History of Midwifery in New Mexico: Partnership Between *Curandera-parteras* and the New Mexico Department of Health

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Curandera-parteras (traditional Hispanic midwives) have been in northern New Mexico since before its statehood. In the 1930s, the New Mexico Department of Health began a valuable relationship with the *curandera-parteras* through the Midwife Consultant Program. This article describes the relationship between the *curandera-parteras* and the New Mexico Department of Health originating in the 1920s. The amenable and effective working relationship achieved between *curandera-parteras* and public health during this time period helped create the positive support for midwifery that is apparent in New Mexico today. J Midwifery Womens Health 2005;50:411–417 © 2005 by the American College of Nurse-Midwives.

INTRODUCTION

One hundred years ago, *curandera-parteras* (traditional Hispanic midwives) were the primary maternity caregivers in northern New Mexico. In the early 20th century, there were more than 800 *curandera-parteras* practicing throughout the state.[1] Most of them were working in rural, isolated, Hispanic villages in northern New Mexico. Because of limited available physicians, poor road conditions, cultural preference, and poverty, the services of the *curandera-parteras* were vital to the mothers and babies of New Mexico. This articles briefly traces the history and heritage of the *curandera-parteras* and proposes that their presence had an impact in New Mexico's maternity care history that is still seen today.

BACKGROUND

In the early 1900s, northern New Mexico was still culturally isolated from the rest of the country, and was not yet affected by the urbanization and industrialization taking place in the rest of the United States. The villages in this area strongly held on to their own traditions and values and their native language of Spanish. These villagers were descendants of early Iberian colonizers who moved into New Mexico from Mexico in the late 17th and early 18th centuries and remained isolated from other European groups for almost 3 centuries.[2] They established relationships with the Pueblo Indian communities in the area and traded goods directly with Mexico. They developed a distinctive rural culture that included shared land; extended, patriarchal family systems; and a strong influence of Catholicism revolving around the worship of family and village saints.[2] Due to geographic isolation, these villages developed a system of folk medicine that included *curandera-parteras*.

Effective description of the *curandera-partera* and their practice first requires a definition of a *curandera-partera*. In English, the Spanish word *partera* translates to "midwife."[3] This word comes from the Spanish verb *partear*, which means "to deliver." Today, *partera* is loosely used in the Hispanic community to refer to any midwife (a certified-nurse midwife or a licensed midwife); however, in the early 1900s, a *partera* was known as a *curandera-partera*, and the term had a set of cultural meanings different from the modern term "midwife."

Curanderismo is a diverse folk healing system that began in Latin America.[4] The Aztecan, Mayan, and Incan societies had strong religious beliefs of harmony with nature, spirit, and self. The Indians of Mexico had many gods and believed that their gods punished sins with disease or illnesses that were supernatural in nature. As a balance, some mortals were spiritually chosen and given the power to heal the wounded spirit and cure the supernatural illness. This was the role of the *curanderos* (male) and *curanderas* (female).

Curandero/a comes from the Spanish verb *curar*, "to heal."[5] Some people also refer to those who have the power to heal, as *medico/a*.[6] A *curandero/a* is a healer who manipulates the supernatural world as well as the physical world.[5] Most *curanderas* specialize in a particular form of care: the *yerbera* works with herbs alone; the *partera* specializes in childbirth and also uses herbs— she may or may not offer prenatal care; and the *sobadoras* heals sprains or strained muscles with their hands and may supplement with herbs. A *curandera-total* is a *curandera* that provides all of these specialties and represents the highest position on the Hispanic hierarchical ladder of healing.[6] (Figure 1)

During the early 1900s, most *curanderas* did not charge for their work; they allowed the client's family to give what they could.[7] Many clients paid in *correspondencia*, a term of barter that usually took the form of flour, corn, beans, chili, and sometimes money.

SELECTION AND TRAINING

The *curandera-parteras* were typically middle-aged or older Hispanic women whose mothers, grandmothers, or

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1526-9523/05/$30.00 • doi:10.1016/j.jmwh.2004.12.001

Figure 1. *Curandera-Parteras* in rural New Mexico, 1930s. Reprinted with permission from New Mexico Health Officer Vol. VII No. 2: Tenth Biennial report 1937–38.[9]

aunts had been *curandera-parteras* before them.[7] When a *curandera-partera* felt that she was getting too old and needed help, she selected someone from among her family and friends to take her place. Her apprentice had to be married and close to middle age, for then she was through having children and thought suitable to take on the role. If one of the *curandera-partera's* married daughters was strong and fearless, she would teach her, but if her own daughter was not considered courageous or intelligent, a suitable friend or relative was chosen.

Being chosen to become a *curandera-partera* was a great honor for a woman.[1] *Curandera-parteras* held a key position in each community where they lived and were highly respected women who served as advisers, counselors, and confidants. Except for teaching school, *partera* was the only other profession available to women; therefore, they were admired most by the women in the community.[2]

The *curandera-partera* began her apprenticeship by learning about herbal remedies; specifically, what each one was good for and how to use them.[7] Most of the herbal remedies that were used by the *curandera-parteras* were gathered at home, along the rivers, fields, and mesas, or grown in their gardens. The student not only had to learn the *curandera-partera's* skills but she was also expected to know why a certain skill was done one particular way and not another.[5] Once an apprentice mastered knowledge of the remedies, she was invited to help the *curandera-partera* with a birth.[7] Unless the birth had complications, the student managed the birth under the direction of the *curandera-partera*. After four or five successful deliveries, the student was considered a *curandera-partera*. However, the new *curandera-partera* never competed with her tutor. She only attended cases when the primary *curandera-partera* sent her as a substitute and, as long as the primary *curandera-partera* was alive, she was expected to be consulted after each delivery.

BELIEFS THAT INFLUENCED PRACTICE

Curandera-parteras combined spirituality with medicine.[7] Religious and spiritual aspects of the healing process capitalized on the patient's faith and belief system.[5] It was not uncommon for *curandera-parteras* to use prayers, statues of saints, other religious symbols, or spiritual beliefs to assist with the care.[2] Invoking the saints' names, calling on the Holy Trinity or the Blessed Virgin, lighting candles, and making the sign of the cross are among the religious actions of the healers.[6] Some *curandera-parteras* put more trust and faith in these spiritual powers than in their material remedies.

An example of a *curandera-partera* intertwining religion and medical care was shown through their care for the stillborn. *Curandera-parteras* buried stillborn babies next to the house under a *canal* (water spout) so the baby could have water whenever it rained.[7] This was done because the child had died before it could be baptized, and these children were considered to be in a spiritual place called *Niño de Limbo*, a place or region assigned to unbaptized children.

Curandera-parteras and their patients held many spiritual beliefs that affected childbearing women; one of the most prominent dealt with the moon.[7] *Curandera-parteras* believed that the moon did not like women and would try to hurt them when they were expecting children. *Curandera-parteras* taught their clients that the moon could hurt the mother through their child; therefore, the moon was blamed for deformed or crippled children. *Curandera-parteras* judged the strength of the moon by its phases. They described the first quarter moon as weak and believed it could not do much harm. The full moon meant that the moon was happy. However, it was thought that in the last quarter, the moon was dying and wanted to do all the harm it could before being succeeded by another moon. Similarly, the eclipse of the moon was thought to be a sign that the moon was angry and would do as much harm as it could. It was during the eclipse that *curandera-parteras* believed expectant mothers had to be very careful to avoid moonlight.

Another spiritual belief that affected childbirth was the belief that difficult births and cases of long labor were punishments for being ill-tempered or disrespectful to their elders.[7] As treatment, the *curandera-partera* would try to find out what the suffering woman had done to deserve the punishment, and she would have the client make amends. This was thought to relieve the woman's pain and suffering, contributing to a better labor.

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ROLE OF *CURANDERA-PARTERAS* IN NEW MEXICO

In 1925, *curandera-parteras* attended 22% of the births reported in New Mexico, and in 1929, they attended approximately 29%.[8] By the mid-1930s, it was estimated that 800 *curandera-parteras* were practicing throughout the state, most of them in the Hispanic communities of northern New Mexico.[1] These communities were usually rural, isolated villages where few physicians were available. In San Miguel County in northeastern New Mexico, it was documented that, in 1936, *curandera-parteras* attended 701 of 972 births (72%).[8]

Curandera-parteras were popular within their communities. Cultural preference was one reason for the *curandera-partera's* popularity.[5] Women providers protected traditional ideas of modesty that were usually strained with a male provider. In addition, it was common for the *curandera-partera* to be a relative or family friend, which meant there were no barriers in communication. The *curandera-partera* and the patient shared the same vocabulary, values, and sociocultural background. It has been suggested that this connection increased the trust between the *curandera-partera* and the patient, which improved the patient's state of mind during labor and birth.[7]

Physicians who were available in the larger villages were much more expensive and transportation was difficult for rural residents.[9] Family incomes were very low; therefore, most rural county residents could not afford to have a physician assist at a birth. Finally, there were too few physicians available to provide all the necessary services, even if the family could afford them.[10]

New Mexico's Department of Health officials recognized and understood the realities of the situation. In New Mexico's 1937 to 1938 biennial report, the director of the Division of Maternal and Child Health wrote, "Until we can change time-honored folkways, and until we can provide telephone communications, swifter means of travel, more doctors and the funds with which to pay them, we shall continue to have midwives [*curandera-parteras*] in rural New Mexico."[9] Despite the fact that some providers disagreed with using the *curandera-parteras* because they thought that they were superstitious, dirty, and ignorant,[11] most of New Mexico's health authorities made the decision to work with, and not against, the *curandera-parteras*, accepting them as crucial partners in the region's health care system.[8]

Dr. Marion Hotopp served as Director of the Maternal and Child Health Division of the state health department from 1945 to 1953.[8] She accepted the importance of the *curandera-parteras* and supported the collaboration between them and the health department.[8] One project she sponsored during her tenure was the compilation of a dictionary of common Spanish terms, including those relating to health care and nutrition, which she distributed to the public health nurses that worked in the Hispanic communities throughout the state.

MATERNAL AND INFANT HEALTH PROBLEMS IN NORTHERN NEW MEXICO

Reliable maternal and infant mortality statistics were available in New Mexico in 1929.[1] That year, New Mexico's infant mortality rate (140 per 1000 live births) was the highest in the nation and more than twice the national average (61 per 1000 live births).[12] In 1930, New Mexico's maternal mortality rate was 20% higher (8.9 per 1000 live births) than the US average (7.1 per 1000 live births).[10]

There are several reasons for the high perinatal mortality experienced by this population. First, the primary health providers in New Mexico did not receive "formal" education. In 1920, New Mexico was the fourth largest state geographically,[5] and 74% of its 360,350 citizens lived in remote areas where health care was scarce.[12] Lack of good roads made it difficult for practitioners formally educated in medicine to reach those who were ill, leaving provision of health care services to local, traditional healers—*curanderos* and medicine men.[8] Because these providers did not possess "formal" training, they were not educated about basic health techniques, such as hygiene and asepsis, and along with the health problems associated with lack of access to care and poverty, their practices may have attributed to the increased mortality rates.[5]

Second, during this time period, most of New Mexico's infant deaths were due to diarrhea and dysentery.[12] Unfortunately, poor sanitation was common throughout New Mexico. Only the major cities of New Mexico had modern sewage treatment plants.

Third, malnutrition was common among the childbearing women of rural New Mexico.[2] Edith Rackley, a public health nurse working in San Miguel County stated, "There were many babies and mothers lost where malnutrition was a factor. It often happened because they just couldn't get food because of the droughts and general poverty and because the diet had been changed so that many just weren't getting the nutrition they needed. The mothers were just overworked and underfed."[2]

EFFORTS TO IMPROVE MATERNAL CHILD HEALTH IN THE NEW MEXICO DEPARTMENT OF HEALTH

In 1921, the US Congress passed the Sheppard-Towner Act.[9] This law provided matching funds to states that had maternity, welfare, and child health programs. New Mexico used Sheppard-Towner funds to create a State Department of Public Welfare, a Bureau of Public Health, and a Bureau of Child Welfare.

In 1935, the enactment of the United States Social Security Act gave New Mexico funds to expand and improve the programs for mothers and infants by creating a Division of Maternal and Child Health within the Bureau of Public Health.[10] The primary purpose of this division was to provide face-to-face contact between public health nurses and the mothers and their children.

The federal funding from the Sheppard-Towner and

Social Security Act were used to improve the quality of obstetric and pediatric care available to all New Mexicans—urban or rural, rich or poor.[8] Three strategies were used to broaden the range of modern maternity and child health services: 1) vigorous expansion of public health nursing services, particularly in remote areas; 2) the establishment of traveling clinics, in which public health doctors and volunteer private physicians would offer maternal and child health clinics in areas desperately needing such services; and 3) the improvement of standards for the performance of *curandera-parteras* by supervising them and providing one-on-one education.[10]

Within the Division of Maternal and Child Health, a demonstration project in San Miguel County began in 1936.[10] The purpose of this project was to strengthen maternal and child public health nursing and to provide a field training center for public health nursing students. The San Miguel County demonstration unit began with a staff of one supervising nurse, eight public health staff nurses, one nurse-midwife (Jean Egbert), and one nurse for venereal disease work. Their first accomplishment was to create clinics with portable equipment in all communities throughout the county. In some remote areas, they used an automobile as their clinic, which they called "La Clinica." The clinic days quickly became popular, and many residents came to the clinics to receive health care.

In 1938, through the San Miguel County Demonstration Project, the Midwifery Consultant Program was initiated.[10] This program was headed by an obstetrician and assisted by 2 nurse-midwives, Eva Borden and Frances Fell. They established prenatal clinics and educational classes for *curandera-parteras*. The goal was to provide scientific education to supplement the *curandera-parteras* traditional folk-based practice.[12] Because a nurse-midwife was on the staff, she provided supervision to the *curandera-parteras* at actual deliveries.[10]

Finally, public health officials of New Mexico's Department of Health recognized that prevention was the key to reducing morbidity and mortality from diarrhea and dysentery, the major causes of infant death. They began a massive campaign that lasted more than 3 decades. This campaign included health education and extension of modern sanitation facilities around the state.[8] In 1938, New Mexico's health department sponsored Works Progress Administration projects for the construction of sanitary privies in 26 counties, mainly at schools and private homes.[13] The updated sanitation system provided privies with screened windows and doors and both water and sewer pipe systems.[8]

Response from the Private Sector—Catholic Maternity Institute

The Catholic Maternity Institute (CMI) in Santa Fe opened in 1944[14] and serves as the prime example of the private sector response to New Mexico's soaring maternal and infant mortality rates. CMI was opened by two missionary nuns, Sister M. Helen and Sister M. Theophane, who were graduate nurse-midwives from the Lobenstine Midwifery School in New York City.[14] In addition to a birth center, CMI provided weekly prenatal clinics and home deliveries to poor families in the area and remained open until 1969 (personal communications with Roberta Moore, CNM, New Mexico's Maternal Health Program Manager, February 3, 2003). This was the first birth center in the United States, and its presence opened the door for families to exercise this option.[14] Although most of the funding for the CMI program came from The Sisters of the Society of Catholic Medical Missionaries, state public health officials were members of the Advisory Board, and New Mexico's Department of Health provided a part-time salary for the clinical director. The Nursing Division of the New Mexico Department of Health also worked closely with the CMI midwives.

THE MIDWIFERY CONSULTANT PROGRAM

Public health workers served as a cultural bridge between the modern medical world and the traditional health system.[5] The Midwifery Consultant Program was a collaboration between the Department of Health and the *curandera-parteras*.[10] The health department benefited from this association via 1) provision of services to more individuals in rural areas, 2) improved collection of vital statistics by having the *curandera-parteras* complete a birth certificate,[1] and 3) provision of essential education to *curandera-parteras* to help reduce infant and maternal deaths.[10] The *curandera-parteras* benefited from the association by receiving education that improved their midwifery skills. They also received essential supplies such as silver nitrate, a medical bag, and sterile string to tie umbilical cords.[2]

The oral history project at the University of New Mexico (UNM) is a collection of taped interviews, with written transcription, between a historian, Dr. Jake Spidle, and several health care providers who practiced in New Mexico beginning in the 1900s. These interviews provide additional insight into the work of the Midwifery Consultant Program. In one of the interviews, Eunice Vandervoort, a public health nurse who was in charge of dispersing the supplies to the *curandera-parteras* in the latter half of the 1930s, valued the service that they provided. She stated that the *curandera-parteras* performed a vitally important service in New Mexico during this time period.

Within the Midwifery Consultant Program, the nurse-midwives instructed the *curandera-parteras* either individually or in small groups.[9] These classes were held in a woman's home, a school, or another central location.[1] The *curandera-parteras* were taught the importance of cleanliness, noninterference, recognition of danger signals, and they were instructed to call a doctor at the first sign of difficulty. Instruction included the use of silver nitrate and

how to fill out a birth or death certificate and submit it within 10 days to the county health office.[10] Because many of the *curandera-parteras* were illiterate, they had to make other arrangements to document and secure this important information.[1]

By 1938, 800 to 900 New Mexico *curandera-parteras* had attended the classes offered by the Midwifery Consultant Program, and became certified midwives by the state.[12] A permanent "club" with monthly meetings was established, and as the confidence of the *curandera-parteras* improved, they began to refer their patients to prenatal clinics for a physical examination by a physician.[10] A pledge was created, which included a promise from the *curandera-parteras* to apply the knowledge that they had learned in their classes and a promise to report to the District Health Officer for an annual examination. *Curandera-parteras* who completed the course and were cooperative with local health units, passed a physical examination, and signed the midwife pledge were issued a midwifery certificate and received a regulation bag and equipment.

In the UNM oral history project, Anne Fox, the nurse-midwifery consultant of the Midwifery Consultant Program from 1946 to 1965, reported that the communities knew which *curandera-parteras* were certified and following good practice skills. Those who were not quickly got a bad name, and the people would not go to them for services.

In 1940, a Nutrition Consultant was added to the program.[12] The nutritionist created lessons on "Food for the Expectant Mother" and "Food for the Nursing Mother." The successful relationship between *curandera-parteras* and public health nurses within the Midwifery Consultant Program enhanced the trust that local Hispanic people showed toward the state's public health care system.[10]

DOÑA JESUSITA ARAGÓN

Doña Jesusita Aragón was one of the most active *curandera-parteras* in northern New Mexico during the 20th century.[1] According to Roberta Moore, CNM, the Maternal Health Program Manager for the state of New Mexico, Ms. Aragón is the last surviving *curandera-partera* who was registered as part of the state's demonstration project (personal communications, February 3, 2003).

When Doña Jesusita was asked about the relationship between the *curandera-parteras* and the New Mexico Department of Health, she recalled, ". . .they were very good to us" (personal communication, February 6, 2003). As for the classes, Jesusita stated, ". . .they taught us *to do* [everything]—how to take care of the lady, how to take care of the baby, and when to ask a doctor for help." Doña Jesusita felt that the training the health department offered helped her to be a better midwife. One lesson that stood out in her memory was the importance of midwives keeping their nails short. She said that the nurses told them "germs could live under your nails, so they should always be short and clean during a delivery." Doña Jesusita stopped providing obstetric care in 2000, at the age of 93, but she is still consulted as a *curandera/medica* in her community.

In UNM's oral history project, Dr. Millican, an obstetrician/gynecologist who performed the physical examinations for the *curandera-parteras*, said that all the *curandera-parteras* did their best and filled a need; however, she holds particularly high regard for Doña Jesusita and her skills. She said that Doña Jesusita performed a vital service for New Mexico, because she cared for women that the hospital or doctors wouldn't take.

The author appears with Doña Jesusita Aragón, the last surviving *curandera-partera* who was registered as part of the state's demonstration project in New Mexico. February 6, 2003 Photo by author. Doña Jesusita began her 80-year midwifery career at the young age of 13. She was a *partera* apprentice of her grandmother, Dolores Gallegos. Her *Tia* (Aunt) Valentina was the *curandera* in the family who taught her the use of the traditional healing herbs. Doña Jesusita says she has delivered more than 20,000 babies; among them were 27 sets of twins and 2 sets of triplets. Most of these births took place at her home in northern New Mexico.

IMPROVED VITAL STATISTICS FOR NEW MEXICO

Over time, several factors, such as improved sanitation, the development of antibiotics, the creation of the CMI, the growth of the public health department, and the Midwifery Consultant Program, helped decrease the infant mortality rate in New Mexico. Because the state's health department and the *curandera-parteras* had developed a collaborative relationship, it was easier for the state health providers to reach the rural Hispanic communities, educate them about the available programs, and provide information on several preventative topics, such as nutrition, importance of prenatal care, good hygiene, vaccinations, and so forth.

In 1939, the Division of Vital Statistics reported approximately 2500 more births than in 1929, and a steady decline in the infant mortality rate was observed.[13] By 1940, the

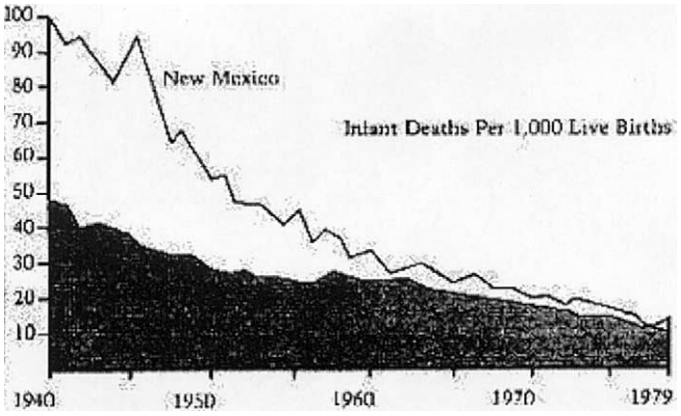

Figure 2. Infant mortality rate, New Mexico and United States 1940 to 1979. Reprinted with permission from Spidle.[8]

infant mortality rate had dropped to 100 deaths per 1000 live births.[1] This rate continued to fall until 2000, and according to the 1995 statistics report, New Mexico's Infant Mortality rate (6.2%) was below the national average (7.6%)[15] (Figure 2).

Not only did the overall infant mortality rates decline, so did the rates of infant death due to "Diarrhea/Dysentery" and "Unknown Causes."[10] In 1930, these rates were at a high of 29.5 per 1000 live births and 49.4 per 1000 live births, respectively, and by 1955, they had dropped to 6.0 per 1000 live births and 4.3 per 1000 live births, respectively.[10]

Maternal mortality was another area that improved. In 1930, New Mexico had 11,996 births, of which 107 of the mothers died. The rate of maternal mortality continually decreased, and by 1955, the number of maternal deaths was 18 of 25,723 births.[10]

WHAT HAPPENED TO THE *CURANDERA-PARTERAS*?

In the 1940s, the model of using *curandera-parteras* and formally educated midwives in geographic areas that lacked physicians became a viable strategy for providing maternity care during World War II.[1] As more physicians were called into the armed services, the demand for midwives, in general, increased. In 1942, 273 of 678 *curandera-parteras* were licensed through the state's midwifery program to help accommodate the decrease in physicians.[1]

Although some *curanderas* (*medicas*, *yerberas*, and *sobadoras*) still practice in the southwest,[6] in New Mexico, the specialty of *partera* is on the verge of extinction. Between 1945 and 1965, the number of known *curandera-parteras* fell from a high of 800 to under 100. In 1979, New Mexico promulgated regulations that required all practicing *curandera-parteras* to obtain formal education and pass the licensing examination (personal communications with Elizabeth Gilmore, President of the National College of Midwifery in Taos, New Mexico, March 7, 2003). Because of literacy barriers, only 2 *curandera-parteras* even attempted the new state test required for licensing, Doña Jesusita Aragón and Doña Emma Estrada from the Gallup, New Mexico area, who is now deceased. However, the regulations have legitimized a niche for Department of Health direct-entry midwives who attend approximately 1% of New Mexico out-of-hospital births.

MIDWIFERY IN NEW MEXICO TODAY

According to the National Center for Health Statistics, New Mexico currently has the highest percentage (32.62%) of CNM-attended births in the United States.[16] New Mexico has held this distinction for the last 5 years.[16] According to Roberta Moore, New Mexico's Maternal Health Program Manager, "The growth of midwifery has just been phenomenal in New Mexico." She attributes the growth to several factors, including midwifery as an enduring tradition in New Mexico (beginning with the *curandera-parteras*); the positive impact of the CMI in the state; limited competition from physicians in most areas due to sparse rural populations; the presence of a nurse-midwifery education program at the University of New Mexico; and the independent practice and liberal prescribing regulations for nurse-midwives since 1996.

Barbara Overman, CNM, PhD, a professor and formal director of the New Mexico Midwifery education program at the University of New Mexico, also believes that much of New Mexico's acceptance of midwives today derives from the strong roots of midwifery that the *curandera-parteras* created (personal communications, January 22, 2003). She stated that the nurse-midwifery education program has been funded by a line item in the state budget since 1998 and that the positive support from individual New Mexico legislators has come from their personal experiences with *curandera-parteras* or midwives. Legislative leaders were pleased to tell Dr. Overman of their own births by *curandera-parteras* during lobbying efforts for midwifery education support in 1997 and 1998. She believes this link between New Mexico's legislators and *curandera-parteras* is one reason New Mexico's nurse-midwives enjoy independent practice and liberal prescribing regulations today.

CONCLUSION

Curandera-parteras have been in northern New Mexico since before its statehood. Because of limited available physicians, poor road conditions, and poverty, health care in northern New Mexico in the early part of the 20th century fell to the local traditional healers. This included obstetric care provided by traditional *curandera-parteras*. In the 1930s, the New Mexico Department of Health began a valuable relationship with the *curandera-parteras* in northern New Mexico through a Midwife Consultant Program. This partnership began a vital trust not only between the *curandera-parteras* and the Department of Health but also between entire Hispanic villages and the Department

of Health. This collaboration provided valuable assistance to the state in its efforts to decrease perinatal mortality rates and reduce preventable disease. It provided a positive foundation for the acceptance of midwives, apparent in New Mexico today.

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Doña Jesusita Aragón passed away on April 26, 2005, in Las Vegas, New Mexico, at the age of 97.