## A Report from the 2014 MANA Convention: Why Midwives Matter to Reproductive Justice

*by* DOROTHY ROBERTS, JD

***The following is an excerpt from Dorothy Roberts' keynote address at the 2014 Midwives Alliance of North America (MANA) convention in St. Louis, MO. You can listen to the full address at www.midwiferymatters.org.***

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Before I began my career in reproductive justice, I was an advocate for midwives. Midwives were the first reproductive justice activists I knew, and that was because I had my first three babies at home attended exclusively by midwives. My midwives were two Puerto Rican sisters who were very politically active and rebellious in New York City. I connected my home births to my awareness of the commercialization of medical practice and injustice in the health care system. I thought that my home births would be not only less risky than having a baby in the hospital, but also more in line with my feminist and anti-racist politics. But I've never put into words why I think midwives matter to reproductive justice, and that's what I want to share with you today.

Let me say a bit about what reproductive justice means by telling a story. Lori Griffin was 8 weeks pregnant at the Medical University of South Carolina in 1989 when she tested positive for crack-cocaine. At the time, the hospital had a collaboration with the police and prosecutors so that nurses and doctors would turn in for arrest pregnant patients testing positive for drugs and patients who gave birth to babies testing positive for drugs. Lori Griffin was arrested and held in the Charleston County Jail, which is a horrific place to be, pregnant or not. She was carried shackled, with leg irons, and transported back and forth to the hospital for prenatal care. And she was shackled to the bed, as many incarcerated women still are, during her entire delivery. This arrest policy was enacted in a hospital that served primarily low-income, black women, and reflected a wave of prosecutions of pregnant and newly delivered women all over the country, which continues to this day.

While this case reflects restrictions on women's reproductive freedom, it doesn't fit the dominant view of what reproductive freedom means, because for most people in the United States and the US Supreme Court, reproductive freedom just means a very limited right to be free from certain kinds of government interference. But there is no positive right as our Constitution is interpreted to be able to have children or to terminate a pregnancy freely. States are passing laws right and left to put roadblocks in front of women limiting access to abortion services, as well as roadblocks to women's ability to have children in ways that allow them to care freely and safely for their children in an equitable society.

Cases like Lori Griffin's still occur, and we need to continue expanding the way we think about reproductive freedom. In July, 2013, a reporter, using work by the organization Justice Now, reported on an on-going illegal campaign to sterilize incarcerated women in the California women's state prison system. There are debates about whether it's even ethical to sterilize a woman who's incarcerated – whether one can give informed consent under those conditions. That aside, these sterilizations were not approved by an ethics board as required by California law. There is also evidence that a large number of the almost 150 women who were sterilized either didn't know they

were being sterilized, or didn't consent to the sterilization. To make matters worse, the doctor in charge of the sterilizations said that it was a cost-saving measure for the state of California, because taxpayers wouldn't have to pay welfare for these unwanted children if the women went on to have babies.

And in September, 2014, the now former vice-chair of Arizona's Republican party stated on his radio show: "You put me in charge of Medicaid, the first thing I'd do is get [women who rely on Medicaid] Norplant, birth control implants, or tubal ligations." This is explicitly eugenic talk – if you rely on Medicaid, you take your pick of either government benefits and sterilization, or no coverage of medical care at all. This is part of a long history of sterilization abuse that was based on eugenicist thinking about both women of color and poor white women. Beginning at the turn of the twentieth century, eugenics was a mainstream science and government policy in this country, and it continued into the 1970s when the North Carolina Eugenics Board was still ordering the sterilizations of mostly black women who were welfare recipients.

For women of color and poor white women in this country, childbearing is seen as a social problem that society must correct. And there are multiple stereotypes about the sexual and reproductive irresponsibility of women of color and poor women that support the view that they shouldn't be having children. I've given examples of law enforcement policies that seek to deter these women from having children, but there are also welfare reform, child welfare, and immigration policies that seek to deter reproduction. Identifying procreation as the cause of social problems blames the most disadvantaged women, who are the victims of social inequalities and state violence, for social inequality. It's their childbearing that is the problem not only for them and their communities, so the message goes, but for the entire country. And so there should be an effort to keep these women from having children – that is the solution to poverty and crime. Having control over women's childbearing becomes a way of answering political problems.

So reproductive freedom isn't about women picking from an array of choices. Reproductive justice recognizes that the women I've been talking about don't have an array of choices from which they can freely pick. Simply protecting imaginary choices does neither these women nor any woman any good. Reproductive justice recognizes that women make childbearing decisions in a social context involving interlocking systems of sex, race, ability, sexual orientation, and religion, and that systems of oppression hinder women's ability to even have choices at all, let alone pick among them. It also recognizes that procreation has a role in politics, reflected in political controversies aimed at keeping certain women from having children and others from having abortions. Reproductive justice recognizes, then, the right to have or not to have children. It includes both the right to terminate a pregnancy and the right to have a child, and also the right to be able to parent that child.

One reason why midwives matter to reproductive justice is that part of having control and freedom over childbearing is how, where, and with whom you have your baby. I'm not talking about picking among choices – home birth versus hospital birth. Midwives are not important to reproductive rights to add one more choice to maternity care for women. Midwives matter fundamentally to achieving justice in childbearing.

Feminist philosophers Hilde and James Lindemann Nelson write that "feminism is concerned not simply with the just distribution of social goods, but with the just structuring of power." They point out two important aspects of the structuring of power in healthcare are demedicalization and democratization. I want to add to that decommodification of healthcare, and use those three aspects of justice – demedicalization, democratization, and decommodification – as themes to examine why midwives are important to justice in childbearing.

Part of why I birthed my babies at home attended by midwives was that I was afraid to have my baby at the hospital. Every friend of mine who had a baby in the hospital had a c-section. I was afraid of the technological, pharmaceutical, and medical interventions that I thought I would be at risk of if I went in a hospital. Childbirth in the United States is profoundly shaped by a view that it is so pathological it always requires extreme measures in order for it to be safe. And yet, it's these extreme measures that place women at risk, and we know that women are at undue risk of unnecessary medical interventions because of the rate of cesarean sections in the United States. Almost a third of all births in the United States are performed by cesarean section, and the World Health Organization has said that 10% to 15% is the optimal rate. By that measure, there are many unnecessary, risky surgical procedures being performed on women in this country.

Christa Craven in *Pushing for Midwives* writes, "Many midwifery supporters have initially been hesitant to describe their struggle as one for reproductive rights because of associations with feminist efforts for women's choice regarding abortion and contraception." When I read that, I was intrigued that there would be a separation between what midwives do and abortion and contraceptive services, because in a reproductive justice lens, they are part of a continuum of the kinds of childbearing and pregnancy experiences that women have. I think that recognizing abortion and birth as related and ordinary aspects of women's reproductive lives can help challenge the medicalization not only of labor and delivery, but also of abortion, both of which have restricted women's autonomy. The women's self-help movement, and groups like the Black Women's Health Imperative and the Boston Women's Health Collective have long recognized the importance of demedicalizing all parts of women's maternal experience, rejecting a faith in mainstream medicine to determine what is best for women.

Midwives are also crucial to the democratization of maternity care and healthcare more broadly. Everything I say about maternity care is also a message for the way healthcare and medicine generally are practiced in the United States, and midwives with a reproductive justice perspective are at the forefront of changing the way healthcare is delivered, making it more just. By democratization I mean creating more equitable power arrangements between doctors and patients, or health professionals and patients, midwives and doctors, and women of different social statuses. Midwives help democratize the healthcare provider-patient relationship by giving care that involves a more equitable sharing of information

and power. This is a model for how all health professionals can relate to their patients.

Midwives also help democratize healthcare by challenging the power that doctors wield over maternity care. The marginalization of midwives today is related to the historic campaign that doctors have waged against midwives' involvement in healthcare for women, stretching from abortion to childbirth. To consolidate their hold over medical care at the turn of the twentieth century, the medical profession engaged in a concerted campaign to drive midwives out of business. This was a campaign rife with gender, race, and class bias against midwives who were more likely than doctors to be women, non-white, immigrants, and low-income.

Midwives also challenge the reproductive caste system in this country and around the world that is based on power differences among women. By reproductive caste system I mean that childbearing among women in this country is not valued equally. Some women are seen as more deserving of having children by virtue of their race and wealth, while others are seen as not deserving of having children at all, and are subjected to coerced sterilization, welfare policies, law enforcement policies, immigration policies – some of which are explicitly designed to keep them from having children. At one end of the reproductive caste system we have population control policies, and at the other end we have a multi-billion dollar fertility industry in this country that decides to facilitate more childbearing by certain women who tend to be disproportionately middle-class, affluent, white women. Midwives have an important role to play in challenging the reproductive caste system by providing equal care to women who are now at opposite ends of the hierarchy.

One of the tragic outcomes of being at the bottom of the reproductive caste system is that you're more likely to die from pregnancy-related complications. Amnesty International's report *Deadly Delivery* found black women in the United States are 4 times more likely than white women to die from pregnancy-related complications. That is a reproductive caste system. The gap between black and white infant mortality in the US has increased since the 1950s and is getting worse in recent years in states like Mississippi, where the infant death rate for black babies is 3 times that of white babies. Another example is the shackling of incarcerated women during delivery, which I think is a form of torture, and which still goes on in some states. Fortunately there's been a relatively successful campaign against it in recent years, but incarcerated women in this country are also disproportionately women of color. This is an issue where midwives could be out front, because midwives understand better than anyone except the women giving birth themselves – whom nobody wants to listen to – how dangerous it is to shackle a woman while she is giving birth. We know there are women who experience grievous injuries from this.

Out-of-hospital births attended by midwives are often painted as another option for the well-heeled women who can afford it. But they cannot be a luxury exclusively for the most privileged, and should be available to all women, regardless of income and social status. It has to be part of a much larger, radical transformation of access to high-quality healthcare and changes in equitable living conditions for every woman in this country – for every person in this country – so that an out-of-hospital birth can be a reality. I'm not naïve to think the reason why I had problem-free, healthy, wonderful homebirths is just because there was a midwife there. It was also because I was in good health!

There is a new call by some physicians to end the informed consent protections against sterilization abuse of women on Medicaid. These protections were enacted after it was discovered that many thousands of women on welfare had been coercively sterilized in the 1960s and 1970s. These physicians argue that the first time many of these women see a doctor is when they're about to give birth in the hospital, and since we don't know when we'll see them again, the tubal ligation should be done immediately. My answer is, why do we have a healthcare system or a social system in this country where the first time a woman sees a doctor is when she's about to give birth? Obviously there's no way that woman is going to have a homebirth except in an emergency situation. She's not a candidate for a homebirth because of the deplorable conditions that she's in because of social inequality in this country.

Finally I'd like to discuss decommodification – which is a response to the way in which everything about getting pregnant, having a baby, not having a baby, has been commodified in this country. Babies are increasingly products that you design, and test, and purchase, and there is a move in this country to make women in particular responsible for a high-quality product in their babies. For instance, Apple and Facebook are paying for egg freezing for their female employees. Some say this is wonderful and gives us more options – the option to have our babies in middle age. But is this really an option? Or are corporations pressuring young women to work throughout their 20s and 30s nonstop, pushing them not to have a baby so that they work constantly during their most productive years? The companies don't mention the health risks involved in egg freezing, which are not widely known. I believe that if Apple, Facebook, and other companies want to provide options for women, they should give women and men paid family leave for at least a year. To me, the option to freeze eggs doesn't add to our choices, it commodifies us even more than we are already.

And is genetic testing freedom? In a study of women who had babies with Down syndrome, women reported that if they didn't do genetic testing and terminate a pregnancy deemed to be one that would produce a child with disabilities, they were punished in various ways, with doctors chastising them for either not doing the testing or not terminating the pregnancy. There is also the question of whether or not the public should pay for children who are born with disabilities and illnesses if their parents could have avoided it through genetic testing. I don't find being punished and denied support if you don't do genetic testing a form of freedom. I find that a form of coercion. And I think that midwives should be at the forefront of a movement against this because midwives democratize the relationship between health professionals and patients, and among patients, and treat them and their babies as valued human beings, not commodities.

Midwives can push for demedicalized, democratized, and decommodified ways of caring for people in general, with a model based on their work with women in the maternity care context. This is not just about adding another choice for women who happen to be able to afford it, or are in a social position where they can make a range of choices. This is a matter of justice for all people – in this country and globally. Reproductive justice is part of a broader struggle to create a more just, humane, and egalitarian society. And I am very grateful to midwives for being part of that struggle. ◉

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