



# The Carolina Piper



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Donald C. McLeod, Editor Winter 2021

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## NEWSLETTER OF THE ST. ANDREW'S SOCIETY OF NORTH CAROLINA

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### PRESIDENT'S CORNER

We are well into our winter but the cold spells have not lasted long and spring is only a couple of months away. The covid-19 pandemic is not as fleeting, new variants are spreading and vaccinations are agonizingly slow. The pandemic will be stopped but event planning is tentative. The Grandfather Mountain Highland Games are a go but with reduced functions. The St. Andrew's Society plans its usual GMHG activities and more information will be forthcoming in April or May. The board of directors met in December (part in person, part virtual) and the executive committee met in January.



I would like to encourage members to write a brief article about one of their Scottish ancestors. By doing so, you may find that another member is familiar with your lineage and may have already done research on them and be willing to share with you. It does not need to be long nor overly documented. Send the article to Don McLeod, (donaldcmcleod@gmail.com) Editor of The Carolina Piper. Of the 32 Scottish names that I descend from, I plan to do an article on the Clark, McCue, McDowell and Moffett families. My Ancestry.com DNA says that I am 30% Scottish, 43% English and western Europe, 13% Swedish, 10% Irish and 4% Welsh. Many of my Scottish ancestors were lowlanders which often times have more English

sounding names. Because of that, it took me some time to figure out that Clark, Kirkpatrick, Lindsay, and Buie were Scottish names. Please consider one of your Scottish families for an article.

Also new members for the Society are needed and important. We have 20 new members this year. That is good but our growth is low because our membership is older and a few people dropped out because of the COVID virus. Assess your family, neighbors, and friends who may be a good fit for the Society and ask them if they might be interested in joining. We are also reaching out to other genealogical societies such as the NC Sons of the Revolution, NC Society of the Sons of the American Revolution, NC War of 1812 and NC Society of the Cincinnati to see if we can work with them on any Scottish history and genealogy. Marquis de Lafayette made a nice tour and visit to NC. Do you think he may have been a McLafayette?

I encourage you to wear your kilt, promote our ancient heritage and drink more Scotch!

J. Robert Boykin III  
President

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## **THE EVERYDAY LIFE OF THE CLANS OF THE SCOTTISH HIGHLANDS-Book Review**

Michael Newton, PhD, of Chapel Hill is an internationally acclaimed Gaelic scholar with numerous books and publications in the field. This concise 147-page book ties together many disparate concerns of those Gaels in the Scottish Highlands during the "Age of the Clans," that is, from the 12th to the late 18th century. Much of the culture and history of the Highlands have been described by anglocentric writers with considerable misunderstanding, prejudice and lack of fluency in Gaelic. Newton has revisited original sources to depart a Scottish Gaelic perspective on clan life in the Highlands.

A thousand years ago, after the suppression of the Picts by the Irish Gaels, all of Scotland was Gaelic-speaking. Gradually the Britons, Angles (Denmark), Saxons (Germany), Normans (France), etc. settled in the Lowlands and displaced Gaelic with Scots (think Robert Burns) and English. Newton discusses well the cultural divide and animosities between Highlanders and Lowlanders which has largely subsided with near total English language adoption.

There are several book sections, each with many Gaelic concepts and words well translated into English. One section explains clan concepts and terminology with numerous examples and anecdotes. Another section discusses the origin stories of a dozen clans and describes who wrote these "tales" and for whom they were written. Obviously some caution is needed in understanding. One section explains the feudal clan system and individuals' place and expectation in life. The economic and material world is dissected and descriptions of customs around birth, baptism, marriage and death are included.

This book will enlighten everyone with interests in Scotland. A strength is the inclusion of many translated excerpts from original manuscripts difficult to identify and locate. With attention your basic Gaelic vocabulary will noticeably improve.

Don McLeod

## **MCCUES OF SCOTLAND, IRELAND AND AMERICA**

Below is a brief lineage of one of my Scottish families, the McCues. McCue may be a variant of McHugh and McEwen. When I was 12 years old, I asked my grandmother, Anna Polk Clark (1900-1981), wife of Henry Clay Dillon of Wilson NC who she was named for. She stated that she was named for her grandmother Ann Elizabeth McCue (1823-1903) wife of Alexander Clark (another Scottish family) and was 3 years old when her grandmother died. Ann McCue Clark was the daughter of John M. McCue and wife Peachy Simpson. They had moved from Nelson County, VA to eastern TN in the 1780's.

Internet research and also finding a book printed in 1913 titled "The McCue's of Old Dominion" showed that John M. McCue was the son of Col. Charles McCue, b. 1762 and wife Anna Maxwell (another Scottish family). They married in May 1789. So Ann McCue Clark was named for her grandmother Anna Maxwell McCue. She was the daughter of Bezaleel Maxwell (1700-1740) and wife Rebecca Boyd (daughter of Thomas Boyd and Elspeth Skeill) of Nelson County, VA. Col. Charles McCue was a noted teacher and active in the founding of Presbyterian churches of Albemarle County, VA. He was the son of John McCue III and wife of Eleanor Matthews (another Scottish family).

John McCue III came from Prince of Wales, Ireland in 1731 and landed on the banks of the Susquehanna River near Havre de Grace, MD and settled in Lancaster County, PA. In 1739, the McCue family, because of difficulties with the local German and Dutch families, decided to move to the Great Valley of VA, crossed the Blue Ridge Mountains and settled in Nelson County. He was the son of John McCue II and wife Sarah McDowell (another Scottish family) who died in Ireland and was the grandson of John McCue I and wife Mary Moffett (another Scottish family) who lived in Scotland. If anyone has any information on this lineage please get in touch with me.

Robert Boykin III

## SCOTLAND'S HEALTHCARE SYSTEM AND ITS LESSONS FOR AMERICA

As a method of context, Scotland today is a country of over 5 million persons of which 17 percent are defined as living in rural environments and/or towns of under 3000 people with the rural areas and Highlands constituting the vast majority of the land mass. The largest cities - Glasgow, Edinburgh, Aberdeen and Dundee - account for about 30 percent of the population with the next 21 largest towns of 30,000 to 75,000 residents accounting for about 20 percent of the people. Scotland by comparison is very similar in size, population, and geographic diversity to the state of South Carolina. Unlike South Carolina, Scotland has had a largely stagnant population for years. 2019 (last year prior to the COVID pandemic) saw 5600 more deaths than births and less than 50,000 births - the lowest number of births since record keeping began in 1855. About 20 percent of the population is over 65 years of age. One in five people live alone. Drug abuse, primarily opioids and sedatives, is Scotland's greatest healthcare challenge where the drug-related deaths per capita are 3 times greater than the next highest European country (Sweden). The next highest premature death rate is from liver disease due to alcohol abuse. Heart and vascular disease are the leading cause of all deaths (about 20 percent overall) primarily due to obesity, poor physical activity, and a diet rich in salt, fats and alcohol.

Scotland's primary healthcare challenges are:

- A) Controlling drug and alcohol abuse;
- B) Reducing stillbirths and infant death;
- C) Providing quality healthcare service to rural areas; and
- D) Improving overall life expectancy of the population.

The National Health Service (NHS), an agency of the Scottish government, owns all the hospitals and many of the clinics and some of the doctors. Hospitals are rated one star to five star; four and five star facilities have the full capability of university hospitals in the U.S. In recent years, more doctors have become contractors to the NHS so that they can make money via their own parallel

private, for-fee healthcare practice very similar to the American private model. The healthcare via the NHS is free but you see whatever doctor happens to be in the local clinic that day; prescriptions are sometimes delayed as much as five weeks depending on drug availability from the NHS; and disease treatment for "critical" conditions such as cancer are guaranteed to start within six months. This 26 week guarantee is an improvement from the 35 week actual average attainment just a few years ago. This reflects the fact that the NHS budgets for only a limited number of treatments for a particular disease each year and you must get into queue to receive yours. If you want quicker treatment, you pay privately. About 40 percent of Scotland's budget is spent on healthcare. By comparison, 28 percent of America's federal and state government budgets are spent on healthcare (Medicare, Medicaid, CHIP, Veterans Affairs, Health Exchanges ("Obamacare"), and Employer Federal health tax credits). Personal expenses are a larger share of total expenditures in the U.S. than Scotland.

What can we as Americans learn from the public Scottish system of care?

A) Competition - even in healthcare - improves treatment options, overall cost of care, and the advent of care. By example, our drugs may be more expensive, but there are more of them to treat a wide variety of illness and they are quickly available. Plus, many generic drugs are provided at no or low cost in America to the elderly (Medicare) and the poor (Medicaid). Treatment and surgeries are performed within days, not months. Our American "private pay" system actually produces superior healthcare results to most "public pay" systems like Scotland. The challenge is how much money does someone pay in America for private insurance as opposed to paying as much as 15 percent more per year in taxes (Kaiser Institute estimate) to receive free, basic care and a queuing model for higher cost treatment due to budget constraints?

B) Drug and alcohol abuse are systemic issues of poverty and income inequality ("working poor"). If you do not have a robust economy to reduce poverty levels (Scotland does not), then you must

invest in drug treatment programs that provide free addiction withdrawal services and not addiction management with substitute drugs like methadone. This is then combined with employment training and counseling once the addiction cycle is broken. Also, Scotland has mandated minimum costs for alcohol by the drink and by the bottle to raise the cost of alcohol consumption and make it less attractive. America has done similarly state by state with taxes on tobacco to help reduce its popularity and fund tobacco-cessation programs.

C) Premature childhood death is best controlled by social programs that ensure expectant mothers have incentives to make their prenatal appointments and have regular follow-ups from nursing services. Scotland's tight integration of social services within the healthcare delivery model has been a particular success with its low-income population. In addition, four year ago, Scotland introduced "Baby Box" which it provides free to all mothers of newborns. The Baby Box can literally be used as a crib and contains all the essentials needed to support a baby for the first few weeks of life, including blankets, towels, child wraps, diapers, clothes, bibs, toys, a thermometer, and nursing pads. Social workers work with the mother and her family to understand how to care for the baby and how to keep it healthy.

D) Rural healthcare challenges are generally about living alone, not having anyone to help care for you, not having health services within a reasonable commute, and poor diet and exercise which compounds late in life diseases like diabetes and heart disease. Scotland has done an excellent job using telemedicine - even with dialup connections when internet is unavailable - to monitor the health condition of rural people. The rural person is trained to use a monitoring device and how to connect it for a daily upload. Any issues are automatically flagged and a nurse or social worker reaches out to the individual to determine causes and plan interventions. Critical issues allow health personnel to be immediately dispatched.

*Claude Snow is the Assistant Secretary of the Society and was a business executive and management consultant in the health industry for 40 years. He*

*specialized in population health management; affordable care design; and the use of interventional health technologies. The Government of Scotland was one of his clients in 2003-2010. We thank Claude for providing this article.*

### **BURNS' GRACES**

#### **A Grace Before Dinner, Extempore**

O thou who kindly dost provide  
For every creature's want!  
We bless Thee, God of Nature wide,  
For all Thy goodness lent:  
And if it please Thee, Heavenly Guide,  
May never worse be sent;  
But, Whether granted, or denied,  
Lord, bless us with content. Amen!

#### **A Grace After Dinner, Extempore**

O Thou, in whom we live and move,  
Who made the sea and shore,  
Thou goodness constantly we prove,  
And, Grateful, would adore.  
And, if it please Thee, Power above!  
Still grant us with such store  
The friend we trust, the fair we love,  
And we desire no more. Amen!

#### **Selkirk Grace**

Some hae meat an canna eat,  
And some wad eat that want it;  
But we hae meat, and we can eat,  
And sae the Lord be thankit.

### **SCOTTISH SOCIETY OF WILMINGTON VIRTUAL BURNS DINNER**

At the invitation of the SSOW, members of the St. Andrew's Society participated in the Dec 30 virtual Burns Dinner from Wilmington. The night was well organized and enjoyed by all. James Graham, president-elect of SASNC, toasted the Wilmington Society and thanked them for their sterling efforts. Robert Livingstone, a descendant of The Dr. Livingstone's family, addressed the haggis in a most Scottish and entertaining fashion. Live piping and music videos abounded. Toasts were prolific as participants brandished their favorite bottles of single malt uisge beatha for all to admire. Sláinte mhath!

DECEMBER 2020 BOARD MEETING



*Robert Boykin, President, presiding over  
joint live and virtual meeting*



*Donald McGlohan, Mac Fowler,  
Dawn Wagoner (Executive Secretary), Carr McCaskill*