

Analysis of Health Practices among the Amish with Reference to Boundary Maintenance

RUTH SHONLE CAVAN

THE CONCEPTS of boundary maintenance and systemic linkage introduced by Loomis are useful in studying the shifting dependence of the Old Order Amish on the core society.¹ Boundary maintenance and systemic linkage are opposed relationships. Boundary maintenance preserves the traditional culture; systemic linkage leads to acculturation and the loss of many distinctive characteristics. At one time the Amish were able to establish boundary maintenance through physical isolation. At present physical isolation is rarely possible and conscious efforts must be made to achieve social and cultural exclusiveness. Rather than complete rejection of the secular world, many Amish communities try to establish a balance between maintenance of the traditional religious values and culture and such use of secular technologies as will be beneficial without threatening or damaging the Amish religion or life style.

Different aspects of Amish life exhibit different degrees of containment within the Amish settlement. Chief among the activities strictly confined to the Amish community are the following: limitation of education to the eighth grade in rural, often church supported, schools, preferably taught by an Amish teacher with only an eighth-grade education; courtship and marriage only with another Amish person; care of all financial needs within the church community and rejection of government subsidies or welfare payments; limitation of the church district (the local unit of social organization) to the distance a horse can travel; residence within the rural community, often composed of adjacent Amish farms; and limitation of leisure activities to the Amish community.

Ruth Shonle Cavan is Adjunct Professor of Sociology at Northern Illinois University.

1. Charles P. Loomis, *Social Systems: Essays on their Persistence and Change* (New York: Van Nostrand and Reinhold Company, 1960), pp. 32-33.

Other activities have at least a partial linkage to outside organizations: banking; buying certain supplies; selling surplus products; occasional employment outside with continued residence in the Amish community. These contacts remain impersonal and do not constitute a serious threat to the integrated Amish community.

A limitation is placed on social contacts outside the community, although some such contacts develop among adults with sympathetic outsiders, and young people, especially boys, may surreptitiously cultivate social contacts prior to the time they formally join the Amish church.

An area of containment versus contacts that has not been fully explored is health hazards (accidents, illness, childbirth, and child care). Does the occurrence of health hazards within the integrated Amish community tighten the cohesiveness and thus strengthen boundary maintenance? Or is there an opposite effect? The general policy of the Amish to remain autonomous suggests the former. However, the inability of the Amish, with their limited education, to provide Amish doctors and nurses and their dependence on non-Amish medical care points to systemic linkage.

The subject of this paper is the health hazards of the Old Order Amish and their care, phrased as follows: (1) How are health hazards, especially accidents, related to Amish farm life; (2) to what extent do they integrate the community and therefore are boundary maintaining; (3) to what extent is outside medical care sought—a form of systemic linkage?

1. Lack of Previous Studies

Although many studies have been made of the Amish educational stance² and of agricultural practices and social life,³ almost nothing has appeared regarding illness and accidents among the Amish and their care. For the years 1960 to 1982 a search was made of the *Mennonite Quarterly Review*, *Rural Sociology*, *Human Organization*, and the *Journal of Health and Social Behavior*. Only one article was found, "Folk and Scientific Medicine in Amish Society," consisting of a listing of illnesses and a few accidents published in the *Budget* (an Amish-Mennonite newspaper)

2. Albert N. Kein, ed., *Compulsory Education and the Amish: The Right Not to be Modern* (Boston: Beacon Press, 1975).

3. John A. Hostetler, *Amish Society*, 3rd ed. (Baltimore: John Hopkins University Press, 1980); Elmer and Dorothy Schwieder, *A Peculiar People: Iowa's Old Order Amish* (Ames, Iowa: Iowa State University Press, 1975); and Victor Stoltzfus, "Amish Agriculture: Adaptive Strategies for the Economic and Social Survival of Community Life," *Rural Sociology* 38 (Summer 1973): 196-206.

and the care given them.⁴ Also included were the opinions of non-Amish physicians as to the differences in illness between Amish and non-Amish groups. Some useful suggestions regarding attitudes of the Amish toward folk and scientific care were included. Hostetler's book, *Amish Society*, repeats some of this information and discusses mental health; the 1980 edition devotes a chapter to a general discussion of health.⁵ Schwieder and Schwieder also have such a general chapter.⁶ Although these chapters recognize the connection between illness and Amish culture, they do not distinguish between illness and accidents nor link either specifically with their immediate social situations. National government publications on health care yielded nothing on the Amish. Letters to appropriate state agricultural departments brought only one reply but no information on the Amish.

2. Source of Information

The next question was how to obtain information covering a number of Amish communities. The Amish do not keep formal records. Informal records, however, are preserved in two newspapers published for the express purpose of disseminating news of interest among the many, often widely scattered, Amish settlements. One is the *Budget* which caters to Old Order Amish, Beachy Amish (a liberal group), and conservative Mennonites. A newer newspaper, *Die Botschaft*, first published in 1975, is limited to news of Old Order Amish.⁷ The first year of publication of *Die Botschaft* was chosen for analysis of health news. *Die Botschaft*, a weekly, is composed primarily of ten to sixteen pages of news stories submitted by volunteer scribes in the many rural Amish communities in the United States and Canada. *Die Botschaft* contributes to a subsociety network of personal communication that is independent of the usual modes of communication by telephone, radio, or TV, none of which is found in Amish communities. The typical *Botschaft* story opens with comments on the weather and the crops, followed by news of religious services, which rotate from home to home, marriages, births, funerals, and illness and accidents. *Die Botschaft* gives a wide but irregular coverage, subject to definite limitations.

4. Hostetler, "Folk and Scientific Medicine in Amish Society," *Human Organization* 22 (Winter 1963-64): 269-275.

5. Hostetler, *Amish Society*, 2nd ed. (1968), pp. 288-300.

6. Elmer and Dorothy Schwieder, *A Peculiar People*.

7. *Die Botschaft* (Lancaster, Pennsylvania, Box 807).

3. Newspaper Analysis

The use of *Die Botschaft* as a source of information raises a question about the adequacy of a sectarian subcultural newspaper for data gathering. This question will be answered before presentation of the results of the study.

Die Botschaft falls into the classification of human documents, defined by Blumer as "an account of individual experience which reveals the individual's actions as a human agent and as a participant in social life."⁸ Blumer also states four tests of the scientific validity of documentary material: representativeness of the data, adequacy, reliability, and validity of the interpretation made by the researcher. These four tests are applied to *Die Botschaft*.

Representativeness of *Die Botschaft* data was sought in two ways: selection of issues representing the four seasons of the year; and inclusion of all Amish communities in the United States with news in *Die Botschaft*. For the year July 1975 through June 1976, every seventh week was used with a slightly shorter interval at the end of the year. Each season was represented by two issues. Thus seasonal changes in illness and accidents were included.

Are the communities in *Die Botschaft* representative of all United States Amish communities? Hostetler states that in 1972 the Amish were located in 526 church districts in twenty-one states. *Die Botschaft* data for the eight issues in 1975-1976 came from 221 church districts in twenty-two states. In one or more issues, 181 church districts reported on health conditions, forty on other news only. Amish communities (church districts) come and go. Hostetler, for instance, on a map for 1968 showed only three church districts in Wisconsin and none in Minnesota.⁹ For the year 1972 Hostetler reported eighteen districts in Wisconsin and five in Minnesota.¹⁰ *Die Botschaft* carried news in 1975-1976 from twelve church districts in Wisconsin and four in Minnesota. The rank order of the three states with the greatest number of church districts as given by Hostetler was Ohio, Pennsylvania, and Indiana; in *Die Botschaft*, Pennsylvania, Ohio, and Indiana. In consideration of the known shifting of the Amish and the lapse of time between Hostetler's information and the *Botschaft* study, it may be assumed that *Die Botschnft's* geographical coverage is sufficiently representative of the total.

8. Herbert Blumer, *Critique of Research in the Social Sciences: J — An Appraisal of Thomas and Znaniecki's "The Polish Peasant in Europe and America"* (New York: Social Science Research Council 1939), pp. 29, 36-37.

9. Hostetler, *Amish Society*, 2nd ed., p. 72.

10. Hostetler, *Amish Society*, 3rd ed., p. 100.

It cannot be claimed, however, that the news for any one church district is representative. The volunteer scribe submits the news that he or she knows and thinks will be of interest to the readers of the paper. Also, some scribes only write to the paper intermittently. However, the total picture of health is probably representative so long as one does not attempt a statistical comparison by region or date. Blumer makes this point with reference to the letters used by Thomas and Znaniecki, in *The Polish Peasant*: "the letters taken separately fall down before the application of the criteria of which we have spoken, taken collectively they fare much better. There is a large measure of verification and support which the letters give one another; pieced together, they tend to give a consistent picture."¹¹ The same statement may be made of the news stories in *Die Botschaft*.

The question may be raised whether there is sufficient uniformity in Amish church districts that news stories from 181 districts give a consistent picture. Old Order Amish in different settlements differ in small details, but all share the same religious values and general lifestyle. An individual who deviates is encouraged to leave and a group that differs usually forms a separate community or joins a Mennonite church.

Are the data adequate to answer the objectives of the study posed at the beginning of this article? With recognition of the deficiencies already noted, the data appear adequate. This statement might not be true if the subject were other than health. For example, in reading many issues of *Die Botschaft* I have never come across anything derogatory to the Amish, such as delinquencies of youth or withdrawal of anyone from the Old Order to join a more liberal sect. Both of these and other deviations exist.¹² Nor do *Die Botschaft* stories include information on mentally disturbed or retarded persons. Such reticence would not be expected to apply to physical health news. Good health is a major value in Amish society. A healthy body is a necessity for the long hours of manual labor that keep the farm in operation. Moreover, the family-centered traditional society calls for the care of all members, including the handicapped, the sick, and the old.

Each issue of *Die Botschaft* includes in news story after news story a list of who is sick, who has had an accident, who consulted a doctor, and who entered or left a hospital. Other readers are urged to write a person who has been ill for some time. However, details of childbirth are lacking, although children are highly valued and births are

11. Herbert Blumer, *Critique of Research in the Social Sciences*, p.37.

12. Hostetler, *Amish Society*, 3rd ed., pp. 339-341; J. Nagata, *Continuity and Change among the Old Order Amish* (Ann Arbor, Michigan: University Microfilm, 1968), pp. 257-263.

reported not only with sex, weight, and name of child, but also the names of grandparents and siblings. Lacking however is information on where the birth occurred, at home, hospital, or elsewhere.

The inadequacies in *Die Botschaft* stories are not falsifications but omissions, which usually can be supplied by reliable published accounts or oral reports of researchers.

The third test of personal documents given by Blumer is reliability. The volunteer scribe is not paid nor committed to make a thorough survey of the community. Nor does he or she have a telephone for collecting data. The scribe knows what has happened in his own family or among nearby kin. At the weekly church service which the scribe attends in his own or an adjacent church district he can learn additional news. The items are given with great specificity, as in the reporting of newborn children mentioned above. Sometimes the medical diagnosis is included; otherwise the affliction is described in some detail. Each scribe uses his own judgment as to what is worthy and of interest. So far as each item is concerned, the report seems reliable. However, as stated under representativeness, the news items do not give a complete and therefore a reliable report on the well-being of a given community. Pieced together, the picture of the general concern for health and the types of health hazards and the care given to ill or injured people is reliable.

The final test stated by Blumer concerns the interpretation given to the data by the researcher. The interpretation was made against a background of general knowledge of Amish life, gained from reading books and articles by specialists, conversations and correspondence with these specialists, observation, and a limited number of visits in Amish homes. Also, these sources were searched for reliable information to fill the gaps left in the news stories—for example, where does childbirth occur?

In the light of these limitations and safeguards, what has been learned about the three questions posed earlier in this paper concerning physical health among the Old Order Amish?

4. Health Hazards

A total of 744 cases of illness, plus fifty-one local "epidemics," and 257 cases of accidents, plus one group accident, in 161 communities in twenty-two states was discovered in eight issues of *Die Botschaft*. Childbirth is not included. "Epidemics" refers to such statements as "mumps is going around" (or measles or chicken pox or whooping cough), with a conservative estimate of four cases for each epidemic, the total would be 201 cases. The total for the eight issues came to 1,202, or for the entire year, an estimated 7,800 cases.

5. Accidents

Accidents differed by sex. Of the total number of accidents reported, 68.5 percent occurred to males, 31.4 percent to females. Seasonally, most accidents occurred in the summer (Table i).

Accidents, especially among males, are related to outdoor farm work with 54.8 percent falling into this category. Table II shows the place of occurrence of accidents, and the concentration on the farm and the highway with few accidents occurring elsewhere. In the general population accidents are much more diversified in place of occurrence, as Table II shows. It is significant that the Amish engage in two of the three most dangerous industries in the United States—construction and agriculture (the third is mining in which Amish are not engaged). Amish are primarily farmers, but in addition construct many of their farm buildings.¹³

Falling, including falling from something, was the most frequent type of Amish accident, with 23 percent of the total (Table HI). Accidents from machines and tools (15.1 percent) do not refer to tractors or other machines in the fields as these are rarely used by the Amish, but to stationary machines or hand tools.

Horse accidents (15.1 percent) belong to the farm and the highway. Highway accidents included runaways in which buggies were tipped over or a passenger thrown out. Horse accidents on farms were caused by unmanageable horses that kicked or pushed someone around. In the general population, statistics on "injury caused by animal or insect" account for only four percent of total accidents; they usually occurred at home but out of doors.¹⁴

TABLE I Amish Accidents by Sex and Season, 1975-76

Season	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Winter: January 1-February 19, 1976	31	17.8	14	17.5	45	17.5
Spring: April 8-May 27, 1976	44	25.3	17	21.3	61	23.7
Summer: June 19-August 7, 1975	61	35.1	25	31.2	86	33.5
Fall: September 25-November 13, 1975	38	21.8	24	30.0	65 ^a	25.3
TOTALS	174	100.0	80	100.0	257 ^a	100.0

a. In three cases the sex of the victim was not given.

13. "Compendium on Workmen's Compensation," National Commission On Workmen's Compensation (Washington, D. C: Government Printing Office, 1973), p. 106; Hostetler, *Amish Society*, 3rd ed.*, pp. 246-247; *Die Botschaft*; Personal observation.

14. *Vital and Health Statistical Series 10, No. 105* (Rockville, Maryland: National Center for Health Statistics, 1976), p. 21.

a. For seventy-eight accidents no place of occurrence was given.
b. The percentages for the general population were computed from information in *Vital and Health Statistics, Series 10, No. 105*, p. 21. The percentage for Farm, outdoors combines figures for Farm and Home, outdoors. The percentage for work other than farm is based on the figure for industry. Omissions from the total were accidents listed as Other or Unknown.

Type of accident	Highway	Farm	In the outdoors	On the home	Other	No data	Total						
	No. %	No. %	No. %	No. %	No. %	No. %	No. %						
Falling		33	7	12	5	31.3	9	11.5	59	23.0			
Machines, tools	-	27	5	-	4	25.0	8	10.3	39	15.1			
Horses	15	34.9	22	4	-	-	2	2.6	39	15.1			
Automobiles	24	55.8	-	-	-	-	-	-	24	9.3			
Something fell on or hit person	-	4	4	1	2	9.1	5	31.3	11	14.0	22	8.6	
Burns	-	2	2	0	5	22.7	-	1	1.3	8	3.1		
Ran into	-	4	4	1	-	-	-	-	-	4	1.6		
Cuts	-	-	-	2	9.1	-	1	1.3	3	1.2			
Miscellaneous	4	9.3	6	6	2	1	4.6	2	12.4	46 ^b	58.9	59	23.0
TOTAL	43	100.0	98	100	22	16	100.0	78	100.0	257	100.		

b. Includes forty-one cases in which type of accident was not specified.

15. Hostetler, *Amish Society*, 2nd ed., p.332.

approvingly of laws that require lights on the front and rear of buggies and other safety devices.

In the general population, automobile accidents usually resulted from a collision between two or more vehicles.¹⁶ The horse-automobile accidents, so prominent among Amish accidents, are lost in the larger mass of general accidents and are not mentioned, perhaps because the occupants of the automobile may not be injured, whereas the occupants of the buggy often are.

In a society as closely bounded by home and community as the Amish, it is important to know how accident victims are cared for. Of the half of accidents for which care was specified, 33.1 percent were cared for in hospitals, although sometimes for medical care of one day only. Among accidents for which no type of care was specified many must have required a doctor's care or hospitalization.

6. Accidents as Boundary Maintaining

The close incorporation of the Amish within their rural community means that they have less exposure to certain hazardous situations than does the general population. The Amish are limited in their range and means of transportation. The scant use made of automobiles, airplanes, bicycles¹⁷ has all but eliminated accidents from these widely used means of transportation. The eighth-grade rural school does not enter into competitive sports, nor do adult Amish people participate in national or international competitions or indulge in such pastimes as skiing, automobile racing, or stunt flying. More so than in general, accidents occur as part of normal Amish family and local community activities.

A comparison of Amish and industrial accidents emphasizes the integrative effect of Amish accidents. Large industries have nurses and first aid personnel on hand to give immediate assistance. Professional care is at hand and administered without any decision or effort on the part of the victim or his family. Among the Amish the entire social structure in which accidents occur is different from that of the industrial accident. Immediate care comes from the family, relatives or neighbors—all nonprofessionals. Expert care comes only after a decision is made that such aid is needed and the injured person is transported to a doctor or hospital beyond the Amish community. This decision must be made by the victim or his family. The accident is a

16. *Vital and Health Statistical Series 10*, No. 105, p. 21.

17. "Hazards of Cycling/" *Smithsonian* 7 (October 1976):16; also letter in *Smithsonian* (December 1976):12.

family, not an industrial event; responsibility for care is lodged in the primary group of family rather than in the secondary group of employed professionals whose sole job is to bring immediate scientific care.

Industrial accident victims receive financial aid. State laws providing workmen's compensation for industrial accidents rarely cover self-employed persons, farm workers, or family members doing farm work on an unpaid basis.¹⁸ The Amish are not eligible. Also, in the general population financial aid may come from private or public health insurance or welfare grants to the handicapped, in none of which the Amish participate. The Amish family shoulders the responsibility of providing health care, with help when needed through an informal system of mutual assistance.

The above comments demonstrate that accidents are closely related to Amish culture and the structure of their daily life. They occur within the enclosure of the Amish community and become a concern of the entire community. In this sense they are boundary maintaining.

The evaluation of medical care of the injured as boundary maintaining or as a link to the non-Amish culture is discussed after presentation of the data on illness and childbirth.

7. Illness

Although accidents were almost twice as numerous among males as females (Table i), illness occurred slightly more often among females than males (Table iv). The seasonal distribution did not differ significantly by sex. Winter had more illnesses and summer fewer than spring or fall.

TABLE iv Illness among the Amish by Sex and Season

Season	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Winter	103	30.4	111	28.5	106	29.0
Spring	90	26.5	98	25.2	194	26.1
Summer	69	20.4	77	19.8	147	19.8
Fall	77	22.7	103	26.5	187	25.1
TOTAL	339	100.0	389	100.0	744 ^a	100.0

a. The total includes sixteen cases of illness for which sex was not given

Season	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent

18. "Compendium on Workmen's Compensation," pp. 34,38.

Illness ran the gamut from those requiring surgery to minor contagious children's diseases (whooping cough, etc.). Hostetler says that immunization is acceptable among the Amish.¹⁹ No mention of immunization is made in *Die Botschaft* and the contagious diseases listed indicate that immunization was not widely used. It is suggested that the Amish may not seek preventive medical care but wait until illness strikes. An incident in 1979 confirms this. In 1979 cases of polio were diagnosed in Amish communities in Pennsylvania, Wisconsin, Ontario, and Iowa. The disease was apparently spread through visiting. Health officials arranged for immunization of the Amish and slowly gained consent of Amish for the procedure. At first, many Amish refused but the paralysis of some members led to a change of attitude at least in affected communities. According to the *Chicago Tribune* for September 9, 1979, in Pennsylvania approximately 80 percent of the Amish had at least one dose of vaccine and 50 percent of the Amish nationwide had agreed to immunization.

Although no data were given on type of care received by 239 ill persons, or 32.1 percent, more than half of those with specified care were hospitalized. It seems probable that many of the nondata cases were treated at home, probably without a doctor's care. These would include the many cases of minor contagious diseases and other minor unspecified difficulties referred to in *Die Botschaft* as "not feeling so good," "not able to be in church," and so on.

For 294 males and 325 females it was possible to make a tentative classification of illness into temporary or chronic, with chronic loosely defined to include anything that presumably incapacitated the person for three months or more. Thirty-one percent of males and 23.1 percent of females were classifiable as chronically ill. Age was not uniformly given for all chronically ill persons, but seemed to be noted when the person was over seventy or was a very young child. Among the old were a number who had some specific illness beyond the usual debilities of old age, such as heart problem, stroke, cancer, asthma, or "mixed up." At the opposite extreme of age were children described as ill since birth.

The family-centered Amish society is exemplified by the predominance of home care of the chronically ill, some of whom were bedridden or in wheelchairs: 79.2 percent of males and 89.3 percent of females were cared for at home. Only 13.2 percent of the total were in hospitals, 2.3 percent in nursing homes and 0.8 percent in other facilities. References to chronically ill, usually old, people were

19. Hostetler, *Amish Society*, 3rd ed., pp. 317-318; also Hostetler, "Folk and Scientific Medicine in Amish Society."

sympathetic. No complaints from younger members were recorded nor was there any indication given that the care of the chronically ill was regarded as a hardship. The old retire on their farms, often living in a small specially built house near the main house—the house in which they themselves had reared their own children, and which is now occupied by the son and his family, who now operate the farm. The question is not raised as to the destiny of old persons when they need physical care. They belong to the farm and their care by younger relatives is taken as a matter of course.

8. *Illness as Boundary Maintaining*

The care of the ill, especially of the chronically ill, shows the close incorporation of individuals in their families. This in-family care strengthens family bonds and is thus boundary maintaining.

Around both accident victims and the ill, a network of contacts outside the immediate family but within the community reinforces the integration of the community and the sense of community responsibility. A system of mutual aid also is immediately set in motion when an accident or illness interrupts farm work. Relatives and neighbors assemble as a matter of course, carry out daily chores, and depending on the season, plant or harvest crops. The integrated community does not look beyond its own social boundaries for help, except of a professional nature.

Superficially, injuries and illness, especially if long continued, may be thought to be disruptive of family or community. Among the Amish they seem to lead to integration and, through the Amish philosophy of independence, are to a large extent boundary maintaining.

9. *Childbirth*

Childbirth is not regarded by the Amish as a type of illness. Gertrude E. Huntington, who has long studied the Amish in Ohio, Pennsylvania, and Ontario, in correspondence says that "The Amish do not consider childbirth as an illness, accident, or a problem. They value children, like babies, and are realistic and matter-of-fact about childbirth."²⁰ Hostetler says that childbirth is regarded as a normal part of family life and so sacred or kinship ceremonies are necessary.²¹ Midwives or doctors are not mentioned.

20. Correspondence with Professor Gertrude E. Huntington, Department of Anthropology, University of Michigan, Ann Arbor, Michigan.

21. Hostetler, *Amish Society*, 3rd ed., pp. 190-191.

Die Botschaft does not mention prenatal care nor, in the year studied, where births occurred. More recently, *Die Botschaft* has published the place of birth for a few births. The three places noted were the home, an osteopathic hospital, and a general hospital.

In view of this dearth of information in *Die Botschaft*, published research was inspected and a more direct approach was made through correspondence with several researchers and one Amish minister. Care of a woman before, during and after childbirth is apparently undergoing change with no one pattern uniformly followed. The following excerpts are illustrative.

Prenatal care: "The mother virtually always has prenatal care during her pregnancy."²²

"An [Amish] informant tells me that about 75 percent use prenatal care."²³

Births: "there is no specific *Ordnung* or ruling that dictates practice. His [the informant's] children were all born in the hospital but his daughter has hers here at home."²⁴

"Most home deliveries have a doctor's care, although in some localities, where the doctor refuses to come out, an Amish midwife may supervise and in other communities the woman goes to the home of an Amish woman who works with a doctor and may deliver the baby or may call the doctor, depending on each individual case. Occasionally an Amish woman will use a non-Amish nonmedical practitioner. This is very rare."²⁵

"In our community many babies were born at home until the younger doctors refused to do these deliveries for us."²⁶

In Iowa the Schwieders report that many babies are born in hospitals. When the birth takes place at home, a physician is usually in attendance. Midwives are not used. Prenatal care is thought unimportant unless the mother has had difficulty with a previous birth. Amish mothers remain in the hospital for a shorter period than other mothers; they are anxious to return home to the family circle. In some instances the mother is taken to a doctor's office just prior to birth with no time to continue to the hospital. The child is born in the office, after which the mother returns home.²⁷

22. Correspondence with Gertrude E. Huntington.

23. Correspondence with Professor Roy C. Buck, Pennsylvania State University.

24. Ibid.

25. Correspondence with Gertrude E. Huntington.

26. Amish minister in Illinois.

27. Elmer and Dorothy Schwieder, *A Peculiar People*, pp. 76-77.

10. Conclusion on Childbirth

This potpourri of data indicates that care of the pregnant woman before and at the time of birth is in the process of transition from home to hospital and from informal midwifery to medical care. Traditionally, as on non-Amish farms, children were born at home as a part of family life (an integrative experience). Currently, an effort is made to secure medical care, but often without the linkage to the outside that is involved in hospital care.

11. Systemic Linkage through the Use of Medical Care

The discussion so far has emphasized the boundary maintaining effects of accidents and illness as family and community mobilize to meet the needs of the incapacitated person. But there are other aspects of health hazards.

There is a seeming contradiction among the Amish between their rejection in farm work of science and technology, and their acceptance of medical science. Hostetler²⁸ explains this seeming contradiction by pointing out that modern medicine does not threaten sacred values of the Amish, as does the use of automobiles, tractors, radio, television, telephones, and certain other technological inventions. The Bible says nothing that would suggest avoidance of modern scientific medicine or treatment. Hostetler also points out that some discrimination determines which ailments are referred to doctors and which are treated by traditional remedies. When the Amish person seeks medical care he invariably steps outside his close primary community. Amish have had business contacts with the world for a long time without a noticeable loss of boundary maintenance. Medical contacts are of a more intimate nature and therefore in all probability more of a threat to the Amish man or woman who is oriented to his/her Amish way of life.

A dilemma exists for the Amish. On the one hand, they value good health and recognize the importance of scientific medical care. On the other hand, through their limitation on education, they make it impossible to have trained Amish physicians, technicians and nurses. At present, they seem to accept this situation with little hesitation about seeking medical care while at the same time keeping it to a minimum. In time, the Amish may extend their concept of education and educate some of their own people as nurses, paramedics, or midwives, if not as physicians, and thus narrow the gap between medical needs and

28. Hostetler, *Amish Society*, 2nd ed., pp. 288-293.

scientific care. This tentative acceptance of medical science accords well with their suspicion of other, secular or technological methods—as applied, for example, to their farming operations. While in the future they may allow some of their own people to get medical education, they still preserve the delicate balance between the community and the world, between traditional methods and outside medical care.