

SOUTHERN HIGHLANDS RESEARCH CENTER

The University of North Carolina at Asheville

Interview with Dorothy Snell Howald July 7, 1977
Asheville, North Carolina (Midwifery, Frontier
Nursing Service in Leslie County, Kentucky)
Interviewed by Dr. Louis D. Silveri

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Dr. Louis D. Silveri: [Side L.] An interview with Dorothy Snell Howald. H-o-w-a-l-d July 7, 1977, Asheville, North Carolina. I am interested in certain things about your background. I think you told me over the phone that you were from up-state New York.

Dorothy Snell Howald: Right.

Dr. Silveri: Where?

Dorothy Snell Howald: Well, my dad was ^[sic] a Methodist minister for a number of years, and he lived in up-state New York, and so we moved probably once every six years. I graduated from high school in Kingston.

Dr. Silveri: Kingston? OK, just on the Hudson River up there, isn't it?

Dorothy Snell Howald: Right.

Dr. Silveri: You must have lived in several different places in up-state New York.

Dorothy Snell Howald: Yes, we lived out near Binghamton in a little town called Deposit, and we lived in Middletown which is where we lived while I was in college.

Dr. Silveri: OK, very familiar territory.

Dorothy Snell Howald: Yes.

Dr. Silveri: OK, now when and where did you get your nurse's training?

Dorothy S. Howald: Well, I went to Bates College in Lewiston, Maine for three years, and then I had a brother who had also gone to Bates who was interested in medicine and went to medical school. And so I decided that that looked like a pretty good career, but I hadn't had enough physics and math to do medicine as an MD. So I had gone to--I transferred to the University of Rochester in Rochester, New York, and did two years and two summers there and got my degree in '64, summer of '64.

Silveri: A degree in nursing?

Dorothy S. Howald: Right.

Silveri: OK, I forgot to ask you what your maiden name was.

Dorothy S. Howald: Snell.

Silveri: S-n-e-l-l?

Dorothy S. Howald: Right.

Silveri: OK, so what year was this?

Dorothy S. Howald: This was in--I graduated in '64.

Silveri: '64; all right. What did you do after that?

Dorothy S. Howald: Let's see, I went to Europe for three months right after I graduated, and then I came back to Middletown where we were living and worked. Oh, I guess maybe about eight weeks there. Then I had read about the Frontier Nursing Service in my OB textbooks when I was in nursing school during my OB experience, and had thought that would really be something interesting to do. So I had made an application before I went to Europe and was accepted. Got my acceptance when I got back and went there on the 21st of January, 1965.

Silveri: OK, 21st of January, 1965. Isn't it kind of unusual for Frontier Nursing Service or any organization to be mentioned in a textbook?

Dorothy Snell Howald: No, I really don't think so. There was just a one sentence mentioned.

Silveri: ₁inaudible₁

Dorothy S. Howald: It just mentioned the use of nurse midwives. As a matter of fact, I think I still have the textbook, and could show you the exact sentence, but it mentioned the use of nurse midwives in Kentucky.

Silveri: Now was it the fact that their primary concern in, I think, training and the use of midwives in that area that interested you?

Dorothy S. Howald: Right.

Silveri: You wanted to become a--

Dorothy S. Howald: Well, I thought I did. Yes, at that time. So, I went down more or less to find out, and when I went there I did not work in OB. At that time, they would consider taking new graduates who would work as general duty nurses both in the clinic and in hospitals, general patient care, and at that point in time, they did not have family nurse practitioners. So often there would be a general duty nurse assigned to an outpost with a midwife.

Silveri: When you applied to go there, what kind of qualifications were they looking for?

Dorothy S. Howald: I believe all you had to be was a registered nurse because--Well, let me see. No, you had to have your State Board examination. You had to have taken that and passed it in order to get Kentucky licensure. Unlike today, you did not have to have a year's experience before you went there.

Silveri: OK, and when you accepted, was it for a certain period of time?

Dorothy S. Howald: No, as a matter of fact, I was accepted there and to work, and after I got there, I put my application in for the Midwifery School, and it so happened that they were filled up, and naturally I wanted to do it as quick as possible. So, I applied to Edinburgh, Scotland to do my midwifery there because I was young and single, and wanted to see the world, and I was accepted for their school. But because I was a degree graduate, I did not have the number of clinical hours on the--in the different services that I needed. So they suggested in Scotland that I go back to U of R and do a certain number of clinical hours in each speciality. Again, I didn't want to do that, and I figured there must be an easier way, and so I applied to Johns Hopkins and was accepted at Johns Hopkins for that September. So I worked in Kentucky at the F N S from January until I guess it was probably sometime in the summer not very--maybe late July or early August that I left there, and came home and got ready to go back to school in Baltimore.

Silveri: When did you come back then? ₁inaudible₁

Dorothy S. Howald: Let's see, I was in Baltimore for a year ~~of~~ the program and a year of the internship, and then I came back to Hyden and taught in the midwifery school there, and became the assistant dean of the school and was in charge of family planning and home delivery service in out-patient clinic.

Silveri: Ok, beginning in--? Try to get to these.

Dorothy S. Howald: Oh, 1965? Probably it would be the end of 1967.

Silveri: Until how long?

Dorothy S. Howald: Well, let's see. My husband came there in 1968. So I stayed there until August of 1968 and left to do my masters in public health at University of North Carolina at Chapel Hill.

Silveri: And then you came back ?

Dorothy S. Howald: Then we were married six months later, and he did an internship for a year at Cincinnati, and then we came back in 1971.

Silveri: OK, how long did you stay after that?

Dorothy S. Howald: We came here in the 26th of June, 1974.

Silveri: Now I'm still interested in--I think you explained pretty well your motivation for going down there, but what were your thoughts about going down into the hills of Kentucky or Appalachia? What did you know about the region?

Dorothy S. Howald: I really didn't know much. Mrs. Breckenridge had written Wide Neighborhoods, and I had started that, but it wasn't--it didn't really turn me on and I never finished it. I really ~~didn't~~ know very much about it; as a matter of fact when I arrived, and I was driving a 1956 Buick that didn't have any radio in it, and it was snowing, and it ^{was} the first time really--I had been with my college roommate in Europe, but it was the first time I had gone off on my own, and I was going to earn a salary and have a real job.

I can remember driving down there. It looked desolate, absolutely desolate. And as I recall, I came down through Cincinnati and took #421 in. So it was a pretty bad road, and when I arrived in Hyden, I asked ^{at} a gas station, one of the fellows was pumping gas, and I said, "Can you tell me where the Frontier Nursing Service is?" And he kind of looked at me like--and I knew I was in Hyden because I'd seen the sign outside of the town. He said, "Oh, you mean the Hyden Hospital!" Then he directed me to where I was to go which was some distance from the new hospital. It was still in the old hospital up there on the hill.

Silveri: Yes, that's the one that was still in operation while I was there, and they were about to complete the new one. You just expressed some of your impressions about coming through that region. What kind of set-up did you find when you got there as far as the hospital and the administration of the hospital and all that?

Dorothy S. Howald: Well, I always felt, and I guess I still do feel, that the administration of the hospital has pretty much changes, ^{is} fairly often because you have a bunch of mostly women who are fairly young and single. They seem to be either young and single or older and still single, and the ones who are married kind of come and go just as much as the ones who are young and single.

Dorothy S. Howald: I guess at that point in time I kind of felt like whatever we did, we repeated ourselves to the patients the same kinds of simple information that you might consider patients should know, but the same things we would have to repeat to patients all the time as far as general care and good health principles and practice.

Silveri: How many beds did the hospital have?

Dorothy S. Howald: Oh, I think maybe they had twenty-seven at that point in time.

Silveri: Very small... [inaudible]

Dorothy S. Howald: And I think that might have even included the bassinets in the nursery.

Silveri: And then they had the outposts?

Dorothy S. Howald: They had--let's see, maybe five outposts at that point in time.

Silveri: [inaudible]...outposts. And each outpost had a nurse practitioner.

Dorothy S. Howald: Each outpost at that time had a nurse midwife and a general duty nurse. They had two at each one as I recall.

Silveri: And the physician would make periodic rounds of the outposts... [inaudible]

Dorothy S. Howald: Yes, I think it was once a month each outpost would have a doctor's clinic so that the patients that the nurses saw that they felt should be referred to the physician would be seen at that time.

Silveri: And the entire operation was still within Leslie County?

Dorothy S. Howald: They had one outpost that was in Clay County and that was Red Bird, and I believe that Brutus was in Clay County also.

Silveri: Now, what went on up at Wendover?

Dorothy S. Howald: What went on. That was--

Silveri: [inaudible]....

Dorothy S. Howald: They had an outpost clinic there, and at that particular one because there were other people around, they had just one nurse. And it was rather a smaller district than the other districts.

Silveri: And that's also where Mary Breckenridge built her large--

Dorothy S. Howald: Yes.

Silveri: Is that the headquarters of the service?

Dorothy S. Howald: Yes. They did all of their bookkeeping and record keeping at that point in time. All of the patient records were kept over there; so if you needed a record, you would have to call Wendover, and they would look it up and send it to you.

Silveri: Who was in charge of the whole program then when you arrived ?

Dorothy S. Howald: You mean the whole service?

Silveri: Yes, the whole service.

Dorothy S. Howald: The first time I came Mrs. Breckenridge was still alive.

Silveri: Oh!

Dorothy S. Howald: And Brown~~e~~, though, was doing the basic administrative work. I arrived in January, and Mrs. Breckenridge died in May.

Silveri: You didn't have much contact with her at all?

Dorothy S. Howald: I met her once.

Silveri: Just once?

Dorothy S. Howald: Yes, and was in, I guess, you'd call it an honor guard as far as nurses were concerned. When she was buried from Dwayne Walkers, they had--two of the nurses stayed there with the body at that point in time. But she was very--she could not see very well in her later days, but was very much on top of it as far as her mind.

Silveri: Having been there for so many years after that time, you certainly know a good deal about Mary Breckenridge and what she did there. Do you have a kind of assessment of that woman and her work?

Dorothy S. Howald: Yes, I think she was very much ahead of her time, and that what she did so many years ago is at the present time what people are aiming for in health care. And I think she would seem to me very much of a Woman's Libber; I didn't know her that well, but she just seemed like she would of--she was ahead of her time. She ^{was} a career woman, and fortunately she had the money, and the background, and the connections to produce something like that. But I'm sure you've heard her voice in--Have you seen

The Road?

Silveri: No, I haven't.

Dorothy S. Howald: OK, in the beginning of the Road you hear a recording of Mrs. Breckenridge saying how she feels that the outpost like the health care that they were giving was set up like a wheel with its hospital at the center and the outposts as the spokes of the wheel. So that this was the way that the health care was given.

Silveri: Are you talking about a movie? [inaudible]

Dorothy S. Howald: Yes, it is very impressive. You should see it.

Silveri: John Ehle's novel?

Dorothy S. Howald: No, it's The Road, and it's just a film about the Frontier Nursing Service. That was produced--I think it was done while we were there. There was a lady by the name of Dr. Weiss [sp] who was there when we were there, and she was--

Silveri: I think it's interesting that Mary Breckenridge pointed this out time and time again in her autobiography Wide Neighborhoods that she and her students had to go to England to the British Isles--to get their training in this.

Dorothy S. Howald: Right. I guess I could say I was the first American trained nurse midwife to go to the Frontier Nursing Service, other than those who had been trained at the Frontier Nursing Service themselves! It was when I came back that they first started to use pudendal blocks.

Silveri: What is that?

Dorothy S. Howald: A pudendal block is a kind of local anesthetic given in second stage to relieve the patient of pressure and pain involved with the delivery of the baby.

Silveri: When you were there during your time, say what percentage of women were delivering without medication?

Dorothy S. Howald: I would--you mean without any medication at all?

Silveri: Yes.

Dorothy S. Howald: I would say at least fifty percent.

Silveri: At least fifty percent. [inaudible]...natural childbirth or prepared childbirth?

Dorothy S. Howald: Right.

Silveri: About fifty percent?

Dorothy S. Howald: Yes. Now that's--I don't believe I ever saw--I know I never saw an epidural. We might have had some saddle blocks for an occasional patient that would need to have forceps deliveries. But the majority of them, we either used Trilene which is an inhalation kind of analgesia rather than anesthesia where the patient would have this device strapped to her arm and she could give it to herself whenever she wanted to. But the majority of them, fifty percent I would say, didn't have anything. Most of the rest of the other fifty percent probably would've had either Trilene or a little bit of Demerol intermuscularly.

Silveri: And were most of the births in the hospital or at home?

Dorothy S. Howald: The majority were in the hospital. It was at that time that medicare, or medicade, or Blue Cross-Blue Shield would not pay for a home delivery, and so this obviously encouraged more patients to come to the hospital to the distress, I think sometimes, of those people involved in giving care because as you know we train alot of missionaries who are going to go overseas and would have to do home deliveries. But when I was there the second time as a nurse midwife and in charge of the home delivery service, I would say the most we did was fourteen or fifteen home deliveries in a year's time, barely enough to give every student an opportunity to do one.

Silveri: That's very interesting. Does Blue Cross-Blue Shield pay for home delivery now?

Dorothy S. Howald: I'm not sure that it does. We had our last baby at home, but as a physician and a nurse that worked there, we got free care so ^{that} we didn't have to worry about whether it did or it didn't. But they were--and to the point where you know when the first nurses went there, I'm sure they did more home deliveries than hospital. And then when I had my last one at home, one of the patients that I took care of said to me, "Oh did they do that to you--do a home delivery for you as a favor because you were a doctor's wife?" You know it got to be, you know, not the expected thing. And they were like patients everywhere, you know, there was this big rush to the hospital. Having a baby all of a sudden was something you had to go to the hospital to do.

Silveri: Ok, maybe I can clarify these then. The hospital had about twenty-seven beds; then there was the training program for midwives.

Dorothy S. Howald: Right.

Silveri: Which was an accredited--

Dorothy S. Howald: Yes.

Silveri: State accredited?

Dorothy S. Howald: Well, at that time, I don't believe there was state accreditation, and I don't think there is up to this point with the American College of Nurse Midwifery. They are accredited now with this association as an accredited program, but states are still, you know, I think if I'm not mistaken, that you're still licensed as a midwife in Kentucky not as a registered nurse but as a -- under the granny law.

Silveri: But that's about the only state that does that, isn't it?

Dorothy S. Howald: Well, it may have changed, too, since then. I haven't really kept up with it, but---

Silveri: Just about any place that allows midwifery, you have to be a registered nurse.

Dorothy S. Howald: Right, right. But there you had to be a registered nurse, but it was still under the granny law as a midwife.

Silveri: The old granny ... [inaudible] ... catching a baby.

Dorothy S. Howald: Yes, right.

Silveri: All right. Then there was the hospital and then this program. The program was funded by contributions. OK, would the teachers in the program also be involved in--well, there was clinical work and theory in the teaching program both?

Dorothy S. Howald: Yes.

Silveri: Both?

Dorothy S. Howald: Right.

Silveri: Now when you came there, you taught in the program?

Dorothy S. Howald: Yes.

Silveri: Exclusively or did you work at the hospital, too?

Dorothy S. Howald: Well, I think what you're trying to get at--If you taught there, you also worked with the patients, and taught the students in the clinical area as well as teaching theory in the classroom.

Silveri: It's not really one, it's together. The program was involved with the hospital.

Dorothy S. Howald: If you were an instructor in the midwifery program, you would take call, however often they needed you to take call to supervise students with labor and delivery.

Silveri: So, in a sense there wasn't separate at all. OK, that's what I wanted to get straight. ^{How} OK, contributions, and the hospital certainly had some income. Now, when did they finish the new hospital?

Dorothy S. Howald: I think they've only been in it a couple of years.

Silveri: Yes. The old one--what's happened to the old one?

Dorothy S. Howald: The old one is now used as --part of the old delivery room and part of the upstairs has been made into efficiency apartments. Downstairs, they have, I believe, the nurses in charge of the centers and the running of the centers and out-patient visits and so forth, has an office there. The director, Dr. Beasley, has his office there, and I believe there's some--the controller, maybe some business offices up there.

Silveri: When we were there in 1972, we had a brief conversation with Browne, Elizabeth Browne right. I think it is.

Dorothy S. Howald: Helen. Helen--

Silveri: Helen Browne, right. She, at that time, was concerned about whether the Frontier Nursing Service as a private organization would lose some of its independence by accepting Federal money.

Dorothy S. Howald: Right.

Silveri: What was that story?

Dorothy S. Howald: Well, I think that they were concerned that--you know, if they accepted too much Federal money, that the government would have too much say as to, you know, what they had to charge and what they did for patients. You know, being so far ahead of their time in the use of nurse practitioners and signing prescriptions and all this kind of stuff was, you know--if you were associated with the government would they put certain restrictions on you that you couldn't function as you had in the past?

Silveri: But they got the hospital built.

Dorothy S. Howald: Yes.

Silveri: And it's quite a bit larger than the old one?

Dorothy S. Howald: Yes.

Silveri: You mentioned Helen. When you came there Helen Browne was doing most of the work then, and she continued until her retirement which was not too long--

Dorothy S. Howald: Right. That would be probably --maybe--let's see. It was either this last January or the year before.

Silveri: I understand she was a British subject.

Dorothy S. Howald: Yes, and she had an OBE, an Order of the British Empire from the Queen, and has remained all these years a British subject as had Betty Lester. I don't know if you have met her or not.

Silveri: The name is familiar; I think we did.

Dorothy S. Howald: She had been a nurse there for a number of years, and has retired, and lives in a mobile home, kind of between the old hospital and the new one on the hill.

Silveri: When we visited there, we took a walk around where the ^{old} hospital is, I guess there are some nurses quarters up there.

Dorothy S. Howald: Yes, there were nurses quarters at Hagen Quarters, and over at Marty College was where, when I first went there, most of the midwifery students lived.

Silveri: I was as impressed as my wife was as we looked at the cars parked there and the license plates from all over the country.

Dorothy S. Howald: Yes.

Silveri: So that it's pretty well known.

Dorothy S. Howald: Oh yes. I think medically it's well known. You know there aren't too many places that you go that they don't know about Frontier Nursing Service.

Silveri: You have had quite a few years then of contact with ^{the} people who live in eastern Kentucky. What--first of all how did they accept you? How did you look upon them? I'm interested in your evaluation of what you saw there of the people...*[inaudible]*

Dorothy S. Howald: OK. Well, I think they basically accepted Frontier Nursing Service nurses very well. Of course, as a midwife you get to know them over a long period of time, and there were some patients that I have been able to be with in labor and delivery for their second or third child. Of course, when you go through labor and delivery with a patient, you get pretty close with them, to the point ^{where} afterwards you go out and have supper with them and spend--

When I was young and single, there wasn't anything else to do there other than to go and socialize with the patients after your time during the day was done. And I think this is one of the most interesting things that I did both before and after I was married. My husband and I enjoyed the people, and we liked to be with them, and made a lot of close friends.

Silveri: Incidentally, although the hospital was in the county seat, Hyden, the population was, what, a couple of thousand, at the most?

Dorothy S. Howald: Of the town?

Silveri: Of the town of Hyden.

Dorothy S. Howald: I don't think it would have hit a thousand. I don't think so.

Silveri: OK, that just gives us an idea of how small the place was.

Dorothy S. Howald: It was. The road sign at first said three hundred, and then it was crossed out, and written in was eight hundred, and I think they may have changed the road signs since then.

Silveri: So, you didn't have any trouble getting along with the people mainly because of the work you were doing there which they appreciated so much.

Dorothy S. Howald: Right. I think the other thing is too, those people are the kind of people if they liked you and trusted you, you were their friend. ^{Or} If they didn't, they were--it was either black or white. They either liked you or they didn't. We really enjoyed the time that we spent there with them, and so I that--they can tell. It's like anybody there.

When we moved back to Cincinnati, we were thrown into a different area of life where you would be invited to cocktail parties and so forth. Where you would talk to people and it really didn't matter too much what you had to say. They didn't really--if they said, "How are you?", they really didn't care how you were as opposed to the people of southeastern Kentucky. If they knew you, they really cared about you and what happened to you.

And I can remember when I had my last baby at home. You know, there were--I thought I would have--one of the reasons I stayed at home was so that not so many people would visit me. But you know, they would come and bring potatoes, and tomatoes, and corn, and you know, just come in to see how everything was going.

So they really cared, and I think--well, we were there probably longer than most doctors and their families stayed. And it was nice for me because I had gotten to know a good many of these patients because I had taken care of them. So it wasn't like being strange and being a doctor's wife who had ^{not} been used to that situation. I could see where it might be hard for a doctor's wife if she ^{didn't really} know the people there because they aren't the kind of people who are going to come knocking on your door and say, "Hi, how are you?" If they ^{know} you and you've spent some time with them, it makes a difference.

Silveri: When you came down there, did they have to have a briefing session on the people down there and how--

Dorothy S. Howald: No. There was none of that, no orientation either to that or to the work you would be doing. At that point in time, it was pretty rough, and you were just kind of thrown in, and you learned it by experience rather than being taught.

Silveri: [inaudible] Many of the people you worked with were of very low incomes in the area, right?

Dorothy S. Howald: Right.

Silveri: Yet, do you feel that, you know, the rest of the country--in ~~the~~ way, the rest of the country looks at--tends to create a lot of myths and legends about hillbillies and so on. Did you feel that the people down there fit the pattern that you might--that the rest of the country might see, say in Al Capp's comics or hillbilly stereotypes?

Dorothy S. Howald: No, I really don't think that's true. But I think, you

Dorothy S. Howald: (continued) know, that's just like you, or I, or maybe our little boy would say, "Oh, Wyoming or Montana, everybody must be a cowboy!" You know, I think unless you know and have spent some time with them, you don't understand this, and I think they have a lot of--even though they may not have an education, a formal education, they have a lot of good common sense that we could learn some lessons from. But even across the board, I would say you find a few that meet the hillbilly qualifications, but otherwise, I think they're--they're proud people. They're very family oriented, and often times it's a maternal hierarchy rather than paternal. So that when the 4th of July comes or let's see what's another big holiday--at Christmas time, the families all come back from Detroit, or Cincinnati, or Dayton, where ever they happen to be ^{and come down} and spend the holidays at home. And I think wherever they go, they consider when you say, "Where's your home?", they would say Kentucky rather than wherever else they might be.

Silveri: And they may have even greater allegiance to the county in which they live after they say, "Where are you from?"

Dorothy S. Howald: They might say Leslie County?

Silveri: Leslie County or something like that depending on where they were when they were asked about that. What about coal mining? There wasn't much of that done in Leslie County, I think, was there?

Dorothy S. Howald: Well, they had some coal mines there; they were never Union, and aren't really now in this point in time. They mined them around, in and around; I'd say five or six mines around in Leslie County, and maybe some down in Clay County, and at Blue Diamond which was in Leatherwood.

Silveri: Actually then the hospital had very little contact with anybody who was working in mines?

Dorothy S. Howald: Well, they came in as patients. You know they would have mine accidents, or--you know,-- I can remember coal miners coming in from the mine covered with coal dust who had had their back hurt or had a laceration of some kind that needed to be taken care of. So it was not uncommon, and occasionally ^{were would be} some that might be killed in the mines. The big mine disaster that occurred near Hyden, I think there were thirty-eight men killed, was just before we had gone back down there.

Silveri: What was a typical day for you?

Dorothy S. Howald: When I was working full time?

Silveri: Yes.

Dorothy S. Howald: Well, I would get up and eat a big breakfast and go over to the hospital, and if I had been on call the night before, check the patients that I had seen or helped deliver with the students. Then the students would meet in the Out-patient Department, and I would discuss with them the patients they would see that day. And there were usually two jeeps--two jeep loads of students that would go out, and I would generally go out with one or the other of them--one in the morning, and then one in the afternoon--to observe the students as they made their visits and to make suggestions as to what I thought they should do.

Depending on what day it was, we would have a maternity clinic at which we would see both patients who were expecting their babies, and patients who had just had a baby, and we included the examination of the baby in their six-weeks check-up. And then if it were on a particular day, I would come back in from these visits and eat supper, and have a family planning clinic from about five thirty

Dorothy S. Howald: (continued) until whenever we got done at night.

Silveri: And that was a typical day?

Dorothy S. Howald: Yes, that was pretty busy, and we would get, you know, pretty dusty and dirty. We would--and then of course included in that time, we would be doing records and keeping records, and getting out--patient's charts for the next day's clinic if we had one that day.

Silveri: When you went out to see the patients, would you see them at the out-posts or in their home?

Dorothy S. Howald: No, we had a district in which we made home visits for the students so that they could learn to do a home visit, so that we'd never went out to the centers unless we had a special midwifery clinic out there. So that all the visits that we made were made in the home, and we tried to see every patient, every pre-natal patient, we had down for at least one visit--one home visit; so we could more or less evaluate what her home situation would be like, so that we could instruct her as far as how to best care for the baby and herself when she went home.

Silveri: So in this, as far as you are concerned, you weren't concerned with--what do you call it--primary health care?

Dorothy S. Howald: Right.

Silveri: The health care for the whole individual, you were not concerned with at that time?

Dorothy S. Howald: I was--as the nurse midwife instructor, I was concerned with anybody who either might be pregnant and having problems, or definitely was pregnant, or with the mother up until the time the baby was six weeks old, and then she was transferred back to the care of the general nurses at that point in time.

Silveri: I'm very interested, I guess, too, my wife who is an FHA league leader, about the woman in eastern Kentucky, when you were there, to the extent in which they nursed their children. What percentages would you say and how long?

Dorothy S. Howald: Well, those have changed and are changing some; they're probably swinging back in the other direction now. But when I first went there, the majority of patients breast-fed their babies, and were encouraged to do so, and did so probably until they could wean them and put them on a cup.

Silveri: Which would be?

Dorothy S. Howald: Oh, probably six, eight, ten months. They didn't usually nurse more than ^{maybe} ~~an~~ ^{eight} ~~eighteen~~ months, I'd say. And then there came a time when there were maybe half of them wanting to bottle feed. We still tried to encourage them to breast-feed as much as possible, but like everybody else, they were kind of swinging back and forth as to what they wanted to do. I presume you know that Dr. Rock when he was doing his study on the Pills, was looking for a population that he could find that had pretty much breast-fed and where they had records of what, not only the mother of the baby had done, but ^{what} ~~her~~ mother had done. And so when he was doing his studies for cancer of the breast, he used that patient population.

Silveri: ^{inaudible} Why did you feel that the women were beginning to go over to the bottle rather than breast feeding?

Dorothy S. Howald: I think they were affected by the outside world and what was happening in the cities, and the trend was for them to come back to have their babies. Some of them would come back just for that period of time, six weeks before and six weeks after, to have their babies back home and then go back to Dayton or Cincinnati. And these particular women, many of them were going back to work, and so you know, they just kind of got the word from the outside of what was going on. But when I first went there, it was not uncommon to see women breast feeding their babies on the street waiting for a cab to go home or whatever.

Silveri: You mentioned a very interesting point here that they would come home to have their babies. Was that because it was cheaper to have them there?

Dorothy S. Howald: I think sometimes that was the case, and their mother was there, and as I said before, it was kind of a maternal link from--rather than paternal link, and so they'd like to come home to be where their mother was, and their mother had had her baby there, and it was kind of a tradition, too.

Silveri: So, you were quite impressed by what you observed, and so you feel it was pretty much a matriarchal society that you found there?

Dorothy S. Howald: Yes, I would say so. I would say this could not be said across the board, but I would say most of the essential duties were performed by the mother of the family. This may have changed now, but when you would go to make a home visit or to do a home delivery, the father just kind of disappeared. Either a neighbor or a mother would be there to help.

Silveri: Of course, a father would not ordinarily have much to do in a situation like this anyway.

Dorothy S. Howald: Well, true. But the raising of ^{the} children, too, I think was basically done by the mother, and a lot of the garden work for the food that the family raised themselves was done by the mother. They worked very hard and very often looked a lot older than their actual chronological age.

Silveri: Do you think they had evidences of poor diet in their menu?

Dorothy S. Howald: Yes, there were. But I would say there was a lot of junk food that was consumed: potato chips and soda pop. You know, try as you would, you just couldn't get them to keep from giving their kids that kind of food.

Silveri: I think that's one of the tragedies of the changes in southern Appalachia, and go through all, you know, see these countries still are inevitably stacked up in front of, cases and cases of empty coke bottles and so on.

Dorothy S. Howald: Right.

Silveri: So, once again you spent a total of how many years there?

Dorothy S. Howald: Oh, let's see. Sixty-five; I was there about nine months, and then I went away and came back in sixty-seven. I was there probably a year and a half. And then I came back in seventy-one and stayed until seventy-four.

Silveri: OK, the longest stretch that you were there was about three years?

Dorothy S. Howald: Right.

Silveri: Was there a sense of being isolated among the staff at the hospital in the service in that small community?

Dorothy S. Howald: Yes. There was pretty much. We enjoyed having the visitors come in that came in from all over the world. Once the new road was done there, it made a great deal of difference as far as how easy it was to get out to London or Berea to go have dinner. To go from Hyden to Hazard was not an hour's trip anymore; it was fifteen minutes! You could go over and get away.

Silveri: Did you often have the nurses who were training in Berea come in and observe?

Dorothy S. Howald: As I recall, we had maybe a couple at a time. We were so busy training our own, you know, if we had some student nurses there, they would--I can't really remember any that stood out, you know, in my mind as being from Berea, but I know we did have some.

Silveri: You mentioned while you were there you took time off to get a Master's Degree in Public Health from North Carolina.

Dorothy S. Howald: I never finished my Masters in Public Health because I got married after that, and I really didn't feel like I needed it as a midwife. You know you can pretty much get a job anywhere.

Silveri: OK, what do you do now? Do you practice midwifery?

Dorothy S. Howald: Yes.

Silveri: Is it legal in this state?

Dorothy S. Howald: Yes.

Silveri: How long has that been?

Dorothy S. Howald: Oh, I guess, maybe, a couple of years.

Silveri: A couple of years?

Dorothy S. Howald: Yes. When I first moved here, I didn't do anything for a year, and I asked around among the obstetricians whether there was anything that I could do. They said no, they really didn't need a nurse midwife. And so then the MAHEC Program came on the scene, and they called and asked if I would consider coming and being a clinical instructor to the family nurse practitioner students, and so I did that for a year, quitting last August 18. They just weren't ready to--in the state of North Carolina, a nurse practitioner of kind has to have a set of standing orders and a preceptor who has the final responsibility in order to become certified in the state as a nurse practitioner.

Silveri: That's ... inaudible, there?

Dorothy S. Howald: Yes.

Silveri: A set of standing orders. What's that?

Dorothy S. Howald: They are a set of orders which are okayed by the physician so that the nurse practitioner can file them, and can prescribe the medications that are listed.

Silveri: And he would also be your preceptor?

Dorothy S. Howald: Right. So at that point in time they did not have anybody with MAHEC that could do this, and my hands were more or less tied other than teaching students in the clinical area as far as prescribing and actually treating of patients. So I stopped there last August, and on December 7, 1976 started working with a group of five private obstetricians, gynecologists in Asheville. I did my first delivery about five weeks ago here.

Silveri: In the home?

Dorothy S. Howald: No, in the hospital. And what I do is to see patients just as they see patients. When I see the patients, they don't have to see the physician. So I work, usually work about nine hours a week. When they're on vacation, I go in a little bit extra.

Silveri: Nurse practitioners do very much the thing, or is that something different?

Dorothy S. Howald: Nurse,--family nurse practitioners can take care of the patient prenatally, but do not do the delivery.

Silveri: So, when you do the delivery, you are--the obstetrician is not there?

Dorothy S. Howald: He does not necessarily have to be. The obstetricians that I am working with--I don't believe any of them have ever worked directly with nurse midwives, and one of them was there when I did this delivery. But I think eventually what they'll try to do is to--Asheville is pretty new at this, too, and they've found out--these physicians have found that the patients love it, having a nurse midwife to talk to, and there's been no problem of the patients preferring to see the physician and not wanting to see me.

Silveri: Have a long way to go though, not only as far as here, but any-where else about having the birth in the home, right?

Dorothy S. Howald: Well, yes. I think one of the things that most people don't realize is how ^{well} that we in Kentucky screened the patient before we considered doing a home delivery so that if they had had--so if they were having their first baby or if they had had previous pregnancies with lots of problems or a history of postpartum hemorrhage or a history of--or if they were having twins or if they had a breech presentation, ^{they} would not qualify in any way for a home delivery, so that when the general public talks about liking to have home delivery, they don't really take into consideration all the things that you'd have to if you had home deliveries. Now, I don't know any physicians, any obstetricians in Asheville that would even consider it.

Silveri: OK, but would you tell me as far as you know, what percentage would fall into the category that you just mentioned? In other words, how many what we call ^{normal} "uncomplicated births" would take place?

Dorothy S. Howald: In the hospital?

Silveri: Anywhere!

Dorothy S. Howald: Oh, of course, that depends on the prenatal care that they get.

Silveri: Oh, Ok. Let's assume that they get ordinary good prenatal care, would you say.

Dorothy S. Howald: And assume that they follow it? I would say that you know you could--let me see. How do I want to answer this? There are lots of breech presentations that deliver very well and safely. Do you want me to include things like that? If you do, I would say probably eighty-five percent of all patients could deliver safely with good prenatal care, if they listen to you.

Silveri: And the midwife would be available?

Dorothy S. Howald: Yes.

Silveri: So as yet you have not gone off **into** the homes in this area [inaudible].

Dorothy S. Howald: And I probably never will.

Silveri: Probably never will?

Dorothy S. Howald: Because see again I have to have the physician back up and there are--none of the physicians that I work with are experienced in home delivery. They like to function where they know best and where they have trained, and know how to cope with the situation.

Silveri: You know by experience--[Side II]---for instance my neighbor, where I live at home in Massachusetts, has just been hired to head family practice at the--- *MAHEC* ---

Dorothy S. Howald: Oh, Dr. Walton?

Silveri: Yes.

Dorothy S. Howald: Oh, really?

Silveri: Yes, Dr. Walton.

Dorothy S. Howald: Oh, for goodness sakes!

Silveri: He's been my nextdoor neighbor and my family physician for many years back home.

Dorothy S. Howald: Oh, gosh! At least you can have him three months out of the year!

Silveri: He used to be our family physician and then he stopped practicing. He worked the last, I think, eight years or so with a major insurance company up there as medical advisor, and then when the new Mass Medical School was established in (Wooster) he became--I don't know if he was head of the department, he was at least an instructor in the Department of Family Practice. I think he was the head of it, and that was quite a coincidence when we found he was coming to Asheville.

Dorothy S. Howald: Oh, for goodness sake!

Silveri: I think he arrived--I think he's here now.

Dorothy S. Howald: Did he find a house?

Silveri: I think, the last I heard was that they were contemplating buying some kind of a farm somewhere. So I haven't seen him since he came down here.

Dorothy S. Howald: I will probably get a chance to meet him because I still do some teaching with MAHEC in training their students.

Silveri: Are people in western North Carolina very different from those in eastern Kentucky?

Dorothy S. Howald: Well, my impression hasn't been so much that as it is private patient versus the clinic patient, and I just see a vast difference in the response of patients who have enough money to be able to pay and to enjoy things that make life a little bit easier. I can tell them, or one of the main **differences** that I see between private, and I guess this would be anywhere not just in this area, and clinic patients, is that they ask you questions, and

Dorothy S. Howald: (continued) are more interested in their care and in what's happening. And there isn't the untold numbers of times of repetition about fairly simple common sense things. These people, private patients, tend to understand, I think, and to care, and I think a lot of this may be based on their economic background.

Silveri: I read in the paper quite frequently the list of clinics that are held here, and I assume that these are free clinics open to anybody.

Dorothy S. Howald: I assume they are, yeah.

Silveri: They have a beautiful building down here, isn't it the Buncombe County Medical---

Dorothy S. Howald: Medical?

Silveri: Building--

Dorothy S. Howald: Oh, the Public Health Department?

Silveri: Is that it?

Dorothy S. Howald: The one downtown across, next to the---

Silveri: [inaudible]... Plaza?

Dorothy S. Howald: Yes.

Silveri: That's the Public Health Building? Oh, so they're not involved with any kind of primary health care or anything like that?

Dorothy S. Howald: Well, they have public health nurses that go out and see the patients there.

Silveri: Sometime back I read where I think when they were putting up this new map there, that they really didn't need more facilities in western North Carolina, medical facilities, or didn't need more in the Asheville area or what, but you know western North Carolina is the mountain region in this part of Appalachia, although a lot of people don't look at it that way.

Dorothy S. Howald: Right.

Silveri: And there is very [inaudible] areas. What have you observed since you've been down here about the health care delivery room in that region? Is it adequate? I don't know if you had a chance to be [inaudible]... observe.

Dorothy S. Howald: Well, I really haven't beyond Asheville. I would say I think that the care that patients, and all I can really speak for is pregnant patients. The care that patients got in Hyden was as good if not better in many instances than private patients received here. Now somebody listening could just say well you're just prejudice because you're a nurse midwife. But I had private care for my first two babies in Cincinnati, and I got a lot better care with my third one in Hyden as far as answering questions and not assuming that it was because I was a nurse midwife that I should know what was going on, or that this would be any different for me that it would be for any other patient. The supervision was a lot more careful and clearer there than it often times is here, I think.

Silveri: Has your husband been supportive of your work?

Dorothy S. Howald: Very. Always, always!

Silveri: That's good!

Dorothy S. Howald: Always!

Silveri: Well, I want to thank you for your time, and I want to see if I can get your husband in here. Thank you very much!