

The Transnational Labour of Mennonite Midwives in Siberia, Canada and Paraguay

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In Mennonite historical writing, Siberia often looms as a place of loss, death and despair. Given that it became an involuntary destination for so many sent into exile in the 1920s and 1930s, and also for those who were repatriated from Europe after the Second World War, it is understandable that it holds a place of sorrow and loss in the memory of many Mennonite families. However, Siberia was also a region where Mennonites chose to settle and develop successful community life in the late nineteenth and early twentieth century. It also became a place where repatriated–‘sent back’–Mennonites, along with those who never left, eventually created new livelihoods after the Second World War.

The dichotomy of life and death that Siberia became for Mennonites is embodied in the lives and professions of women who provided midwifery and other healing services to Mennonites and their neighbours throughout their sojourn in Russia/Soviet Union. Mennonite women, trained and practicing as midwives while living in Siberia, or in other parts of the Russian Empire or later Soviet Union, carried their knowledge and skills to Canada and Paraguay, where their labour was crucial

to the survival and success of immigrant communities. For a diasporic group such as the Mennonites, the possibility of continuing one's labour across oceans and national boundaries was important to maintaining group cohesion and the centrality of a woman's skills within that group. Indeed, one might argue that these mostly female-specific skills were the first and primary labour needs of Mennonites in frontier settlement communities, whether within the boundaries of the Russian Empire or across the Atlantic Ocean. I refer to this labour as 'transnational' to identify the origins of the training and initial practice which was then replicated across national borders and across the life story boundaries that separate Mennonites who 'left' the Russian Empire/Soviet Union and those who 'stayed' or were 'kept back.' Even though the midwives and their families did not develop the kind of 'back-and-forth' migratory patterns sometimes associated with transnational behavior, nor did they maintain obvious economic or social ties to Siberia, their lives nevertheless point to the place of vocational continuity in the migration and settlement experience. This transnationality of labour has been demonstrated with respect to both Italian and Japanese midwives who migrated to the United States, although overall this is an understudied field of inquiry in North America.¹

Professional nursing and midwifery training was common amongst Mennonites in Russia, whether obtained at institutions in such cities as St. Petersburg or Riga, Latvia or at Mennonite healthcare institutions that were established beginning in the nineteenth century in present-day Ukraine, or in more informal settings such as apprenticeships. Indeed, in the Mennonite context of high birth rates, relatively self-sufficient and isolated settlements and ethno-religious particularity, the need for 'insider' expertise in birthing and healing was evident. Such a pattern may have been initiated already with the sixteenth-century Anabaptists of Europe. Birth attendants—Catholic or Protestant—in early modern Europe were allowed and given training in emergency baptism, in case they delivered an infant that was sickly and not expected to live. Because they opposed infant baptism as unscriptural, Anabaptist midwives were accused of not baptizing newborn children in danger of dying. 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, and who reportedly "influenced numerous parents not to have their children baptized."²

In the Russian/Soviet setting, the tradition of Mennonite midwifery was further shaped by the ancient and generally unbroken practise of midwife assisted childbirth in that context. Various sources point out

the significance of the midwife in a pre-revolutionary Russian village, as in “No peasant family could do without the midwife.”³ While there are limited sources on the practice of midwifery among Mennonites in the nineteenth-century Russian Empire, one historian has concluded that, “... male doctors, professionally trained or self-taught, were rarely called upon to assist with deliveries. This was the domain of the midwife.”⁴ That community midwives were quite plentiful within the Mennonite settlements is implied in the diary of one Mennonite leader whose wife was assisted by four different midwives for five births in an eleven-year period.⁵ Mennonite family and community histories with a Russian setting frequently refer to “the midwife,” but rarely is much more than a surname given, as in “Mrs. Penner, the midwife.” My own growing database on Russian Mennonite midwives who immigrated to North or South America reveals a significant number of women who chose or were drawn into this activity as a calling or occupation, perhaps more so than was the case for other immigrant groups.⁶

Mennonites as an ethno-religious minority were able to utilize the vocational environment that Russia offered to enhance the role of such service providers in their own communities. Mennonite women appropriated a long and continuous tradition of professional midwife-assisted childbirth that existed in Russia/Soviet Union which then became an essential service for isolated Mennonite settlement communities in Canada and Paraguay and for populations that lived alongside the Mennonites. This was true for Mennonites who left the Russian Empire already in the 1870s and settled on reserve lands on the Canadian prairies. For these Mennonites, the midwifery and other healing skills provided by a woman such as 1870s immigrant Katharina Hiebert enhanced the possibility of successful childbirth which in itself was central to successful settlement strategies. Hiebert “delivered hundreds of babies, championed better health care for women, reset bones, worked to combat infectious diseases, did health teaching, and prepared bodies for burial.”⁷ This pattern was also true of those who emigrated from the Soviet Union in the 1920s, some of whom eventually established separated communities in Canada, such as at Yarrow, British Columbia. The notion of transplanting traditions and practices from the so-called ‘old’ to ‘new’ world has often been explained with reference to the nineteenth-century immigrants who were considered pioneers in southern Manitoba. For them, house-barn architecture, street-village settlement formation, inheritance patterns and other customs from the Russian sojourn are highlighted as examples of this transplantation.⁸ For later migrant groups, especially the 20,000 who arrived in Canada in the 1920s, midwifery skills obtained in the Russian context remained an important ingredient of settlement, even while certain of the nineteenth-century customs were no longer possible to reproduce.

Maintaining 'old country' practices of midwife-assisted births once in Canada helped ethnic groups like the Mennonites conserve an important sense of group and cultural identity. The fact that Mennonites settled in rural group concentrations and were, at least in the early decades, geographically isolated, meant that women of necessity, as well as by preference, relied for birthing assistance on women within their own group. For nineteenth-century Mennonite immigrants to Canada from Russia, vocational midwives also served to reinforce traditional practice in the midst of an initially unfamiliar environment that required social and economic adaptation in many other respects. But this pattern likely held true also for those who moved within the Empire to Siberia beginning in 1897.

The first families settling in the Omsk and Slavgorod regions of Siberia in the late nineteenth and early twentieth centuries had need of practitioners to assist women in childbirth. Some of these were undoubtedly neighbours, relatives and women who were deemed capable by virtue of their experience of giving birth themselves. But there were women who arrived in the Siberia settlements with prior professional training, or who obtained it while resident there. Their pivotal role in healthcare is made apparent in Gerhard Fast's 1957 book, *In den Steppen Sibiriens*, in which he devotes the better part of the brief section on the health situation to the contribution of midwives. For instance, Fast notes that, in light of all the illness and disease that plagued the villages of the Slavgorod district in the early years of settlement, they were fortunate to have many competent midwives, such as "Mrs. David Thielmann, Mrs. Jacob Voth, Mrs. J. Nickel, and Mrs. Franz Derksen" and "many others."⁹ It is noteworthy that three of these (Thielmann, Voth, and Derksen) are the only women whose photographs appear in his book. These midwives, he observed, offered faithful and dedicated service with very little payment. They went anywhere, at any hour, "by day and by night, in the burning summer heat, or in snow or rain, or even strong snow storms" in order to treat the sick or help women in labour.¹⁰ Peter Rahn, compiler of a history of the Mennonites in the environs of Omsk, also notes the importance of midwives, citing a "Frau Heinrich Epp" as one whose presence at a birth produced a sense of calm.¹¹

One of the women noted by Gerhard Fast was Sarah Dekker, born in 1878 in the German Mennonite village of Kleefeld, in present day Ukraine. She married David Thielmann in 1911 and they moved to the Siberian settlement called Barnaul. Sarah and David with two sons, left their home in Schoental near Orloff, and immigrated to Canada in 1929. They settled first at Glenbush, Saskatchewan—about two hundred kilometers northwest of Saskatoon—and then moved to Beamsville, Ontario, near St. Catharines, in 1941. As a single young woman, Sarah

had gone to St. Petersburg to be trained as a midwife and in 1909 she began recording the births at which she assisted in a midwife's journal, a carefully handwritten document in German gothic script.¹² 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 labour as a midwife, but continued offering her chiropractic and other healing skills to the local community.¹³

Justina Friesen Goetz was another one of these transnational midwives (though not mentioned in Fast's book). She was born in 1892 in the village of Einlage in the Mennonite settlement of Khortitsa.¹⁴ As an eighteen year-old young woman, she decided to obtain training in midwifery and other healing skills in a three-year program in Riga, Latvia. Once graduated, she looked for territories where she could practice her vocation and saw new settlements in Siberia as the answer; there she practiced her trade for fifteen years. In 1914 she married Heinrich Goetz and moved to Orloff. During the First World War and civil war that followed, Justina worked as a midwife with the Red Cross.¹⁵ In 1929 they were amongst the many Mennonites who left the Soviet Union after waiting several months in Moscow for exit visas. There also, her labour skills were needed in the crowded communities of Mennonites that developed in the outskirts of Moscow. She described the challenges of lodging and feeding the refugees: "It was particularly difficult for the expectant mothers. For me, as a functioning midwife, it was difficult and complicated to render my services to them."¹⁶ In Walter Quiring's description of the "tragic" situation of Mennonite refugees in Germany, he notes the presence of a "competent midwife" in the group; though he does not name her, it is most likely Goetz that Quiring refers to.¹⁷ According to her youngest son Siegfried, Justina had to pay extra for her sea-going transport to Canada, since she was heavily pregnant at the time; her only daughter Frieda was born and died on board the ship. She settled in the southern Ontario city of Waterloo where she continued to assist women in childbirth for about fifteen years more, including out of her own home. She also occasionally worked as a midwife in the Swiss/Pennsylvania German origin Old Order Mennonite community in the region.¹⁸

An informally trained midwife in Siberia was Margaretha Klippenstein Enns. Margaretha was born in 1888 in the Molochna colony in present day Ukraine, but spent most of her youth in the Neu Samara settlement.¹⁹ Shortly after her marriage in 1908 she and her husband Heinrich Enns moved to the newly established village of Petrovka in the Slavgorod settlement. She gave birth to eleven children, two of whom died in childhood. In 1923, with seven children at home—the family was now living in Blumenort—and having just lost her eighth child, Margaretha left home for three months to be trained as a midwife

under the tutelage of Anna Duerksen in Saratov. Anna had completed her own midwifery training in Riga and had worked in the Mennonite-operated Muntau Hospital in Molochna. Margaretha was motivated to become a professional midwife because her own mother had adopted that career, but she also felt vehemently called by God to assist women in childbirth. After recovering from an illness, she asked for her husband's permission to "do the work that the Lord wants me to do" and, despite his apprehension, he let her leave home for her training.²⁰ With nine children of her own, Margaretha's career caused no small amount of hardship especially for her eldest daughter who had to leave school early and against her will to care for the household. Margaretha and her family immigrated to Canada in 1926, living for a short time on the prairies (Zeneta, Saskatchewan) and then in 1929 joining a group of Mennonites who established a new community in the Fraser Valley of British Columbia.

Margaretha's tutor in Siberia, Anna Duerksen, was among those Mennonites who left the Soviet Union to found the Fernheim Colony in Paraguay in 1930. Paraguay became a destination for several waves of Russian Mennonite migrants. The first was a group of colonists arriving from Canada in 1927, followed three years later by a migration from the Soviet Union via Germany. Both of these established neighbouring but separate colonies, Menno and Fernheim. After the Second World War, further migrations from Canada and the Soviet Union created additional colonies. All of these isolated colonies replicated, in varying degrees, the patterns of community life developed by Mennonites in Russia that for the most part included self-sufficiency in birthing and healthcare. Central to such practices were women like Anna Duerksen. Born in 1884, Anna was described as a knowledgeable woman who was called from far away to help in "cold Russia" and also was sought out in Paraguay by earlier immigrants from Canada in the neighbouring colony of Menno.²¹

In the Menno Colony, midwives were plentiful but almost all were without formal training. One account says that women who had given birth themselves and were "courageous" qualified to help others with their deliveries.²² As a result, the professional training of a woman like Anna Duerksen, who already had an extensive practice in Siberia, was of great value and easily straddled the boundaries between old and new colonies in Paraguay. Her ability to use instruments like forceps, to remove a dead infant from a woman's uterus, and to leave birthing instructions with a husband in case she didn't make it on time, were all crucial to lessening the mortality rates of both mothers and infants in the remote settlements of Paraguay. She had a reputation for her success with many difficult deliveries.²³

These women are only several examples that represent many women who took on midwifery as a career and were crucial to the

health and wellbeing of their Mennonite communities in Siberia, but also then as portions of those settlements made new homes in Canada and Paraguay. Even though midwife-assisted births at home were the norm in most parts of rural Canada up to the end of the nineteenth century, during the decades which followed, a process of medicalization and hospitalization saw childbirth gradually transition to hospital settings with male physicians having oversight. So by the late 1930s most Canadian women were giving birth in hospitals.²⁴ Even while the decline of midwifery in Canada was occurring in the first half of the twentieth century, midwives in rural and ethnic communities continued to fulfill this function somewhat longer—a persistence of practice that has not been addressed within the published literature. The transnational skills of Mennonite midwives, including the fact that they had obtained professional training in Russia, Latvia, or Ukraine, were pivotal to the immigrant experience.

What appears unique for the Canadian setting is the professional training that accompanied Mennonite immigrant midwives, as I have already noted. Diane C. Vecchio, writing about Italian immigrants to the United States in the early twentieth century, concludes that midwives more than other Italian working women, considered themselves professionals, partly because of the credentials they obtained at training institutions in such cities as Palermo, Turin, or Naples, but also because their vocation frequently took precedence over domesticity and household needs.²⁵ Much of the historic literature on midwifery in Canada (for the United States as well) offers a predominant portrayal of midwives as women who had given birth themselves, had obtained their childbirth knowledge informally through experience or as apprentices, and assisted at a relatively small number of deliveries throughout their lifetime, and mainly within their own neighbourhood of family and friends, hence the dominant notion of what has been called the “neighbor” or “traditional” midwife. This type of healthcare activity wasn’t categorized as ‘labour’ or ‘work’ in any kind of professional sense, but rather just “women helping women.” Alongside of this has been a frequent assessment of such midwives as incompetent at best, and dangerous at worst.²⁶ While self-trained, or informally trained midwives also worked within Mennonite communities, the sizable number of professionally trained vocational midwives amongst Mennonites presents a different paradigm than what the predominant historical perception presents. Indeed, such training may in fact have been more common amongst immigrants whose homelands offered greater access to institutions with obstetrical and related education programs than did early rural Canada or the isolated colonies of Paraguay.²⁷

In addition to their professional training, 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 neighbour and relative. At least one historian's conclusion about the small practices of immigrant midwives²⁸ does not hold true for all Mennonite baby-catchers—a colloquial term for midwives—some of whom had very prolific careers. We do know that Sarah Thielmann delivered over 1,400 infants in a thirty two year period, and other women in the Canadian context delivered a comparable number. Unfortunately, thus far I have not obtained similar information about the other Siberian midwives mentioned here. Unless the midwife herself, or her family members, recorded such statistics in a journal or obituary, that information might only be found in the official birth registries of specific regions, if in fact the registration of births was mandatory during a given historic period.²⁹

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 ability to provide a wide range of healthcare services, their desire for separation from non-Mennonite services and institutions and their preference for health care providers that 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. While I am not familiar with comparable statistics in the Russian setting, Mennonite birth rates in North America were forty to fifty percent higher than national averages until the 1970s.³⁰ My random survey of Mennonite genealogies and family histories points to a generalization that Mennonite families in Russia, especially in the pre-Revolution era, were large, with family sizes in the double digits not uncommon. This may of course have been related to the historic era and setting as much as to a unique trait of Mennonites. Families with a dozen children (more or less) could often not afford physicians' fees nor could they manage the kind of arrangements for travel and household care that would have to be put in place should mother need to go some distance to an urban area where medical personnel and clinics were available.

The fertility rates of Mennonite women point to another role that midwives filled, which was counseling women on contraception and possibly also inducing abortions. High birth rates reflected a number of factors, including a desire for group survival and numerical increase, attitudes towards sexuality that encouraged ignorance about fertility management, and also official condemnation of birth control by church leaders well into the second half of the twentieth century.³¹ Knowledge of how to limit childbirth was securely lodged in private and informal realms and is rarely discussed in sources available to historians. While Sarah Thielmann's record of births refers to both miscarriages and abortions, with no further description attached to these comments, I

can't say for certain what actually occurred in any of these cases. But it is possible that midwives did indeed advise women on such methods as vaginal douches after intercourse, the use of herbs or sponges, and perhaps mostly, counseled women on how to persuade their husbands to abstain or practice withdrawal. Margaretha Enns' daughters attested to the fact that their mother gave such advice but agreed that she probably wasn't very successful.³²

The rural location and relatively isolated character of Mennonite settlements meant that midwives who practiced in Siberia and immigrated to Canada or Paraguay offered healthcare services that went well beyond assistance at childbirth. One chronicler of Mennonite funeral practices in pioneer settings observed that in villages with less than five hundred people, the only "professional" care for the sick and dying was a "self-trained midwife."³³ The relative isolation of Mennonite settlements in Siberia and then in Canada or Paraguay meant that a competent midwife who was within a few kilometers was better than a hospital a day's trip away. When Mennonites settled at Orloff near Slavgorod, Siberia, medical care in the form of a trained doctor was "non-existent" in the early years, according to Gerhard Fast.³⁴ The presence of a midwife-healer, whether professionally or informally trained, could mean the difference between life and death in such precarious settings.

Women with professional credentials in midwifery often also had training in bone setting and naturopathy, for instance. Fast suggests that during the years when diseases such as cholera and typhus plagued the Mennonite villages in Siberia, especially in the early 1920s, midwives provided much of the medical care.³⁵ They may have been among the few people brave enough to enter a home with a black flag posted outside, a sign of infection indoors. The mother to Margaretha Enns, who was also a midwife, often visited people sick with typhoid; when she returned home, she would stand outside in the smoke of a fire built by her family explicitly to rid her of the disease.³⁶ Sarah Thielmann was one of these multi-faceted healthcare providers, and was sometimes referred to as a *zurechtmacherin*, meaning "one who puts things back" or "makes things right."³⁷ This was with reference to her particular skills in chiropractic and massage. Anna Duerksen was considered an acclaimed chiropractor, in addition to her midwifery skills, and was also remembered for her ability to set broken bones and create splints.³⁸ According to her son, Justina Goetz used one room in their house in Waterloo, Ontario, as a birthing room but that it was often occupied by people with various other maladies that she treated.³⁹ Margaretha Enns was also the source of varied medical treatment and advice in the rural community of Yarrow, British Columbia, since the nearest hospital was some distance away. The respect she gained from

physicians in the area was evident in their gift to her: a brown leather medical bag filled with supplies to treat a range of medical conditions.⁴⁰

The prevalence of career midwives in Mennonite settlements also fostered ethno-religious identity. For later Mennonites, for whom ethnic identity became akin to religious character, as occurred in Russia, shared ethnicity between a woman and her midwife became as important as shared religious beliefs. One historian of midwifery in Canada has suggested that the “reasons for the persistence of midwifery in some communities can be attributed to a preference for a birth attendant who spoke the native language of the birthing mother and who had an understanding of her cultural and religious traditions.”⁴¹ The daughter of one midwife suggests that people sought out the services of Mennonite midwives in Canada because they were poor and could not afford the male physician’s fees, whereas the midwife would accept whatever they might offer, including a bag of flour or a chicken.⁴² But cultural signifiers were equally important; aside from the obvious one of language, these included a common knowledge of kinship relationships and collective history. A midwife who shared the ethnicity of the mother would have known exactly how to prepare the foods that would have comforted and nourished the woman and her family in the aftermath of birth, as well as particular cultural and religious norms that influenced how one expressed the physical pain and extremes of emotion that accompany childbirth.

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 skill also drew them outside of those boundaries towards interaction with their neighbours. Sarah Thielmann’s obituary notes that one of the highlights of her midwifery career in Siberia was being able to assist Russians, Kyrgyzstanis, and other peoples of the region.⁴³ The family of Margaretha Enns similarly recall that she provided midwifery and other healthcare to their Russian neighbours in the Siberian setting, and also to their non-Mennonite neighbours in Canada.⁴⁴

Women were also drawn out of their own homes, and many times their profession took priority over their domestic and familial duties. Again, similar to the Italian midwives profiled by Diane Vecchio, Mennonite midwives often upset normative gender roles in family life. 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 on 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.⁴⁵ This particular midwife is described by her family as “an emancipated woman,” an “independent lady” and “opinionated.”⁴⁶ Some midwives were community leaders in other capacities as well; for instance, Margaretha Enns took over the village choir when all of the men were performing alternative service during the First World War.⁴⁷

The women who spent their adult lives in a care-giving occupation did so in the midst of challenging life difficulties of their own. Anna Duerksen experienced the trauma of losing six of her eight children in infancy.⁴⁸ Margaretha Enns gave birth to eleven children herself, two of whom died in childhood; this meant that her elder daughters carried the weight of looking after the household and their younger siblings, a situation that they came to resent.⁴⁹

There is much more research to be done to ascertain to what extent midwifery remained a chosen career for other Mennonite women in Siberia or other parts of Russia/Soviet Union from the early years of settlement, whether in the nineteenth or twentieth century, or to the lesser studied decades after the Second World War. An examination of these lives and careers will enhance our understanding of women’s work within and outside of Mennonite communities, the manner in which they bridged their Mennonite and Russian contexts (in their training and services), and the transnational nature of professional midwifery. 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 wellbeing of households and ethnic communities. The professionally and informally trained Mennonite midwife offered a Mennonite woman in labour 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.

The fact that they could carry their training between continents and across oceans meant that certain essential health services were maintained and community strength thus reinforced. In its capacity to transfer skills from one homeland to another, and also across ethnic boundaries in Canada, the career of the Mennonite midwife is a key example of transnational labour. Illuminating Mennonite women’s

work as midwives allows us to view the Siberian experience as much more than a place of sorrow, but also as a place where specific labour skills obtained in the Russian context enabled women to play crucial roles in maintaining community security and ethnic cohesion especially through the process of migration and settlement in Canada, Paraguay, and elsewhere.

Notes

- ¹ See Diane C. Vecchio, *Merchants, Midwives, and Laboring Women: Italian Migrants in Urban America* (Urbana and Chicago: University of Illinois Press, 2006), and Susan L. Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950* (Urbana: University of Illinois Press, 2005).
- ² Guy F. Hershberger, "Hershberger (Hersberg, Hersberger, Herschberger, Hirschberger, Harshberger, Harshbarger)," *Global Anabaptist Mennonite Encyclopedia Online* (1956). Accessed 5 March 2007, <http://www.gameo.org/encyclopedia/contents/h47710me.html>.
- ³ T. A. Listova, "Russian Rituals, Customs, and Beliefs Associated with the Midwife (1850-1930)," in *Russian Traditional Culture: Religion, Gender, and Customary Law*, ed. Marjorie Mandelstam Balzer (Armonk, NY: M.E. Sharpe, 1992), 122.
- ⁴ John B. Toews, "Childbirth, Disease and Death Among the Mennonites in Nineteenth-Century Russia," *Mennonite Quarterly Review* 60, no. 3 (July 1986): 462.
- ⁵ *Ibid.*
- ⁶ Much of the material in this paper overlaps with my other published articles on Mennonite midwives: "Midwife-Healers in Canadian Mennonite Immigrant Communities: Women who 'made things right,'" *Histoire Sociale / Social History* 80 (November 2007): 323-44; "Catching Babies and Delivering the Dead: Midwives and Undertakers in Mennonite Settlement Communities," in *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, ed. Myra Rutherford (Montreal & Kingston: McGill-Queen's University Press, 2010), 61-83; "Women who 'made things right': Midwife-Healers in Canadian Mennonite Communities of the Past," *The Conrad Grebel Review* 28, no. 1 (Winter 2010): 4-27.
- ⁷ Sharon H. Brown, "Hiebert, Katherina (1855-1916)," *Global Anabaptist Mennonite Encyclopedia Online* (May 2006). Accessed May 25, 2010, <http://www.gameo.org/encyclopedia/contents/H53713.html>.
- ⁸ See for instance Royden K. Loewen, *Family, Church and Market: A Mennonite Community in the Old and the New Worlds, 1850-1930* (Toronto: University of Toronto Press, 1993).
- ⁹ Gerhard Fast, *In den Steppen Sibiriens* (Rosthern, SK: J. Heese, c1957), 62. See also Cornelius Krahn, "Slavgorod Mennonite Settlement (Siberia, Russia)," *Global Anabaptist Mennonite Encyclopedia Online* (1959). Accessed May 14, 2010, http://www.gameo.org/encyclopedia/contents/slavgorod_mennonite_settlement.
- ¹⁰ Fast, 62.
- ¹¹ Peter Rahn, *Mennoniten in der Umgebung von Omsk* (Winnipeg: Christian Press, 1975), 38.
- ¹² Sarah Dekker Thielmann personal collection, Volume 1057. Centre for Mennonite Brethren Studies (CMBS), Winnipeg, Manitoba.
- ¹³ Biographical information for Sarah Dekker Thielmann is taken from the following sources: "Biographical Sketch," in Sarah Dekker Thielmann personal collection, Volume 1057, CMBS; Obituary of Sarah Thielmann, *Mennonitische Rundschau* (February 17, 1968):11; Alfred H. Redekopp, *Jacob Thielmann and Helena*

- Kroeker: A Family History and Genealogy of their Descendants* (Winnipeg, MB: A.H. Redekopp, 1988).
- ¹⁴ Biographical information about Justina Friesen Goetz is from her obituary in *Mennonitische Rundschau*, May 27, 1964, 11 also published in *Der Bote*, May 12, 1964, 7, and a telephone conversation with her son Siegfried Goetz, Toronto, Ontario, April 2010.
- ¹⁵ Heinrich and Justina Goetz, "Bericht ueber die Beweggruende zur Moskaufucht aus Siberian," in *At the Gates of Moscow*, comp. H. J. Willms, trans. George G. Thielman (Abbotsford, BC: Committee of Mennonite Refugees from the Soviet Union, 1964), 45.
- ¹⁶ *Ibid.*, 48.
- ¹⁷ *Ibid.*, 97.
- ¹⁸ Conversation with Siegfried Goetz, Toronto, Ontario, April 2010.
- ¹⁹ Biographical information about Margaretha Klippenstein Enns is in: Irma Epp, Lillian Harms, and Lora Sawatsky, "Midwifery: A Ministry," in *Village of Unsettled Yearnings, Yarrow, British Columbia: Mennonite Promise*, ed. Leonard N. Neufeldt (Victoria, BC: TouchWood Editions, 2002), 22-27; Lora Sawatsky, "Margaretha Klippenstein Enns: A Grandmother who loved her Career," *Roots and Branches* 15, no. 3 (September 2009): 8, and conversations with Lora Sawatsky and Sarah Martens, Abbotsford, British Columbia, May 7 and 8, 2010.
- ²⁰ Notes from written interview by Lora Sawatsky with Margaret Neufeldt (daughter to Margaretha Klippenstein Enns), January 1996.
- ²¹ Regine Breuniger de Guenther, *Geburtshilfe in der Anfangszeit der Kolonie Menno* (Loma Plata: Druckerei Friesen, 2004), 61-2.
- ²² *Ibid.*, 23-8.
- ²³ *Ibid.*, 61-2.
- ²⁴ On the history of birthing and midwifery in Canada, see for instance, Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002); Cecilia Benoit and Dena Carroll, "Canadian Midwifery: Blending Traditional and Modern Practices," in *On All Frontiers: Four Centuries of Canadian Nursing*, eds. Christina Bates, Dianne Dodd, and Nicole Rousseau (Ottawa: University of Ottawa Press, 2005), 27-41; Ivy Lynn Bourgeault, et al., *Reconceiving Midwifery* (Montreal & Kingston: McGill-Queen's University Press, 2004); Myra Rutherford, ed., *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada* (Montreal & Kingston: McGill-Queen's University Press, 2010).
- ²⁵ Vecchio, *Merchants, Midwives, and Laboring Women*.
- ²⁶ For an assessment of the historiography, see for instance, Lesley Biggs, "Rethinking the History of Midwifery in Canada," in *Reconceiving Midwifery*, eds. Ivy Lynn Bourgeault, et al., (Montreal & Kingston: McGill-Queen's University Press, 2004), 17-45.
- ²⁷ Susan L. Smith notes that many Japanese immigrant midwives in Hawaii had obtained training at midwifery schools in their home country. See "Medicine, Midwifery, and the State: Japanese Americans and Health Care in Hawai'i, 1885-1945," *Journal of Asian American Studies*, 4, no. 1 (February 2001): 63; and *Japanese American Midwives* (2005).
- ²⁸ Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995).
- ²⁹ The relatives of Margaretha Klippenstein Enns have requested to view records of the births at which she assisted in British Columbia, but have thus far been denied such access.
- ³⁰ J. Howard Kauffman, "Mennonite: Family Life as Christian Community," in *Faith Traditions and the Family*, eds. Phyllis D. Airhart and Margaret Lamberts Bendroth (Louisville, KY: Westminster John Knox Press, 1996), 40-1.

- ³¹ Some of this is discussed in Katherine Martens and Heidi Harms, *In Her Own Voice: Childbirth Stories from Mennonite Women* (Winnipeg: University of Manitoba Press, 1997); see also my own discussion in *Mennonite Women in Canada: A History* (Winnipeg: University of Manitoba Press, 2008), chapter 2.
- ³² Conversations with Lora Sawatsky and Sarah Martens, Abbotsford, British Columbia, May 7 and 8, 2010.
- ³³ Ben Fast, "Mennonite Pioneer Funeral Practices," *Saskatchewan Mennonite Historian* 5, no. 1 (March 2000):13.
- ³⁴ Fast, *In den Steppen Siberiens*, 61.
- ³⁵ Ibid.
- ³⁶ Notes from written interview by Lora Sawatsky with Margaret Neufeldt (daughter to Margaretha Klippenstein Enns), January 1996.
- ³⁷ Letter to the author from Thielmann's niece Katherine Jantz, October 4, 2004.
- ³⁸ Epp, et al., "Midwifery: A Ministry," 23.
- ³⁹ Conversation with Siegfried Goetz, Toronto, Ontario, April 2010.
- ⁴⁰ Conversation with Lora Sawatsky, Abbotsford, British Columbia, May 7, 2010.
- ⁴¹ Biggs, "Rethinking the History of Midwifery in Canada," 18. Manitoba midwife and healer Katharina Born Thiessen was preferred by other Mennonites in part because she spoke the Mennonite Low German dialect; she is profiled in Hans Werner and Jenifer Waito, "One of our own: Ethnicity Politics and the Medicalization of Childbirth in Manitoba," *Manitoba History* 58 (June 2008): 2-10.
- ⁴² Conversation with Lillian Harms, Abbotsford, British Columbia, May 7, 2010.
- ⁴³ Obituary of Sarah Thielman, *Mennonitische Rundschau* (February 17, 1968), 11.
- ⁴⁴ Conversations with Lora Sawatsky and Sarah Martens, Abbotsford, British Columbia, May 7 and 8, 2010.
- ⁴⁵ Epp, et al., "Midwifery: A Ministry," 27.
- ⁴⁶ Conversation with Lora Sawatsky, Abbotsford, British Columbia, May 7, 2010.
- ⁴⁷ Notes from written interview by Lora Sawatsky with Margaret Neufeldt (daughter to Margaretha Klippenstein Enns), January 1996.
- ⁴⁸ Cliff Wall, *Remembering our Heritage* (online publication, no date), <http://www.dakotadirksens.com/books/CliffWall/195.htm>.
- ⁴⁹ Conversations with Lora Sawatsky and Sarah Martens, Abbotsford, British Columbia, May 7 and 8, 2010.