

WHO WE ARE: A CHRONICLE OF RACISM IN AMERICA

Episode 5: How We Arrive

CARVELL: This is Who We Are, a podcast by Ben and Jerry's and produced by Vox Creative. I'm Carvell Wallace.

NICOLE: A little over 12 years ago, I became pregnant with my first child. His name is Negasi. And at the time, I was pretty young, I was 19-years-old.

CARVELL: That's the voice of Bronx-based doula Nicole JeanBaptiste.

NICOLE: I was excited about this. This was a happy thing for me despite some of the criticism and lack of support that I was getting because of a couple of things, you know, like, I was becoming a living stereotype: young, Black, basically poor, living in the Bronx, the poorest congressional district in the United States. And now you're pregnant. As my dad put it, "You've walked into a trap." And despite all that, I was able to somehow keep my head up. And what allowed me to do that was excitement to actually be pregnant, believe it or not.

CARVELL: Even at its smoothest, pregnancy is a fraught endeavor. Both baby and birthing person are, by definition, at the border of life and death. But like so many things in this country, Black people are far more likely to slip over the edge. This episode, we'll look at the laws and traditions that have created the maternal mortality gap in America. Nicole's struggle to access care, and empowerment within that care, is a microcosm of what's happening across the country every day.

NICOLE: I was a Medicaid recipient at the time. I was going to see my provider, let's say once a month, up until a certain point it became once every week. But these visits were set up where I'd get there, I'd write my name down, and I'd wait for like, a good two hours only to be seen in person with a doctor for maybe 10 minutes. You know, I wasn't given the space or the time to ask questions, things were thrown at me and I was told. But I'm happy 'cause I'm pregnant. Like, I'm bearing, I'm carrying life. Like, I'm holding this immense power.

And then later on in my pregnancy, just a wrench was thrown in my whole plan, because I was told by my doctor--not consulted, nothing--I was told that I had to have a C-section because of the presentation of my baby. He was presenting breach, which means his head was up and his butt was down, right? And the only thing I had known about a breach birth at the time was that you could deliver a baby breach, because my sister, my oldest sister was born breach.

So me trusting that this doctor had my best interest in mind, but also really depressed, but also not in a space where I had adequate self-advocacy tools to be able to ask like, "Yo, why is there nothing I can do?" I went along with it and instantly I went into this depression.

CARVELL: While a Cesarean section can be a necessary medical procedure, today they are being used at twice the rate recommended by the World Health Organization. The overuse of Cesarean sections creates

its own dangers for birthing folks, particularly when they're not strictly necessary, as in the case of an otherwise normal pregnancy, like Nicole's, where the baby presented breach. In that moment of acquiescence, Nicole lost not just her agency; she lost the memory of her first child being born.

NICOLE: I had heard about these stories of having your baby. You know, once you birth your baby, you get this rush of oxytocin. That never happened for me. I was asleep. You know, I don't remember my son being born very vividly. I remember being itchy because of the medication that was given to me.

And then what really drove home for me that something was amiss with that whole situation was that, around the same time I had a couple of other friends, three other friends, so, it was a total of four of us, we were all pregnant (three of us were in the Bronx, one of us was in Georgia), of the four of us, three had C-sections. And I'm just like, "What? All of y'all babies wasn't breached? Like, what the hell?" So, I dig deeper and I'm connecting dots and I'm like, "This is wrong."

CARVELL: Black people are three to four times more likely to die in childbirth than white people are. And in New York state, that number is even higher Black birthing folks are roughly eight times likelier to die than white folks. Troubled by these statistics, Nicole founded SeSe Doula Services as an antidote to that--a Bronx-based practice that advocates for Black birthing people to have a voice in those delivery rooms. To talk me through how we arrived at our current system, I spoke with Dr. Joia Crear-Perry. She's an OB/GYN and founder of the National Birth Equity Collaborative.

Obviously for the vast majority of human existence, pregnant people were not going to hospitals to be induced and given epidurals and C-sections and so forth. When did we move collectively towards a kind of hospital-based birthing system?

JOIA: Well, it really started with that Flexner report. It was a report that was commissioned by the AMA, the American Medical Association and Carnegie, you know, rich donors. And they wanted to see what's happening with healthcare in America. So they paid for these folks to go around and look, and judge, it was like our original credentialing attempt, right? And we love credentialing stuff in the United States, we're saying what's good, or what's bad and surveying and seeing who has value and who doesn't. I can picture them leaving their little offices, driving around, going to Detroit, coming to New Orleans, going to these Black medical schools and being like, "Oh, this is so dirty. You people are so nasty. You're incapable of learning really how to do this."

CARVELL: Mhm. And what year is this?

JOIA: This is 1910, and so that predates the Social Security Act, but it's a continuation of the same conversation.

CARVELL: Following the Flexner Report, five of America's seven Black medical schools were closed. In 2008, the American Medical Association issued an apology for that and other harms, but the damage had already been done. One study shows that had those schools remained opened, they could have resulted in a 29% increase in Black doctors in 2019 alone. When the Social Security Act of 1935 became law, its intention was to create a social safety net. But the benefits of the social security act were not for everyone. The legislation purposefully excluded domestic workers and farmworkers--most of whom in the

1930s were Black. And in doing so, a tiered, racialized system of care was created and encoded. Its creation coincided with a move toward the medicalization of birth, which was increasingly being brought into hospitals and under the control of male doctors, rather than largely female midwives. Even when Black women could get into hospitals for childbirth, the faces that looked like them weren't there.

JOIA: We've used the excuse of survival of the fittest as our overarching framework for this country. The original description of fitness was land-owning white males. And we have not moved away from that description as a nation. And so when we create policies around who has access to healthcare, when we say that who has access to mental health care services, when we say that you must come to this hospital that is not in your neighborhood and doesn't have anybody who looks like you working in it to have your baby--all these are direct assaults on our ability to live and thrive and be seen as fully human and valuable.

JEFFERY: The neglect of Black women and their health needs was consistent throughout the period of slavery up to a point.

CARVELL: Jeffery Robinson of the ACLU lays out the history.

JEFFERY: Because remember in 1808 (and this is written into the Constitution), in 1808, the international slave trade was outlawed. So where was America going to get its enslaved people? Through breeding.

CARVELL: Mm.

JOIA: There was a period where the economic engine of this country was really Black women's uteruses.

JEFFERY: Thomas Jefferson bragged to George Washington that Virginia increased its capital stock of enslaved people by four percent annually. There came a time when Virginia's largest export was people. Enslaved people. Not tobacco. Cutting off the slave trade: that was not about somebody's moral compulsion. That was about the people in the domestic slave trade saying, "We want to cut off the Transatlantic Slave Trade because it's cutting into our prices". This was about profit. And so we go from there, once slavery ends, back into a system of complete neglect.

CARVELL: In fact, by some measures, the disparity in birthing outcomes between Black and white women has gotten more dramatic since the early 1900's. During the first decades of the 20th century, Black women were twice as likely to die of pregnancy-related complications as white women. Today, Black women are more than three times as likely to die as white women. It's hard to believe, but it's true. And there are a myriad of factors contributing to this. But it may help to remember that during slavery, especially after the import of enslaved people was banned, Black birth was valuable for the country because it was the only method by which the population of unpaid laborers could be increased. In a sense, as people living and dying and birthing under white healthcare systems, our lives were more valuable when we were performing free, compulsory labor. But just like we heard in episode three: what hasn't changed is the desire for Black bodies to comply. It's something Nicole saw very early in her practice as a doula.

NICOLE: My client, this is her first time having a baby. She is literally asking, "How do I push?" You know, it's not something that comes intuitively to all of us. So she's trying to figure this thing out, and partly

because she had had an epidural that also was, in my opinion, pushed onto her, you know, she's laboring fairly strongly. And what was continuing to happen was she was being offered this epidural. "Do you want the epi--" And it sounds like this, "Are you ready for the epidural, sweetie?" Constantly over and over again. And what I've come to see is that comes partly from a place of convenience on the part of hospital staff and providers. You know, if this client gets the epidural, things will run a lot more smoothly. They'll be in bed. There's less to manage. There's less to look after, right?

JOIA: I often tell people as a Black OB/GYN woman, you really have to do like *The Matrix*. You either take the red or blue pill, right? So if you choose to see all that is around you, it is hard to really be a part of that system.

CARVELL: Dr. Joia Crear-Perry again. I wondered how, as a Black woman OB/GYN, she functioned inside a system built to police bodies like hers.

JOIA: And so, so many people don't practice for very long, leave the system, do something else. 'Cause you're watching people who are your sisters, your brothers, your cousin. I have a friend who, when she was giving birth, she wanted a home birth because she knew that they would try to shame her for her weight, her age, as a Black person. She just didn't even want her own fellow colleagues to do that.

CARVELL: The shaming of Black bodies and disparate access to healthcare begins long before a person shows up for their first OB appointment. Age, income, wealth, insurance, even fame can't entirely shield you from the perception doctors might have of your skin, as we saw when tennis champion Serena Williams almost died post-partum from pulmonary embolisms she warned doctors that she was prone to. So when they go in for any sort of medical care, you're watching your sisters, your brothers, your cousins, or your children be afraid of the system that you, yourself inhabit.

JOIA: I have a 27-year-old daughter who has heard me speak a million times. She's said to me, "I don't know if I would ever want to give birth." So, I know that the fear is real and that it's really scaring Black women. But the tension for me is this: We didn't give people information in the first place. We were having them in Disneyland around risk. So, where's the happy medium? It is bad that we are now making Black women afraid. And it is also bad to not tell them the truth about their risk. Both things can be true.

CARVELL: Mhm.

NICOLE: Plain and simple, people are afraid that they're going to die during birth, and that's a really terrible place to be in. And their fears are understandable. We're constantly now being inundated with stories of Black birthing people not making it home. We talk a lot about maternal deaths, which I think is necessary. What's not spoken about enough, I feel, are both the near misses and the experiences that are traumatic enough to have people say, "I never want to do that shit again." That right there, that's how generational trauma starts.

CARVELL: Yeah.

NICOLE: Or is continued.

CARVELL: Some of that has to do with the spaces where people are giving birth. What does it mean to come into a world in an environment already armed for disaster?

Here we are now in a new era of technology, new innovation, things that are supposed to be revolutionizing medicine. And I've been Black in this country long enough to know that there is no progress for everyone. And an example of that is that for the last 30 years, maternal mortality has been rising steadily despite these new innovations. Why is that?

JOIA: So our C section rate went from about 12% to about 30%. And so we really went to this hyper-medicalized version of birthing. Like if you walk into a labor and delivery, it has all the bells and whistles of an ICU. It has a lot of technology that you don't need, for one out of 40,000 times. And so to say that every birth must be in the place that is the highest risk place that you could be, because we're worried that something might happen, that framing is causing us to do harm. We are now increasing our C-section rates. We are now having more instrumentation and all, you know, and the body is built to have babies. I mean, it's been doing it for a long time. As an OB-GYN, we're really interventionists. I tell people, you don't really want me to come until the end because I'm trained to intervene.

So I know because I was trained to intervene, I don't need to be there with you the whole time. Cause I'm going to make a mess of things. I'm going to see things, and I'm gonna be like, "what is *that*?" You know? And instead of letting the body really have a chance.

CARVELL: Often, letting the body have a chance means letting the mother have a choice.

NICOLE: What I will say is that I've described home births to people as feeling like big parties, because you're able to have there, whoever it is you'd like. What's encouraged is that you choose people who are going to support your choices and you won't have someone there who is insistent upon you just going, "Just, why don't you go to the hospital and see, I don't know, it's been a while!"

CARVELL: What does it mean to come into the world in a situation where your birth giver has agency? Where their full humanity is seen and recognized by everyone in the room?

NICOLE: I remember it really vividly because the, this baby ended up being born on Christmas Eve. It was cold outside. I was traveling from the Bronx to her Brooklyn brownstone. So I'm just like, "Let me, let me camp out." Also at home with my client, her mom and myself was her partner and her grandmother. So you have three generations about to welcome a fourth into this home. So just the loveliness of the expansive, welcoming committees that you are able to have and see at home births is part of the, you know, the beauty, right? And what you have in that is a knowing of how important, how sacred this is. Everybody also knew the deal. You know, like our main person who is going to be in labor is leading the show. And you have the midwife who is second in line, who is going to be making sure that she is safe, that baby is safe.

You had the midwife taking the lead from our client. And the other thing that you had in this experience was the benefit of time, you know? You have a midwife and a doula and a family who is comfortable with this idea of using time, of knowing that birth takes time, and there being no rush, no anxiety around, "Oh

my goodness, is something going wrong because it's been a day?" You know, that would just not go down typically in a hospital.

Things move on. I think by this time, we've been together for a solid 24 hours. In this time, everyone's eaten because her dad cooks for all of us, and we've all eaten.

At a certain point, the midwife noticed that while she had progressed pretty significantly in her labor, she was at a place where I guess the midwife and myself, we expected her to be a little further along.

So usually when that happens, it's an indication that something in your mind is maybe blocking you, like your body's ready, you know? Your body's been doing this for a day. But what is it in your mind that is keeping you from crossing that threshold? So the midwife's order was for everyone to leave that floor and for her and her partner to cuddle in their bed. That's simple. Like, that's simple, but also amazing how effective that is. In labor, we respond to things like touch, respond to eye contact, we respond to sounds.

And I remember us returning to her, the nursery, where she had her birthing pool set up. And at that point she, she entered the pool. And that's always a really relaxing feeling. You know, you get to enter water when you've been in what for most people feels like pain and like heavy, heavy discomfort. So that was a relief. There was some laboring done in the pool.

You have a child who enters the world in a space where they feel seen and heard and comfortable in the comfort of their own home while their parent is laboring to bring them here. It's really, really powerful and sacred and profound.

And I'll also say that this same scenario is possible in an environment outside of the home.

CARVELL: Right.

NICOLE: And I think that's really important, especially since something like 90% of people are birthing in hospital spaces,

CARVELL: Yeah.

NICOLE: You know?

CARVELL: And there are advocates in those hospital systems, not just outside of it. Black faces, Black people, who are fighting for Black lives to remain whole.

JOIA: I think that the doulas have done a good job of saying, yes, I'm a doula. I'm SeSe Doula, I'm here I'm a Black doula. I do holistic doula care. I think the midwives have done a great job of articulating, Yes, I'm a midwife. And midwifery and doula care has their racist history and racist tenets, but I'm a Black woman and I'm doing it different. We haven't had a chance yet as Black women OB/GYNs, to articulate that and to be able to say, yes, we understand the history and legacy of J. Marion Sims who practiced on three Black women, Lucy, Betsey, and Anarcha without anesthesia. And he created gynecology on their bodies and used the wounds of Black women to create a whole field. And he's been honored in our field without

honoring Lucy, Betsey, and Anarcha. So those are the kinds of things that my fellow OB/GYNs and I, who are Black, are really trying to push forward. Now that yes, we know the racist history. We see it, what happens in the hospitals and we want to fight more. So for future, really the pipeline across all of it: doula, midwife, OB/GYN, MFM, cancer specialist, all of that, we need more people who look like us in those fields.

CARVELL: Getting to the point where every child is born into a sacred and profound experience means shifting the way we view birth, the way we view medicine, and the way we view and value Black lives before they arrive earthside-- and in the past, present, and future.

JOIA: None of this was imagined for Black joy, for Black freedom. So if in the future, when we move forward, it's not just, we want universal healthcare. We want justice in health. We want to imagine a system that says, "Wou know what? What brings you joy, Black woman? How do we have a situation where you can have the birthing experience that you want, where you want, how you want, and we create a system and a structure around your wants." Not this hierarchical belief of survival of the fittest.

I'm not Darwin. I love Black futurism because I understand critically what that really means. There were people who did not see us in the future. I see your children in the future. And although at this moment you are vulnerable, because things could happen, you are actually bringing beauty and joy to the world. I mean, it's it's miraculous. It's a beautiful, amazing thing. I would love when babies were born, and I could imagine they were like, omnipotent cells, right? Like when a baby comes out, it could be anything that person, that little human being could become anything. And that is strength. And that's powerful.

CARVELL: My own children were both born at home. And before that, like most people, I took for granted that hospitals meant safety and health for me and my family. I did think of birth as an emergency, and I assumed, maybe wrongly, that doctors and nurses would treat me and my family as they would treat any other patients, as though I belonged there, as though my life and health and the life of my children was valuable. But in August of this year, researchers at George Mason University released a study that proves something quite different. They analyzed data capturing 1.8 million hospital births in Florida between 1992 and 2015, and they found that Black newborns in the United States are more likely to survive childbirth if they are cared for by Black doctors. And even more, that they are three times more likely than white Babies to die when they are looked after by white doctors.

For Black people, our fight for our survival begins before birth and extends until the very end of our lives. And these forces against us don't usually look like people that mean us harm. More often, they come in the forms of people you have been told are here to help you. Doctors and nurses, police officers and bankers. The people in your neighborhood.

None of the systems that you have been taught to trust are neutral.

These systems have been built this way and maintained this way and my job as a parent, as a person working to ensure a Black future for my children, is to dismantle and destroy everything that means us harm. It is not a matter of opinion or politics. It is a matter of survival. It is a matter of seeing our children in the future--a Black future.

Next week, in our final episode, we will hear from someone whose life's work is dreaming a Black future into being. I'm Carvell Wallace and this is Who We Are.

For more information on the topics and ideas explored in this episode, go to our show notes and our show page.

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I'm Carvell Wallace. And this is Who We Are.