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Women who ‘made things right’: Midwife-Healers in Canadian Mennonite Communities of the Past¹

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Introduction

Aganetha Reimer, born in 1863, was a community midwife in Steinbach, Manitoba until 1938 when, after a hospital was built, her career gradually came to an end. She had taken a three-week course in birthing and the use of home remedies from a Minnesota woman, who was summoned to Manitoba in the late 19th century when the need for a midwife amongst the new immigrants was felt “very badly.” Aganetha assisted at the delivery of close to 700 babies, in one case attending a birth only three days after giving birth herself. She also performed the function of undertaker, bathing and clothing the bodies of the dead, and helping to arrange their coffins.²

Sarah Dekker was born in 1878 in a German-Mennonite village in South Russia (present-day Ukraine). She married David Thielman in 1911, and they moved to a settlement called Barnaul in Siberia. They moved to Canada in 1929, in the final year of a significant migration that saw about 21,000 Russian Mennonites re-establish themselves mainly in Ontario and the prairie provinces. The Thielmans settled first at Glenbush, Saskatchewan – about 200 kilometers (125 miles) northwest of Saskatoon – then moved to Beamsville, Ontario, near St. Catharines, in 1941. In the early years of the 20th century, Sarah had gone to St. Petersburg to be trained as a midwife and in 1909, still a single woman, she began recording the births at which she assisted in a midwife’s journal, a carefully hand-written document in German gothic script.³

When the journal entries end in 1941, Sarah had assisted at 1,450 births, or at least these were the ones recorded. After moving to Ontario, she ceased her labor as a midwife but continued offering her chiropractic and other healing skills to the local community.⁴ As a multi-faceted healthcare provider, Sarah was sometimes referred to as a *zurechtmacherin*, meaning

“one who puts things back” or “makes things right” – hence the title of this lecture.⁵

Yet another such midwife-healer, and indeed spiritual leader, was Barbara Bowman Shuh, born in 1857, an Ontario woman who exercised her gifts and abilities in both sanctioned and unconventional spheres of activity. Not only was Barbara the first chairwoman of the sewing circle organized at Berlin Mennonite Church in 1908, and a cheese-maker, she was also well-known as a midwife and one who had inherited the gift of charming, a traditional spiritual healing art, which she used primarily to treat bleeding, burns, and scalds.⁶

For most of human history, women have given birth in their own homes, either alone, or assisted by family members or neighbors, by lay or professional midwives, or by trained doctors. In Canada, homebirths predominated until just before the Second World War. Prior to the hospitalization and medicalization of childbirth, a process documented by Wendy Mitchinson in her history *Giving Birth in Canada*, the community midwife was a central figure in the lives and households of women giving birth.⁷ Even while the “decline” of midwifery in Canada was occurring in the first half of the 20th century, midwives in rural and ethnic communities continued to fulfill this function somewhat longer. For some immigrant and culturally distinct groups, Mennonites included, the practices and functions of community midwives were among a range of beliefs and traditions that were maintained through the process of leaving the homeland for new horizons.

Maintaining “old country” practices of midwife-assisted births once in Canada – and indeed in the Russian Empire and in Latin America, for instance – helped groups like the Mennonites conserve an important sense of group and cultural identity. For Mennonites who emigrated from Pennsylvania to Upper Canada beginning in the late 18th century, for those who arrived from the Russian Empire near the end of the 19th century and from the Soviet Union beginning in the 1920s, and for those who established settlements in Mexico and Latin America, the community midwife served multiple purposes. Not only did she assist at numerous births when hospital deliveries and physicians were rare or inaccessible, she also provided a wide range of essential healthcare services crucial to individuals and

families experiencing the trauma of uprooting and the challenges of rural settlement.

The fact that midwives were fairly plentiful and midwife-assisted childbirth common amongst Mennonites perhaps longer than in the general population relates to a number of factors: their rural isolation, their strong kinship relationships, their desire for separation from non-Mennonite services and institutions, and their preference for healthcare providers who shared their language, religion, and cultural ethos.

But it also may well have related to the sheer number of births that took place in Mennonite households. Until about the 1970s, Mennonite birth rates were 40 to 50 per cent higher than national rates in North America, at which point they began to decline to meet societal averages.⁸ Mennonite women, especially those who were rural immigrants, sustained pregnancy and childbirth in numbers that are amazing for most 21st-century women to consider. For instance, Barbara Schultz Oesch, an Amish Mennonite woman who migrated directly from Europe to Wilmot Township, Upper Canada in 1824, gave birth to 18 children, 15 of them in Canada, and still outlived her husband by 30 years.⁹ In at least 64 of the births attended by Sarah Dekker Thielman, the mother had already delivered 10 or more babies.¹⁰

Large families seemed especially common amongst Mennonites who migrated from Russia to Manitoba in the late 19th century, the so-called Kanadier Mennonites; indeed birthrates seem to have increased after migration. Judith Klassen Neufeld, the youngest in a family of 15 children, was five years old when she immigrated and would herself bear 10 children over 19 years. Maria Stoesz Klassen bore 16 children, 12 of whom were girls, and immigrant midwife Maria Reimer Unger bore 13 children. Such birthrates surely kept the local midwives busy.

Midwives in Earlier Eras

The story of Mennonite midwifery does not begin, or end, in Canada. Bits of research evidence tell us that the midwife may have held crucial religious functions within Anabaptist communities of the 16th century. William Klassen and Walter Klaassen, in their recent book on Pilgram Marpeck, point out that there were a “large number” of midwives among the Anabaptists in Strasbourg and Augsburg, including possibly Marpeck’s wife Anna.¹¹

Because they opposed infant baptism as unscriptural, Anabaptist midwives were accused of not baptizing newborn children in danger of dying, as birth attendants were allowed to do at the time. Within this clandestine and subversive community, the desire to use the services of midwives who shared the Anabaptists’ faith was based on their need for assurance that the attending midwife would not conduct an emergency baptism on a sickly newborn child. One example is Elsbeth Hersberger, imprisoned for her Anabaptist beliefs several times in the 1530s, who reportedly “influenced numerous parents not to have their children baptized.”¹²

The tradition of community midwifery continued as Mennonites, in this case the Dutch-Russian variety, made their way from Prussia/Poland to Russia. Wilhelmina Ratzlaff, born in 1854, was a trained midwife who delivered many babies in the Wymyschle area of Poland and had 12 children of her own.¹³ Another Prussian midwife was Justina Schulz Harder, who died in 1856, and about whom her son Abraham wrote: “My mother had been a very busy woman. Her hands had never lain idle in her lap. She had served as midwife in the community. She had made many a herb tea from different plants for sick people. We did not have doctors in those days as we have now. On winter evenings when she was knitting or sewing, I had to read to her out of a doctor’s book or health book.”¹⁴

While there are limited available sources on the practice of midwifery among Mennonites in 19th-century Russia, one historian has concluded that childbirth was the domain of the midwife, not male doctors. That community midwives may have been quite plentiful within the Mennonite settlements of south Russia is implied in the diary of one Mennonite church leader whose wife was assisted by four different midwives for five births in an 11-year period.¹⁵ And in the numerous family and settlement histories that give account of the Russian Mennonite story, brief mentions of midwife-assisted births are common, though frequently offering little more than a name, if that. Given the tumultuous events of the early 20th century in the Russian empire and then Soviet Union that brought crisis to Mennonite families and settlements, midwives on occasion found themselves in circumstances they would never face in Canada. Susanna Epp, trained as a midwife in Prussia in 1906, traveled with four armed men when she was summoned to assist women in labor during the years of revolution, civil war, and anarchy



that followed. In one case, Makhnovite anarchists threatened to shoot her if she did not assist at a difficult birth or if the mother died. Susanna (in photo at left) insisted that a witness be present, and, although the child was stillborn, she was able to save the mother. Apparently, the Makhnovites then gave her a letter which allowed her to travel unhindered. Susanna immigrated to Canada in 1924 where she “had plenty to do in the nursing field.”¹⁶

Skill and Training

One of the significant questions of debate surrounding the history of midwifery revolves around the level of training and skill held by women who “caught babies.” Because birth itself was viewed as a natural activity, and because some midwives were self-trained or informally trained, the skill required to properly assist a woman in labor has also been viewed as natural, something that every woman surely carried inside herself. This kind of essentialist thinking contributed to the predominant portrayal of midwives as women who had given birth themselves, had obtained their childbirth knowledge informally through experience or as apprentices, and had assisted at a relatively small number of childbirths throughout their lifetime, mainly within their own neighborhood of family and friends. Hence, the term “neighbor” midwife was often used. Certainly self-trained or informally trained “neighbor,” “lay,” or “traditional”¹⁷ midwives were present and utilized in Mennonite communities, especially in the earliest years of settlement in remote places. For instance, in the Menno Colony established in central Paraguay in 1929, women who knew about birth and “had enough courage” qualified as midwives. If they developed the special skill of “turning” a baby in the womb for a cephalic presentation, they were especially valued.¹⁸

Yet the career of Sarah Dekker Thielman (in photo at right), like that of some other Mennonite midwives, reveals that professional training and skill in childbirth procedures were common, even within 19th and early 20th-century immigrant communities in Canada. In Sarah’s case, she left home as a single young woman in the first decade of the 20th century to obtain midwifery training in St. Petersburg, several thousand kilometers from her family. Katherina Born Thiessen



(below), born in 1842 in South Russia, studied midwifery, bone-setting, and naturopathy in Prussia in about 1860, also studying to “catch babies” well before she bore any of her own. After immigrating to Manitoba in the 1880s, she sought further medical training in Cincinnati, Ohio. Eventually, an expanded medical practice and



newly-built house included a reception area, pharmacy, operating room, and overnight rooms for her patients.¹⁹ Elizabeth Harder Harms, after training for two years in the city of Riga, was certified in 1912 and the next year was hired to be the official village midwife in the Mennonite village of Schoenfeld in Russia. When Elizabeth immigrated with her husband to Canada in 1925, she continued to practice community midwifery, although her husband did not consider it proper for her to work in a hospital when she was offered such a job.²⁰

While some women were certified in public institutions far from home, others obtained their skills in health care centers established by Mennonites. Marie Braun emigrated from the Soviet Union to Kitchener, Ontario with her parents in 1924, finding work in a shirt factory but also delivering babies in people’s homes. She had trained as a nurse-midwife at



the Morija Deaconess Home in Neu-Halbstadt – in the Russian Mennonite settlement of Molotschna – which opened in 1909. Also trained at Morija (at left) was Kathe Neumann, who arrived in Canada in 1948 with her sister and the five children of their brother who had died in a Soviet labor camp with his wife.

She was addressed as Sister Kathe and wore a uniform consisting of a starched white head covering and apron and black dress, a garb she wore even to church in British Columbia, a habit that her niece found very odd but undoubtedly reinforced Kathe’s professional stature, for herself and for others.²¹

Training also occurred in non-institutional ways. The 1870s Mennonite settlers in Manitoba brought a midwife from a Mennonite community in Minnesota to provide a few weeks of training to several Canadian women. Selma Schwartztruber, of the East Zorra Mennonite Church community in Ontario, took the Chicago Home Nurse’s Course by correspondence and then, to quote historian Lorraine Roth, “helped in various homes at the birth of a baby.”²² Margarete Dueck apprenticed as a nurse-midwife with a Mennonite doctor in Russia, then immigrated to Winnipeg with her family in 1927. She initially earned money doing housework, but according to her obituary “had no satisfaction” at this labor, and so spent the next decade working as a nurse and midwife in Africa and South America.²³ Helena Klassen Eidse, only 13 years old, began to assist at deliveries when a local physician enlisted her as an interpreter when he was called to German-speaking Mennonite homes in Manitoba. Gradually he trained her in the basics of medical care, and she went on to a 63-year career as a midwife, chiropractor, nurse, and undertaker.²⁴ Barbara Zehr Schultz, an Ontario Amish Mennonite woman, learned midwifery from her grandfather, who trained as a medical practitioner in France before immigrating to Canada in the 1830s.²⁵

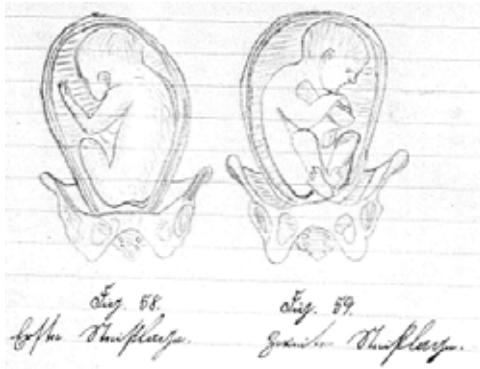
The few personal archival collections of women who worked as midwives include medical textbooks, obstetrical manuals, and more general

books of medical knowledge, further evidence that they sought out technical knowledge beyond the personally experiential or what was obtained through apprenticeships. Sarah Dekker Thielman’s midwife journal is one example. The contents of midwives’ medical bags also point to a profession with standard tools of the trade. For example, Helena Klassen Eidse’s brown leather medical bag contained such items as pills for fever, liquid medicine to stop hemorrhaging, scissors and ties for the umbilical cord, needle and thread, olive oil for greasing the birth passage, rubbing alcohol, and non-childbirth related medical items.²⁶

Furthermore, the sheer number of births at which some Mennonite midwives assisted confirms that for these women, midwifery was a career and not just an occasional act of caring volunteerism for a neighbor and relative. At least one historian’s conclusion about the small practices of immigrant midwives²⁷ does not hold true for all Mennonite baby-catchers, some of whom had very prolific careers: Sarah Thielman, who delivered over 1,400 infants in a 32-year period; Anna Toews, who delivered 942 babies; Aganetha Reimer, who assisted at close to 700 births; and others. A midwife who caught about 1,000 babies in a 25-year career would have averaged 40 births per year, a significant number when one thinks of the rural distances and challenging weather conditions of Canada.

Even those midwives who were formally trained and recognized for their skills were for the most part willing to work cooperatively with physicians to ensure the best possible outcome for both mother and infant. The historical and contemporary literature on midwifery often assumes a dynamic of hostility between midwife and physician. Many early investigations emphasized turf wars in which midwives and medical school-educated physicians each tried to claim their superior skill in assisting a woman in childbirth. More recent studies, however, suggest that the dynamic between midwives and doctors was more complex, more variable, and was at times mutually beneficial when it came to maximizing support for women in childbirth.²⁸ In sparsely settled rural areas, there may have been more of an alliance between midwives and doctors, as both tried to serve families with high fertility rates across large distances.

For instance, Sarah Dekker Thielman, an experienced and highly trained practitioner, called for the assistance of a physician at difficult births



on a few occasions, though judging from her journal (source of drawings at left) it was more likely that a second midwife would arrive to assist. Within the thirty pages of “teaching material” that precedes Sarah’s journal of birth records are notes describing birthing complications that require the involvement of a doctor; a section titled “When is a Physician

Needed?” lists thirteen complications that range from “Persistent vomiting during pregnancy” to “Every miscarriage with bleeding . . .” to “Chills during the postpartum period.”²⁹ Furthermore, in the often cooperative relationship between midwife and physician, it was also true that physicians on occasion summoned midwives for assistance. For example, about Manitoba midwife Katherina Born Thiessen it has been said that “doctors called her to help with baby deliveries when they were desperate.”³⁰ If there were at times clashes of authority, experience (and gender) between midwife and physician, there were also numerous relationships of reciprocity and exchange of skill.

Although many midwives had professional training and viewed their work as a career or vocation, few were motivated by the income that resulted from their work. Though not a lucrative career by any means, the meager earnings that a midwife brought into her household made life slightly less difficult for Mennonite families, some of whom could just

barely sustain themselves, whether they were early pioneers or survivors of the Depression. Some midwives were satisfied with payment in the form of chickens, garden produce, or a sack of flour, especially during hard economic times, while others had set fees. Many were likely willing to take whatever was offered, while the “neighbor” midwife or relative might expect nothing at all. Helena Klassen Eidse (at left) initially charged 25 cents per delivery,



but in later years that sum rose to two dollars. Recalling that some people were indignant when she charged money for her services, apparently Helena had remarked that it seemed “babies aren’t worth salt on an egg.”³¹ Agatha Schellenberg, a well-reputed midwife in rural Saskatchewan in the 1930s, didn’t charge a specific amount but took what was offered. One family paid her 6, 8, and 7 dollars respectively for three of their children, probably what they were able to pay in each case.³²

Regardless of how much they were paid, midwives spent a considerable amount of time with their “patients” both before and after the birth, and saw their role as greater than only the delivery of babies. Katherina Hiebert regularly brought bedding, baby clothes, and food along to deliveries.³³ The services of Aganetha Reimer (at right) included baking biscuits and making chicken noodle soup.³⁴ Midwives also offered women knowledge about non-medicinal methods to deal with the harsh effects on their bodies of almost constant childbirth: this included such things as chamomile tea to ease cracked nipples during breastfeeding, and rubbing pig fat on bellies and legs to “loosen everything” in anticipation of labor.³⁵



That a midwifery and healing practice was a full-time occupation for many of these women meant that gender roles in some families were inevitably unsettled. The daughter of Maria Reimer Unger, midwife in early 20th-century Manitoba, recalled that her mother’s midwifery career meant their father took a more active role in childcare than most fathers: “Quite often he would take her to a place for such an event during the night, come back home, and in the morning start breakfast for us and get things going.”³⁶ Midwife Anna Toews regularly drove their Model T car because her husband Peter was reportedly “too nervous to drive” and so was always seen in the passenger seat. But she relied on him to crank-start the car, and so he often accompanied her on her midwife visits just to do that.³⁷ Midwives were also known to scold husbands for inappropriate behavior. In

his small manual of sex education, minister Jacob H. Janzen describes how one Mennonite midwife chastized a husband for his weakness and desire to flee the birthing room, reminding him that he had been readily there for the first part – conception – and now must be there for the end as well.³⁸

Not unlike what was experienced by the families of church ministers, the families of midwives coped with the ramifications of a parent's demanding career and with the frequent and sudden disruptions to family life that occurred when mother was called away to "catch" a baby. Margaretha Enns's daughters expressed some resentment toward the extra household duties they had because of their mother's work: "The family often felt that everything revolved around their mother's career; family birthdays and Christmas gatherings were frequently interrupted when she was called away. Relatives who attended these gatherings recall her being summoned while she was in the midst of distributing Christmas gifts and homemade fudge to the grandchildren. She would drop everything, pick up her brown bag, and leave on her mission."³⁹

Multi-Faceted Roles

Birthing was often the primary, but rarely the only, health service offered by women described as midwives, many of whom had learned the healing arts in their country of origin. With trained medical personnel virtually non-existent in early rural immigrant communities, and hospitals and doctors many kilometers away, the midwife was often "the most important medical person in the community."⁴⁰ Sarah Dekker Thielman, in the midst of an obviously very busy midwifery practice, was called on for many treatments other than assisting at childbirth. Her great-niece recalled that "When there was an injury, sprain, or sore back, we drove to [see] Tante Sarah who performed chiropractic, massage therapy and midwifery. She had wonderfully warm hands. Her eyes were keen and very observant."⁴¹ Her grand-daughter recalled that cars were often lined up in the driveway with people waiting to see Sarah at her Ontario home.⁴² The descriptor of Sarah as one who "makes things right" is similar to the name given to some aboriginal midwives who were referred to, not as midwives, but as women "who can do everything."⁴³ "Handywoman" was another label for the midwife-healer.

Mennonite women who "made things right" included Agnes Meyer

Hunsberger, mother of 14 and emigrant from Pennsylvania to Ontario in 1800, who was “remarkably gifted in the healing art” and “answered all calls as physician or nurse.” According to a family genealogy of 1896, she visited the sick on her “favorite chestnut mare, a most intelligent beast [that] carried her safely through the wilderness at all hours of day or night on her errands of mercy.”⁴⁴ Marie Nickel Neufeld, who immigrated from South Dakota to rural Saskatchewan in 1893 and was mother to 13 children, carried the “double role of doctor and nurse” and was called “near and far” to alleviate suffering.⁴⁵ Women sometimes began their practices by assisting at childbirth, but once their skills and acumen were verified, people would seek them out for other services, such as pulling teeth, tending to injuries, and offering advice and treatment for various maladies that included stomach ailments, headaches, irregularity, and nervous disorders, for instance. Bone-setting, a precursor of 20th-century chiropractic, in particular, was a common accompaniment to a midwifery practice. Amongst Ontario Swiss or Amish Mennonite women, the historic European practice of charming – also called “pow-powing” or *braucherei* – was utilized as a healing art, alongside the practice of baby-catching.

Another example of multi-functionality is Katherina Hiebert (in photo at right), who became possibly the first midwife to serve the pioneer women of southern Manitoba after emigrating from Russia in 1875. She was known to roam the woods and meadows collecting “Swedish bitters, chamomile, and thyme”⁴⁶ for her medicines, and was mainly self-taught, ordering medical books from Germany and the United States as well as receiving advice from aboriginal women. Her daughter recalled that “She was always away, day and night, summer and winter, tending the sick.”⁴⁷ Elizabeth Harder Harms found herself providing a wide array



of medical care when she moved to the immigrant community of Yarrow, British Columbia in the early 1930s. She mixed her own pharmaceutical compounds, and created a successful remedy to treat a unique infection under the fingernails caused by the strong cleaning solutions that plagued

Mennonite women working as domestic help in Vancouver.⁴⁸

In addition to their varied expertise and services in providing health care, midwives quite often held another important function, that of undertaker, which might include certifying deaths and, especially, preparing bodies for burial. Anganetha Dyck Bergen was a Saskatchewan immigrant woman who had no formal training but wore the hat of nurse, midwife, and undertaker as needed in her rural community; the latter task involved confirming a death, and cleaning, dressing, and preparing bodies for burial.⁴⁹

In the Mennonite settlement at Yarrow, British Columbia, it was “customary for midwives . . . to prepare the bodies for burial, which included closing the eyes and tying a scarf under the chin to keep the mouth closed. This had to be done immediately, before rigor mortis set in. They washed the body with alcohol to clean the skin and prevent an odour, then packed the body in ice.”⁵⁰ Midwives would then dress the bodies in clothing chosen by the family. It was precisely their versatility in healing services, and their knowledge of the body, that made midwives well-suited to deal with the duties of death. In reflecting on Aganetha Reimer’s life, her grandson commented: “It seems entirely fitting to me that in pioneer times the local midwife usually served also as an unofficial, behind-the-scenes undertaker. Who would understand better than a midwife that the squirming, squalling new human emerging so eagerly from the womb must someday end in the marble dignity of the dead, all care, woes and fleeting joys gone forever.”⁵¹



Other examples of a combined vocation include Elisabeth Rempel Reimer, described as “midwife, nurse, and undertaker.” She also had a fur coat and hat-making business in Russia prior to coming to Canada.⁵² Anna Martens (in photo at left), midwife in rural Saskatchewan at the turn of the century, helped birth 280 babies during her career, but she also prepared bodies for burial, and maintained a garden of medicinal herbs which she would harvest and dispense for the community.⁵³ The roles that women played as undertakers in early settlement communities in Canada

were replicated when certain groups of Mennonites migrated to central and South America in the first half of the 20th century. In those regions, female predominance over burial preparations continued throughout the century. One woman recalled that the customs followed in the 1920s in Manitoba were almost identical to those maintained in Paraguay in 1980.⁵⁴

The practical linkage of birth and death in the varied skills of midwife-undertakers arose not only from questions of expediency and sensibility: the midwife as healer already possessed the supplies and physiological knowledge useful for both functions. The collapsing of vocational roles also made explicit, in a kind of pre-modern sense, the close life-cycle ties between birth and death. Writing about 18th-century France, historian Jacques Gélis observed that midwives were called to assist at births and also to attend to the laying out of the dead: “By presiding at births and preparing people for their last journey, the midwife held both ends of the thread of life,” he noted.⁵⁵ These connections reinforce the crucial role that Anabaptist midwives played at a bedside where birth and death were meeting face to face.

The vocational linkage also indicated the very real possibility of death – for either mother or infant – in childbirth. In eras and geographic locales where hospitals or other medical help were distant, “the midwife alone stood between life and death.”⁵⁶ Prior to the Second World War, maternal mortality rates in Canada were high and childbirth-related death was second only to tuberculosis as the cause of female deaths. The fear of death in childbirth was heightened in rural, isolated areas, where assistance by either midwife or physician, or both, was far away.

Cottage Hospitals

By the late 1930s and onwards, hospital births became more and more common. The shift from home to hospital for childbirth during the first half of the 20th century was dramatic; in 1926, 17.8 per cent of Canadian births occurred in hospitals, while in 1950 that percentage increased to 76.⁵⁷ Amongst some Mennonites, for instance, Tina Schulz’s eighth and last child was the first to be born in a hospital in 1937 in Manitoba, as was Elizabeth Klippenstein’s tenth child in Saskatchewan.⁵⁸ Anna Barkman’s last of fourteen children was the first born in a hospital in 1931.⁵⁹ Margaret

Sawatzky remarked that as her family grew, going to the hospital to give birth was preferable, since taking six or eight children away from home during the birth was increasingly problematic.⁶⁰

The increased medicalization of healthcare, as well as the greater accessibility of hospital care and physicians, meant the end of a career for many midwives. When Steinbach, Manitoba's hospital opened in 1938, Aganetha Reimer's local career as a midwife began gradually to see its end.⁶¹ Catherine Wagler Lichty, a midwife in Ontario in the 1920s and '30s, made a point of being at the home of a new mother when she and the infant returned from the hospital, even though she stopped attending the actual births herself.⁶²

In the midst of the overall trend towards hospital births through the 20th century, some aberrations to this direction did occur. For instance, in the transition between home births assisted by midwives and physician-attended hospital births, some communities established birthing homes, sometimes referred to as "cottage hospitals," that had the function of creating a setting away from home in which women could give birth. The cottage hospital was also a concession to modern trends while still maintaining some Mennonite boundaries.

In Gretna, Manitoba, sisters Helen and Sarah Heinrichs ran such a home, while ten kilometers away in Altona the Nickel sisters offered such a service.⁶³ In Waterloo, Ontario, Justina Goetz presided as midwife at a birthing home.⁶⁴

In 1928 a group of Mennonites in north Winnipeg decided to open a five-bed maternity hospital specifically to service a new neighborhood of Mennonite settlers, a project initially directed by two sisters, Sara and Tina Koop, hired because, as the hospital's history says, they were willing to take relatively low rates of remuneration.⁶⁵ Sara was trained as a nurse-midwife in the Morija Deaconess Home in south Russia, then continued that labor in rural Saskatchewan after her family immigrated in 1924. In later years, from 1941 until 1954, the two sisters operated a birthing home in Vineland, Ontario, where 732 babies were born. The sisters spent their first months in Ontario in waged jobs in order to renovate and furnish the nine-room house. While Sara was responsible for healthcare at the home, Tina looked after the significant labor of laundry and meals. While the home was run

by the Koops, physicians were called to preside at the births, though Sara reportedly resisted summoning a physician any earlier than necessary in order that he not be required to wait around. When the home closed in the mid-1950s, it was not for lack of women who may have wanted to give birth there but rather because the Koop sisters wanted to retire.⁶⁶

Mennonite Particularity

One reason for the establishment of these birthing homes in towns and cities may have been that they represented a compromise between modernization and Mennonite particularity. While technical training and skill on the part of midwives were important in Mennonite settlement communities, ethno-religious identity was also (perhaps equally) valued. The importance of ethnic commonality between midwife and woman in labor, pointed out by a few scholars of immigration in North America, seems very true for the Mennonites as well. A survey of the birth records in Sarah Dekker Thielman’s journal quickly reveals a large majority of ethnic Mennonite names, though it is interesting that non-Mennonite names are more prevalent in the Canadian setting than in the Siberian locale.⁶⁷ A profile of midwife-healer Katherina Born Thiessen notes that even after some local physicians sought a court order to prevent her from providing healthcare services because she didn’t have a medical license, Mennonites continued to seek her expertise “because they trusted her and she spoke their language, Low German.”⁶⁸

The sister to Sara and Tina Koop – the women who operated birthing homes in Winnipeg and Vineland – recalled that a major reason for establishing the homes was in order for Mennonite women to give birth “amongst their own,” where language was shared, and because they were poor.⁶⁹ Other cultural signifiers shared by a midwife and the woman in labor would have included a common knowledge of kinship relationships and collective memory of immigrant and settlement experiences. A midwife who shared the mother’s ethnicity would have known exactly how to prepare the foods that would comfort and nourish the woman and her family in the aftermath of birth, as well as particular cultural and religious norms and sensibilities that influenced how one expressed the physical pain and extremes of emotion that inevitably accompany childbirth.

For some midwives, especially those who considered their activity

to be a lifetime career, their work took on religious dimensions as they considered themselves engaged in a kind of “ministry.” Like certain African-American “granny midwives,”⁷⁰ some Mennonite midwives felt a religious calling. While Mennonite midwife-healers did not constitute the kind of identifiable religious order of nursing that has been profiled elsewhere – though some were in fact trained as deaconesses in Russia – neither were they strictly lay caregivers, since within Mennonite communities the lines between “religious” and “lay” were blurred, if they existed at all.⁷¹ The midwife thus often functioned as a spiritual caregiver as well, especially when the presence of a male minister – a man of any kind – was considered inappropriate in the birthing room.

Simple historic references point to this: for instance, Margareta Neufeld Thiessen attended to the “spiritual and physical needs” of residents of the village of Klippenfeld in Russia. At one occasion, she was called to a woman’s bedside and, while dealing with her physical needs, also responded to the woman’s anxiety over personal salvation and reportedly left her in peace.⁷² One woman recalled that the midwife who attended her prayed throughout the entire birth process: “. . . and once the baby was born, she knelt down beside the bed and thanked God for being with us and that the baby had come into the world, and that child and mother were alive.”⁷³ That a certain common spiritual demeanor was required of both midwife and undertaker is implied, though not stated explicitly, in the following description of Barbara Shuh: “In her role as a mid-wife ministering at the birth of a child she rejoiced with the family. When the death of a loved one in the home was imminent, Barbara . . . without hesitation, joined the family in their walk through the valley of sorrow.”⁷⁴ Barbara’s role as community midwife clearly carried religious significance as well, whether she was charming away a malady, assisting a woman in childbirth, or attending at a deathbed.

Mennonite rurality – which for the majority persisted until after the mid-20th century – also enhanced the midwife’s role within this particular community. One chronicler of Mennonite funeral practices in pioneer settings observed that in villages with less than 500 people, the only professional care for the sick and dying was a “self-trained midwife.”⁷⁵ Pelee Island in Lake Erie, where several dozen Mennonite families sharecropped tobacco

beginning in the late 1920s, was one community that relied on several midwives for healthcare, especially during the long winter months when access to the mainland was limited or impossible. My own mother was born on the island with the assistance of Anna Wiebe, who trained as a nurse in Russia and served the islanders for 25 years.⁷⁶ Similarly, when a small group of Mennonites established a remote settlement at Reesor in northern Ontario in 1925, the nearest hospital was in the town of Hearst, 27 miles away and accessible only by a daily train. And, since the “main support needed was at the time of birthing,” the small immigrant group soon looked to women within their own community to serve as midwives. One of these was Frieda Isaak, who had prior midwifery experience in Ukraine, and whose first delivery in Reesor was a set of twins born after a very difficult labor. Isaak, who was called an “angel of mercy,” traveled on skis or with dog and sled with supplies on her back when called to a childbirth during the long winters of northern Ontario.⁷⁷

While the midwifery skills of Mennonite women contributed to ethnic cohesion within their own religious communities – indeed were crucial to the existence of separatist communities – and thus helped to maintain definitional and identity boundaries for the Mennonites, such skills also drew them outside of those boundaries towards interaction with their neighbors. Sarah Dekker Thielman’s obituary notes that one highlight of her midwifery career in Siberia was being able to assist Russians, Kyrgyzstanis, and other peoples of the region.⁷⁸ In Canada, Katharina Hiebert offered her services to French, English, and possibly Métis women, as did midwife Anna Toews.⁷⁹ The immigrant midwife thus nurtured ethnic stability amongst her own people, and offered continuity of custom and tradition through the immigrant experience, but she also created a context for positive interactions and relationships to develop with non-Mennonite neighbors in Canada. Midwives helped to maintain ethnic and religious homogeneity in the birthing room but, significantly, they also served as conduits to the outside world.

Given the important position that midwives held in Mennonite communities, it is perhaps not surprising that it was a Mennonite midwife who led the way in moving a revitalized midwifery profession towards recognition and licensing in Ontario in the early 1990s. Elsie Cressman,

now retired in New Hamburg, has been described as “the woman who pioneered the field of midwifery in Canada,” at least in the modern era.⁸⁰ After obtaining a nursing degree in Kitchener, she spent close to 25 years in Africa under the auspices of a Mennonite missions agency, where she caught hundreds of babies. After formal midwifery training in England, Elsie returned to Canada, where she discovered a strong desire for home births among the Old Order communities in Waterloo region, a wish that was also growing in the general population. At that point, she basically “hung out her shingle” and let it be known she was trained and prepared to offer women midwife-assisted births at home. By now, hundreds of women have followed in her footsteps and are working as professional midwives in the province.

Conclusion

According to her 1968 obituary, Sarah Dekker Thielman suffered from depression in the last years of her life. Written by “The Leftbehind Ones,” presumably her family, the brief article in the *Mennonitische Rundschau* says that “During this time, the Lord revealed to her the futility of life, and how unfit she was for the heavenly life.”⁸¹ What a sad testament to a woman who had helped to bring into the world so many new lives, and whose professional skills and presence had been anything but of futile value to communities in Siberia, Saskatchewan, and Ontario. One of Sarah’s nieces, reflecting on the inadequate credit given to her aunt compared to her uncle, said that “it always seemed to me that [being a preacher] was recognized as being more important, and given more recognition than the healing and midwifery of a quiet wise healer that was Tante Sarah.”⁸²

Well, I believe Sarah was quite fit for life in heaven and on earth. As an immigrant woman, she contributed to the shaping of Canada by helping rural and culturally distinct women to give birth with a little less fear of the difficulties and isolation that was their daily existence. Further exploration of the life and work of Sarah Dekker Thielman, and other women who “made things right,” will add more to our historic understanding of midwifery as a complex assemblage of labor skills, shaped in particular by the degree of training acquired, the location of activity, and the ethnicity and other cultural identifiers of the practitioner.

While midwife-healers have received scant attention in studies of settlement processes or immigrant community identity, one might surmise that, in the context of groups that chose geographic isolation, a significant degree of ethnic separation, and self-reliance at many levels, the multi-faceted services offered by these women were crucial to the well-being of households and ethnic communities. The professionally and informally trained Mennonite midwife offered a Mennonite woman in labor both the confidence that her birthing assistant was knowledgeable in the techniques of childbirth – including the complications that could arise – and the comfort that a kindred spirit in culture, historical sojourn, and religious sensibility could readily offer.

Notes

¹ Portions of this lecture have appeared or are forthcoming in the following publications: “Midwife-Healers in Canadian Mennonite Immigrant Communities: Women who ‘made things right,’” *Histoire Sociale/Social History* 80 (November 2007): 323-44; *Mennonite Women in Canada: A History* (Winnipeg: University of Manitoba Press, 2008), chapter 2; “Catching Babies and Delivering the Dead: Midwives and Undertakers in Mennonite Settlement Communities” in Myra Rutherdale, ed. *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada* (Montreal and Kingston: McGill-Queen’s University Press, 2010). I would like to acknowledge research assistance from Anna-Lina Aschemeyer, Bethany Leis, Agatha Klassen, and Conrad Stoesz.

² Katharine Martens and Heidi Harms, *In Her Own Voice: Childbirth Stories from Mennonite Women* (Winnipeg: University of Manitoba Press, 1997), 27. See also Harvey Kroeker, “Aganetha Barkman Reimer,” *Preservings* 5 (June 1995): 23-24.

³ Sarah Dekker Thielman personal collection, Volume 1057. Centre for Mennonite Brethren Studies (hereafter CMBS), Winnipeg, Manitoba.

⁴ Biographical information for Sarah Dekker Thielman is taken from the following sources: “Biographical Sketch,” in Sarah Dekker Thielman personal collection, Volume 1057, CMBS; Obituary of Sarah Thielman, *Mennonitische Rundschau* (17 February 1968):11; Alfred H. Redekopp, *Jacob Thielmann and Helena Kroeker: A Family History and Genealogy of their Descendants* (Winnipeg: A.H. Redekopp, 1988).

⁵ Letter from Katherine Jantz, October 4, 2004.

⁶ Lorraine Roth, *Willing Service: Stories of Ontario Mennonite Women* (Waterloo: Mennonite Historical Society of Ontario, 1992), 28-30.

⁷ Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002), Table 1, 175.

⁸ J. Howard Kauffman, “Mennonite: Family Life as Christian Community,” in Phyllis D.

Airhart and Margaret Lamberts Bendroth, eds., *Faith Traditions and the Family* (Louisville, KY: Westminster John Knox Press, 1996), 40-41.

⁹ Lorraine Roth, *The Amish and Their Neighbours: The German Block, Wilmot Township, 1822-1860* (Waterloo: Mennonite Historical Society of Ontario, 1998), 44.

¹⁰ Birth Records, Sarah Dekker Thielman personal collection, Volume 1057. CMBS, Winnipeg.

¹¹ Walter Klaassen and William Klassen, *Marpeck: A Life of Dissent and Conformity* (Waterloo and Scottsdale: Herald Press, 2008), 243.

¹² Guy F. Hershberger, "Hershberger (Hersberg, Hersberger, Herschberger, Hirschberger, Harshberger, Harshbarger)." *Global Anabaptist Mennonite Encyclopedia Online*. 1956. Global Anabaptist Mennonite Encyclopedia Online. Retrieved 5 March 2007 <<http://www.gameo.org/encyclopedia/contents/h47710me.html>>

¹³ Ella Neufeldt, *Ella's Story: The Journey of a Mennonite Girl from Poland to Canada* (Coaldale, AB: by the author, 2003), 3.

¹⁴ Delbert F. Plett, *Johann Plett: A Mennonite Family Saga* (Steinbach, MB: Crossway Publications, 2003), 108. Quotes are from Leland Harder, *The Blumstein Legacy*, 13.

¹⁵ John B. Toews, "Childbirth, Disease and Death Among the Mennonites in Nineteenth-Century Russia," in *Mennonite Quarterly Review* 60. 3 (July 1986): 462.

¹⁶ Anna Ens, ed., *The House of Heinrich: The Story of Heinrich Epp (1811-1863) of Rosenort, Molotschna and His Descendants* (Winnipeg: Epp Book Committee, 1980), 129.

¹⁷ Cecilia Benoit and Dena Carroll's survey of Canadian midwifery focuses on the traditional and lay aspect of midwifery in settlement communities. See "Canadian Midwifery: Blending Traditional and Modern Practices," in Christina Bates, Dianne Dodd, and Nicole Rousseau, eds., *On All Frontiers: Four Centuries of Canadian Nursing* (Ottawa: University of Ottawa Press, 2005), 27-41.

¹⁸ Regine Breuninger de Guenther, *Geburtshilfe in der Anfangszeit der Kolonie Menno* (Loma Plata: Geschichtskomitee der Kolonie Menno, 2004), 25.

¹⁹ Shirley B. Bergen, "Life of Mrs. Dr. Thiessen (nee Catherine Bornn) – 1842-1915," unpublished manuscript, Mennonite Heritage Centre, Winnipeg, Manitoba.

²⁰ Irma Epp, Lillian Harms, and Lora Sawatsky, "Midwifery: A Ministry," in *Village of Unsettled Yearnings. Yarrow, British Columbia: Mennonite Promise*, ed. Leonard Neufeldt (Victoria, BC: TouchWood Editions, 2002), 17-22.

²¹ Anne Konrad, *And in Their Silent Beauty Speak: A Mennonite Family in Russia and Canada, 1790-1990* (Toronto: by the author, 2004), 159, 422-23.

²² Roth, *Willing Service*, 50.

²³ Obituary of Margarete Siemens Dueck, *Mennonite Brethren Herald*, 20 April 1990, 27.

²⁴ Lorilee G. Scharfenberg, "Helena (Klassen) Eidse (1861-1938)," *Preservings* 8 (June 1996): 51-54.

²⁵ Roth, *Willing Service*, 216-7.

²⁶ Lori Scharfenberg, "Helena Eidses' Medical Bag," *Preservings* 9 (December 1996): 53.

²⁷ Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge, MA: Harvard University Press, 1995).

²⁸ See especially Mitchinson, *Giving Birth in Canada*. The debate is also explored in Deborah

Gorham, "Birth and History," *Histoire Sociale/Social History* 17.34 (November 1984): 383-94.

²⁹ Teaching Material to Accompany Birth Records, Sarah Dekker Thielman personal collection, Volume 1057. CMBS, Winnipeg.

³⁰ Shirley Bergen, "Dr. Katherina Born Thiessen: A Woman Who Made a Difference," *Mennonite Historian* (September 1997): 8.

³¹ Scharfenberg, "Helena (Klassen) Eidse (1861-1938)," *Preservings* 8 (June 1996): 51-54.

³² Hilda J. Born, *Maria's Century: A Family Saga* (Abbotsford, BC: by the author, 1997), 35.

³³ Regina Doerksen Neufeld, "Katharina Hiebert (1855-1910): Midwife," *Preservings* 10 (June 1997): 15.

³⁴ Kroeker, "Aganetha Barkman Reimer."

³⁵ Luann Good Gingrich, "A Mother's Garden: Planting Seeds of Hope" (unpublished manuscript, 1997), 3, 5.

³⁶ Plett, *Johann Plett*, 536. For story about Maria Reimer Unger by Sara Loewen, see A. C. Reimer, *Peter R. Reimer 1845-1915 Family Book* (Steinbach, MB: np, 1984), 72.

³⁷ Cathy Barkman, "Anna Toews (1868-1933): Midwife," *Preservings* 10 (June 1997): 51.

³⁸ Jacob H. Janzen, *Leben und Tod* (Waterloo: by the author, 1946), 6.

³⁹ Epp, et al., "Midwifery: A Ministry," 27.

⁴⁰ Royden K. Loewen, *Blumenort: A Mennonite Community in Transition, 1874-1982* (Steinbach, MB: The Blumenort Mennonite Historical Society, 1983), 219.

⁴¹ Letter from Katherine Jantz, October 4, 2004.

⁴² Telephone conversation with Irene Dyck, December 2006.

⁴³ Mitchinson, *Giving Birth in Canada*, 345, n 81.

⁴⁴ Lorraine Roth, *Willing Service: Stories of Ontario Mennonite Women* (Waterloo: Mennonite Historical Society of Ontario, 1992), 210.

⁴⁵ "Waldheim Residents to Celebrate 70th Wedding Anniversary May 18," newspaper clipping, source unknown, dated 1939. Volume 1159, Mennonite Heritage Centre, Winnipeg.

⁴⁶ Regina Doerksen Neufeld, "Katharina Hiebert: Manitoban Pioneer Midwife," *Mennonite Historical Bulletin* 61 (July 2000):4.

⁴⁷ Regina Doerksen Neufeld, "Katherina Hiebert (1855-1910): Midwife," *Preservings* 10 (June 1997):14.

⁴⁸ Epp, et al., "Midwifery: A Ministry," 20.

⁴⁹ Margaret Klassen Neufeld, "My Grandmother was an Undertaker: A Tribute to Anganetha Dyck Bergen Baerg (1859-1942)," *Mennonite Historian* 24.1 (March 1998): 2, 9.

⁵⁰ Esther Epp Harder, "Rites of Dying, Death, and Burial" in *Village of Unsettled Yearnings. Yarrow, British Columbia: Mennonite Promise*, ed. Leonard N. Neufeldt (Victoria, BC: TouchWood Editions, 2002), 6.

⁵¹ Al Reimer, "Johann R. Reimer (1848-1918): Steinbach Pioneer," in *Preservings* 9 (1996): 41.

⁵² D. Plett, "Elisabeth Rempel Reimer: Matriarch of Steinbach," *Preservings* 9 (December 1996): 5.

⁵³ J. G. Guenter, ed., *Osler ... The Early Years and the One Room School #1238 (1905-1947)*

(Osler, SK: Osler Historical Museum, 1999), 54.

⁵⁴ Linda Buhler, "Mennonite Burial Customs," *Preservings* 7 (December 1995): 51.

⁵⁵ Gélis, quoted in Brian Burtch, *Trials of Labour: The Re-emergence of Midwifery* (Montreal and Kingston: McGill-Queen's University Press, 1994), 55. Actual source is Jacques Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in early Modern Europe* (Cambridge, UK: Polity Press, 1991), 110.

⁵⁶ Toews, "Childbirth, Disease and Death," 462.

⁵⁷ Mitchinson, *Giving Birth in Canada*, 175.

⁵⁸ LaVerna Klippenstein, "The Diary of Tina Schulz," *Memory Memories: Settling in Western Canada*, ed. Lawrence Klippenstein and Julius G. Toews (Winnipeg: Centennial Publications, 1977), 231; Henry Klippenstein, *Thicker than Water: The Uncensored, Unabridged and Completely Unbiased Account of the Life and Times of the Dietrich Klippenstein Family* (North Vancouver: Loon Books, 2004), 84.

⁵⁹ Linda Buhler, "The Apple Tree," *Preservings* 6 (June 1995): 27.

⁶⁰ Martens, *In Her Own Voice*, 14.

⁶¹ *Ibid.*, 28.

⁶² Roth, *Willing Service*, 221-22.

⁶³ Martens, *In Her Own Voice*, 14.

⁶⁴ E-mail to the author from John Rempel, November 13, 2008.

⁶⁵ Abe J. Dueck, *Concordia Hospital, 1928-1978* (Winnipeg: Christian Press, 1978), 3.

⁶⁶ The above information is from an interview by the author with Lydia Wichert, Vineland, Ontario, November 1, 2008.

⁶⁷ Birth Records, Sarah Dekker Thielman personal collection, Volume 1057. CMBS, Winnipeg.

⁶⁸ Bergen, "Dr. Katherina Born Thiessen," 8.

⁶⁹ Interview, Lydia Wichert.

⁷⁰ Detrice G. Barry and Joyceen S. Boyle, "An Ethnohistory of a Granny Midwife," *Journal of Transcultural Nursing* 8.1 (July-December 1996): 13-18.

⁷¹ For discussions that differentiate between religious and lay nursing, see essays in Christina Bates, Dianne Dodd, and Nicole Rousseau, eds., *On All Frontiers: Four Centuries of Canadian Nursing* (Ottawa: University of Ottawa Press, 2005), especially Judith Young and Nicole Rousseau, "Lay Nursing from the New France Era to the End of the Nineteenth Century (1608-1981)," 11-25, and Pauline Paul, "Religious Nursing Orders of Canada: A Presence on All Western Frontiers," 125-38.

⁷² Esther Epp-Tiessen, *J.J. Thiessen: A Leader for His Time* (Winnipeg: CMBC Publications, 2001), 3.

⁷³ Martens, *In Her Own Voice*, 12.

⁷⁴ "Excerpts from Diaries of Barbara (Bowman) Shuh, 1904-1920," in *Diaries of our Pennsylvania German Ancestors, 1846-1925* (Kitchener: The Pennsylvania German Folklore Society of Ontario, 2002), 45.

⁷⁵ Ben Fast, "Mennonite Pioneer Funeral Practices," *Saskatchewan Mennonite Historian* 5. 1 (March 2000):13.

⁷⁶ N. N. Driedger, *The Leamington United Mennonite Church: Establishment and*

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⁷⁷ Hedy Lepp Dennis, *Memories of Reesor: The Mennonite Settlement in Northern Ontario, 1925-1948* (Leamington, ON: Essex-Kent Historical Association, 2001), 131-33.

⁷⁸ Obituary of Sarah Thielman, *Mennonitische Rundschau* (17 February 1968), 11.

⁷⁹ Regina Doerksen Neufeld, "Katherina Hiebert (1855-1910): Midwife," *Preservings* 10 (June 1997):14.

⁸⁰ "Elsie Cressman: A Legacy of Birth," *MediaMedia Documentary Proposal: Elsie Cressman*, no date. See also www.mediamedia.ca.

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