Tanya Domi: Hi, this is Tanya Domi. Welcome to The Thought Project, recorded at the Graduate Center of the City University of New York, fostering groundbreaking research and scholarship in the arts, social sciences and sciences. In this space, we talk with faculty and doctoral students about the big thinking and big ideas generating cutting edge research, informing New Yorkers and the world.

Tanya Domi: This week's guest is Professor Dána-Ain Davis, a member of the Queens College faculty with an appointment in urban studies, and is director of the center for the study of women in society at the Graduate Center where she administers the master's program in women's and gender studies. Davis's work covers two broad domains: black feminist ethnography and the dynamics of race and racism. She is currently co-editor of transforming anthropology, the journal of the association of black anthropologists. She is author of numerous journal articles and book chapters, including editor or co-author of seven books.

Tanya Domi: Her most recent publication is Reproductive Justice, Racism, Pregnancy and Premature Birth, NYU Press 2019. Last year, New York governor Andrew Cuomo appointed Davis to the governor's maternal mortality task force. Welcome to The Thought Project, Professor Davis.

Dána-Ain Davis: Thank you so much for having me.

Tanya Domi: Congratulations on publishing Reproductive Justice. It's a significant contribution of scholarly research during, I think, a period of quite a bit of attention from the journalism world on the high mortality rates of black women during childbirth. I take note of the ProPublica NPR joint partnership, which was published in 2017. I read it, was completely devastated by it, and then it was followed by this New York Times magazine piece, and you were writing your book at this time. Were you consulted by either of them?

Dána-Ain Davis: Actually, I was consulted by Linda Villarosa, who wrote the New York Times article. When the ProPublica piece came out earlier, I was thinking, "Oh my gosh, no one's going to be interested in my book, because it's already been discussed."

Tanya Domi: I disagree with that, being what I do for a living. I think what you've done is really, really significant. Thank you.

Tanya Domi: So has anybody called you up since, with your book out?

Dána-Ain Davis: Yes, I have been invited to give talks around the country. I've also been invited to converse on podcasts. I think I've done [crosstalk 00:03:02] three or four.

Tanya Domi: Yes, I did listen to one. I did listen to one.

Dána-Ain Davis: There's an area of a domain that I had not anticipated, which is from the medical field. So I've been invited to participate in the development of some measures to address, I guess you could say obstetric racism, which is what I call it, in the hospital settings in California.

Tanya Domi: That's fantastic. So this is actually a personal thing for me. Women's maternal morbidity in the United States, in particular, I would just say, a lot of people who know me, I talk about this on Facebook. This is one of my things. So reading your book ... What a lot of people are not aware of is that American women experience one of the highest maternal morbidity rates in the Western developed world, and that black women experience maternal morbidity at even higher rates, with 60% more common among black women experiencing hypertension and preeclampsia and eclampsia or mini strokes during pregnancy and birthing. You assert that these differences are not about race, but racism. What did your study reveal? I think this is the $1 million question.

Dána-Ain Davis: It is. So first of all, the reason that I say it's not about race is because race is really the static, socially constructed concept that does not account for the way in which people are treated, necessarily. What my study showed is that black women have particular experiences with racism, and when they narrate those experiences, for some of us, they may seem to be benign. Their medical encounters may seem to be very benign, but to them, it's the accumulation of those experiences that makes for a disruptive medical encounter. It makes for a medical encounter that makes them unsure. It makes for encounters that they think place them at risk.

Dána-Ain Davis: Essentially, what I've found is that black women have an understanding of the historical ways in which black bodies have been treated medically, and that they are able to capture some of that treatment in their understanding of how they are dealt with in the contemporary moment. When I say that it's racism, I mean to say that we need to hold accountable the medical technological complex that has over-medicalized, I believe, pregnancy and childbirth and postpartum issues, that does not necessarily view pregnancy as a natural phenomenon, but rather something that is at risk or creates risk, and that black women in particular are viewed as being a risky body, like that literal bodies are risky.

Tanya Domi: I thought your decision to study professional black women who had higher levels of educational attainment was an interesting choice, and just based upon the review of your book and other literature, you basically have created a controlled group to study, right? Looking at them through a lens, you're separating out the disadvantages of poverty, and even though they have higher levels of educational attainment and probably are middle class, upper middle class. In other words, how would the medical system respond to these professional women? I was, of course, shocked by the ProPublica NPR case, with respect to ... her name.

Dána-Ain Davis: Charity?

Tanya Domi: Yes, and the very public, but actually, I think, overlooked case of Serena Williams. She came back from really a very serious event. She had a blood clot, she had preeclampsia, and people were saying, "Oh, well, maybe she'll never come back." This woman almost died.

Dána-Ain Davis: She did.

Tanya Domi: She almost died.

Dána-Ain Davis: So here's some of the things that I think helped us to understand, in fact, what happened to Serena and other people like Kira Johnson, whose mother-in-law is Judge Glenda Hatchett. What I think is that generally speaking, the medical profession perceives itself as being obviously much more capable of making determinations, making clinical decisions, and they don't really trust or listen to people who actually have probably a very intuitive sense of their bodies. They often get dismissed, and that's exactly what happened with Serena. She knew her body, and they didn't listen to her.

Tanya Domi: And she spoke up.

Dána-Ain Davis: And she spoke up.

Tanya Domi: And she persisted, correct?

Dána-Ain Davis: And she persisted. Some of the women that I've spoken with since I've finished the book, as well as some that I spoke with for the book, have talked about what it feels like to have a sense that something is wrong, but to have the presence of their physical being be used in judgment about what it is they may be experiencing.

Dána-Ain Davis: So for example, in the book, I talk about one woman who was aware of the fact that she had high blood pressure, but her doctors perceived her as being, as she put it, "A young black girl on aid," and decided that she was working in an environment where she was standing constantly, and that that was contributing to her high blood pressure, and she knew that that was not the case. So the choice to interview women who were educated and typically had access to resources was actually serendipitous.

Tanya Domi: This is your own personal experience as well? Looking at it? Go ahead, sorry.

Dána-Ain Davis: Yeah. In the beginning of the book, I talk about what my experience was like when I was pregnant a very long time ago, and knowing or feeling that the

doctors that I was addressing or who were dealing with my pregnancy needs were evaluating me based on the fact that I was a black woman.

Dána-Ain Davis: The choice to focus on women with higher levels of education was serendipitous. I did, in fact, try very hard to talk to women across economic status, and it turned out that it was mostly women who were professionals that contacted me. Then it later turned out that when I was doing more of a literature review to see what studies showed about middle class and educated black women, it was apparent that that's not a population that the medical field is interested in. Why not? It turns out that often, not always, obstetrics and gynecology residents are often learning their craft, if you will, on the bodies of poor women, people who were [crosstalk 00:11:08] receiving public assistance.

Tanya Domi: Public hospitals.

Dána-Ain Davis: So then the kind of clinical decisions that they make are often rooted in that combination of race and class in a public hospital setting, but it also means that, in some ways, maybe they're believing that people don't know their bodies and that poor people are destructive, and I think I use this term frequently in the book, that low income and poor black women have become a mascot of adverse birth outcomes, and I think that that's incorrect.

Dána-Ain Davis: I'm not suggesting that people who are poor and/or low income don't have adverse birth outcomes, but that cannot be the only factor when we look at data that shows that women with higher degrees of education have similar or worse outcomes. So trying to account for that is where I ended up trying to think about if it's not class, which is what a lot of the medical profession wants to put forward, then what does racism feel like and look like in a medical encounter to the people that experience it? That, I think, is what's fundamentally important about this book. I cared about how people feel racism is articulated in their experiences.

Tanya Domi: Thank you for sharing that. The person I was referring to was Shalom Irving, who was the public health ...

Dána-Ain Davis: Right, she was an epidemiologist.

Tanya Domi: She was an epidemiologist at the CDC.

Dána-Ain Davis: And a classic case, in her instance, where she kept going back to the doctor because she knew something was wrong, but they somehow decided that it was a sort of unimportant set of circumstances that she was experiencing, and they did not pursue an appropriate intervention, which I find fascinating, because the medical profession often views intervention as the dominant strategy for addressing health concerns, but when people want an intervention, they are

being, in many times, dismissed. That's exactly what happened with Kiera Johnson.

Tanya Domi: I'll just say, personally, that I chose a long time ago to go to women obstetricians, I mean gynecologists, because men were very dismissive in the way they treated you, just as a woman, and then I'm not a black woman, so this is so disturbing and heartbreaking, I would just add.

Dána-Ain Davis: I do want to say that the thing about a system is that anybody can be an actant in that system. So there are female or OB GYNs that identify as women who are just as dismissive as others, because they're trained in the same system, and I think it takes a lot of guts to ...

Tanya Domi: To really push.

Dána-Ain Davis: To push against it and to really treat people like people and listen to what their concerns are, as a doula, which I am also.

Tanya Domi: Oh you are?

Dána-Ain Davis: Yes. I'm also a doula, so I also see what the medical interactions are like, and every woman that I have serviced as a doula has had a female OB GYN, and sometimes it doesn't work out very well.

Tanya Domi: It doesn't work, I see. Fair enough. Fair enough. You begin the book on prematurity of black women's babies with a historical review. What did this unique history of black women birthing babies prematurely reveal to you, because we know it's connected to slavery, the history of slavery in women's bodies.

Dána-Ain Davis: So I'll just say that I think one of the most startling and important things that I discovered was when an historical economist identified or put together a chart that showed black infant mortality rates compared to white infant mortality rates from the 1800s to 2000. This particular chart was put together by Professor Michael Haynes, who if I'm not mistaken, is at Colgate University. When he constructed this comparative analysis, what we see is that starting in 1850, we can begin to capture infant mortality rates by race, and infant mortality is important because that's the usual consequence of a premature birth.

Dána-Ain Davis: So the black/white difference in 1850, so we're talking during enslavement in the United States, the black/white difference was one and a half times more likely to die than a white infant. By the year 2000, according to his chart, it was about two and a half times. So while the [crosstalk 00:16:46] numbers decreased ...

Tanya Domi: So it increased?

Dána-Ain Davis: The difference between the black/white ratio increased. So what that tells me, because I use the afterlife of slavery concept to think about the continuity of the experience of adverse birth outcomes. What that tells me is that there is an afterlife of slavery, that things that existed during enslavement can be captured in contemporary sets of experiences. We see it with birth outcomes, we see it with incarceration, we see it with lack of access to resources. There's an afterlife of slavery in terms of the agricultural production and loss of farmland. So we see an afterlife of slavery in a lot of domains of life.

Dána-Ain Davis: So that was, I think, one of the most important and startling historical pieces of information that I discovered.

Tanya Domi: You said that you were surprised by women contacting you. Was that the biggest surprise that you got out of the book, or are there other discoveries from the book? For example, putting this economic historical data and seeing the progression of babies dying, that's really quite a damnation of structural racism in America.

Dána-Ain Davis: I would have to say that I think each chapter in the book has its own version of a surprise, so there's the chapter that has that chart. Then there's another chapter that talks about, it's a particular woman's experience, Yvette Santana. I think there are lots of surprises in that chapter. Things that I didn't expect to find. I did not expect, for example, for her to make a comment that I think is one of the headings in that chapter, where she said, "If I were a white woman with blonde hair, I would have two children instead of one," and she attributed the loss of one of her children, she had twins ... She attributed that to racism. She believes that her children were treated differentially because they were black and brown.

Tanya Domi: What about the NICU at chapter?

Dána-Ain Davis: The NICU chapter? So that's a chapter ... I love each chapter for different reasons, but I love that chapter because in that chapter, there are three people whose stories get told in great detail, and two of them indicated that they didn't have the experience of racism when their children were in the neonatal intensive care unit. I like the fact that people talked about that they didn't have a sense of racism, and in both of those instances, family members were part of the medical field, so maybe it made sense, but I thought it was important to include them, because while they may not have experienced racism, that doesn't mean racism isn't circulating in the medical technological complex. So it was surprising to construct that particular chapter around the experiences of two people who did not experience racism, and one person who did.

Dána-Ain Davis: In other chapters, I think what I found surprising ... There's a chapter that talks about saving.

Tanya Domi: Yeah, saving the babies.

Dána-Ain Davis: Saving the babies, where I simply try to chronicle the different forms of saving, be it through programmatic interventions, be it through legislation, be it through the development of technology, and that particular chapter was precipitated by a Time magazine article that came out, the front of which had a young child, an infant who's attached to all of these tubes, and it's talking about the incredible success of neonatal intensive care. The child was in Milwaukee, which, by the way, has one of the largest infant mortality rates in the country.

Dána-Ain Davis: At the end of that chapter, I talk about how nurses felt about working with premature infants, and each of the NICU nurses, in one form or another, asked this question, "What are we doing?" They were not suggesting that they don't do their jobs and that they don't care about the kids, that they're taken care of, but they were questioning all of the interventions that get used, and they were concerned about this concept of saving, which, to them, meant that there were going to be a lot of interventions that sometimes hurt babies, babies feel.

Dána-Ain Davis: Then oftentimes, not always, many of the nurses indicated that they get to see these little people grow up in the communities, because they sometimes live nearby. There was a kind of sadness about some of the outcomes of premature birth and what some of the outcomes of interventions result in, and I've found that surprising, that they were not as ... Not that they weren't as invested, but that they questioned the concept of saving. I was very surprised at that.

Tanya Domi: So the experience stays with them as well, [crosstalk 00:22:46] obviously?

Dána-Ain Davis: Oh, absolutely. Absolutely.

Tanya Domi: They walk around with that experience.

Dána-Ain Davis: Yeah, and they're taking care of these little neonates much longer than the neonatologists are. They're with them for longer shifts, they grow attached, and they're watching them have machines and all kinds of things attached to their bodies, and they have a deep sense of concern about what it feels like for the baby and what some of the consequences will be.

Dána-Ain Davis: I think I'd read one story of these two women who were nurses, who were neonatal intensive care unit nurses. They were sisters, they were twins, and they were born prematurely, and they had gotten so many needle stick pricks in the bottom of their feet that their feet actually were numb as adults, and they talked about the memory of that, and then how they didn't like doing needle pricks [crosstalk 00:23:52] to the babies that they were taking care of.

Tanya Domi: That makes sense. That makes sense. You're quite an advocate, and I didn't realize that you yourself are a doula, and one of the chapters is narrowing the gap of black women's burdens, and you also address that maybe we need to take it out of the hospital, and you have other remedies that you discuss. Tell me what you think should be done about taking pregnancy and birthing out of the hospital.

Dána-Ain Davis: It's not that I think that there should be no births in hospitals. What I think is that there needs to be more options. If we put as much effort into sharing with the population that they can have different kinds of birthing experiences, then that opens up, I think, the possibility for shifting the hyper-medicalization of pregnancy and care. So some of the things that I talk about are as follows. I think that we need to have more birthing centers. I've often said that I think we should have a birthing center at the same ratio as we have post offices. We need to have greater reimbursement, insurance reimbursement. If we're going to stay with an insurance system, then I would argue that the reimbursement rates for a hospital birth that does not have a risk, a home birth, and a birthing center birth should all be the same. Then if we did that, we'd begin to equalize the groups of people that can participate in the birthing field, and we know that home-based births can, in fact, be very, very safe when there's no risk factor.

Dána-Ain Davis: I think that there absolutely needs to be a greater investment in the provision of doula services, and I think that doulas and midwives could be working in greater ...

Tanya Domi: Numbers.

Dána-Ain Davis: Greater numbers, and also in terms of complementing each other's skillsets. I think that hospitals should consider allowing midwives to ...

Tanya Domi: Be in the hospital setting.

Dána-Ain Davis: Not just be in a hospital setting, but also to ... Not necessarily to be affiliated with the hospital, but to be able to get space, which is something, actually, that they do, if I'm not mistaken, in Germany, I'm not 100% sure, but I have heard that that's the case.

Tanya Domi: You do make the point there are patient advocates and that black women, more times than not, don't get to meet that person until maybe they're in the birthing process.

Dána-Ain Davis: Sometimes that's true, and part of it is due to cost. So there's some tensions, I think, around ... When I say patient advocates, I am speaking specifically of doulas, because that's what we do, but there's some tension around creating a tier of laborers who are going to be at the low end of the scale. Some of the tensions are that, first of all, doctors don't listen to doulas. We're not medically

trained. So the interventions that we can offer are really very minimal. The reason that I think we need to have a greater integration of doula work is so that we don't create this ...

Tanya Domi: Hierarchical.

Dána-Ain Davis: Hierarchical tiered labor, segmented labor within the field. It already exists, but when a state, like New York, decides that they want to have Medicaid reimbursement for doula services, because they think that doula services are going to help reduce the adverse birth outcome, that in fact may be true, but they are not necessarily addressing the fact that racism is still going to be circulating in the medical field, and if we agree that racism is a problem in medicine, then having doulas is not going to solve that problem.

Tanya Domi: Of course, but it's clear that your public anthropology has been recognized because governor Cuomo named you to the maternity mortality task force. So I have to ask you, did you give him a copy of your book, and did you give one to each person on the task force?

Dána-Ain Davis: I did not, because when I was on the task force, the book wasn't out yet. The book came out afterwards.

Tanya Domi: I see.

Dána-Ain Davis: But I was invited to be on that task force because people had both read my comments in New York Times. You know, maybe I should have sent him the book.

Tanya Domi: No, you should. You should do it now. You should send it to the governor, I recommend it. I recommend that you send it to each member of the task force.

Tanya Domi: Your last chapter, you end with radical black birth workers, and you've been talking about that. Is there anything beyond what you're talking about in terms of ... I think the idea of leveling the hierarchy and having community-based birthing centers would be a significant step forward, it would seem, in care.

Dána-Ain Davis: Yeah, I think it's important to recognize the historical ways in which black women have provided care for the black community and beyond, especially when care was truncated. So during segregation, it was black women who, oftentimes, did provide care, and we saw the development of separate hospitals. I think, though, the demonization, the intensive demonization of midwifery in the United States is partly what helped to elevate OB GYN care or services.

Tanya Domi: Was it denigration of women's [crosstalk 00:30:27] role?

Dána-Ain Davis: It was a denigration of women's role, but it really did harm black ... What they call grand midwives, I think to a far greater degree, and we can look at that. If we like to look at statistics, we'll note that black women currently make up somewhere between two and no more than 5% of all midwives, whether they're practicing midwives or certified nurse midwives or licensed.

Tanya Domi: That's really, really marginal.

Dána-Ain Davis: That's a really small numbers. So what are the ways in which we can open up that space? I would argue that it's likely that the certifying entities for midwifery are not making it as easy for black women to become part of that illustrious group of people who provide care. So we need to make sure that there are more pathways ...

Tanya Domi: Open it up, open it up.

Dána-Ain Davis: To become midwives, and not create the same kind of exclusive entry that we have for the medical profession, or else we will simply replicate the same kind of hierarchy that [crosstalk 00:31:51] currently exists.

Tanya Domi: And probably the same kind of care. I have to say, before you go, I have to ask a Trump question. My god, this is where we are, and he has taken hostage of our women's bodies, and you make a fair point in your recent article, Trump, Race and Reproduction in the Afterlife of Slavery, that there are particular reproductive issues facing black and brown women at this moment, in this Trump moment of hostage taking.

Dána-Ain Davis: In that article, I was really trying to get at, while we are constantly shocked, angered and decimated by what Trump does, there's a history that precedes Trump.

Tanya Domi: Without a doubt.

Dána-Ain Davis: It precedes Trump. Both the control of women's bodies and the denigration of women's bodies, and I would argue birthing people's bodies, has a much longer history that goes back to Aristotle, who I don't talk about in that article, but it feels new, because we did think that we had reached a point where the body was understood as belonging to the individual.

Tanya Domi: That it had agency.

Dána-Ain Davis: And that it had agency.

Tanya Domi: And integrity.

Dána-Ain Davis: But the body is a community domain, in many ways, and there are particular communities that don't like particular bodies, and there are ways in which particular bodies continue to be tormented and tortured. Reproductive injustice is not only about the inaccessibility, for example, of abortion. It's not only about this ridiculous reimplantation ...

Tanya Domi: Ectopic [crosstalk 00:00:34:02].

Dána-Ain Davis: Of an ectopic pregnancy. It's also about the water source in Detroit. It's also about the fact that people are not going to be able to get food, because there's a reduction in ...

Tanya Domi: In SNAP.

Dána-Ain Davis: So there's really an assault that I think, being a human and in the United States, has just been exacerbated by his presidency, and I don't know that we can ... To fight this fight narrowly on issues of reproduction and reimplantation of ectopic pregnancies. I think there might need to be a much broader ... That's what reproductive justice is, according to my heroine, Loretta Ross.

Tanya Domi: I have known Loretta since the 80s, did a lot of work with her long time ago.

Dána-Ain Davis: We need to be focused on a broader justice organizing, so that we can integrate all of these very important issues that, really, if we don't attend to them, there's just this little chipping away [crosstalk 00:35:28]

Tanya Domi: On the edges.

Dána-Ain Davis: That will get to the middle. We're standing in the middle. Particular bodies around the edges, but generally, we're standing in the middle, and as they chip away at the edges, it comes to us in any form. I think the control that he has exerted, it's remarkable ...

Tanya Domi: How quickly ...

Dána-Ain Davis: It's not only how quickly, it's remarkable how much segments of our society think that it's okay.

Tanya Domi: That's true. I agree completely. I happen to be a human rights professor, and I've been doing this contemporary human rights course at Hunter on LGBTQ lives, and in the review of the UN universal periodic reviews of each country in Geneva, one thing, though, is very clear. That women in children are oppressed around the world in every country, in every single country. We're also witnessing in Latin America, in Chile right now, the uprising and the fierce

resistance of women to rape there, and of the killings of women throughout the Caribbean and Latin America was about 3,500 women in this past year.

Tanya Domi: It is a really viscerally difficult time. There's just this visceral reaction. Trump is emblematic of what is more broadly present.

Dána-Ain Davis: As one of my students said recently, white patriarchy runs deep.

Tanya Domi: Yes, and white supremacy is hand in hand. I want to thank you so much for being here today.

Dána-Ain Davis: Thank you.

Tanya Domi: Thanks for tuning into The Thought Project, and thanks to today's guest, Professor Dána-Ain Davis of Queens College and the Graduate Center at CUNY. The Thought Project is brought to you with production engineering and technical assistance by Kevin Wolf of CUNY TV. I'm Tanya Domi. Tune in next week.