This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 100, no. 1 (Spring 2026). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

"Mom and Tots": Nursing and the Politics of Community Health in 1960s' Detroit

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ABSTRACT: In 1965, a public health nurse established a community-based maternal and child health center in a predominantly low-income Black neighborhood in Detroit. Funded by the Office of Economic Opportunity and administered by the Visiting Nurses Association, the Mom and Tots Neighborhood Center was staffed by community members and established to serve the needs of the community as identified by the community. This article analyzes the different meanings the center held for the women who staffed the center, the clinicians who provided care, and the community members it served during the turbulent years of the late 1960s. It highlights the entangled politics of community health provision, whereby efforts to increase health services to low-income Black women confronted the race, gender, and class biases of clinicians, administrators, and politicians. These politics reflect the contested status of community health centers and the value placed on the health of the patients they served.

KEYWORDS: community health, health activism, public health nursing, health inequities, health politics

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During the Detroit uprisings in July 1967, as buildings burned across the city, the Mom and Tots Neighborhood Center stood "out like a sore thumb among the gutted buildings," hailed locally as the "storefront that did not burn."[1] The community-based maternal and child health center had been established in the predominantly Black and low-income Kercheval neighborhood on Detroit's East Side a year earlier by Nancy Milio, a white public health nurse. Milio established the Mom and Tots Neighborhood Center as a means of tackling the social inequities in access to health care services that East Side residents encountered. With funding from the federal Office of Economic Opportunity (OEO), the agency responsible for administering the government's antipoverty programs, and administrative support from the Visiting Nurses Association (VNA) of Detroit, the Mom and Tots Neighborhood Center was staffed by community members and established to serve the needs of the community as identified by the community.

The center offered prenatal care, family planning, and health and sex education, and reduced structural barriers to care by providing free child care and transportation assistance, and free or low-cost services. Milio directed the center until April 1968, when she transferred leadership of the center to a team of Black clinicians and community workers. Throughout its

[1] July 25, 1967, Field Notebook 6, Nancy Milio Collection, Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, University of Virginia School of Nursing (hereafter NMC); Nancy Milio, *9226 Kercheval: The Storefront That Did Not Burn* (Ann Arbor: University of Michigan Press, 1971); Helen Fogel, "Family Center Marks 10th Year of Serving Poor," *Detroit Free Press*, February 22, 1976; Pamela B. DeGuzman and Arlene W. Keeling, "Addressing Disparities in Access to Care: Lessons from the Kercheval Street Clinic in the 1960s," *Policy, Politics, and Nursing Practice* 12, no.4 (2012): 119–207; Dominique Tobbell, "The Role of Communities in Nurse-Led Clinics, 1965–2000: Lessons from History," *Policy, Politics, and Nursing Practice* 26, no. 1 (2025): 6–15.

history, the Mom and Tots Center struggled with financial precarity and in 1980, as federal funding priorities shifted under the Reagan administration, the center was forced to close. This article analyzes the different meanings the Mom and Tots Neighborhood Center held for the women who staffed the center, the health officials that funded it, and the community members it served during the turbulent years of the late 1960s.

As a case study of a nurse-led community health center, this article contributes new perspectives to the historiography of community health centers, which to date has largely focused on those established by academic medical centers and led by physicians.[2] Through the 1960s, the majority of OEO grants were awarded to medical schools and teaching hospitals for the development of community health centers because these "institutions offered political protection, professional credibility, and experience administering funds."[3] A key issue to emerge from physician-led community health centers were debates over who controlled the project, the role of community members, and the degree to which community interests would in fact be served by the health centers. For example, as Merlin Chowkwanyun shows, the establishment of the Watts health center in Los Angeles in 1967 was mired in governance struggles between the white academic physicians from the University of Southern California, the roughly fifty Black

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[2] Alice Sardell, *The U.S. Experiment in Social Medicine: The Community Health Center Program, 1965–1986* (Pittsburgh: University of Pittsburgh Press, 1989); John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (Jackson: University of Mississippi Press, 2009); Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011); Bonnie Lefkowitz, *Community Health Centers: A Movement and the People Who Made It* (New Brunswick, N.J.: Rutgers University Press, 2007); Merlin Chowkwanyun, *All Health Politics Is Local: Community Battles for Medical Care and Environmental Health* (Chapel Hill: University of North Carolina Press, 2022).
[3] Lefkowitz, *Community Health Centers* (n. 2), 11.

fee-for-service physicians who worked in Watts, and local community members. These governance struggles, in turn, were shaped by class conflicts between the Black physicians who sought to govern the Watts Health Center and the low-income Black community they were intended to serve.[4]

As a nurse-led community health center, independent of university and hospital control, the Mom and Tots Neighborhood Center offers a different perspective on the history of community health centers. It reveals the intersections of race, gender, and class in the views of and biases held by physicians toward low-income Black women in need of obstetrical care. The class biases of Black physicians, in particular, reflected the longer history of respectability politics in Black health activism where, as Susan Smith explains, the "racial uplift goals" of Black middle-class professionals "were intertwined with efforts to secure their middle-class position."[5] Moreover, in the context of the "class gap" between Black physicians and their patients, Black physicians regarded their patients' middle-class aspirations as evidence of the efficacy of their treatment and thus the health of their patients.[6] The center's history also underscores the different conceptualizations and commitments of physicians and public health nurses toward their patients. While Milio was committed to centering community women and

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[4] Chowkwanyun, *All Health Politics Is Local* (n. 2), 96–139.

[5] Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890–1950* (Philadelphia: University of Pennsylvania Press, 1995), 151. Chowkwanyun's analysis of the Watts Health Center also highlights the "intraracial class politics" that characterized relations between Black physicians who sought to control the governance of the health center and the local community. Chowkwanyun, *All Health Politics Is Local*, 96–139.

[6] Adam Biggs, "The Newest Negroes: Black Doctors and the Desegregation of Harlem Hospital, 1919–1935" (Ph.D. diss., Harvard University, 2020), 13. I'm grateful to Adam Biggs for alerting me to this important point.

listening to what they identified as their health needs, and reducing structural barriers to care, physicians held to a paternalism in which they—not their patients or community members, nor other clinicians—would determine what constituted "quality care" and how and where such care would be provided to low-income communities. Milio's approach reflected public health nursing's long-standing interdisciplinary approach to community health, which integrated biological, psychological, environmental, and social dimensions of health. In this way, the Mom and Tots Neighborhood Center builds upon the earlier history of innovative care delivered by public health nurses in the settlement houses and community-based demonstration projects of the early twentieth century.[7]

The Mom and Tots Neighborhood Center is also part of the longer history of Black health activism that, as Susan Smith details, dates back to the late nineteenth century in which Black women played an integral role as grassroots activists and providers of health education and care.[8] As Alondra Nelson documents, this legacy of Black health activism shaped the health activism of the Black Panther Party in the late 1960s through the 1970s, a crucial element of which centered on the "labors and leadership" of Black women.[9] The labor and leadership of Black women was integral to the success of the Mom and Tots Center. The community women who staffed the center helped to cultivate trust within the community and to center the voices and needs of the community in the provision of health education and in decision-making about the

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[7] Karen Buhler-Wilkerson, *False Dawn: The Rise and Decline of Public Health Nursing* (New Brunswick, N.J.: Rutgers University Press, 2021); Patricia D'Antonio, *Nursing with a Message: Public Health Demonstration Projects in New York City* (New Brunswick, N.J.: Rutgers University Press, 2017).
[8] Smith, *Sick and Tired* (n. 5).
[9] Nelson, *Body and Soul* (n. 2), 96.

center and its services. Their health activism, however, was also influenced by class tensions between Black middle-class professionals and low-income Black people that had long characterized the history of Black health activism.

Ultimately, I argue, this case study reveals the entangled policies and politics of community health provision during the 1960s, whereby efforts to increase health services to low-income Black women confronted the race, gender, and class biases of clinicians, administrators, and politicians. These health politics—and the broader political economy of urban health care—contributed to the precarious status of the Mom and Tots Center, reflecting the contested status of community health centers themselves and the value placed on the health and social well-being of the patients they served. This article begins with an overview of the political economy of health care in postwar Detroit, and the role that racial health inequities played in the city government's decision to establish its own war on poverty, several months before the federal program launched. Next, it describes the collective efforts of Milio, Black activist groups, and low-income Black community members to establish the Mom and Tots Neighborhood Center. The remaining sections discuss the work and leadership of low-income Black women in the center and the contested politics of medical paternalism and the efforts of local physicians and health officials to determine the nature and location of care provided by the Mom and Tots Center. Finally, the article evaluates the meanings that the low-income Black community attached to the center during the urban unrest of the late 1960s.

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The Political Economy of Health in Postwar Detroit

By the 1960s in Detroit, post–World War II deindustrialization and decades of racial discrimination in housing, education, employment, and health care had led to profound racial inequality and urban decline.[10] The city's white hospitals had a long history of restricting employment of Black physicians and nurses, and of refusing or providing unequal care to Black patients.[11] The city's Black-owned and operated hospitals were plagued by financial difficulties and struggled to provide adequate clinical facilities.[12] Obstetrical services were especially scarce for Black women. There were no obstetrics and gynecology residency programs available to Black physicians in Detroit; those wanting to specialize in obstetrics were forced to leave Detroit and compete for limited residency opportunities in other cities. In addition, Black physicians—even those board certified as obstetricians—were not permitted to deliver babies in the city's white hospitals. Their patients' deliveries would instead be handled by a white intern or resident. Charles Wright, a Black obstetrician who practiced in Detroit during the 1950s and 1960s, reflected that during these decades, "there always were obstetrical problems because the patients were not given good nutrition, and they were not given good care." There were a lot of home

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[10] Thomas J. Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit* (Princeton, N.J.: Princeton University Press, 1996).

[11] "Documenting the Health Care Experiences of African Americans in Southeastern Michigan, 1940–1969," University of Michigan Bentley Library, Kellogg African American Health Care Project; Karen Flynn, *Moving Beyond Borders: A History of Black Canadian and Caribbean Women in the Diaspora* (Toronto: University of Toronto Press, 2011), 129–33.

[12] "Jim Crow Hospitals," *A Detroit Architect's Journal*, October 9, 2012; Jamon Jordan, "Detroit Had 18 Black-Owned and Operated Hospitals: Why They Vanished," *Detroit Free Press*, February 27, 2022; Reginald P. Ayala Oral History Interview I, April 24, 1997, "Documenting the Health Care Experiences of African Americans" (n. 11); and Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920–1945* (New York: Oxford University Press, 1995).

births because that was "the only place that black doctors could deliver patients." He continued, "they didn't have the kind of emergency care to get patients to the hospital. And a lot of midwives were delivering babies and they didn't have the ability to do cesarean sections and those other things, and they had no pediatricians that would take care of the babies when they were born."[13]

The long history of racial discrimination and structural inequities in health care contributed to disparate health outcomes for Black Detroiters. In the predominantly Black inner city of Detroit, the infant mortality rate was 43.5 per 1,000 individuals and the mortality rate from pneumonia and influenza was 72.1 per 1,000 cases. In contrast, in the northwest corner of Detroit, which was home to predominantly white middle-class Detroiters, the infant mortality rate was 10 per 1,000 individuals and the mortality rate from pneumonia and influenza was 15.4 per 1,000 cases.[14] It wasn't just that Detroit's white residents were healthier than the city's Black residents. As historian Sidney Fine characterized Detroit in the early 1960s, the city's white residents "had more income, better homes, and better jobs, and suffered less unemployment than the city's [Black residents]." They were also more satisfied than Black residents "with the quality of their schools and parks and the police protection they received."[15]

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[13] Charles H. Wright Oral History Interview, April 15, 1997, "Documenting the Health Care Experiences of African Americans" (n. 11), 40.
[14] Jessica Nickrand, "The Detroit Medical Center: Race and Renewal in the Motor City" (Ph.D. diss., University of Minnesota, 2019), 73–75. For health statistics at the end of the 1950s, see Sidney Fine, *Violence in the Model City: The Cavanagh Administration, Race Relations, and the Detroit Riot of 1967* (East Lansing: Michigan State University Press, 2007), 18.
[15] Fine, *Violence in the Model City* (n. 14), 37.

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Since the 1950s, established Black-led civil rights organizations, including the NAACP and the Detroit Urban League (DUL), had led efforts to address segregation and racial discrimination across a variety of sectors, including health care.[16] These organizations, however, tended to represent the interests of the Black middle class, and by the 1960s low-income Black residents in Detroit—and throughout the United States—were criticizing these established civil rights organizations for failing to adequately address their needs. In the 1960s, Detroit became a center of radical Black activism, as new Black nationalist organizations emerged to address anti-Black police brutality, inadequate and unsanitary housing, employment discrimination, inequities in the public school system, and the city's urban renewal program, which by 1963 had led to the demolition of more than ten thousand structures in areas the city designated as "slums" and the displacement of more than 43,000 people, the majority of whom were low-income Black Detroiters.[17]

Detroit's "War on Poverty"

In June 1964, the administration of Mayor Jerome Cavanagh introduced Detroit's antipoverty program, Total Action against Poverty (TAP), to address the multiple and interrelated problems facing the city's low-income residents.[18] Two months later, on August 20, 1964, President Lyndon B. Johnson signed into law the Economic Opportunity Act, establishing the OEO and

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[16] Ibid., 31.
[17] Ibid., 62 for data on the effects of urban renewal; Jeffrey Mirel, *The Rise and Fall of an Urban School System, Detroit, 1907–81*, 2nd ed. (Ann Arbor: University of Michigan Press, 1999); Robert H. Mast, ed., *Detroit Lives* (Philadelphia: Temple University Press, 1994).
[18] Fine, *Violence in the Model City* (n. 14), 75.

launching the federal government's War on Poverty. The intent of the OEO was "to provide basic education, job training, and other services to low-income individuals by funding new community agencies in which the poor would participate."[19] The OEO also mandated the "maximum feasible participation" of low-income communities in the administrative decision-making of the programs created for them.[20] Typically this was through the constitution of governing or advisory boards composed of at least 50 percent poor people from the community being served. In November 1964, the OEO awarded Detroit $3.2 million to underwrite its antipoverty program. By August 1967, the city had received more than $47 million from both the OEO and Department of Labor to support its antipoverty programs. The city government retained control of OEO-funded programs through the TAP program.[21]

TAP carried out its program through four community development centers (CDCs), which provided a range of services, including job placement, counseling, and training; vocational rehabilitation; legal advice; family counseling; adult education; home services; medical and dental examinations; and pediatric care.[22] Despite the inclusion of some health services, 60 percent of people registered at CDCs had "untreated medical or dental problems," and the CDCs' medical and dental clinics "were plagued by lack of funds, equipment, and the facilities needed to provide proper services."[23]

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[19] Sardell, *U.S. Experiment* (n. 2), 50.
[20] Economic Opportunity Act of 1964, Title II A, Section 202a, U.S. Congress.
[21] Fine, *Violence in the Model City* (n. 14), 75.
[22] Ibid., 81.
[23] Ibid., 81.

To help address this gap in health service provision, in June 1967 the OEO awarded Detroit $2.86 million to set up a neighborhood health care system to serve inner-city residents.[24] The Mayor's Committee for Human Resources Development (which succeeded the TAP program in March 1967) planned to establish a comprehensive health center in each of the four areas served by CDCs.[25] This OEO grant reflected the growing importance of health provision in the federal government's antipoverty programs. Although health care was not an explicit goal of the Economic Opportunity Act, by 1965 the OEO had begun awarding grants to support the establishment of community health centers. The first of these grants was awarded in June 1965 to H. Jack Geiger and Count Gibson, physicians at Tufts University Medical School, to establish two comprehensive health centers, one in the Columbia Point housing project in Boston, the other in the rural community of Mound Bayou, Mississippi.[26] Following the early success of these initiatives, in 1966 Congress passed an amendment to the 1964 Economic Opportunity Act, establishing the Neighborhood Health Center (NHC) program. Fifty million dollars was appropriated for the program, and by 1968 more than fifty NHCs had been funded by the OEO. The premise of the NHC program was to "provide dignified, accessible, comprehensive, and

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[24] Ibid., 81.

[25] Policy Advisory Committee Meeting, Mayor's Committee for Human Resources Development, April 26, 1967, Richard Austin Papers, box 52, folder 15, Walter P. Reuther Library, Archives of Labor and Urban Affairs, Wayne State University, Detroit.

[26] Sardell, *U.S. Experiment* (n. 2), 52. See also, Sar Levitan, "Healing the Poor in Their Back Yard," in *Neighborhood Health Centers*, ed. Robert M. Hollister, Bernard M. Kramer, and Symour S. Bellin (Lexington, Mass.: Lexington Books, 1974), 51–64; Dittmer, *Good Doctors* (n. 2); Lefkowitz, *Community Health Centers* (n. 2); Chowkwanyun, *All Health Politics Is Local* (n. 2).

community-based care," that incorporated community health services, community economic development, and community participation.[27]

It was in the context that Nancy Milio, a white public health nurse working for the VNA of Detroit, sought to establish a comprehensive community-based maternal and infant care center in a predominantly Black low-income neighborhood. Milio's approach was shaped by her experiences working throughout the city as well as her involvement in community organizations advocating for civil rights and social justice. A central tenet of Milio's approach was to collaborate with community members and Black activist groups so as to center the needs and participation of the community. Her efforts to do so were shaped, on the one hand, by race, class, and gender politics as she navigated relationships with local Black activists and community members and, on the other hand, by the unique access to and perspective her role as a visiting nurse gave her into the lives of the women in the community.

Establishing a Community Health Center on Detroit's East Side

In 1965, a civil rights coalition labeled the Kercheval neighborhood on the East Side of Detroit as "one of the poorest in the city and its residents lacked access to adequate housing, jobs, recreational facilities, and social welfare centers."[28] The neighborhood also lacked adequate access to health care services. One of the health services funded by the city was a visiting nurses

[27] Sardell, *U.S. Experiment* (n. 2), 52–53.
[28] The Kercheval Incident, Detroit 1966, "The Police Department's Illegal War on Black Power Activists" (Policing and Social Justice History Lab, U-M Carceral State Project, May 2021), https://storymaps.arcgis.com/stories/d626e10a71f44968ad7ce4ca0bd85ed8 (accessed November 2, 2022).

program, provided by the VNA of Detroit. Milio had joined the VNA after graduating with her bachelor of science in nursing (BSN) from Wayne State University in 1960. In this role, Milio visited families of all income levels throughout the city where, she reflected, "I could see how people in one part of the city were living in inhuman circumstances in contrast those in another part of the city. I wanted to help eliminate the disparity."[29] In 1963, she began serving the Kercheval neighborhood.

Milio was also involved in community organizing, where she observed that "most of these efforts, whether through churches or schools, city government or independent block clubs, failed to have much lasting impact on the people involved or on their surroundings." In particular, Milio noted that many of the organizational efforts "were superficial, controlled by professionals, and short-lived. Even the people who joined block clubs, although with relatively low incomes," she noted, "were not typical of the neighborhood." Most did not receive welfare, "their average education was more than nine years, and they were homeowners."[30] Milio's observations reflected the broader critique that many, including Detroit's low-income Black residents and Black activist groups, were making of the city's antipoverty program during these years: that the community members most involved in the city's antipoverty programs were rarely those with the lowest income and that many of the programs were failing to reach the city's poorest Black residents.[31]

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[29] Milio, *9226 Kercheval* (n. 1), 20.
[30] Ibid., 21.
[31] Fine, *Violence in the Model City* (n. 14), 91–93.

Looking for ways to address the disparities experienced by her low-income and medically underserved patients, Milio began a master's degree in sociology in 1963 at Wayne State University. It was there that she developed her ideas for integrating community organizing and public health and proposed a new model of health care delivery. As part of her degree work, Milio "made a thorough ecological-demographic study of the neighborhood," in which the "statistics only confirmed what I learned in people's homes and through the neighborhood groups."[32] Namely, that "traditional methods that health professionals are supposed to use to improve people's lives—working with clinics, visiting teachers, social workers, welfare workers; holding interagency conferences to discuss 'multiproblem families'" were "inadequate." In the homes of her patients, listening to the women describe what they had to go through to get medical care for the children, she knew these women "didn't need to be 'motivated' or 'taught,'" they "just needed some means of obtaining health care without having to expend heroic amounts of efforts to do so."[33] By challenging the assumption that clinicians, social scientists, and policymakers often held of low-income people, namely, that they simply needed to be "motivated" or "taught" to improve their health, Milio shifted the focus from individual behavior to the structural barriers, including inadequate transportation and lack of child care, that limited low-income people's access to health care.[34] Milio saw the establishment of a neighborhood

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[32] Milio, *9226 Kercheval* (n. 1), 24.
[33] Ibid., 23.
[34] See, for example, Alice O'Connor, *Poverty Knowledge: Social Science, Social Policy, and the Poor in Twentieth-Century U.S. History* (Princeton, N.J.: Princeton University Press, 2001). On the attitudes of policymakers, clinicians, and administrators toward low-income Black women of color, see Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage, 1997), 202–45.

health center focused on maternal and infant care as a way to mitigate some of the structural barriers that limited low-income women's access to health care. Late in 1963, Milio wrote up a proposal, which she submitted to the VNA, requesting fifteen thousand dollars to establish a Maternity Satellite Center (MSC) in the Kercheval neighborhood.[35]

After acquiring pilot funds from the VNA in 1964, Milio worked to raise funding and support for the project, speaking with community members, local clergy, and civil rights organizations .[36] This included the Adult Community Movement for Equality (ACME), a Black-led community organization that had been established in 1962 as an offshoot of Detroit's leading Black activist organization, the Afro-American Youth Movement, and with support from the interracial civil rights group Northern Student Movement. In 1965, ACME was the only civil rights organization on Detroit's East Side. The organization's majority-Black membership included "welfare mothers, factory workers, unemployed men and women, and housewives," none of whom "had previously participated in any civil rights or community-based organization." The organization worked to cultivate Black leadership and to "reflect the concerns of the Negro majority." Among its key goals were to confront the institutions that had oppressed and exerted control over their lives.[37] As ACME proclaimed, "We believe that those institutions

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[35] Milio, *9226 Kercheval* (n. 1), 24.

[36] Nancy Milio, "A Neighborhood Approach to Maternal and Child Health in the Negro Ghetto," *Amer. J. Pub. Health* 57, no. 4 (1967): 618–24.

[37] ACME, "NSM Brochure: First Draft," 1965, Northern Student Movement Records, box 9, folder 5, Schomburg Center for Research in Black Culture, New York Public Library, https://policing.umhistorylabs.lsa.umich.edu/s/detroitunderfire/item/1102 (accessed November 2, 2022). According to Fine, ACME's membership "probably never exceeded forty." Fine, *Violence in the Model City* (n. 14), 29.

which perpetuate racism also perpetuate poverty, slums, inadequate education, citizens' powerlessness. . . . We believe that the poor must become involved in this process of change, it is they who are oppressed and must end their oppression."[38]

Early in 1965, ACME sought funds from Detroit's TAP program, while also calling for change within the program. ACME criticized the TAP program for falling short of involving poor people, especially poor Black people, in decision-making, even though it was mandated by the OEO funding that supported it. ACME proposed establishing an antipoverty program on Detroit's lower Southeast Side that would be administered by the community. In addition to a jobs training program, and programs to secure low-cost housing, improved education and recreation opportunities, legal assistance, and voter registration, ACME's proposal included a medical care program in which "all necessary medical care will be provided free to those in need."[39] ACME and two other East Side community organizations met with TAP staff during the first three months of 1965 but were unable to reach any agreements on their proposal.[40]

Given their role in the East Side community, Milio sought ACME's feedback on her own proposal for establishing a neighborhood health center focused on maternal and infant care. After an initial meeting with ACME's cochairs in March 1965, Milio reflected that the meeting's "atmosphere impressed me as positive, and I was elated."[41] Some of the women from ACME urged Milio to include in the health center day care for working mothers and sex education for

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[38] Kercheval Incident (n. 28).
[39] "Community Proposal for the TAP Program," Adult Community Movement for Equality and Affiliated Black Organizations, Detroit, February 1965, detailed in Milio, *9226 Kercheval* (n. 1), 11–12.
[40] Milio, *9226 Kercheval* (n. 1), 12.
[41] March 1965, Field Notebook 1, NMC.

teenage girls. But over the coming months, ACME was slow to respond to Milio's requests for feedback and reluctant to commit their support.[42] Since summer 1965, ACME's highest priority had been campaigning against anti-Black police brutality, while also continuing to register voters and protest businesses that refused to hire Black employees. With just seventy-five members, only twenty-five of whom were active, ACME may not have had the capacity—regardless of interest in the issue—to respond more quickly or substantively to Milio's requests.[43]

At the end of 1965, the OEO notified Milio and the VNA that they would receive $39,000 to administer the MSC project.[44] Milio returned to ACME to resume discussions and solicit the organization's further input on the project. In her fieldnotes during the first four months of 1966, Milio regularly writes of frustrations and challenges in working with ACME, highlighting the racialized barriers to trust and open communication that shaped her relationship with the organization. Yet in doing so, she acknowledges the romanticized "ideal of the downtrodden-but-forever-dynamic-and-struggling-black-freedom-fighter" and the race and class biases that she had brought to her encounters with ACME.[45] Writing in January 1966, Milio acknowledges "feeling rather frustrated" at the slow, intermittent, and ambivalent responses from ACME, but also of coming to the realization "that the variation in priorities between my middle class sensitivities and ACME's lower-class and alienated and alien focus was producing this difficulty in communication; and if the project aim of real involvement by as many elements of

[42] May 1965, Field Notebook 1, NMC.
[43] Kercheval Incident (n. 28).
[44] Milio, *9226 Kercheval* (n. 1), 15, 28.
[45] Ibid., 26.

the lower classes as possible was to be realized, I would have to re-adjust my time-sense."[46] As Milio later reflected, "I wanted ACME to adapt to the system imposed on me. They did not adapt; not with any blatant refusal; they just did not adapt. And, without their knowing it, they were quite right. In effect, they were forcing me to implement one of the stated aims of the project, which was to find ways for health professionals and health care services to adapt to *them*."[47]

During the first months of 1966, Milio worked closely with a group of about a dozen women from the community to determine what the women identified as their health needs. Milio's work as a public health nurse, visiting patients in their homes, gave her unusual access to and a means by which to build trust with women in the neighborhood.[48] For example, Milio had several meetings with Janice Hicks, a former prenatal patient, who was twenty-four years old and whose income was primarily from Aid to Dependent Children (later renamed Aid to Families with Dependent Children).[49] Hicks discussed "the gaps between educational needs of children like her own and provision of such by the educational system," and Milio shared "the ideas around which the [MSC] project was to be built." Hicks "seemed enthusiastic" and "immediately agreed" when Milio invited her to work at the center.[50]

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[46] January 12, 1966, Field Notebook 1, NMC.
[47] Milio, *9226 Kercheval* (n. 1), 26.
[48] March 19, 1966, Field Notebook 1, NMC.
[49] ADC was Title IV of the Social Security Act of 1935 and provided federal grants to help states provide aid to poor parents (presumed to be female), although the participation of states in the program was voluntary. See, for example, Linda Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare* (New York: Free Press, 1994).
[50] January 14, 1966, Field Notebook 1, NMC.

Hicks also connected Milio with friends who would also be interested in working or volunteering at the center. During these conversations, Milio explained in the *American Journal of Public Health*, Black mothers in the community shared that

> they often could not go to prenatal or birth control clinics because they could not leave younger children alone or had no transportation to central city clinics; or they did not like to spend long hours waiting, or there was no time to have their questions answered if they did go and they often had neither money nor time to pick up a month's supply of pills. They worried about keeping their children off the street. . . . They worried about keeping the rats away from their babies, and about how to "teach sex" to their growing daughters.[51]

As Milio worked with the women to determine the center's services, the women convinced Milio to change the name of the center from Maternity Satellite Center (as it was officially designated) to that of Mom and Tots Neighborhood Center. As Milio explains, "The new name was at least as broad as the interests of these women, and it *centered* the project in their neighborhood."[52] Milio also worked with community members to transform the storefront building on Kercheval Street into a health center. She hired men from the neighborhood to renovate the building, and several women from the community took the lead in decorating the center.[53]

The Mom and Tots Neighborhood Center officially opened its doors in April 1966. The center offered a range of services including family planning, day care for preschoolers, cooperative babysitting while women attended their appointments, free transportation to hospital appointments, and sex education for teenagers. Prenatal care was provided through an

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[51] Milio, "Neighborhood Approach" (n. 36), 619.
[52] Milio, *9226 Kercheval* (n. 1), 33.
[53] Nancy Milio, "Project in a Negro Ghetto," *Amer. J. Nursing* 67, no. 5 (1967): 1006–9, quotation on 1007–8.

arrangement with publicly funded city hospitals, whereby a patient would obtain her initial examination at the hospital, then would be seen at the Mom and Tots Neighborhood Center. The center held a prenatal clinic once a week that was staffed by the center's public health nurse and an obstetrician from the partnering hospital. Women delivered at the partnering public hospital and then received follow-up care at the Mom and Tots Center. The center provided free transportation to the hospital. Nutritionists and social workers were also available to provide nutritional guidance and referral services to the center's clients. Planned Parenthood also offered a weekly clinic at the center, and the Detroit Department of Health offered immunization clinics, providing children and adults with immunizations against measles, polio, diphtheria, whooping cough, tetanus, and smallpox.[54] Within the first year, additional programming was added in response to neighborhood interest. This included the establishment of boys' and girls' clubs, parenting classes, and expansion of the center's day care program.[55] In this way, the Mom and Tots Neighborhood Center provided a comprehensive, community-based approach to maternal and child health.

The center's staff, all of whom besides Milio were Black, included a full-time public health nurse, Carolease Wallace (hired in 1967), and several community members who provided the center's nonclinical services. These included Hicks, who ran the day care program; Tommie Miller, who served as a health aide; Brenda McConnell, who was center supervisor; Dorothy Smoot, who was the center receptionist and eventually assistant director; Margie Williams, who oversaw the center's food and nutritional needs; and William Hitt, who drove patients to their

[54] No date given, but from "The Sounds of Mom and Tots" ca. 1968, NMC.
[55] Milio, *9226 Kercheval* (n. 1), 52–53.

hospital appointments in the center's passenger van (see Figure 1). Other community staff that occupied a variety of nonclinical roles during the center's first four years were Rudene Walker, Ann Washington, Judy Weliver, Mary Grigsby, Martha Prescod, Gwendolyn Hudson, Frank Lewis, and Gilbert Williams.[56]

The low-income Black women from the community who worked at the center played a critical role in creating a health center focused on their needs. They contributed both their labor and their leadership, and in doing so built upon the long history of Black women's health activism that began in the 1890s and continued throughout the first half of the twentieth century.[57] Their experiences parallel those of the women members of the Black Panther Party who were integral to the implementation, operation, and success of their free medical clinics in the 1960s and 1970s.[58]

[56] Ibid. Milio uses pseudonyms in the book, but real names in the field notebooks.
[57] Smith, *Sick and Tired* (n. 5).
[58] Nelson, *Body and Soul* (n. 2).

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Figure 1. William Hitt drives the Mom and Tots Neighborhood Center's passenger van, 1966. Nancy Milio Collection, UVA Bjoring Center for Nursing Historical Inquiry. Reprinted with permission of the Bjoring Center.

Black Women's Health Activism at Mom and Tots

The neighborhood women who staffed the Mom and Tots Neighborhood Center were vital to its success. They helped to cultivate trust within the community, and they drew upon their experiences of being poor, Black, and medically underserved to shape the types of services offered and the health education provided by the center. During the center's first months of operation, some community members were suspicious of Milio because she was a white outsider who they assumed saw the center only as a vehicle for professional gain. Some also voiced suspicions over Milio's efforts to work with ACME, fearing that her "aim was to use the Center

to get ACME and this was sabotage."[59] Other community members reported not feeling heard by Milio. As she reflected in her field notebook, Milio soon realized that to understand the neighborhood and to truly hear what community members wanted, "I'd have them (staff) listen to neighborhood, and I'd try to do something about what people wanted."[60] In this way, the women who staffed and volunteered at the center served as critical intermediaries with the broader community.

In the months leading up to the opening of the center and continuing through the center's weekly staff meetings, Milio trained the community staff through formal and informal mechanisms. To develop their communication skills, Milio encouraged the staff to "project their ideas and voice their complaints" as they worked together to get the center ready for opening.[61] She also encouraged the staff to ask questions as this provided opportunities for learning about medical conditions, social circumstances, and navigating health and social welfare systems. Milio used the role-modeling of behaviors and role-playing to train the staff. For example, staff members would each take the role of a neighborhood resident requesting help from the center. Another staff member would then attempt to help the "client." After the staff-client interaction was completed, observing staff members suggested additional or alternative measures for assistance.[62] Ultimately, Milio's goal was to instill in the staff a family-centered approach to health and a willingness to listen and respond effectively to clients' needs. In this regard, training

[59] March 19, 1966, Field Notebook 1, NMC.
[60] March 19, 1966, Field Notebook 1, NMC.
[61] Milio, "Neighborhood Approach" (n. 36), 621.
[62] Ibid., 621.

was not about telling the staff "how to do it" but instead about instilling in the staff a willingness "to find a way" to do what was needed.[63] For Milio, the key rule was that "if you don't know the answer don't give one. Go find out."[64] It was through role-modeling, staff discussion, and the sharing of resources that Milio equipped staff with both the tools and confidence to find the answers for the center's patients and clients.[65]

In preparation for opening the day care program, Milio shared with Janice Hicks, the day care supervisor, and her two playroom aides, "Guidelines for Day Care," which were developed by Hugh Whipple, a consultant from Wayne State University.[66] The guidelines, Milio explained, were intended only as a resource, not a requirement. Indeed, Hicks undertook her own reading and spoke with mothers in the community to gather ideas for the types of recreational and social activities the day care program would offer. She then discussed these ideas with Milio, Whipple, and the other staff before finalizing plans for the day care program.[67] Milio also guided the staff in hands-on demonstrations of first aid, nutritional essentials, and colorful and inexpensive ways of preparing food for children.[68] After the day care had been open for six weeks and recognizing things were not working as she'd hoped, Hicks organized an eight-hour workshop for all the day care staff and invited Whipple to participate. Hicks tasked each staff member with responsibility

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[63] Milio, *9226 Kercheval* (n. 1), 51–52.
[64] Ibid., 73.
[65] Ibid., 51–52.
[66] Visiting Nurses Association, 1966 Annual Report, United Community Services Planning Dept. Records, box 41, folder 23, Walter P. Reuther Library, Archives of Labor and Urban Affairs, Wayne State University.
[67] March 24, 1966, Field Notebook 1, NMC.
[68] Milio, "Neighborhood Approach" (n. 36), 621.

for leading discussion on a particular topic, including the purposes of day care, staff attitudes, and techniques to discipline children. By the end of the workshop, Hicks and the staff had collectively agreed on policies and practices for more effective operation of the day care program.[69]

Milio trained Tommie Miller, a former patient who had recently experienced both prenatal and postpartum care, to serve as the center's health aide. As part of that training, Milio asked Miller to draw upon her own recent experiences and consider the types of health information and resources she would have wanted when she was pregnant, and the methods by which she would have enjoyed receiving the information. Miller then used her experiences to develop resources and strategies—in consultation with Milio—to share health information for a healthy pregnancy and early childhood to the center's prenatal patients. To this end, Miller shared information on prenatal care, birth control (sometimes using filmstrips), and infant nutrition (often sharing recipes) while women waited for their appointments (see Figure 2). The women were also encouraged to ask Miller questions, which she would share with Milio and the other staff, and together they "tried to select the kinds of information that could have an impact on the lives of women who came as patients to the clinic."[70] Milio saw Miller's role as critical to the dissemination of health education to the center's patients, referring to her as a "translator of culture."[71]

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[69] May 13, 1966, Field Notebook 1, NMC; Milio, *9226 Kercheval* (n. 1), 66.
[70] Milio, *9226 Kercheval* (n. 1), 94–95.
[71] Ibid., 94–95.

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Figure 2. Two women sit in front of prenatal health education posters at the Mom and Tots Neighborhood Center, 1966. Nancy Milio Collection, UVA Bjoring Center for Nursing Historical Inquiry. Reprinted with permission of the Bjoring Center.

This framing of the community staff as cultural "brokers" and "translators" resonates with Nelson's characterization of the Black Panther Party's role—in establishing free medical clinics—"as a 'bio-cultural broker' that mediated between medically underserved, poor black communities distrustful of mainstream medicine" and the predominantly white radical health professionals "who sought to use their skills to bridge inequality."[72] For her part, Milio

[72] Nelson, *Body and Soul* (n. 2), 84.

characterized the vital role of community staff—which she referred to as "indigenous workers"—as multifaceted. First, the staff were "translators" and "intermediaries" able to "convey subtle meanings of culture" to the center's professional staff, as well as providing health information to the center's clients "in a framework which makes sense to peers," particularly in terms of the ways in which the information was conveyed and the tone used. The health professionals were responsible for giving the community staff the clinical content to be shared with clients and community members in "their environment," where "they are most themselves," on "their time schedule," and to "accommodate to their problems." The encounters between the health professional and community staff should be "informal, sociable," as a way, Milio hoped, to mitigate class differences and tensions that might exist between them. It was also the responsibility of the health professional to "begin by listening, [to] their priorities, their questions," and to provide the community staff with "time and opportunity for them to articulate" their concerns, needs, and expectations.[73]

Second, Milio characterized the role of community staff as a source of individual and community empowerment. They provided community members with "examples" of the new health behaviors they sought to convey, by role-modeling and role-playing as it related to infant feeding and bathing, nutrition, birth control, and parenting. In this regard, it was important that community staff be able to "maintain autonomy" in their work according to their areas of primary responsibility, and that they be "reward[ed] for being selves—for giving own opinions,"

[73] March 15, 1968, Field Notebook 9, NMC. This was a part of the presentation Milio gave at the OEO Regional Family Planning Conference in Chicago, March 14–15, 1968.

and not what they thought Milio wanted to hear.[74] Left unacknowledged, though implicit in Milio's characterizations, was that community staff were not just cultural translators and intermediaries but also experts of their own lives and as such had valuable expertise and knowledge with which to contribute to and ultimately shape the health and educational programming provided by the center. For Milio, it was a core value that the community staff be themselves, not only because it would make them "better translators," but also because it would lead to "strengthening identities, as able, creative self-reliant, inner purpose, and worth."[75] In this way, Milio saw in the role of community staff the capacity for self-empowerment and, with it, community empowerment.

As a vehicle for individual and community empowerment, the community staff shaped the topics and content of the educational programming offered by the center. At expectant mothers' classes, the staff shared information about breastfeeding and infant formula, about when to introduce solids, and how to bathe babies. They also provided information about maternal nutrition during and after pregnancy, well-child care, immunizations, and family planning (see Figure 3).[76] Through the sex education offered in the girls' club, the staff sought to challenge negative stereotypes of Black girls and women as hypersexual, and instead to "show [the] range of human sexual response thereby increasing their choices—and erasing stereotype."[77] The boys' club, which was run by Willie Hitt, became a space in which boys could

[74] March 15, 1968, Field Notebook 9, NMC.
[75] March 15, 1968, Field Notebook 9, NMC.
[76] April 19, 1966, Field Notebook 1, NMC. "Use Group Approach in Family Planning," *Ob. Gyn. News* 3, no. 5 (1968): 29.
[77] March 28, 1967, Field Notebook 4, NMC.

process difficult emotions, discuss negative cultural stereotyping, and learn to develop a "positive identity." It was also a space for the boys to discuss their feelings about the police and the threat of anti-Black police violence.[78] In both the boys' and girls' clubs, the staff discussed the full spectrum of sexuality, including bisexuality and homosexuality, while also promoting how to feel positive about their bodies.[79] In parenting classes, topics included the "Age at Which to Explain Menstruation," "Children and Strangers,"[80] and "How Do You Punish Your Child?" with an emphasis on "no physical punishment."[81] In providing education about the different birth control options available to women, the staff often had to counter the negative portrayals of oral contraceptives among male Black activists, including members of ACME, who characterized oral contraceptives as "'government' pills" with "dangerous side effects" intended "to control Negroes."[82] The staff did so by highlighting the relative benefits and side effects of oral contraceptives and other birth control methods and emphasizing the primacy of the woman's right to choose the birth control option that *she* identified as best meeting her needs.[83]

[78] March 28, 1967, Field Notebook 4, NMC.
[79] October 31, 1967, Field Notebook 7, NMC.
[80] November 6, 1967, Field Notebook 7, NMC.
[81] February 13, 1968, Field Notebook 9, NMC.
[82] April 13, 1966, Field Notebook 1, NMC.
[83] April 13, 1966, Field Notebook 1, NMC. For an overview of the complex history of birth control and Black Americans, see Roberts, *Killing the Black Body* (n. 34), 56–103.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 100, no. 1 (Spring 2026). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Figure 3. Young boy stands in front of nutrition informational posters at the Mom and Tots Neighborhood Center, 1966. Nancy Milio Collection, UVA Bjoring Center for Nursing Historical Inquiry. Reprinted with permission of the Bjoring Center.

From the beginning, Milio and the staff saw the day care program as a space in which to address issues of importance for the community's children. One such topic centered on cultivating Black culture, Black identity, and Black pride among the day care kids. Although some of the staff expressed mixed feelings, for Dorothy Smoot, the center's assistant director, there was a clear "need for pride—via films, maps, African history, Art Institute, etc." This was also consistent with the staff-identified goals of day care, which were "to make children proud of themselves; that he can make it on his own; express his feelings freely and openly; speak out; stand up for what he believes" because "'we' (meaning Negroes) aren't very much able to do

this." The day care program thus presented the staff with an opportunity to challenge and intervene in the "subconscious process of negative identity" and instead "make a positive identity conscious."[84] The center's approach to child and youth programming aligned with similar programming being offered through the Detroit public school system (as well as nationally) and subsidized by OEO funds that sought to provide cultural enrichment, along with academic support and development, to the city's low-income children. These programs included Head Start, Pre-School Child and Parent Education, Continuing Education for Pregnant Girls, and the Neighborhood Youth Corps.[85]

The critical role of the neighborhood women (and a few men) who staffed the Mom and Tots Center then was about more than serving as cultural brokers and intermediaries between health professionals and the medically underserved, low-income community (though their role in this regard *was* significant). They were also experts of their own experiences of being medically underserved, poor, and Black, and they used that expertise to shape the types of services offered and the health education provided by the Mom and Tots Center. The center's staff—together with Milio—were community health activists leading the effort to transform the ways in which health services would be provided to low-income women and their families. In so doing, Milio and the center's staff challenged the authority, expertise, and paternalism of physicians and health officials who maintained that physicians, rather than nurses and community members, had the necessary expertise to determine and control the provision of "quality" health care to low-income Black patients.

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[84] September 18, 1968, Field Notebook 6, NMC.
[85] Fine, *Violence in the Model City* (n. 14), 51–52, 86.

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Medical Paternalism and the Politics of Community Health Provision

As a transformative model of health care delivery, one that was nurse-led and community-centered, the Mom and Tots Neighborhood Center represented a challenge to physicians and administrators committed to a paternalistic model of health care. Two episodes in the Mom and Tots Center's early history highlight the entangled politics of community health provision as Milio, the VNA, and community members confronted the race, gender, and class biases of physicians and administrators. The first episode is the more than yearlong struggle to secure city, state, and federal funding for the center. The second episode centers on Milio and the VNA's efforts to secure a cooperative arrangement with a Detroit hospital to provide obstetrical services to the Mom and Tots Center's clients. These events and the health politics they encompassed contributed to the precarious status of the Mom and Tots Center and reflected the contested status of community health centers themselves and the low value placed on the health and social well-being of the low-income patients they served.

During 1966, its first year of operation, the Mom and Tots Center was underwritten by a combination of OEO and TAP funding. But by the late fall of 1966, the center faced closure because of cutbacks in the city's antipoverty program. Over the next several months, Milio and VNA director, Sylvia Peabody, met with officials from two federally funded state agencies that were interested in supporting the center—the Maternity and Infant Care (MIC) Project, which was directed by Dr. William Goins, a Black obstetrician based in Detroit, and Project PRESCAD

(Preschool, School, and Adolescent Children), which was directed by Dr. B. Barrett.[86] From October 1966 through the beginning of 1967, Milio and Peabody met regularly with Goins and Barrett as they negotiated dividing the VNA's budget request for the Mom and Tots Center between MIC and PRESCAD, with MIC covering prenatal and maternity care and PRESCAD covering the costs associated with the day care program.[87]

Milio initially found Goins to be "open, understanding and very supportive," but it soon became clear he had his own views on where, how, and in what form maternal and infant care should be provided to low-income Black women and their families.[88] After visiting the Mom and Tots Center in October 1966, Goins criticized the storefront building it occupied, saying the facilities were inadequate, and questioned the "cribs, toys, cups, food handlers cards, pelvic exams, and paps, [and] 'teenagers in charge of teenagers'" (referencing the babysitting services provided by neighborhood teenage girls).[89] In December 1966, Goins refused to give MIC approval to the center because it "cannot meet minimum standards for quality of care obstetrically and sociologically." As Milio's fieldnotes indicate, Goins "questions safety, day care competence, and sanitation standards" and felt "(the paintings and furnishings) presents a 'negative image'" and that the storefront location "doesn't reflect the quality desired" for a medical center.[90] Instead, Goins suggested the center relocate to a better facility, such as a

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[86] December 2, 1966, Field Notebook 2, NMC; William F. Goins, "Progress Report for Detroit Maternity and Infant Care Project, 1968–1969," United Community Services Planning Department Records, box 39, folder 32, Walter P. Reuther Library, Archives of Labor and Urban Affairs, Wayne State University.
[87] October 25, 1966, Field Notebook 2, NMC.
[88] September 28, 1966, Field Notebook 2, NMC.
[89] October 25, 1966, Field Notebook 2, NMC.
[90] December 1, 1966, Field Notebook 2, NMC.

physician's office, located *outside* the Kercheval neighborhood, thereby challenging the very premise of the Mom and Tots Center as a health center based in the neighborhood it was intended to serve.

Goins's concerns reflected the class tensions between Black middle-class professionals and low-income Black people that had long characterized the history of Black health activism.[91] His references to the center's inadequate "sanitation standards" signaled the long-held assumption among both Black and white health professionals that sanitation and cleanliness were markers of middle-class positionality and thus respectability. In this vein, Goins challenged what he perceived to be Milio's idea to "give these people a physical plant equivalent to that from which they come" and instead argued that the physical facilities ought to be "an enticement" for the center's low-income patients to improve themselves.[92] Goins argued that in its current location, the Mom and Tots Center could not provide an acceptable level of care. He instead recommended that the center's patients travel to medical clinics in the affluent neighborhood of Indian Village to receive prenatal and maternity services (although located on Detroit's East Side, Indian Village was not readily accessible by public transportation). As Goins explained, "'these people' in 'pockets of poverty' ought to go to Indian Village clinics where they could see how other people live—that's the only way they'll get out" of poverty.[93]

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[91] Smith, *Sick and Tired* (n. 5); Biggs, "Newest Negroes" (n. 6); Chowkwanyun, *All Health Politics Is Local* (n. 2), 96–139.
[92] December 6, 1966, Field Notebook 2, NMC.
[93] February 16, 1967, Field Notebook 3, NMC.

Goins's concerns, however, also reflected the long-standing gender politics of health care in which physicians claimed ownership of and authority over clinical practice and presumed the subordinate status of nursing to medicine, a gender politics that nurses were increasingly contesting by the 1960s.[94] Robert Mack, a white obstetrician in attendance at one of the meetings, contended that the Mom and Tots Center was "trying to practice medicine,"[95] and in so doing preparing low-income Black people to go to poor medical facilities rather than teaching them to "go to proper medical facilities."[96] In making these comments, Mack completely bypassed the inequitable care that Black patients often received in the city's so-called "proper medical facilities." Although Mack acknowledged the transportation and other structural barriers that women from the Kercheval neighborhood faced when seeking medical care outside their own neighborhood, his response was that "if we make it too easy for them, they'll never learn to go where they can get adequate care." Milio pushed Mack on whether he thought it would ever be possible to provide adequate care to women at a facility like the Mom and Tots Center. His response was a definitive no, "medical education should be directed toward medical facilities and in-hospital clinics."[97]

These physicians' interest in relocating the center outside the Kercheval neighborhood undermined the very premise of the Mom and Tots Center as a health center based in the

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[94] Julie Fairman, *Making Room in the Clinic: Nurse Practitioners and the Evaluation of Modern Health Care* (New Brunswick, N.J.: Rutgers University Press, 2008); Dominique Tobbell, *Dr. Nurse: Science, Politics, and the Transformation of American Nursing* (Chicago: University of Chicago Press, 2022).
[95] May 19, 1967, Field Notebook 6, NMC.
[96] February 1, 1967, Field Notebook 3, NMC.
[97] February 1, 1967, Field Notebook 3, NMC.

neighborhood it was intended to serve. Goins and Mack also believed that without physician leadership, the center could not by definition provide adequate, let alone quality, care. But for Milio and the VNA, having the center located in the neighborhood it was intended to serve and thus being readily accessible to low-income patients was fundamental to their definition of quality care,[98] as was the inclusion of the "neighborhood and patients" in decision-making about the care provided by the center. In this, Milio had the support of Detroit's Black nursing leaders like Oretta Todd, who characterized Goins "as typical of other Detroit 'middle-class Negroes.'"[99] Milio also had the support of the NAACP and the DUL (two organizations composed of predominantly Black middle-class professionals) who believed the Mom and Tots Center *was* an acceptable space for the provision of community-based care.[100]

A second episode also highlights the intersection of gender, race, class, and interprofessional politics in the debates over the provision of prenatal and maternity services to low-income Black women in Detroit. As the Mom and Tots Center's precarious funding situation continued during the spring of 1967, Milio and Peabody were engaged in negotiations with the public Detroit Memorial Hospital (DMH) to accept the medical—but not financial—responsibility of the Mom and Tots Center's prenatal and maternity services. Although DMH administrators initially agreed, three weeks later they reversed their decision. Milio's field notebooks reflect the ambivalence at best, and opposition at worst, on the part of DMH administrators and obstetricians to providing care to low-income women needing prenatal and

[98] May 19, 1967, Field Notebook 6, NMC.
[99] December 7, 1966, Field Notebook 2, NMC.
[100] January 15, 1967, Field Notebook 3, NMC.

postpartum care. These difficulties reflect, in part, the race, class, and gender prejudices that some physicians and hospital administrators held toward low-income Black women in need of obstetrical care.[101] But they also reflect the bitter struggles over public funds. DMH was one of the hospitals participating in the state's MIC Project and was thus a recipient of MIC funds. At meetings between Milio, Peabody, Goins, and DMH administrators, one administrator dismissed the relevance of the concept of community health that underpinned the Mom and Tots Center, explaining that as a businessman he was only concerned with "supplies, drugs, accounting."[102] Another administrator was unwilling to assume the costs for six hundred patient visits ($4,200) from Mom and Tots Center clients unless the hospital received additional MIC funding.[103]

As the difficulties of securing a satisfactory cooperative relationship with DMH continued, Milio reached out to Black nursing colleagues for assistance finding Black physicians who'd be willing to provide obstetrical care to the center's patients. Oretta Todd was an especially critical networker in this regard. Todd was born and raised in Detroit and had earned her BSN at Skidmore College in 1954 and a master of science in nursing from Wayne State University in 1963. Todd worked in several of the city's hospitals and began teaching at Wayne State University School of Nursing in 1964.[104] In the early months of 1967, Todd mobilized her networks to garner clinical support for the Mom and Tots Center.[105] She introduced Milio to

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[101] Field Notebook 4, NMC. On this point, see Roberts, *Killing the Black Body* (n. 34).
[102] April 26, 1967, Field Notebook 4, NMC.
[103] April 26, 1967, Field Notebook 4, NMC.
[104] Oretta Mae Todd Oral History Interview, May 1, 1997, "Documenting the Health Care Experiences of African Americans" (n. 11).
[105] Field Notebooks 4 and 5, NMC.

Addison Prince, an obstetrician who had admitting privileges at several of the city's Black-owned hospitals. After visiting the Mom and Tots Center, Prince recognized the distinctive value of the center, noting that the center was "just like MD's office"; he could "see why patients prefer this to big clinic." From Prince's perspective, the situation was "very workable if" the Mom and Tots Center could "establish a good relationship with a hospital." Prince helped broker such a relationship with Kirwood General Hospital, one of the city's Black-owned hospitals at which he had admitting privileges.[106]

During the summer of 1967, Kirwood General Hospital collaborated with the Mom and Tots Center to provide a new prenatal clinic and maternity service.[107] After only a few months, however, Todd reported to Milio that the hospital was considering dropping the prenatal clinic because of "difficulty with MD staff who 'are not used to clinic patients.'" They complained that "'patients not well-informed'" and "were expecting things" the hospital was not giving.[108] Kirwood's physicians were also frustrated by patients who repeatedly canceled their appointments, indicating the ongoing work involved in navigating physician attitudes toward low-income women, the structural difficulties women experienced getting to hospital appointments, and the administrative logistics of the collaboration. Despite the negative report, both the administrator and chair of obstetrics at Kirwood General Hospital expressed their support for the program.[109]

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[106] July 19, 1967, Field Notebook 6, NMC.
[107] Milio, *9226 Kercheval* (n. 1), 124.
[108] October 18, 1967, Field Notebook 6, NMC.
[109] October 18, 1967, Field Notebook 6, NMC.

That Milio achieved some, albeit limited, success navigating the contentious politics of community health provision in Detroit was due in part to the value the center held for the Kercheval community. This was evident in the community's efforts to generate political support and secure funding for the center, and it was evident amid the social and political unrest of the summer of 1967.

The Meaning of Community Health in the Midst of Urban Unrest

The Mom and Tots Neighborhood Center provided community members with care that was distinctive in both its approach and its accessibility. At a community meeting held in February 1967, several of the center's prenatal care patients spoke about the importance of the center in their lives. One woman asserted, for example, "There isn't any hours of waiting and you get the very best attention," while another stressed the importance of the center's convenient location for helping her to keep her appointments. Another recounted how valuable it was that she could bring her children with her to appointments, while another shared, "They make you feel you're somebody."[110]

As Milio negotiated with city, state, and federal health officials about the center's funding and its future, the center's staff mobilized community and political support. The community campaign began in December 1966 and continued through the spring of 1967. Patients circulated a petition demanding that the Mom and Tots Center remain funded, open, and in the neighborhood. The staff reached out to their networks of friends who had relationships or

[110] Milio, *9226 Kercheval* (n. 1), 116–17.

other connections to TAP and health officials to assert pressure.[111] Teenagers distributed fliers advertising the center and the need to raise funds, going door-to-door and to schools, churches, and block clubs throughout the neighborhood.[112] The staff reached out to local TV and radio stations, and Milio worked closely with a reporter at the *Detroit Free Press*. Milio and the staff contacted neighborhood groups as well as other Black physicians and nurses in Detroit to raise awareness and support for the center.[113] The campaign paid off: by late December, the center had secured six months of funding from United Community Services, an organization representing a range of social welfare agencies in Detroit.[114] And then in summer 1967, the center received a $42,000 family planning grant from the OEO. They also raised an additional $15,000 from groups, churches, and private boards and clubs to pay for a new playground and passenger van, and for the renovations needed to meet licensing requirements for the day care program.[115]

The importance of the Mom and Tots Center to the East Side community was also made readily apparent during the citywide uprisings of July 1967. Those who participated in the so-called Detroit Riots cited as causal factors the years of racial discrimination in housing, employment, and education that reduced economic opportunities for Detroit's Black population,

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[111] December 8, 1966, Field Notebook 2, NMC.
[112] Milio, *9226 Kercheval* (n. 1), 115.
[113] December 8, 1966, Field Notebook 2, NMC.
[114] "Mom-Tots Center Saved—for a While," *Detroit Free Press*, December 20, 1966. On the UCS, see United Community Services Records, Finding Aid, Walter P. Reuther Library, Archives of Labor and Urban Affairs, Wayne State University, https://archives.wayne.edu/repositories/2/resources/1700 (accessed November 2, 2022).
[115] Milio, *9226 Kercheval* (n. 1), 125.

as well as ongoing police brutality and discrimination in health care.[116] The precipitating event, however, was a police raid on an illegal after-hours drinking establishment in one of Detroit's largest Black neighborhoods. The police detained all eighty-five patrons, and while they waited for reinforcements, a crowd of more than three thousand had gathered by 8:00 a.m. Over the next five days, violent protests ensued across the city. Buildings were burned, businesses were looted, and at least forty-three people died. By the third day the protests had reached Kercheval Street. That morning, three members of ACME spoke with the center's community worker and "reported that Mom and Tots remained: someone had written a 'B' (for 'Soul Brother') on the window."[117] The "B" meant "that it shouldn't be touched because it belonged to the people there."[118]

A few days later, speaking with the local news media about the uprisings, Frank Ditto, a local Black activist, explained,

> The Mom and Tots Center was not touched during the rebellion, though buildings on both sides were burned and gutted. Why? Because black folks said "These are good people. We know them and they know us. . . . They care for us. We know we can stop in and they'll helps us when we tell them things. They ask us to make decisions on how to run the place. They treat us like first-class humans because we are first-class humans. They have respect for us and we respect them."[119]

Ditto's comments reflect the importance of the Mom and Tots Center as a site of community empowerment. And in the aftermath of the riots, the Mom and Tots Center served as a hub for

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[116] Fine, *Violence in the Model City* (n. 14); Sugrue, *Origins of the Urban Crisis* (n. 10), 259–68; Nickrand, "Detroit Medical Center" (n. 14).
[117] Milio, "Untouched in the Holocaust," *Amer. J. Nursing* 68, no. 3 (1968): 508–9, quotation 508.
[118] Interview with Nancy Milio by Denise Drooling, October 26, 1994, NMC.
[119] Colleen O'Brien, "Mom-Tots Center: An Oasis in a Desert," *Detroit Free Press*, July 30, 1967, 6c.

the collection of food, diapers, baby food, and other essentials, which it then helped distribute to mothers and families in need.[120] For several days, crowds lined up at the center to receive supplies.[121]

Conclusion

Through the activism of the staff and community, the Mom and Tots Neighborhood Center continued to deliver community-centered maternal and child health services for the next thirteen years. During its first two years, the center served 2,746 clients and provided 20,386 client services.[122] A study published in 1968 demonstrated the positive impact the center was having on birth control use and immunization rates among the center's patients.[123] Milio left in April 1968 and passed leadership of the center to Carolease Wallace, the center's Black public health nurse, and two community staff members, Brenda McConnell and Dorothy Smoot. Early in 1968, Milio began preparing the three women for their new leadership responsibilities. They worked on strengthening their communication with each other, identified their priorities for leading the center, and discussed strategies for achieving them. They also formalized the structural

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[120] July 25, 1967, Field Notebook 6, NMC. CESSA had been established just prior to the uprisings and was an organization sponsored by twenty-six churches located near Kercheval Avenue, offering prenatal health care, child care, and a food bank. ESVID was a short-lived Black activist organization created by Frank Ditto and Dan Frank that "at various times offered everything from editorials to community patrols (the journalist Lou Gordon called them storm troopers) to job counseling." Joel Stone, *Detroit 1967: Origins, Impacts, Legacies* (Detroit: Wayne State University Press, 2017); Fine, *Violence in the Model City* (n. 14), 380.

[121] July 26, 1967, Field Notebook 6, NMC.

[122] April 23, 1968, Field Notebook 9, NMC.

[123] "Use Group Approach in Family Planning," *Ob. Gyn. News* 3, no. 5 (1968): 29.

relationship between the VNA and Mom and Tots Center, making clear the administrative and financial responsibilities of the VNA to the center while ensuring the center's operations and governance remained in the hands of the center leadership and staff. For three months, Wallace met weekly with Milio and occasionally with VNA director Sylvia Peabody in preparation for taking over as the center supervisor.[124] Although Wallace, McConnell, and Smoot each expressed some concern about Milio's departure, they focused on the importance of the Mom and Tots Neighborhood Center being led by Black women. As McConnell asserted, "This is black power—if we can't go on alone, then we really didn't do it."[125]

The limited sources I have found related to the center's next decade make clear that as the center continued to face financial precarity, the staff and community continued to fight for its survival. In 1969, for example, the state threatened to close the day care program unless the center could complete necessary repairs to meet building codes. Lacking the necessary funds, staff members and several mothers who relied on the day care program "pleaded their case" before the city council and were granted an extension, which gave the staff enough time to raise the fifteen thousand dollars needed to complete the repairs.[126]

The following year, the OEO reduced its support for the center. Since summer 1967, an OEO family planning grant had been funding the center's family planning clinic as well as the prenatal clinic, and the boys', girls', and parents' clubs.[127] As of September 1970, however, the

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[124] February 6 and 13, 1968, Field Notebook 9, NMC.
[125] Field Notebook 9, NMC; Milio, *9226 Kercheval* (n. 14), 191–95.
[126] "Nursery Given Time for Repair," *Detroit Free Press*, July 7, 1969, 14.
[127] Sylvia Peabody, "Request for Grant Support," June 1970, New Detroit Inc. Collection, box 58, folder 30, Walter P. Reuther Library, Archives of Labor and Urban Affairs, Wayne State University.

OEO was no longer willing to support these programs, claiming that neither prenatal care nor the clubs constituted family planning activities. In response, Wallace told the *Detroit Free Press* that the OEO was trying to force the center to become only a birth control clinic, which was not "acceptable to our community, which sees us as a family center." As Wallace explained, "We believe our prenatal and other services are an important part of family planning." After all, 98 percent of the center's prenatal patients also used the family planning clinics. The "many young girls and unwed mothers" who came to the family planning clinics made use of the day care program while they attended their appointments. The prenatal care clinic also played a vital role in the community, serving sixteen new patients a month, many of whom went to the clinic upon the recommendation of their friends. The conflict between the community's conceptualization of the center and the OEO's was reflected in the center's recent name change. As Wallace explained, "The community wanted to call this the Mom and Tots Family Center, but OEO told us they wanted the name changed to Kercheval Family Planning Clinic." To accommodate the OEO, the door to the center now included a small notice with the new name. However, the old name remained painted across the building in large type, "Mom and Tots Center."[128] As in previous years—and as they would continue to do so throughout the 1970s—the center staff and community members successfully raised enough funding to keep the center's prenatal care clinic open and, in so doing, kept the center focused on the community's needs.[129]

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[128] Jennifer Jarratt, "Mom and Tots Faces Loss of OEO Funds," *Detroit Free Press,* March 12, 1970, 1C, 3C.

[129] "Statement from New Detroit, Inc., Regarding the Funding of the Prenatal Care Clinic at the Mom and Tots Family Center, Friday September 4, 1970," New Detroit Inc. Collection, box 149, folder 45, Walter P. Reuther Library, Archives of Labor and Urban Affairs, Wayne State University.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 100, no. 1 (Spring 2026). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

By March 31, 1976, when the center celebrated its tenth anniversary, it had served more than 17,500 people in one of the health or day care programs.[130] The center's success is also evident in the kids who "graduated" from the day care program and boys' and girls' clubs and went onto university or enrolled in the military, and the achievements of the community members who worked at the center.[131] In 1970, for example, five of the center's twelve staff members were pursuing their collegiate education, while a sixth was completing her high school credits.[132] Many of the mothers who used the day care program were able as a result to pursue job training programs and secure employment.[133] The center was finally forced to close its doors in 1980, as federal funding priorities shifted under the Reagan administration.[134]

The history of the Mom and Tots Neighborhood Center is a story of community health activism in which low-income Black women contributed invaluable labor, leadership, and advocacy. As such, this history adds another chapter to the historiography of Black health activism.[135] The history of the Mom and Tots Neighborhood Center, as a nurse-led community health center, also adds to the historiography of community health centers, which to date has focused on those led by physicians and academic medical institutions.[136] In doing so, it also

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[130] Helen Fogel, "Family Center Marks 10th Year of Serving Poor," *Detroit Free Press*, February 22, 1976.
[131] No date given, but from "The Sounds of Mom and Tots" ca. 1968, NMC.
[132] Visiting Nurses Association Annual Report, 1970, United Community Services Planning Department Records, box 14, folder 30, Archives of Labor and Urban Affairs, Wayne State University.
[133] Jennifer Jarratt, "Mom and Tots Faces Loss of OEO Funds," *Detroit Free Press,* March 12, 1970, 1C, 3C.
[134] Milio, *9226 Kercheval* (n. 1), vi.
[135] Smith, *Sick and Tired* (n. 5); Nelson, *Body and Soul* (n. 2).
[136] Sardell, *U.S. Experiment* (n. 2); Lefkowitz, *Community Health Centers* (n. 2); Dittmer, *Good Doctors* (n. 2); Chowkwanyun, *All Health Politics Is Local* (n. 2).

makes clear the importance of public health nursing to community health and to innovative care delivery in U.S. history.[137]

The difficulties Milio, as a white public health nurse, encountered navigating with local health officials, hospital administrators, and obstetricians to secure funding and obstetrical services for the center make clear the intersections of race, gender, class, and interprofessional tensions in the politics of community health provision. Milio's efforts to secure city and federal funding for the Mom and Tots Center revolved around debates over what counted as "quality care" and who should be charged with oversight over and provision of that care, debates that were in turn deeply shaped by the long history of race and class politics in health activism and the gender politics of health care. At stake in these debates was the primacy of the physician-led model of health care delivery to meet the needs of a medically underserved, low-income community. Indeed, that the Mom and Tots Neighborhood Center was grounded in a public health nursing framework and premised on the expertise and authority based in community members' lived experience of poverty, racism, and health was integral to the center's success in providing community-centered care, reducing structural barriers to health, and serving as a site and source of community empowerment.

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[137] Buhler-Wilkerson, *False Dawn* (n. 7); D'Antonio, *Nursing with a Message* (n. 7); Tobbell, "Role of Communities" (n. 1).

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 100, no. 1 (Spring 2026). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

ACKNOWLEDGMENTS: I thank the team of archivists at the Walter Reuther Library and Hal Sharpe and Maura Singleton at the Bjoring Center for Nursing Historical Inquiry. I am grateful for the feedback provided on earlier versions of this essay by Susan Craddock and by audiences at the Johns Hopkins University History of Medicine Colloquium, Purdue University's History Department, the American Association for the History of Medicine annual meeting in Ann Arbor, and the European Association for the History of Medicine and Health meeting in Oslo. I am especially thankful for the incisive feedback provided by the *Bulletin*'s three anonymous peer-reviewers. Research for this article was supported by an H21 Grant from the American Association for the History of Nursing.