Birthing, Blackness and The Body: Black Midwives and Experiential Continuities of Institutional Racism

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National Association of Certified Professional Midwives
Equity, Race and Access to Midwifery Webinar Series
March 30, 2017
Background: The SEED School
Background: CUNY Graduate Center
Presentation Outline

1. “What”
   - Framing “The Contemporary Midwife Problem”

2. “So What”
   - Contemporary Black Midwives’ Perceptions of Poor Black U.S. Birth Outcomes
   - Contemporary Black Midwives’ Experiences and Perceptions of Professional Organizations

3. “Now What”
   - NACPM’s Work
“We know in general that the midwife is commonly employed in this country by the Negro and alien populations as well as by many native born of foreign parentage….Reports upon midwifery investigations made in several of our large cities, together with observations from those who confront the problem in the rural districts, prove conclusively that the midwife, with very few exceptions the country over, is dirty, ignorant, and totally unfit to discharge the duties for which she assumes. And these women attend approximately 50 percent.” (my emphasis)

”The Present State of the Midwife”
Thomas Darlington, M.D. Commissioner of Health for New York City
American Journal of Obstetrics and Gynecology (1911)
“….midwives who, except in some rare instances, are dark, dirty, ignorant, untrained, incompetent women….she is evil and must be controlled. We must save our women.”

”The Remedy for the Midwife Problem”
J. Clifton Edgar, M.D. (1911)
American Journal of Obstetrics and Gynecology
WHAT?: The “Contemporary Midwife Problem”
WHAT?: The “Contemporary Midwife Problem”
WHAT?: U.S. Black Birth Outcomes Explanatory Factors?

• Socioeconomic Status
• Genetics
• *Race, Racism, Stress
  – Dr. Michael Lu & Dr. Camara Jones
    • Life Course Perspective
    • Internalized racism (internalization of negative stereotypes of images),
    • Personally-mediated racism (experiences of prejudice or “differential assumptions” and discrimination or “differential actions” by individuals and/or groups), and
    • Institutional racism (differential access to goods, opportunities and/or resources)
SO WHAT?: Concordant Care
What if Sociologists Had as Much Influence as Economists?

Economic View

By NEIL IRWIN    MARCH 17, 2017

Walk half a city block in downtown Washington, and there is a good chance that you will pass an economist. People with advanced training in the field shape policy on subjects as varied as how health care is provided, broadcast licenses auctioned or air pollution regulated.
SO WHAT?: Research Questions

• How do contemporary black midwives interpret the increasing medicalization and credentialism of midwifery and its impact on their work?

• How do contemporary black midwives interpret the relatively high black maternal and infant mortality rate in the United States?

• How do contemporary black midwives interpret the relatively low percentage of black midwives and black women’s underutilization of midwifery services in the United States?

• How do contemporary black midwives perceive and experience national midwifery professional organizations?

• How do contemporary black midwives understand their role, its possibilities and challenges, in addressing issues of cost, quality and access in the current health care crisis?

• What are the differences in black midwives’ experiences and perceptions by age cohort, years of experience and type of midwife, i.e. CNM, CM or CPM?
SO WHAT?: Research Participants
“Racism is omnipresent and all consuming. It is unrelenting. I have been doing this a long time, you know….birth. I see it. I don’t know how to explain it. But, I see it. I see it while the baby is in the mama’s womb and during birth. I see it. We can have all the health care in the world. I love Obama, but unless we did something to fix this racist world we live in, we can only hope and pray. Every time a black baby is healthy and enters this world, it’s a miracle. I always said a prayer, you know, because they beat the odds. We all did. “

Mary (CNM, 40-45)

“We can’t have healthy babies if we are not healthy. I mean that in the physical sense, you know, good food, nutrition, exercise…uh, mental health, safe relationships. White women…they are valued. Their babies are valued. I can’t say the same for black women and babies. Stuff is designed for white women. You know, there are protections for them. See, the United States is not where it should be across the board. But in terms of resources-like health, education, money-stuff is designed for them. Stuff is just not designed for us. And it’s killing us. Literally.”

Maya (CNM, 40-45)
Medical Apartheid
The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present
Harriet A. Washington

Killing the Black Body
Race, Reproduction, and the Meaning of Liberty
Dorothy Roberts

The Immortal Life of Henrietta Lacks
Doctors took her cells without asking.
Those cells never died.
They launched a medical revolution and a multimillion-dollar industry.
More than twenty years later, her children found out.

The New York Times
Syphilis Victims in U.S. Study Went Untreated for 40 Years
By Jean Heller

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merle K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men...
“We carry things, you know, genetically. You and I. We carry things. Genetic weight and beliefs. We retain what our foremothers and forefathers experienced within us. And then, it’s so sad, but our environment reinforces it, you know. That pain, that experience, has marked us on a fundamental genetic and cellular level. We are changed because of it. And it marks our mamas and babies.”

Mary (CNM, 40-45)

“Black women have a different set of variables from anybody else. You know….this is real. The level of stress we have…worried about this, worried about that, taking care of other folk, not having support…it’s in our body. Smarts and money don’t matter. It’s…cellular knowledge I think. Civil War, Reconstruction, Jim Crow. We pass that on. I’d rather kill you than have you live like this. Infanticide. Those kinds of choices…we….we just passed on and keep passing on. No wonder we are not making it like other folk. We are passing that on through birth. Generations of us. “

Kimberlee (CNM, 20-25)
SO WHAT?: Cellular Knowledge

• “I just had this woman today. Pregnant with a black boy. [long pause, deep breath] I can’t imagine. Look at the state of black boys in this area. You know what I am talking about…jail, discrimination, violence, no father, bad schools. And her high blood pressure is through the roof. No wonder. It’s more than just diet and exercise. We are bad at that but that is another problem. It’s…you know…something at our core. In our cells. In our genes. Her mama had these kinds of worries in the womb, too. And her mama. And her mama. This goes way back. From our ancestors. I believe that. “

  *Nikki (CPM, 20-25)*

“I had a diverse group of women I worked with…in terms of race. When I see another black women giving birth…you know, when I am there with her…I know her and can relate to her like I can’t other women. I mean…all women can relate to one another but another black woman, I know her. You understand? I know her. I know how it feels to be a black woman in this world…walking down the street, at work. Stupid stuff people say. The way stuff makes you feel. That small stuff. I also know what it feels like to be a black mother in this world. I know what we been through as people and what that mean for her and her baby. We are a strong, smart, prideful people but it’s hard. And I know them…I know her.”

Anna (CNM, 40-45)
SO WHAT?:
Cellular Knowledge and Concordant Care

“But I want you to tell the world….I mean, I hope what your researching here gets to the whole word…but let people know this is about midwifery, yes, but it’s also about family…about community. There is a long history of midwives as community figures like teachers and preachers once were. There is a continuity of care we provide from prenatal care to postpartum and breastfeeding and then, after that, sometimes they keep coming back with baby 2, 3, 4 and so on. Many times, I become part of the family…loving and caring and…really valuing that is just not a part of what doctors do. They don’t have the time or whatever. This is so much bigger than birth…it’s about birth, but it’s about family and community. Black women and black families need love. “

bell (CPM, 25-30)
SO WHAT?:
Professional Organizations

Over the years, I have noticed less and less of us at the midwifery meetings. All of them. I stopped going, too, because I just didn’t think it benefited me anymore.

Zora (CPM, 10-15)

I don’t participate in the organizations any more. Why give my dues when I don’t sense a commitment to communities of color?

Angela (CNM, 35-40)
Rosabeth Moss Kanter (1977)

- Visibility
- Polarization
- *Assimilation (Controlling Images; “The Pet”)

[Diagram showing the relationship between proportion of social category A and group type, with categories such as dominants, majority, potential subgroup, minority, and tokens along the x-axis and proportion of social category A along the y-axis.]
SO WHAT?:
Professional Organizations

“Remember our conversation about *The Help*? Grunt work and tasks were assigned on ‘black issues’ during Black History Month of course….asked to work on things for the conference focused on racial disparities that was never incorporated or considered. It’s sick.”

*Audre (CPM, 10-15)*

“There’s this perception…you know, that you’re not smart enough…that you have to prove yourself more just because you are black. I can speak on the ‘black’ matters but not on the organizational matters.”

*Hattie (CPM, 35-40)*

“I’m in this weird spot because I am a leader in [national midwifery organization] and it’s been a real challenge for me because while I may sit at the table, I don’t really sit at the table. My value is that I am a black woman…good for show and…well, to speak on matters related to women and babies of color but I can’t do that for all, right? So…it’s a strange position to be in.

*Toni (CPM, 20-25)*
NOW WHAT?

• Project Next Steps
• NACPM’s Work
  – Women of Color on the Board of Directors
  – Anti-Racism Work as a Core Value
  – Cohort-Based Scholarship and Mentorship Program Pilot
THANK YOU!

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