like it's a problem until after it's over. And I think that's the really wrong approach. I don't think pregnancy is that complicated or difficult or wrong. We wouldn't have population like we do. There is interference that can happen. There is disease that can happen. But, just the process itself is meant to be. It's not, it's not that complicated really. But it gets made complicated. And I see midwifery model, also be keepers of appropriate use of technology and trying to keep that. Don't do sonograms routinely, but with good reason. No reason to have a fetal monitor on constantly, without good reason. It sets up this whole emotional thing. You know, I feel like the American culture is very scared of birth, when I see it on movies portrayed, and hearing birth stories from women in a locker room. I just…There's so much fear and misunderstanding about

the whole process of what it is. It's gotten complicated and complex when it's really not that tough.

DT: How do you think it came to that in this society?

MSD: I think it's a disconnect. I think it's the disconnect with the body, the disconnect with the body sensation, the disconnect with natural process. We want to change the natural process. We don't like it somehow cause we want it to be known, and sure, and safe. We don't like death. We don't want to…it's all this kind of blue ribbon baby stuff, and not that I would – that I want that harm to come, but when we disconnect from nature, that we're not, that we're no longer a part of it. We don't feel the web that we live in. We disconnect from ourselves. It can't be helped. I think, you know, how the Clark Fork used to be the garbage dump for Missoula, and that's why the buildings didn't face it. They'd just dump it out. And when I worked for the Forest Service up in Seeley Lake, one of my jobs… I had another partner that – one of us would go and put dye in the toilet in the summer homes and flush it, and then the other one of us would be out at the lake in a boat to see if we could see the blue dye come up. Over seventy-five percent of the houses flushed into Seeley Lake and Placid Lake. You would think instinctually we would know better. But we don't.

DT: Do you see midwifery as part of a larger, some larger health care issues?

MSD: Oh, yeah, I do. Yeah. I think it's all about healing, and the healing work that we do for each other as humans. You know, human to human contact, and making the body sensations okay. You know, when I hear women say, 'Oh, my birth was great! I didn't feel a thing.' But, what else do we have in our lives but sensation and expression and feeling and moving and flowing? It's not all about money. It's not all about comfort. It's not…All those things deaden us, keep us in denial, so we don't have to feel. And why is that? Why don't we want to feel? Is life too scary? Is it…? I don't know. I don't know we've kind of evolved into this culture of not wanting to feel sensation, while we want to overindulge a few, a few little sensations. There's visual – the entertainment, the sugar, the…Certain few sensation we like; the rest we don't.

DT: And we're afraid of pain.

MSD: And we're afraid of pain. Yep.

DT: What do you think…? You, you know, have gone to hospital births, because you transported women. Do you see later on a difference in women between women that have homebirths and hospital births? Do you, do you think that…? I've talked to some midwives that think that just living through that pain, and being able to say that you did it is a really powerful event for women.

MSD: And that can happen in the hospital too. I've been to beautiful hospital births where women weren't deadened to the pain at all. I, I…On some levels, birth doesn't matter where it

happens. It's all about the woman, and what she's doing, what she's feeling, how connected she is with her body, and her emotions, her heart, what she's feeling about her baby. It can be under a tree, it can be in the intensive care unit. It can be in the house, in the water tub. What really matters is what the woman is thinking and feeling and how she's moving with it, and has she got around her, her birth team that makes her safe and comfortable, that she needs, that she feels she can go those places that might be scary, and endure and challenge herself, but beyond what she thought she could bear and take. It's harder in the hospital to get that team around you, because you don't know who your nurse is. You may never have met them before. And you then have to try to make some kind of trust connection. And you may or may not have a doctor or certified nurse midwife that you had prenatal care from. So that makes it harder. You can't choose totally who's gonna be there, but your partner and maybe a doula. I think that's why doulas make such a difference in the hospital, cause it's another known. There's the partner, and then there's the doula. And you've got two knowns, so you can sink into yourself, and let go, let it happen and trust.

DT: There are some wonderful labor and delivery nurses.

MSD: Oh there are, if you just happen to get their shift, is the dilemma.

DT: Yeah.

MSD: I mean, that's…you know, we…I just helped at a birth. I was listening to heart tones. The mom was overdue. I felt like we needed a non-stress test. She was about ten days over – eleven days overdue. And there was a prolonged disa(?) at about sixty. And she wasn't in labor. So, we went into the hospital for a non-stress test. I called ahead. And we went in. The nurse was ornery and mean and awful. Just terrible. She didn't reach out – human to human healing, like 'Oh, I'm so sorry. I bet you're really worried about your baby.' She decided just to go off about homebirth, how bad it is, and midwives, and she hasn't had real prenatal care, and this kind of stuff. And then she refused to listen to the baby on…I immediately had the mom lay on her side, because at home I'd had her on her side, heart tones were fine. It was in a semi-recline that the heart tones had tipped. So she just – the nurse put the monitor on, on her side, and the heart tones were great. And we said, 'Can we move her to her other side and see what happens?' She said, 'Okay.' Moved her to her other side, and they were fine. And then, we said, 'We want her in a semi-reclined, on her back.' 'I can refuse to do that. I'm no gonna do that, and took the machine, turned the machine off. Took the things off the momma's belly, and would not listen, and made it sound like they never do MST's with the mother in a semi-sit on her back. I was like, 'Whoa! Really?' And, and kept trying to like discredit me, and stuff. And the mom got really upset with how ornery the nurse was. I wasn't saying anything. I was just wallpaper, trying to guide, just trying to help. The mom got really upset, and the dadgot really upset, and said, 'We're not leaving here until we listen to the baby while I'm in the same position as when we heard the disa (?) because we – if I need a cesarean right this second, I'm gonna have it cause we need to know. We can't just let this go.'

[End of Tape 1, Side A]

[Tape 1, Side B]

DT: The nurse left the room?

MSD: The nurse left the room, and as she was leaving the room, the mom said, 'I want to talk to the doctor.' The nurse said, 'It'll be a while.' We didn't know what that meant. So, we just hung out. I thought about putting the machine on her myself, but I don't have rights there. I didn't want to offend anybody. Then the phone rings, and it's the doctor. The doctor, this OB, says, 'What's the problem? What's going on?' My client tells her what's going on. The doctor said, 'Well, that's fine. You can listen to it on your back.' I went, 'Geez! What's the big deal? Why is there such a huff?' So they hang up. We wait for the nurse to come back. She does not come back. We wait twenty minutes, thirty minutes. Nobody comes. So I go out in the hallway and I can't find her, but I find this other nurse who is the opposite of that nurse that we got, who is so sweet, and caring, and human, and totally understood what this mom needed. She said, 'Oh, I wouldn't leave here either if I was worried. I don't understand why this has turned into such a big deal.' Came in, got it all set up. We listened. The baby was fine and in that position too. It was just some kind of temporary disa (?) that we happened to hear, and it was not an issue ever again. But, for me, I feel like nurses and midwives, and anyone in the healing profession, their first inclination ought to be human to human, get out of her own skin, kind of think about what's going on for that person. When I take women to the hospital and we get good nurses who say, 'Oh, gosh! I know this is really hard. You were wanting something else, and we'll do what we can,' and, and just say that. It just eases the tension. It activates healing in one another. The nurse reaps benefits from it too, because then she's not dealing with hostile people.

DT: So why do you think that some people in the medical unit ….

MSD: I don't know why.
DT: (…speaker inaudible…) so hostile to midwives?

MSD: I don't know if it's nursing school's a drag, or I think becoming a doctor is really hard. I don't think they do sensitivity training as part of medical. I don't even think they do it as nurses. But I really do think they should include huge sections of sensitivity training, what that feels like to that person. And have them experience somehow…like, there's that funny story that Lynn Baptisti Richards tells about sensitive – sensitivity training for men and birth, and how they get put in a hospital gown, naked, and they are made to get an erection, and they're test for hardness, like you would test for dilation and effacement, and if it's not hard enough, then you're gonna get drugs, or maybe surgery might happen. Then if it gets less hard as, when then the shift changes, and it's a new person feeling their penis. I mean, maybe some men would get off on it, but I think most would be like, 'Oh my God! Bright lights, clock…'

DT: It's a very apt analogy. I never heard that one before.

MSD: And it…this…We're actually gonna write a letter about this nurse that we had this experience with, because it's actually the second time I've had a thing with her. She may have something about me. I don't, I don't know quite what's up, but I just want to suggest that she needs sensitivity training. She can feel and think and have her opinions about midwives, homebirth, what good medial care is, but she is a professional, and her number one thing is to activate healing. Whatever that means, and that means dropping her judgments and her opinions and putting them aside, and seeing who she's dealing with, and reach out to them for where they're at, not where…and taking care of them. She can still have her judgments, and all her other stuff, but she's gotta learn to be professional. Healing is the number one thing. Same way with doctors. I, I feel like they have forgotten. How can they help anyone heal if they don't help them activate their own healing system. We're all our own healthcare providers, and we need to be, we need to be honored for that. When women are giving birth, they're giving birth. I'm not. I'm just a helper. I'm not, I'm not having contractions. I'm not gonna nurse that baby. It's not my baby.
DT: Do you think that doctors and nurses are challenged or are – feel threatened in some way by…?

MSD: Midwifery?

DT: Midwifery.

MSD: Yeah. I don't know. I think mostly it's territory, and money maybe. Or maybe it's the public safety issue too. I think mostly it's just they don't want to look at themselves, and honor and respect their own internal healer so that they can then activate somebody else's internal healer. But, it's rare that there's someone who's just – out and out wants to rip it to pieces. You know Mark, Marks, was just very misguided when he came after Dolly. He had just come out of medical school. He had never dealt with midwives before. He had – was like, 'Only doctors can break waters.' His issue was that, you know, well it used to be at the hospital, whenever we had transport, they would put zero pre-natal care down on the birth certificates, because they did not honor our pre-natal care. But, they've changed that now. They'll actually ask how many prenatals, because on the birth certificate you're supposed to write the number of prenatals. So that's kind of advancement.

DT: Even though the prenatal care that midwives…

MSD: Oh, far exceeds the standard OB care. But, yeah. Marks isn't as misguided now. He didn't know, and he had a learning process. It was too bad he had to do it that way, and involve Dolly in a trial hearing, but you know, it led to licensure, which is a mixed bag really.

DT: Do you think that licensure has been a good thing for the state? For midwives and for mothers?

MSD: Umm, I don't know. I don't know. I don't know. I can't decide. But, it ties our hands, so I don't know. But maybe it makes it – I mean, maybe this protects us from other people coming after us, like Marks did, and there would be more of that. Oh but, you know, like if a woman is forty or over we have to consult. If broken water is greater than twenty-four hours, we need to go in, and actually that's probably gonna be shortened to eighteen hours, forty-two weeks. You know, there's talk about cutting that even shorter. And those things. It's those that make us – make it harder for us, because we have our license, and we don't want to lose our license, to then follow the natural flow that might be for that woman, then we're then forced to do all kinds of stuff. I don't mind playing it within safe for that unique individual person, going in for an NST at eleven days cause I hear a disa(?). That's just necessary. That's okay. But if nothing was going on and she was forty-three weeks, and I would just say the due date was probably off, and everything's okay as long as everything's looking good, but by law we can't do that anymore. Same way with waters being broken. That's when I don't like it. Then the other thing is sometimes I think once there is licensure, there develops this whole ego idea of what professional is, and what the whole look of what midwifery is changes. Like the certified professional midwife, national standing. I've got that standing as well. And every newsletter I get, I see it becoming more and more slick, more and more…Might as well be a certified nurse midwife. It's that kind of look, like they seek and desperately want this kind of recognition, instead of just that internal knowledge of the natural process, and that we don't… You know, in, in old depictions of birth and midwives, the mother is this big vessel, and the midwife is a handle, a little handle, little – not bigger. Somehow it's coming into this whole…bigger than the mother. It should really all be about the mother, and what's appropriate to that mother.

DT: Does it – do you think that licensure, and the professionalization of midwifery has caused midwives to start using more and more technology?

MSD: Oh yeah. Um huh. Um huh. And fear – a lot more fear about birth, a lot of worries and getting more and more professional, more and more recognized. I mean, there's homebirth direct entry midwives who think that now a college degree should be a requirement for licensure. I don't think so. I, you know those old granny midwives, many of them didn't even go to high school. And they – they're wonderful, safe, competent midwives. I don't know that that serves midwifery well, to start an elitist, exclusive, professional club. I don't know that it serves women any better. I certainly don't think it serves those who want to be midwives very well. And then the other thing about licensure and having this board is…I had thought that they would maybe ease the hospital – home birth tensions. But I don't know that that's happened. I don't know that they actively work on that and where would we send, where could I send a complaint that 'Oh, we had this really crappy nurse who was ornery and unkind to us.'? Would I send that to our board, and they would then say something to somebody? Like, anybody can write a letter about me and what they think about my care, or what I did or didn't do, for whatever opinion they had on a client of mine. And the board would then have to follow that up and figure that out, request my records, and …And I don't, I don't know that I have any recourse in the same way, other than I could write the nurses' board, the hospital board.

DT: So you don't think that licensure has helped relations at all, or hasn't made the homebirth and midwifery more credible?

MSD: Well, I bet it's made it more credible to some, just because they like the idea of being regulated. They didn't want – they didn't like the idea, like in Texas, if you were eighteen, had a high school diploma, you signed a piece of paper, you could call yourself a midwife. That's pretty…loose, but on the other hand, in a spiritual sense, I feel like midwifery would take care of that person, one way or another. That either they keep doing it and learn, or they'd not be doing it anymore, but…and I, and from a public safety standpoint, to have a certain standard of practice and skill and competency, I can see how that would make a difference to some – to people, to medical people. To some anyway.

DT: And licensure, you know…Every state carries a standard. We have to pass tests and so there is some standard there. If you… You were involved in the beginning of, of legislation of midwifery in Montana?

MSD: Um huh.

DT: How did you see that process coming about. Was there anything that you would have changed during that whole process of writing the laws, and lobbying the legislature?

MSD: Well, we physically were forced into it, because of the injunction, and then the timeline that the judge put on it. We were forced into a situation of having to figure it out, and we did keep one thing intact, and that – it was a woman's legal right to have a homebirth – that that did not change. That did not – was preserved, and then it made midwifery a separate issue. And she, the woman can have the baby at home, and with whoever she wants, but it's the midwife who's regulated. And that's okay. But, but because we were hurried and it was crunched, and we were scrambling to make money, and pay a lobbyist, we didn't have enough time for thoughtful reflection on some aspects. So like, can't go dormant. Can't do IV's. Can't use Methergine. Can't intubate. Can't take Medicaid. And there's no proper place for indigenous type midwives to work within their communities, and not potentially face hardship if someone takes offense to them. And those are the things that I wish that we could have fought out more, but because we were under the firm and we were just feeling…we're skin of our teeth. And we're lucky that we could even practice. So we just eked out things, and we just didn't have time to really think it through in a bigger sense, in a bigger way. That's the thing I regret, cause now to try to go back and change that – way hard. I don't know that we can.

DT: Try to do twins and breaches and…?

MSD: Oh, God. No way! Soon, I don't think we're gonna be able to do VBAC [vaginal birth after Cesearean]. There – it's always on the verge of that changing. But yeah, we'll never be able to do that. But IV's would have been nice. Intubation would be nice. You know, the new neo-natal resuscitation protocol is if there's a meconium, and the baby has a heart rate less than eighty,

you intubate first, before you begin CPR. How are we gonna do that? I don't know. We'll be transporting I guess. Or is it, in the end, we're gonna have to transfer all meconium waters on the chance that…? I don't know, you know, cause we have to, you know, we have to maintain our neo-natal resuscitation certification and part of that is…

DT: So you see it as becoming g more and more restrictive?

MSD: Well. I think it might be. I think it might be. Yeah, and the dilemma right now in Missoula is all those family doc's connected with Western Montana Clinic have lost their OB malpractice, so they're no longer doing OB and there's only like four family doctors that are not associated with Western Montana Clinic that still have their malpractice OB insurance, and that's only because it's only for another two months before their bill is due, and then they'll probably drop it as well, cause it's tripled in price, so…

DT: So the only…

MSD: It's a dilemma for OBs. And the perinatalogists, and the neonatalogist, but she really doesn't see pregnancy, she just sees neonate. It makes it pretty tight. Like, what to do? And then, so are we just gonna end up in the ER, because a woman is forty-two weeks and our law cuts us off, and she needs to be induced, and we can't call the family doc's anymore cause they don't have OB. But they currently don't have it so…That's the thing I've been worrying about this winter and spring is like, 'Gee! So, now what do we do?' I guess we just have to go in and get who's on call, and go from there.

DT: Do you find that the obstetricians are more hostile, more difficult to deal with than the family practice?

MSD: Yeah. Um huh. Not all the OB's, but a lot of them are. [Paul] Ferguson. [Jesse] Pitt. They're – they're hard. [Gary] Harvey.

DT: So let's go back to you, to your reasons for being a midwife. It's such a challenging job, and you've been doing it for so long. What does it mean to you personally?

MSD: To be a midwife? Umm…gosh. For me what I really like about midwifery is the bonding and attachment. Just the newborn, I'm just really into newborns, and how sweet they are, and their mammas, and just that whole meeting of when they're out, and… And I love being with women in labor. I love watching that process of their body opening up and letting the baby out, and her eyes, and what happens to her, and how she feels, and that it's just this amazing experience…and led to this sweet little newborn. Nothing better. That's what I love is - about midwifery is that. Prenatal care is great, and postpartum visits I love too, but for me that's where the healing is. I think it's a really healing process – the whole pregnancy and the birth, and postpartum, and this brand new baby, and mothering, and… Mothering just represents, you know, like on mythic proportions. And good mothering begins mothering ourselves, and

our hearts, and mothering our children, mothering the earth, mothering everything. It starts with the baby inside I think.

DT: A gentle earth begins with birth.

MSD: Yeah. I think so. It's, you know, there's not a … To be human is…There's lots of things, but in terms of natural processes, we pee and we poop everyday, and we have to eat and breathe, and so many of that stuff is automatic. But birth…that's a whole other thing, in its sexuality is involved, and it's wonderful. For me I find that it's about healing. Pregnancy is healing. The birth is a healing experience. Mothering this baby. You know, where do babies come from? Are they stardust, right? How do they come out when they do, you know? I don't know. I think it's fascinating. And everyone has a whole different story, whole different flavor. Every birth is uniquely that woman. In fact I always remember that. I never remember dates and names, but I remember the energy, the story, the flow of that birth, whether it was a cesarean, or easy, quick labor. It's just the whole, whole thing that happens there is what I remember. I get an impression.

DT: How many births do – have you done? Do you keep track of them all?

MSD: I've only given birth three times.

DT: How many births have you attended?

MSD: Attended, thank you. I got aware of that whole thing of 'How many babies have you delivered?' It's like, 'No, no, no. A woman delivers her baby. I don't. I help her, but I don't deliver her baby. She does. She gets it out of her body.' I mean, it's an amazing thing to let her baby out of her body. It's just incredible. I….So, it's about four hundred births that I've attended.

DT: And each one is different?

MSD: Each one is different. There's always a sweetness about all births. Even if the mother is having a hard time, there's a sweetness about that baby, and the birth, and their process. I think for women it's this thing they can chew on for their whole lives. My grandmother had three pregnancies, one set of twins. Even into her nineties, she could vividly recall her births, and how they impacted her. How they changed her, matured her, got her life energy going…Just, what a 'pooof!' I just love that. I think it would be really curious to talk to the eight, ninety year olds.I have an elderly neighbor who I talked to about her birth. She had four before pain medication. She did go to the hospital, which, it was a new thing because her mother had all her kids at home. They were born outside of Bozeman. She really remembers those experiences, and how they carry her. And I feel like birth carries these little kernels inside of us, feed our soul, and get us places we never thought we'd be going. Even for the fifteen year olds, impact's pretty big. But, that's why I think pain medication only if it's extremely painful. It

should not be used just casually, cause it interferes so much with the spirit work of that woman for her life, her whole life. Pitocin too. That interferes.

DT: And there's such a, a range of normal too…

MSD: Gosh, really.

DT: We need to honor what's normal for, to be…What's normal for one woman is not normal for another woman.

MSD: Oh no. Yeah. It's totally different.

DT: Um huh.

MSD: Totally different. You never know. And the same woman every birth is a new person, new thing going on. There might be similarities, but it's a new thing. It's a whole new story.

DT: And you had all your babies at home?

MSD: Um huh. Yep. Yeah, I knew from a very young age that's what I was gonna do. So.

DT: So, if you hadn't become a midwife…?

MSD: I would have been a nurse.

DT: Um huh.

MSD: I actually still think about doing nursing, and bringing that kind of healing of just human to human to people. Even the receptionist at a doctor's office, or a dentist's, you know, can have – It's not that big of a deal. It's just a tiny little shift. When Chloe [my daughter] broke her arm last year, we went into the orthopedic guy. He never looked in her eyes. He spent less than three minutes with us. He never touched her arm. He put the x-rays up, looked at 'em, mumbled a few words, and left. He never activated her healing system. Never helped calm her down. Never said, 'I see this every day, and they heal really well. And it's gonna be okay.' And she's crying, sitting there. He's not connecting to her at all. I'm kind of befuddled, and the only thing I can think of is 'Should she take extra calcium supplements?' He looks at me like I'm some weirdo. Then it struck me, 'Well, what about homeopathic cell salts? Do you think that would help?' He's like, 'What? What are those?' He could care less. He had no clue what, what it was. There she is crying, and…I'm like, 'Wow. Okay.' I was like, 'Well, Chloe, I think it must be okay, cause he's not, you know, making a fuss, so…They'll cast it up, and you know, it's gonna be okay.'

DT: So do you see a naturopath for your daughter's healthcare?

MSD: Uh, no.

DT: Do you go to the doctor?

MSD: Rarely. Rarely. No. I have a library of books. And only if it's really serious, that it's like a broken bone, or a really high fever, or odd swollen lymph nodes, would I – do I go in. Naturopaths I think are interesting, but if I need a doctor, I normally go right to a straight M.D., because I might want access to antibiotics, access to the blood tests and things that they can do. They do have practical experience, like in stitching up owies and broken bones. Even if they're not activating healing, they do have that… educated guess. They have access to…right? Which can really help and heal, so… I, yeah. But I do herbs and homeopathics, and essential oils on my own, but if it gets beyond that…When Chloe, Chloe had the flu…gosh, probably five years ago now, where she was just vomiting constantly. And I could not get it stopped with anything that I had, so we went in and she got an IV, and she was totally dehydrated. And Diphenhydramine up her butt, stopped it like that. She came right around. It was like, 'Whew! I like that, because otherwise I don't know, you know? It was getting scary. We were doing what we could, but …'

DT: Yeah, western medicine definitely has…

MSD: It has an appropriate place, and I think all they really need to do is sensitivity training, and activation of healing. Like, you know, there's that great movie…What's that movie? …Where the surgeon was like this arrogant surgeon and would just say yucky stuff as he's working on people, and doing their surgeries. Then he came down with cancer and needed surgery, and he heard everything that was being said about him, and he came out of it just totally, totally different - had a whole different view. When he went back to doing surgeries again, he talked to them calmly and sweetly. Told them what was going on, played nice music—

[End of Tape 1, Side B]

[Tape 2, Side A]

MSD: —I can't remember the name of it. I think William Hurt was the actor in it.

DT: Um huh.

MSD: But, I think it speaks, and like *Patch Adams* too, speaks to that sensitivity training, and how can a doctor or any health care provider be negative about acupuncture when they haven't felt it themselves, or herbs, and that they would trust these big medicines over the simple medicines that they don't really know anything about. That always seemed kind of goofy to me. That they debunk herbs all over the place, but, you know, look at the pickle we're getting into with the overuse of antibiotics, where there's resistant strains. And even here in Missoula now, for just simple ear infections, they're having to like bump up out of the amoxicillins and into the huge antibiotics and the strong stuff …Oh my gosh!

DT: Um huh. Because they've used them so much?

MSD: Yeah, have we…Well, we've overused them, and so we're mutating and there's the whole thing about TB is gonna start coming down again, where all the strong antibiotics that would help with TB, and now TB's grown resistant. In Russia it's this huge problem. It will come to the United States.

DT: And fungal infections.

MSD: Fugal infections, yeast is out of control, systemic yeast. I mean, God, every other person has systemic yeast going on.

DT: Um huh.

MSD: Yeah.

DT: It makes you wonder what…what's going on. I mean does it – is there a national healthcare crisis happening in the United States, you know?

MSD: Right.

DT: Is it…somebody, people aren't paying attention to? What do you think is going on?

MSD: Yeah, I don't know. I know…Well, I think it all has to do with the disconnect from the natural order of things. You pollute water, you asbestos contaminate Libby, people will get sick. I mean, that is the natural order of things, and somehow because of money, we want to make that not so. But it's…you know, we don't want the W.R. Grace to take the hit for Libby because all those people are employed and made money off the W.R. Grace. But in the bigger picture, it

caused more problems, and, you know, that's the worry with that big mine going up in the Blackfoot – that it will contaminate arsenic into the Blackfoot. Then what will we do? Well we'll spend years denying that there's every any connection, and then slowly eke out that maybe there's a connection, and then call it a Superfund site, and then bicker for years about how that will proceed. I mean, really, I hope the Milltown dam gets torn out. I mean, what a release that'll be – to get that out. But, anyway…

Darla Torres…that needs some work before it gets torn down.

MSD: Oh yeah. We got to take all that heavy metals contaminated out of there. But…I don't know. Humans, somehow, on a massive consciousness we have to make the connection that this done this way gets this. That that's just…happens. And like, the vaccines, you have an accumulation of mercury in the vaccines. You are going to get a crippled immune system that may trigger into autism. Who knows? You know, Flathead Lake, pregnant women shouldn't eat the fish out of Flathead Lake because of mercury and other heavy metals that are in the pesticides in the Flathead farms that drain into Flathead Lake, that the fish eat, and breathe. The idea of injecting mercury in the body is somehow less offensive than eating the fish out of Flathead Lake? I…

DT: The solvent for vaccinations is Thimerosal, which is in mercury.

MSD: Right, which is mercury. Um huh. So…Yeah. I don't…It's a curious disconnect, or it's a disconnect from what we instinctively feel to what the bottom line – money – is, so therefore it's okay to have this huge pit in Butte, because that was cheaper and easier. Never mind now we have this bigger mess that would not have been there if we would have done it differently. Now they can't flush toilets in Seeley Lake. That's all been taken care of and Placid Lake as well, and the Clark Fork isn't being flushed right into anymore either, but we sure did for a while. But what are we doing now that we will learn from? Maybe.

DT: Well we're dumping nuclear waste into unstable geological caves.

MSD: Well, yeah.

DT: In Texas and New Mexico, and we're trying to do it in Nevada.

MSD: And we have weapons plants that are not exactly code. But people are coming away very sick, and injured, and cancer-ridden. Our frogs in Minnesota are misshapen and have problems. Same way with alligators in Florida. Like, we…We just have to make that connection somehow. We dirty our nest, we will reap the consequences of that.

DT: You lie down with dogs, you wake up with fleas. So you were, you had mentioned vaccinations?

MSD: Um huh.

DT: Is there other, other problems that you see with routine immunizations or vaccinations?

MSD: Problems that I've personally seen…Not that I've personally seen. But, I don't know, I don't know very many people that vaccinate. The ones that do, that have, we've noticed eczema on their skin, and food sensitivities. But, usually they haven't been vaccinated the full rounds, that they are now. And then my children haven't been vaccinated against pertussis, and their good friends were vaccinated against pertussis. But their friends got pertussis and gave it to my children, and my children had it less severe than they did, who had been vaccinated. They – one went into pneumonia, and one still has asthma and a big sensitivity to cats that she hadn't had before, where my kids had a horrible, awful cough that lasted six weeks, but can't see anything different in them now. They never even ran a fever, so…it's curious. But, you know, vaccines…that tape by Peggy O'Mara, out of *Mothering* magazine, she was talking and there was a group of women there talking about what long-term that they have seen in vaccinated and unvaccinated children. Vaccinated children don't seem to get sick as often, but when they get sick, it turns chronic, and they have very hard time kicking it, months and months. They just, they get – even a simple cold can turn into this huge ear infection, double ear infection, strep throat, coughing, just goes into this huge chronic cycle, where unvaccinated children seem to get sick more frequently, but kick it – are only sick for three days, four days. And then they're fine.

DT: Because their immune system is functioning.

MSD: It can deal with it. It's maturing. It doesn't fall into a chronic, crippled immune system pattern. Oh, and then there's congressional hearings about the MMR, not only the viral combination of MMR, but the mercury accumulation of all the different vaccines, that trigger autism, juveniles diabetes, as well.

DT: (…inaudible…) viral combination?

MSD: You have measles, mumps, rubella.

DT: And what about them?

MSD: That in nature, it would be very, very rare we'd ever get those three at the same time. Same way with DPT and P. In nature we would never get all those at one time, and to then load a body, a young body up with those viral combinations – it triggers the immune system to do things that it ought not do, and then it can't get it out of itself. They are finding that…Peggy was talking about this researcher Wakefield in England who has discovered that children with autism have the measle virus in their belly, which is not where it should be, and as it just sits in their belly and the body can't do anything about it, it causes gastroenteritis, which then they can't absorb food properly. So then they get really malnourished even if they're eating, because

they can't deal with the food. So…Yeah, it's, it's curious. In England and in Europe in general, you're allowed to pick and choose your vaccines. You can separate them out. You can get them thimerosol(mercury)-free. You can get egg free, monkey serum free, pig serum free. In this country we don't have that leeway. I wish we did.

DT: And do you think parents are educated well enough…

MSD: No.

DT: (…inaudible…)

MSD: Oh no. Oh no.

DT: (…inaudible…)

MSD: Oh, no, no! No! The medical thing is you do it, and this is how you do it, and this is when you do it. And don't really question about that. You just *do* it. And, you know, really, if they would check my children first for any kind of genetic propensity, I could maybe go there blindly. But, because they don't check genetic propensity first, then how my child might react…I just, I can't do it blindly. I would, I would feel really bad if I cause them neurological damage, or gastrointestinal damage, just so they didn't get chickenpox. I, I mean really! It's uh…

DT: Which the antibodies to chickenpox are well known to…If you have the antibodies to chickenpox, it provides some sort of passive protection against other herpes viruses…

MSD: (…inaudible…) Oh yeah.

DT: Which can turn up worse than the chickenpox virus, so it's actually helpful. That's what I've read.

MSD: Oh yeah. I, I think it's healthy to experience that, and childhood illnesses should be experienced in childhood. And that's fine. You know, I had… When I was a kid we didn't get vaccinated until five, and I'm the youngest of seven, and so…I had measles, mumps and rubella, but years apart – never all at once. I never had diphtheria. I had whooping cough as a kid, chickenpox. Trying to think of what else went around. Strep throat went around you know, but I don't ever remember any chronic strep throat things like you see now. And all this strep stuff in general. What is that about? Where is that coming from? Where does strep B come from?

DT: Wasn't a problem thirty years ago.

MSD: No, it was not.

DT: Strep B is a, a variety of strep that causes problems in newborn babies, and a lot of women have it.

MSD: Oh yeah.

DT: And don't realize that they have it, and it's something that could cause a problem with the baby.

MSD: With the baby, yeah.

DT: So, Sandanho, do you talk to your clients about these issues? Issues like circumcision and vaccination? Do you…?

MSD: I do, but I respect their choices.

DT: Um huh.

MSD: I don't… I can make those decisions for myself for my own kids, but I can't make it for them. I have books, and literature, and they can get online and check out stuff, and, and mostly they need to follow their gut. If their gut is saying they want to do every single vaccination there is, then they can do it. If they want to circumcise, they can circumcise. It's not the – It doesn't offend me, but if I do let them know that it's not risk-free, and that they really should think about some guidelines on how they want to do those vaccines, and, and they can request thimerosol-free. They can get 'em singly – some of 'em. They can delay them, if they're not gonna be putting their kid into childcare. Mostly it's…again and again reminding them they have a choice. That they are their own healthcare providers, that they are the healthcare – the primary health care provider for their children, their babies, and that they need to take that pretty seriously. Don't use shame or belittlement from anybody to make them change their mind about what they're thinking and their gut is telling them what they want to do. If they want to wait until six months to start the series, and they go to the two month checkup and the nurse and the doctor are giving them a hard time, they can still say, 'No.' That that isn't bad. They're not wrong. They're not careless. They're not misguided. If they need more time, they can take it. It's not bad, but somehow we can really caught up in thinking that it's bad and wrong and we need to do it like they say or…

DT: And do you, do you think that that's part of your role as a midwife, is to educate women, as in…?

MSD: Uh huh. Just in general, about their bodies, their health, their choices that they make, and that they have the right to do that, that they shouldn't feel like if they don't want a sonogram, that's not crazy. That's okay. If it comes up they need to have a sonogram, it's okay if they question, and wonder, and want to know why. That's really okay. I feel like that is my role as a midwife.

DT: Do you think of yourself as a feminist, or do you think of midwifery as a, as a feminist act? Is, is there some other word that you would use?

MSD: Hmm. I think of it a feminine. I think of mothering as feminine, and that whether the mothering is of ourselves, or our children, or a political cause - that is the feminine. To me mothering and feminine are one in the same. I just see it as – mothering as that healing human to human contact. And that just who we are, how we feel right at that moment is okay. That it's safe. We don't have to disconnect. We can stay connected to ourselves, because that's all we've got. We come in alone, we die alone. It's all we've got. And to think someone's going to say this from outside, or that life is an external process is…missing it. But, so much of life is a distraction into that. That it is all out there, that, 'Well, my baby won't be happy unless I have a sonogram' - that we somehow confuse that the sonogram makes the pregnancy healthier, and it really doesn't. It's a tool to have a look at things, but it isn't – doesn't provide a vitamin shot to the baby, or to the mom. So if that is a feminist notion…well, I think it's mothering, so it's both. But, you know feminism has that aggressive, sometimes aggressive connotation of bitch, or righteous, or some kind of political actions.

I went to this big midwife conference in New Orleans, ad it was sad to me because the lesbian midwives had their own caucus, the feminist midwives had their own caucus, the women of color had their own caucus, the Christian midwives had their own caucus, and I really halfway thought about getting a big-butted woman caucus, so we could all get together. Cause it's so silly to exclude, and push away other people, when it's just human to human, you know. Color really doesn't make a difference, whether you're a feminist lesbian or a mom with ten kids, I don't see they're that far apart. Maybe awareness of body. I think the feminist movement makes women aware of their own sexuality, and that they can have demands and rights around that, and that's great, but…

DT: Why is it that you think…Let me backtrack. The interviews that I've done with some of the other midwives – they've all made that point of, of division. You know, the things that they experienced had…That, you know, that women are still separating themselves, they're still…What am I trying to say here?

MSD: Not sisters?

DT: Not sisters, and it seems like we've had such a long time to learn how to do that.

MSD: Oh, I know it! I don't know why.

DT: Why do you think it is that we still can't get it together to just be inclusive of one another?

MSD: I know. I know. I don't know why that is. I don't know. You know, in the Hopis' view of the world, we're in different worlds. And right now in the Hopi vision, we are in the world of

separation – heading towards the world of cooperation. The thought is that when we really learn the lessons of separation, we will totally understand why we need to cooperate. The lesson of separation is that it's lonely. It's isolating. It gets polarized very fast, and we can't even work on a common good, because we're so polarized on our stuff. Until we feel that deeply, and that we understand what it means to share a river all the way from Butte to Idaho. In the hospital, we share the care of this woman and the baby, and we respect that sharing of that person. And we cooperate with that deep understanding of for the greater good of many people, and it's…I don't know. I hope we get there. The Hopis say we will.

DT: I guess that sort of goes back to your earlier comments about being separated from nature as well.

MSD: Um huh. When we learn the cost of separation, there's a really high cost answer. There's a high cost of separation. It's allover, you know? I'm the only one of my family that lives in Montana. I don't have my grandmother, my aunties here, and I'm separated from them, and from the family. I've developed my family here, and connections, but there's a cost to that separation. Not that I'm gonna move back to Ohio. I won't do that, but I just think we need to think about it. And in this book I was reading called *The Thirteen Clan Mothers*, and they were talking about how the separation world came into being because of the Victorian Age of where it was too much, and there were too many mores, and proper ways, and that people needed to break out of that. Like in India, the caste system, and that when a woman's husband died, she was to throw herself on his funeral pyre.

DT: (…inaudible…)

MSD: Yeah, and that that was – we needed to separate from that. That this set up system of caste, we needed to break that, and that was part of what the separation is about. But, now we're seeing that a mother in her room and the baby down in the nursery in a little plastic box separated by hallways and rooms and lights and noise and people, after they've been inside your body for nine months. It's pretty amazing separation. I think that's where the alien abduction stories come from.

DT: Do you?

MSD: I do. People remembering their birth, especially those that were forcepped. And, in the old days, you know, they would – the baby would be born, and they would hold it naked up by its ankles, and slap it around, and there'd be really bright surgical lights, and steel tables, because in those days, it was a labor room, then delivery room. And, when I hear those abduction stories, I'm like, 'Oh my God!' I mean, and think – when you think about a baby coming from the womb and then out, and then slapped around, an bright lights, and cold air, and then wrapped in a blanket, and then put under a heater like a chicken, and a bottle, and not…You know, anyway, it's just like 'Whoa.' That's pretty intense. When they draw like those

drawings of people, then they draw the aliens, it looks like the gown mask kind of, you know, face of the old time deliveries.

DT: I never even though of that.

MSD: It would look – it would seem like an alien abduction I think.

DT: Um huh. Robbie Davis-Floyd, Board of the Sociology…

MSD: Oh, I love her, yeah.

DT: She wrote a book several years ago called the *Cyborg Nation*.
MSD: Uh huh.

DT: Have you heard of it?

MSD: Oh, yes. Uh huh. Bonding and attaching to technology right off the bat – the plastic box.

DT: Um huh.

MSD: Uh huh. And the lights.

DT: You're taken from your mother during that…

MSD: Impressionable time. Imprinting happens.

DT: Um huh.

MSD: And babies are born invigorated. They're invigorated by the birth process. They're wide awake. And to think that they could be just casually tossed about and put in a box and stuff is so dishonoring to them. It stresses 'em out, cause they're just…they're so open.

DT: And ready to be nurtured.

MSD: Um huh. They're ready to nurse. They're ready to feel the heat of the mother's body from labor, the scent, the smells, the…it's just crucial really. It can happen in the hospital, it's just…they have to honor. It's that whole sensitivity training, about being connected to what it means to be that baby to be in 98.6 degree water constant, constant mother heartbeat. Then whoosh, bright, cold air. It's just so…whew, big for them.
DT: But, you know, the hospitals claim that they are making birth more natural, and you know, those pictures on the walls in the rooms now. They have, you know…

MSD: That's just visual though.

DT: (…inaudible…)

MSD: Oh, and they have oak veneer, as rocking chairs.

DT: (…inaudible…)

MSD: Some have. The certified nurse midwives out at Community have made that a softer, gentler place. I mean, they have dimmer switches on the lights. They won't rip the beds apart if you don't want them to. It used to be a woman's butt would be on the edge of the bed. The bed would be – the bottom would be torn off, and then it was down to the floor to a trash can, so you'd be pushing over a cliff really. I know that instinctually the mother would be worrying like, 'God, I hope they catch the baby, and it doesn't hit the floor, and into the trash can, cause it's just that cold linoleum, and the light is right down there on her crotch. But, those things are softening. They're softening stuff for labor, and they're honoring moms, although we're experiencing a backlash to natural childbirth, like 'That's just so stupid. Why should you need to go through all that pain?' They're belittling it now. But, I don't, I feel like we need a big revolution in newborn care, and honoring the baby, and really think about cutting that cord. When is it appropriate for that baby? Does the baby…? It should immediately, unless there's some extreme circumstance going on…should be right onto the mother's body. That's warmer. The mother is hot from birthing, much hotter than those lamp lights. They should be wrapped and the whole process should be honored for what it is. When I go into the hospital and I look at the newborn nursery, and there's these little babies, sometimes wrapped, sometimes unwrapped, in these plastic boxes with these heat lamps, and…how foreign that is to them. If we really think about where they came from, and the process they just went through. I…

DT: Do you think that that has long-term effects on their psyche? Do you think that…?

MSD: I do. I do. I think it creates stress right away, and that it's – can – turns into this unnamed, unknown stress, that I think it's hard to cure. I don't know that you can. I think it's like permanent really. I don't know that you, you know, you can kind of recognize it and deal with it, but I don't know that you can get rid of it.

DT: Do you think that affects society?

MSD: Oh, yeah. I really do. Maybe that's the lesson we really need about separation and disconnect, but once we disconnect like that at birth, because we – it's too painful and stressful. They do studies that newborns will turn it – tune out. In minutes they'll start tuning out because – what to do? That's a survival coping mechanism. How do we tune that back in? I don't know. I don't know that we can, I mean, other than good birthing, and honoring the mother and baby, and not let that happen, not let the tuning out happen.

DT: Um huh.

MSD: Yeah. It's curious for me with my babies, to leave them, for me to leave them for any length of time when they were really young, you might as well have chopped my arm off. I mean, that's how connected I was with them. It hurt my heart. I could not have left them like that. I think it's because that we weren't disrupted. My pregnancy wasn't disrupted. My births weren't disrupted. My early imprinting bonding – it wasn't disrupted. They were – we were clearly still part of one another.

DT: And that of course is the standard way of birth in most places in the world, even today.

MSD: Um huh.
DT: You know, most babies are, most births are attended by midwives.

MSD: Um huh.

DT: Babies stay with the mother.

MSD: Um huh. Well, in Holland, you know, there's - it's seventy percent have home births in Holland, and they have of – the less crime, less rape, you know, just better health care statistics. Gosh!

DT: And the obstetricians have to be trained by the midwives.

MSD: Um huh. And they have sensitivity training and the OB's are strictly for those high-risk cases that need them, and the others are left alone to…for their own way.

DT: Do you see something like that in the future for the U.S. ever?

MSD: Oh, no!

DT: How can we get there?

MSD: One woman at a time, one baby at a time, one birth at a time. And then it - and maybe it'll collect in a bigger way. I don't know. It's pretty hard, you know. I really think the next president of the United States should be a pregnant woman. Or Maya Angelou. I'd take either one. But, yeah, until we get changes like that, I don't know. You know, all the millions that they have—

[End of Tape 2, Side A]

[Tape 2, Side B]

MSD: —being kind. Just being kind to one another.

DT: So, what do you think is gonna happen with midwifery in the futurescape? Twenty years down the road, how do you see it?
MSD: Oh, we'll still be here, doing our thing. There'll still be women wanting home births and midwives, and…

DT: Um huh.

MSD: I just think we'll still be here.

DT: Has the practice of midwifery changed, in the last, you know, fifteen years? Has, has the clientele changed, have the numb birth numbers changed?

MSD: Not for me. It's pretty the same. I see midwifery, homebirth midwifery in general doing that whole professional, exclusive, elitist kind of thing, but I think it's just a phase, because there's still just the base, midwife base mama who wants to birth, and birth at home. There'll always be that. That's been – that'll be – that's been forever. And I don't think that'll ever change, even phases come and go. You know, I think for a while homebirth, just as in breast-feeding, was out of style, so there was a certain segment of the population who didn't do it because it was out of style, and I think it's all coming back into style now. Cindy Crawford had a homebirth, and…

DT: Brandy.

MSD: Brandy had a homebirth. It's in *People* magazine, so…I think it's coming back around, but I – there's always gonna be women and midwives. It's just the way of the world. It's just the way of women. Midwife means 'with woman.' And they'll always, we'll always be there. And women, I just think women instinctually will gravitate to a kind of birth – gentle, relaxing, kind of birth that they know is there somewhere.

DT: What kind of women have homebirths, and why do they do it, do you think?

MSD: Most women that I help, whether they're Christian, or Buddhist, or atheist, or whatever religion they might be, or not be – most of them are looking for a certain kind of environment where they control who's gonna be there. And it's in their home, on their own territory, and they don't feel threatened, and somehow some of 'em, other – either they've had an experience in the hospital with a tonsillectomy, or a mother dying in a hospital, or some kind of – a lot of 'em have had an experience with the hospital and the standard medical treatment that have triggered them into realizing they want control over who's gonna be there, what's gonna be done, and, and then it's not a battle plan. They don't need a birth plan, because it,

they're not going in for battle because no one's gonna be battling over their decisions on what they want. That's most of the reason why I see it, is somewhere they want that kind of control of what's gonna go on for them, and how that they can make that happen.

DT: And, and do you see people that come to you for purely financial considerations at all?

MSD: No, not really. Sometimes people will – that'll figure into their – what they want to do. But, normally not. You know, a homebirth isn't escaping anything. It's not taking less responsibility. You take more responsibility to have a homebirth, not less, cause you have to prepare and plan, and make it happen. So, I – usually if it's just purely financial reasons for people, once they get a hit of, like how much is involved, and that it is their birth, and they have to pull it off, they'd much rather try to get Medicaid and have a hospital birth on Medicaid. Which is fine. That's fine. If… you know, whatever. But…

DT: Could you share with us an experience that you had attending a birth that - it doesn't – not necessarily a negative birth, or but just talk about a birth that meant something very special to you that you could share with future generations?

MSD: Hmmm. Gosh! There's so many. It's hard to, it's hard to think about…which one?
DT: Pick a couple.

MSD: Pick a couple. Hmmm. Gosh! I'm trying to think of…they're all so special and sweet, it's really hard to…think of just one, or two or three that stand out. The birth of my son Kit was pretty amazing, as a laboring woman, and being a midwife at the same time, was really great.

DT: Oh, tell us about that.

MSD: Yeah. Let's see, my waters broke at five thirty in the morning after a really crazy dream that I woke up from, and just felt like I had to go to the bathroom, and then my waters broke there.I was still kind of in dream time when it all happened. Then, I decided I better get in the tub, or something, and that's what woke me up. But, actually, I was, really my waters had broken, and I was gonna give birth, and this baby was coming out, and you know, I was like, 'Oh! Okay. It's gonna happen' didn't go into labor for hours and hours and hours. I really had to figure out where wishful thinking lies, where my intuition was, and was wishful thinking clouding my intuition? Because I didn't know. Was I gonna start labor? Or was I not? If I didn't start labor, and my waters are broken, being a midwife, that would mean I would need to transport myself to the hospital and have pitocin, and that was not something I wanted. All day long I battled between my wishful thinking and my intuition. My intuition was telling me, 'It's gonna be okay. Your contraction patterns are at night. You just have to wait 'til the sun goes down, and your contractions will start. It'll be okay.' Then I heard another little voice that'd say, 'That's wishful thinking. No, you need to think about this better. You know, it may not happen. So you need to look at duh, duh, duh, duh, duh, duh…But, the sun went down, and my labor started, and I gave birth quickly. It was really okay, but it was this great adventure at the time,

of what I was gonna do, and how it was going to happen, and where did I trust myself, and how far was I willing to go, and how many heart tones did I need to listen to, and about how many times I needed to take my temperature, and…and think about all this other stuff that I know now, that I was a laboring woman at the time as well, but…it was wonderful.
DT: (…inaudible…) neat thing to be your own midwife.

MSD: Um huh. It was great to catch him and hold him there, look at him, welcome him. And he had a short cord, so I couldn't get him up around my neck, where I – that's what I really like, to get him around my neck and face. But we waited until the cord stopped pulsing, and my daughter cut the cord, and I held him tight and…it was great. All my – I love birth stories. You know, I have my own birth stories I've loved the best. Because they're my kids, but trying to think of other births.

In El Paso I lived with Hispanic women. And I have so much. I was at a birth there, and the mom came in with her fist closed and, I had thought it was a sign of tension. I didn't know what it was. And I couldn't really get her to open her fist. I didn't speak Spanish well at all. So I didn't quite have the language to help her open her fist. She just thrashed, thrashed, and thrashed all over the bed. The sheets were just all torn up, because she just thrashed all over. The plastic was getting lifted off the mattress, and, and just thrashing everywhere. Very dramatic. Very passionate, and, and we were all just like, 'Whoa!' awed by it. Thrashing, and her fist, and when she was about seven centimeters, when we could check her, when she sat still enough. She totally stopped and said, 'Pan dulce.' She wanted sweet bread. So we went and got her sweet bread – that fakey orange sweet bread from this Mexican bakery down the street. She ate it all up. No contractions at all while this went on, like a half an hour. And then she went right back into it, into labor. And started pushing within a half an hour. And pushed this baby out, and the first thing she did is opened her fist, and put in the fist of her baby, a, a saint Mary – not Saint Mary – a, a medal, a religious medal. It wouldn't be Saint Mary. What would it be?

DT: (…inaudible…) Our Virgin of Guadalupe?

MSD: Yeah, that's it. It was just the sweetest thing. She'd been holding that for the baby the whole labor to give to the baby right away after the birth. It was just so sweet. It felt like a ride. And a glimpse, and how precious to be there for her and witness her birth.
DT: I loved doing births with Mexican women. There's something so different about them. They just…

MSD: Um huh. They're just gorgeous, and…

DT: And accepting.

MSD: Birthing and accepting.

DT: And accepting of the whole process, most of 'em.

MSD: Um huh. Yeah. Depends on how Americanized they've gotten, but…

DT: Or how they got pregnant. Some of 'em aren't very accepting at all.

MSD: yeah, yeah. That can be hard, or their partners are drunks and…

DT: Um huh.

MSD: I have done another birth in El Paso where we had never seen the mother before, and it was night, and it was rainy. It was probably nine, nine o'clock at night, and it was dark and rainy, and…I was on duty and someone else was there too. A knock came at the door. And it was this ma'am alone, in big labor, and she didn't speak any English. And the bridge was closed, and she went over the barbed wire fences, over the train tracks, swam the Rio Grande, over more train tracks, over more barb wire fences, fell, broke her leg. She had a broken fibia, or tibula? I can't – one of those bones in the leg, and, and it was all misshapen, and she had to drag it. She had drag marks on her leg from what – she had drug herself to this clinic. She knew the clinic was there, and she was gonna get there. And she was ten centimeters by the time she got there.

DT: She was gonna have her baby in the U.S.
MSD: IN the U.S. That was her focus. That was her thought. She was alone and wet, and dark, and had a broken leg. She arrived and birthed her baby, and, and it was sweet and beautiful. She was crying and happy, and…but then she did need to go and get her – a cast. She had ended up needing pins and things in her leg. But she had it – a birth in the U.S. Had the birth certificate, and was *so* happy. She got to go to a U.S. hospital too for her leg. She and the baby stayed together, but…I think what determination! How easy we have it in the U.S. really.

DT: Um huh. So, I know you just got a phone call and you have to go.

MSD: Yeah.

DT: But, I'd like to ask you to think about what you would like to say to people listening to this tape or reading the transcript of this tape in twenty years about your experiences as a midwife and what you hope for the future of health care, and maternal child care? What do you hope the future looks like?

MSD: Well, first of all, they really need to stay connected to themselves and their own internal healing process, however that is and demand that in their health care providers. That if they take charge of that, and keep finding a health care provider who will work in collaboration with them, and cooperation, I think it'll make the whole world a better place. The more they're connected into themselves, and connected with their children, and connected with their community, the better the world will be, just in general, for themselves at that time. Even if

people around them are disconnected, just keep trying to connect with them, cause it is a human need. It is a human process. It's very human to want to connect, and it's always worth trying. And really, that's – I feel like that's what we're here to do anyway. It's what life on earth is about, is connecting. The air we breathe makes a difference. The food we eat, the births we attend, the…whether we…how we take care of our children makes a long, lasting impact on them.

DT: Thank you.

MSD: Yeah. You're welcome.

[End of Interview]