Revolutionary Mamas:
Radical Doulas and the Black Maternal Mortality Crisis

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Abstract

An ethnography of the role of race in reproductive healthcare and birthwork, *Revolutionary Mamas: Radical Doulas and the Black Maternal Mortality Crisis*, examines Radical Doula work in Austin, Texas. Combining conceptual frameworks with extensive interviews from Black Mamas, community organizers, and doulas, this thesis sheds light on how Black women traverse their interpersonal and structural realities as they face alarmingly high chances of death during pregnancy and childbirth. Drawing upon Black feminist thought, critical race theory, and post-structuralist approaches, this thesis shows how Radical Doulas provide holistic full-spectrum care that reflects the racial, political, and economic identities of their clients and interrupts systemic inequities present in biomedical systems. By paying particular attention to birthworkers’ navigations of the temporal and spatial landscapes of health, the implications of the reproductive afterlife of slavery, and caretaking as a mechanism for claiming protection and power from the State, *Revolutionary Mamas* demonstrates that Radical Doulas are invaluable in their roles as trusted community guides and revolutionary agents.
Acknowledgements

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I believe that the work we conduct stems from the communities that we love. In this way I would like to dedicate this work to my soul sisters who I have grown up with. Kai, Tana, Genevieve, Gabrielle, Mehra, and Ariadne, thank you for holding my hand as we dance above the flames; you give my life color.
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Introduction

“I am sick and tired of being sick and tired”
- Fannie Lou Hamer, 1964
“The reproductive justice movement continues Black women’s long struggle for liberation that has always pointed the way to new suns.”
- Dorothy Roberts, *Killing the Black Body*

Raina’s labor stopped when she was dilated at 6 centimeters and for seven days, her twins refused to emerge.¹ As her doula, we twerked, squatted, and did everything imaginable to get those babies to slide down the four needed inches before Raina could start pushing; we joked about how her body knew her boys were safest tucked within her tummy as long as possible. Raina’s sentiment struck me deeply. She kept saying, “I want these boys out, out, out,” but clearly Raina’s body wanted them to stay nestled within her. With daily reports on the dangers that racism poses to both Black mothers and their infants and with Raina’s first traumatic experience of birth etched in her memory, who could blame her? Raina was giving birth in the current reality of the Black maternal mortality crisis: a moment in which Black women are 400% more likely to die from pregnancy or childbirth related causes than white women (N. Martin 2017).² Despite Raina’s access to her supportive community of friends and family, her loving relationship with her hardworking and steadfast partner, and even having attained college-leveled education, she still birthed in proximity to death.

After seven long days, I held Raina’s thigh as her groans became echoed by the first cries of her healthy twin boys. Two baby boys slipped out into the world. I was, I still am, terrified about how our country might cheat Raina’s Black sons of their opportunities, their childhood, or

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¹ All names of organizations, people and identifying information have been changed to adhere to IRB standards.
² While the original article stated this statistic as 300%, as of 2019, the CDC confirmed that this rate has risen to 400%. I will use the terms Black maternal mortality crisis and Black maternal health crisis interchangeably.
their lives. But I do know that Raina lived beyond becoming a statistic of yet another Black mother who needlessly died. After experiencing a discriminatory and frustrating first birth, Raina identified the support of Alpha Doulas, an organization founded in 2012 by a political coalition of Black and Latina women to improve the pregnancy and birthing outcomes of marginalized women in Austin, and constructed the labor experience she needed.³ Raina found power in herself and was lifted up by cohort of sisters of color who supported her body as she ushered in her boys to the world.

Over the two summers that I worked as a doula in Austin, Texas and conducted research at my field site, Alpha Doulas, for this thesis, I would come to see how Black women like Raina experienced a range of racialized, gender and class-based affronts that seemed inescapable during the nine months of their pregnancy. It appeared that even the presumed sanctuary of pregnancy evaporated in the face of racism. Yet these Mamas refused to be passive recipients of racially adverse birthing experiences and outcomes. Through the Reproductive Justice movement, a concept that caters specifically to the systemic needs of women of color, they have translated their personal experiences into organized interruptions of the structural health inequities facing Black women. Reproductive Justice was first coined in 1994 by women of color who attended the International Conference on Population and Development in Cairo, Egypt (Ross and Solinger 2017). The term was intended to create space for women of color whose needs differed from the Reproductive Rights movement in the 1990s that addressed the concerns of white women seeking quick and safe access to abortion. While recognizing abortion as a fundamental component of reproduction; Latina, Black and Indigenous women remembered their recent and horrific histories of compulsive sterilization, experimentation, and severed maternal

³ I will call Alpha and Alpha Doulas interchangeably to refer to the same organization.
rights and sought to expand reproductive protections of various forms (Ross and Solinger 2017; Sister Song n.d.). Around the nation, reproductive health organizations founded by and for women of color, like Alpha Doulas, Ancient Song Doula Services, and Sister Song, centralize the experiences of Black women and provide support to create a temporary cocoon for these Mamas to be. Radical Doulas: women who support other pregnant and parenting women through the full reproductive spectrum by providing emotional, physical and educational support, have evolved from these initiatives. As birth companions, they advocate for mothers during pregnancy, birth, and the postpartum stage and are trained with a Reproductive Justice framework to support marginalized pregnant women. Through meditation guidance; counselling around choices surrounding abortion, homebirths and care providers; and massage to navigate the pains of labor—Radical Doulas provide support so that marginalized mothers can empower themselves and claim equitable and joyful reproductive experiences. Radical Doulas resist historically racist and sexist institutions. They operate under the revolutionary mantra that Black women deserve to not only survive, but also to thrive. Organizations like Alpha Doulas have emerged in what Saidiya Hartman has named the afterlife of slavery; their work is deeply informed by the systemic legacy of slavery and race in America. Alpha’s work with its Black clients reflects its spatial and racial realities as urban and southern. Despite facing the overwhelming death presented by the Black maternal mortality crisis, Radical Doulas perform revolutionary work by supporting and affirming each client’s reproductive journey—in this manner, Radical Doulas reject morbidity and instead protect and celebrate Black life. Radical

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4 To protect the information of the clients and workers of the two organizations I worked with, I have changed the organizations’ names to Alpha Doulas and Beta Birthing Center (BBC). Alpha Doulas is a small radical birthing collective lead by working-class women of color and located in Austin, Texas. BBC is a small, but historically significant traditional Midwifery practice led by mostly middle-class and white women in the Suburbs of Philadelphia.
Doula work is transformative for providers and clients alike. This work engenders community, encourages coalition building, and provides paths towards healing from systemic and intrapersonal harm. Despite facing immense odds that favor systemic inequities that have plagued Black Americans since the foundation of the United States, in the journey towards imagining new horizons, Radical Doulas play an essential role towards expanding equity and abundance for marginalized Black communities.

I began the summer of 2018 with an abstract understanding of birth and race. I concluded the summer of 2019 with a deep awareness that race matters profoundly and, in many cases, defines women’s experiences with healthcare. I laughed and wept with Mamas as they relayed to me stories of dancing through their labor, the relief of hearing their baby’s first breath, their heartbreak when those babies stopped breathing, and their palpable fear of interacting with the medical system as Black women. Many of Alpha’s doulas shared personal journeys to birthwork but they also presented a keen awareness of the failures of the American healthcare system for Black women as a driving motivation to intervene, take charge and overturn the existing structural inequities.

Through this work, I have been introduced to how Radical Doulas have operated under one name or another for centuries. Radical Doulas challenge systemic inequities by supplementing biomedical obstetric care with holistic full-spectrum support that understands clients as shaped by the various racial, political and economic identities they occupy. In this thesis, I argue that their principal that each woman deserves an abundance of care, support and needed resources is revolutionary. I show how radical nonprofits, like Alpha Doulas, provide crucial support for Black mothers while also faced with the complex material realities that they work within. These women not only encapsulate their frustration with their own position in the
United States’ Black maternal health crisis, but also create worlds that deliver health to pregnant, birthing, and parenting clients of color. Through the recognition of Radical Doulas, I position their work as valuable and the basis for significant social change. Simultaneously, my thesis calls for a reimagining of the role of the State to support doulas’ efforts in protecting and affirming the rights and lives of Black Mamas. Octavia Butler remarked that “there is nothing new under the sun, but there are new suns” (Canavan 2014, 1). Perhaps we can best understand Radical Doulas as birthworkers guiding the contractions that will deliver glorious new suns.

**Methodology**

In the summer of 2017, I was introduced to the Reproductive Justice community. I interned at the legal non-profit, National Advocates for Pregnant Women (hereafter NAPW), in New York City, an organization focused on the intersection between Mass Incarceration and Reproduction. There, I was asked to do a research project and stumbled across the topic of Prison Doulas—doulas that specifically support incarcerated pregnant women, who were at times shackled to their hospital beds, during their labor and their postpartum navigations as mothers separated from their infants. As a student of Medical anthropology and Black studies, my interest in race and reproduction was nurtured by Black Feminist Theory. I quickly grasped how Black women were disproportionately represented in this population of incarcerated mothers and that this represented one facet of structural and anti-Black violence. I was compelled to see what organizational birthwork was occurring to support Black women outside of prison walls during their reproductive journeys. I wanted to know: how do Radical Doulas in Birth Justice collectives personally and professionally navigate through the ongoing Black maternal mortality crisis? I pursued my doula training the following autumn with the acclaimed anti-racist doula
organization, Ancient Song Doula Services, in Brooklyn. When I mentioned this training to a family friend, she asked if I had ever heard of Alpha Doulas down in Texas. Drawn by their work and reputation in the Reproductive Justice community and having known about the white and middle-class culture of mainstream doulas, I became curious as to how doulas of color supported other women of color during pregnancy and birth. I reached out to their director to procure a summer internship. I was accepted as the organization’s first official summer intern and was paired with Isabel, the 34-year old Latina birth companion director, as my supervisor.

Wanting to learn more about the effects of race upon doula work and holistic healthcare, for the summer of 2018, my initial research project proposed a comparative research study of two sites which I call Alpha Doulas and Beta Birthing Center. Yet after my first summer, I found that Alpha provided enough insight within the organizational realities of Reproductive Justice initiatives and culturally congruent healthcare to warrant its own project. By the end of the summer of 2019, I had collected interviews, visual data, and observations notes for an ethnographic research project on Alpha’s Radical Doulas contextualized by Black maternal health in the United States. Ultimately, I interviewed 14 women. Six women were providers (i.e. doulas or staff members for Alpha Doulas). Six others were clients who were receiving care during a current pregnancy or had received care during a past pregnancy, birth or postpartum period via Alpha. The remaining two respondents were community stakeholders and thus worked within the circle of maternal health tangentially with Alpha but were not directly employed by the organization.

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5 While I did not include an analysis of Beta in my thesis, I was fascinated by my interactions with the birthing center. This organization was an alternative birthing space for Black women who do not want to labor in hospitals. Future scholarship should engage questions on how contemporary birthing centers can meet (or fail to meet) the needs of Black clients.
In addition to interviews and written observations, visual data became an increasingly important part of my data collection. During both summers, I took photographs and during my second summer, I supplemented my research with video footage. When approaching the visual component of this thesis, I aim to center the families and women who are the reasons this project exists. Too often we become numbed by the impersonality of numbers. By including a sequence of photographs, I hope to remind us that the statistic that Black women are 400% more likely to die than white women from pregnancy and childbirth causes is anything but abstract. With every mother that dies, a child is left alone, a family is fractured, and a community loses that person’s love, wisdom and resources. This reality threatens Evonne’s ability to hold her child and Keisha’s chance to watch her children grow up. Thus, I hope that my photography will remind us to centralize the families that the medical gaze encourages us to (un)see.\(^6\)

I developed two interview scripts that guided my semi-formal interview style. Each script contained a set of questions that reflected the interview participant’s demographic as either client or a care provider. While the scripts’ questions varied, most related thematically and ranged from collecting information about respondents’ backgrounds to questions about the definitions and purposes of Radical Doulas. In regard to questions about the Black maternal health crisis, I understood that talking about race and racism is difficult for some and thus encouraged richer answers by approaching topics of Black maternal health from different angles. First, I would ask questions like, “does race matter to you in your daily life?” and “do you think race factors into Black women’s experience with pregnancy and birth? How so?” Afterwards, I would read excerpts from a New York Times article about the heightened rates of Black maternal morbidity

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\(^6\) I originally had intended to create an accompanying short documentary project. My initial ambitions were interrupted by the Covid-19 pandemic that separated me from Swarthmore’s film editing software and thus forced me to re-start editing my footage anew. That being said, as I begin filmmaking studies in London next year, I hope to use this project as a starting framework for a larger film project on reproduction and race.
and mortality and inquire for general reactions. I would finally conclude with the statistic about Black mother’s mortality and ask, “after hearing this, why do you think Black women are dying during pregnancy and birth?” I noticed that the combination of these varied approaches allowed for a longer processing time for respondents to convey their thoughts and reactions about a topic that many are not open to discussing. Interviews ranged from 45-120 minutes.

As a researcher with pregnant women, a demographic considered a vulnerable population by the IRB, I developed recruitment materials and two interview scripts under the necessitated IRB guidelines. For recruitment, I primarily relied upon the snowball method. As an intern within Alpha, I worked closely with Isabel on events and organizing The Birth Companion Program (the title of Alpha’s doula program); Isabel significantly helped me recruit interview participants. Through her position, Isabel was the staff member most likely to interact with both Alpha’s birth companions and their clients. Isabel thus became central to my recruitment of respondents.

In discussing recruitment, I communicated with Isabel that I was interested in two demographics: women of color between the ages of 18 and 39 years old, who had or were in the process of receiving care from Alpha Doulas during at least one of their pregnancies and birth companions (Alpha’s terminology for doulas) who had worked for Alpha Doulas. I indicated that I was especially interested in speaking with Black-identifying individuals, but I did not set Blackness as a mandatory requirement for interview participation. Isabel identified potential respondents for me while I also attended Alpha’s events, like trainings or clinics, during which I would announce myself and my research and ask that anyone interested in talking with me approach me at the end of the event.
Once identified as a potential respondent, I would email, call or text them a brief synopsis of the study (most women preferred text). I would tell them about the purpose of this study as an exploration of doula work, maternal health, and race and that they would receive a $15 online visa gift certificate as compensation for their time. If they continued to express interest, I would schedule a time to meet them. For most respondents, I would travel to their home or neighborhood for their convenience.

The ages of the respondents ranged from 20 to 52. The average number of people living in their households were 3.2 people. In regard to identifying income, I stratified income brackets following the Pew Research 2018 guidelines in which households making less than $42,000 are identified as low-income, $42-$125,000 identified as middle-income and household incomes making more than $125,000 are high-income. After reading aloud these brackets, I asked each respondent to self-identify within a bracket. Some volunteered their actual income while most just identified a bracket. Significantly, six women self-identified as low-income and four out of six of those women were clients serviced by Alpha. I additionally asked for respondents to self-identify both racially and ethnically. For clients, two women racially identified as Black, three as Mixed/Bi-racial, and one identified as Latina. Ethnically, those identifying as Mixed/Bi-racial further specified their ethnicity as Creole, African-American/White, and African-American/Mexican-American respectively. In regard to providers, three identified as Black. Two identified as Latina, further specifying their ethnicities as white and “it’s complicated” respectively. The remaining three self-identified as Mixed, Afro-Latinx, or White. The two community stakeholders both identified as Black. I additionally collected the highest level of education obtained and, for clients, what number pregnancy this was, whether their pregnancy was planned, and their initial reactions to finding out they were expecting. Only two interviewees
identified as “not-religious” while the remaining 12 ranged from “spiritual” to “Christian” as well as practitioners of indigenous spirituality. Three out of the 13 women identified as queer or bisexual. After completing demographic intake, I proceeded with interview questions. Then all identifying information was removed from my transcriptions and data spreadsheets to protect confidentiality.

Given the sensitive nature of my research and the population of vulnerable subjects that I was working with, confidentiality for clients was a priority. To protect sensitive information, I have changed all names for people and most organizations. For some organizations, like Alpha Doulas, developing a pseudonym was key. For other institutions like the University of Texas at Austin, I kept their institutional names. However, I did make the choice to change the names of the hospitals frequented by clients or those that provide funding for Alpha. At first, I was hesitant about hiding these larger intuitions’ identity. I initially felt that since many women critiqued these hospitals and programs, perhaps they needed to be named for accountability purposes. Yet, I recognized the intertwined and delicate status of Alpha as a non-profit collective that survives based on grants from these institutions and the cities. Thus, I ultimately decided that utilizing pseudonyms for hospitals consistently provided enough protection to Alpha so that I could candidly convey their frustration with their funding sources and partnered institutions. In addition, I also felt concerned about what real protection was afforded to these women as staff and clients operating in a very small organization. Throughout the development of this research, I became increasingly drawn to the organizational strengths and challenges that surround Alpha Doulas and its birthwork. While I provided new names and removed identifying information for all staff and clients, it would be quite easy for one colleague to find out the identity of their peer due to quote context and title descriptions. This is the reality of conducting research within a
small organization; networks are intimate. But, ultimately after discussing this tangentially with a handful of staff members, I realized that these critiques and disagreements that were captured (specifically amongst staff members) might benefit and strengthen Alpha in the long term. Almost every provider that I interviewed expressed both an extreme love of Alpha’s mission while candidly conveying deep critiques of its organization, staff tension, and (at times) uncertain future as a non-profit. In this way, the following research serves as an outside perspective that has compiled and presented several strengths and weakness surrounding this organization. At the end of the day, I hold a deep respect and fondness for Alpha. Thus, it is with love that I present the following analysis in hopes that the women who invest their souls into this work can see their efforts from an outside perspective and decide how best to proceed.

This project unfolded in Austin, Texas. Space and city configurations matter in regard to equitably caring for the health of residents. Austin’s recent gentrification of Black residential areas further complicates the legacy of Jim Crow on both health, care and Black community formations. Alpha cannot be understood without an engagement of its particular relationship to race and space in Austin. This recognition stemmed from my extensive conversations with Black Austinites about race and Blackness’ spatial manifestations in and around the city. Indeed, as a Black woman living with an African American family (in which the mother is a historian of slavery at UT Austin), I predominately interacted with Black individuals throughout both of my summers. I became aware of the irony that while living in a majority white city, I had managed to almost exclusively engage with Black people. From the gym in which I worked out to the parties that I attended; I was almost always surrounded by Black people. This is not the reality for most Black Austinites. Yet, my research benefited from my interactions with various Black communities of Austin. In various social interactions I would mention my research, and this
would normally elicit enthusiastic responses about Blackness or Black motherhood in Austin from whomever I spoke with. I should note that while most people I interacted with in Alpha’s circle were working to middle class people of color, my interactions that were fostered by my host family predominately drew from middle and upper middle-class families. I believe that my research benefited from my contact with these two economically different communities into a richer comprehension of the various manifestations of Black life in Austin.

**Thesis Structure**

To contextualize this project as the product of a rich legacy of Black Feminist Theory and the insights of Medical Anthropology, Chapter 1 reviews the literature on doulas and presents a quick overview of my frameworks. This chapter introduces key concepts and ideas that will guide the subsequent analysis of the intersections between race and reproduction as foundational for understanding birthwork. Chapter 2 provides an overarching examination of Austin as a city whose historical and spatial dynamics are central to understanding the origins of the need for Alpha Doula’s services. I call attention to how the legacy of Jim Crow segregation provided the foundations for a Black residential community that currently faces dissolution due to gentrification and the subsequent racial isolation that residents feel. Chapter 3 probes into how the afterlife of slavery holds particular implications for Black women and their reproductive lives. I dive into the distrust that Black clients and Radical Doulas express about medical institutions as the product of a history in which Black bodies have been repeatedly exploited and experimented upon. This chapter also wrangles with the complexities that Alpha faces as multi-racial coalition. Chapter 4 draws on the work of Hannah Arendt and adrienne maree brown to examine the development of Radical Doula work from the mainstream birth justice community.
My analysis elaborates the core claim that Radical Doula work is revolutionary as an extension of Black radical and women-led organizing that imagines (and manifests) new worlds beyond the framework of white supremacy. Chapter 4 is followed by a photo series that visualizes the various stakeholders that revolve in and around Alpha’s organization. By, photographing women with their children, partners, and providers, I centralize the people that fuel Alpha’s work.

The epilogue situates birthwork in context of Covid-19. In light of the recent pandemic, I call attention to the glaring social and economic inequalities that public health crises exasperate even further. I suggest that the need for the revolutionary care that Radical Doulas put into praxis has become increasingly urgent as we begin to reckon with how deeply broken America’s health and federal institutions are and how dangerously sick so many will become if systems of inequality remain unobstructed.
Chapter 1  
Doula Work, Race, and Reproduction: Literature Review and Conceptual Framework

By examining the Alpha Doulas, an Austin, Texas based Reproductive Justice organization, this ethnography explores how Radical Doula work addresses the Black maternal health crisis in a southern Black and Latino locale. To understand Radical Doula work as revolutionary merits a deep engagement with key studies on the history surrounding the formation of Black womanhood. I pay particular attention to the intersections of health, the embodiment of race, and dynamics of community organizing. In the following discussion, I will refrain from focusing on what adverse birthing outcomes look like for Black women, and instead focus on how the legacy of slavery is central to our understanding of the formation and subsequent devaluing of Black Reproduction in the United States. After tracing the movement of doula work from predominantly white spheres towards the diverse communities of Reproductive Justice, I will illustrate the deep link between race and reproduction and show how this is central to understanding birthwork and its revolutionary praxis.

The Politics of Doula Work

In order to best understand and distinguish between Radical Doulas and their mainstream doula counterparts, a brief history of the development of doulas as a profession is needed. The general definition of a doula is broadly recognized as “a woman experienced in childbirth who provides continuous physical, emotional and information support to the mother before, during and just after childbirth” (Casaneda 2015, 3). This profession largely emerged from second wave feminism and, in particular, the women’s health movement in the 1970s (Casaneda 2015, 4). The women’s health movement advocated for an expansion of reproductive rights but also a return to
“natural” childbirth and less medicalized or out of hospital births. As a result, women began asking for support asides from that offered by doctors and midwives. This support emerged through doulas. Doulas have been further popularized by documentaries like *The Business of Being Born* and *The Essential Ingredient: Doula*. Yet until the 1990s, doula work was predominately associated with white middle class families. The hiring of doulas is costly, with some celebrity doulas charging upwards of $70 an hour to $10,000 for supporting a woman throughout the entirety of her pregnancy (Greenberg 2018). Without insurance coverage, this has made doula support entirely unfeasible for low-income families. Further, and most likely related to their cost, doulas became culturally associated with the image of white progressives like Goop aficionado Gwenyth Paltrow, *The Business of Being Born*’s producer, Ricki Lake, and other New Age white women.

The literature on doulas illustrates how their mission has evolved in relation to who and for whom the work benefits. The first contemporary published use of the word doula can be traced to Dana Raphael’s book on breastfeeding, *The Tender Gift* (Raphael 1976). In the naming of doulas, Raphael, a student of Margaret Mead, reflected the beginning of the birthing movement that occurred in the 1970s in which women, predominantly white and middle-class feminists, began demanding less isolation, more holistic support from hospitals, and, at times, opting out of giving birth in biomedical institutions (Raphael 1976). Etymologically, in fact, “doula” translates to “woman slave” in Greek, nomenclature that several Reproductive Justice organizations take issue with and have rejected over the past years (OED Online 2020). Despite the racial and class privilege that accompanied doula work, Raphael and her contemporaries

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7 Alpha Doulas’ founders, in fact, intentionally called their workers “birth companions” and not doulas to reject any association to slavery as workers of color. I, for the purpose of consistency and recognition, will use both “birth companions” and “doulas” for the remainder of this project.
opened a crucial door that positioned doulas as those that “hold the space” for their clients to increase comfort and safety (Hunter 2012). Raphael’s advocacy that doulas create and protect space remains central to this thesis’ exploration of how birthing assistants navigate the Black maternal health crisis through their work with clients of color. But, Raphael’s presentation of doulas caters to a white and middle-class body. In this manner, her proposition for holding space focuses specifically on countering a hyper-medicalized and patriarchal treatment of childbirth. While this approach also benefits Black women, her analysis does not extend to inquire what doula support looks like for differently racialized or classed bodies. She neglects to calculate what support Black women need from their doulas as women contextualized within the history of slavery. I am particularly interested in what “holding space” looks like for Black communities, if Black clients and Radical Doulas envision the same notions of “holding space,” and how organizations like Alpha are successful in and challenged by this need to create space for Black women. In this manner Raphael’s analysis, although important, lacks the needed depth to comprehend how doulas can best service Black women as marginalized clients.

In addition to introducing the concept of doulas, Raphael and her colleagues emphasize the importance of Female Authoritative Knowledge in relation to the origins, production, and study of reproductive health (Rothman 1987). As Rothman argues in her review of Raphael’s other book, Only Mothers Know, by highlighting the role of “teaching mothers,” women on the ground who teach their daughters, sisters, and peers through their own learned experiences Raphael demonstrates feminist social studies at its finest (Rothman 1987). I see a crucial overlap between Raphael’s teaching mothers and Patricia Hill Collins’ kinship construct of “other mothers” which is elaborated in her book, Black Feminist Thought (Collins 1999). In tandem, Collins and Raphael bridge together into a fuller understanding of Radical Doulas, and
particularly doulas of color working with Black clients. Teaching mothers and other mothers are both named testimonies to the importance of Female Authoritative Knowledge in community education and health outreach. Essentially, both Raphael and Collins recognize the irreplaceable production and circulation of knowledge and community building that mothers insert into their communities. Yet these scholars neglected to engage one another’s work and, in this manner, expose an absence in literature surrounding the particular knowledge produced by and for Black mothers. Raphael’s lack of an intersectional approach limits a full comprehension of how race, and Blackness in particular, introduces levels of racial danger that Black teaching mothers must guide and protect their kin from. Alternatively, Collins focuses too internally on other mothers as women who protect children and adolescents from crime while omitting the importance of other mothers as guides for younger Black women during their reproductive journeys. Nonetheless, this thesis will draw heavily upon both of these scholars as they similarly imply the crucial need of health care workers and others to collaborate with and listen to Black women before rushing to stage interventions without community input.

In existing scholarship, doulas have been recognized as community stakeholders and examined for the benefits that they bring to birthing spaces. In a 2008 study of doulas supporting low-income women in Tampa, Florida, the anthropologists Lynn Deitrick and Patrick Draves examined how doula programs have been utilized in respect to supporting marginalized women (Deitrick and Draves 2008). They determined three benefits of community-based doula work: Social Support, Female Knowledge and Support, Doula Empowerment (Deitrick and Draves 2008). These benefits are central to understanding doulas, specifically those that work with under-resourced communities. Yet, their article largely functions as a program review rather than an investigation of what Radical Doulas mean in relation to existing conversations about
Reproductive Justice and Race. Further, while they mention that most clients and doulas are women or women of color, they abstain from conducting a rigorous analysis of the embodiment of race and the influence that racial identity has upon Radical Doulas’ work, specifically in a moment when Black women are dying at disproportionately high rates. The lack of a racial discourse limits the depth of this study and removes the highly emotional aspect of working within a field in which Black bodies are highly racialized; this type of analysis must be included in order to fully grasp Radical Doula work in this moment of the Black maternal health crisis.

Alternatively, other publications that explore doulas have focused intensely on the spiritual and emotional transformation that occurs through this work. The feminist scholar Amy L. Gilliland, highlights the role of doulas as facilitators of transformation and spirituality (Gilliland 2015). Gilliland compellingly summarizes the highly personal cost and reward of this work for the doula herself writing that, “doula work is heart work that cannot be accomplished effectively without grieving of oneself” (Gilliland 2015, 91). The stakes are high for doulas, especially those working with marginalized communities, as most doula trainings still predominately cater to white and middle-class clientele. Yet, as a general introduction her article lacks the space for an in-depth analysis of the racialized transformation, healing, and costs that doulas working with the Black community must navigate. In this manner, Gilliland and others have established the need for this thesis to centralize Radical Doulas in context of the history of race and racism in the United States so as to recognize how birthwork engages the particular needs of Black Mamas.
Birth in the Afterlife of Slavery

To comprehend Radical Doulas and their divergence from the mainstream doula movement, one must engage the structural factors and racial histories that have shaped community-based birthwork. In the United States, the legacy of slavery directly impacts the material and cultural value (or lack thereof) of the Black reproductive body. This intimate tie between race and reproduction provides the basis for why reproduction has become a morbid endeavor for Black women. In her groundbreaking book, *Lose Your Mother*, Saidiya Hartman introduced the concept of the “afterlife of slavery,” the notion that Black life today is embedded within the painful legacy of slavery (Hartman 2007). To be African American is to be the product of, while still healing from, the trauma of slavery. The intertwined nature of Blackness and (in)access to belonging in America correlates closely with the legacy of slavery for Black families. Afterlife is especially important when considering Black women and their reproductive choices. As I will argue throughout, the adverse experiences Black women face during their reproductive lives today cannot be isolated from the history of slavery. Thus, Radical Doula work, as a branch of holistic healthcare particularly intended for marginalized Black and brown women, must also be contextualized within the afterlife of slavery. As the cultural anthropologist Dána-Ain Davis argues in her timely analysis, *Trump, Race, and Reproduction in the Afterlife of Slavery*, “radical Black birth workers form part of what might be seen as an abolitionist movement to end the high rates of premature birth and infant and maternal mortality among Black women” (Davis 2019, 31). In context of the afterlife of slavery, Radical Doula work is today’s abolition work. We cannot understand the work of doulas of color and the stakes they work within if we refrain from acknowledging the trauma that still continues to descend from the legacy of slavery and how it deposits itself into the bodies of Black women today.
In her book, *The Afterlife of Reproductive Slavery*, Alys Eve Weinbaum offers a theoretical framework to understand Radical Doula work as a form of Black resistance (Weinbaum 2019). As she aptly argues, *biocapitalism* is central to understanding Black maternity in the United States. Biocapitalism, a term rooted in a Feminist Marxist approach, understands reproduction as a means of production that is “biologically, socially, culturally, and ideologically maintained through the domination and subjugation of women and women’s reproduction labor” (Weinbaum 2019, 6). Weinbaum positions Black women within the United States’ capitalist system as regulated producers of exploited black bodies. As she highlights biocapitalism’s regulations, Weinbaum unveils the inalienable connection between Black women, reproduction, and surveillance. From enslaved women birthing children that were owned by slave masters, to today’s Child Protective Services disproportionately separating Black children from their mothers, Black women have never truly owned their means of production—their reproductive capacity (Roberts 1998; Ross 2017; NAPW 2017). Equally important, Weinbaum’s work demonstrates how Radical Doula work operates within a highly capitalist and surveillance based medical system and raises the question; considering the intimidating legacy of slavery and capitalism, can doulas truly deliver liberation and abolition? Or do they simply contribute to the system of biocapitalism by allowing a healthier— and thus more profitable—landscape of Black reproduction? Certainly, the biocapitalist framework further guides Alpha Doulas to understand their work as a resistance movement, combatting how slavery has positioned Black women and their reproductive capacity as the means of production.

Weinbaum’s presentation of biocapitalism and the afterlife of reproductive slavery supplements this research by outlining that the Black women of today still suffer from the history of racialized oppression and exploitation of reproduction.
In the context of the afterlife of reproductive slavery, the goals of Radical Doula work and Reproductive Justice find their roots within the literature of Black feminist thought to comprehend the tangled intersections of race, womanhood, and health. The scholarship of Patricia Hill Collins remains fundamental for understanding Black Motherhood as embedded within communal kinship (Collins 1999). As mentioned previously, Collins emphasizes that Black communities recognize the importance of “fictive kin,” which in turn imbues Black women with the social capital to act as “other mothers” even without biological ties to neighborhood children (Collins 1999, 120). Other mothers are the aunties of the block, protecting a child when needed and scolding another up to “no good” with unquestioned authority. These women wield immense power and influence over their communities. As maternal figures, they are understood as caretakers of the community and often times recognized as organizers and activists. Operating within devastating systemic inequities ranging from state neglect (leading to lead filled water & overcrowded homes) to anti-Black violence (such as the disappearance of Black men within the carceral state and the invasive surveillance of welfare programs), other mothers face significant stress and emotional burden. Nonetheless, Black women have often been positioned as the guardians for Black health and reproductive health in particular. While Collins does not explicitly apply her framework to the Radical Doula community, the association is implicit and crucial for understanding the motivations of Alpha Doulas’ staff members and care providers. Radical Doulas are other mothers. They care for the health of the community and draw upon their social capital as community stakeholders with particular ties to and knowledge of Black families. Black Radical Doulas, especially, possess a legitimacy from their status as other mothers for Black women and children. This support work comfortably fits within Black communities existing understanding of communal caretaking. Communal ownership and
caretaking are central to the Radical Doula movement. Radical Doulas, as another manifestation of other mothers, build upon a social legacy within the Black community that understands how caretaking must extend beyond the biological to all marginalized women who need support, education, and resources during their reproductive journeys.

Collins additionally generates an important dialogue about the sacrifices surrounding Black motherhood and how risks shape many Black women’s navigation of the Black maternal health crisis. Black motherhood is costly. As Collins emphasizes, Black motherhood can drain women of resources; economic, emotional, political, and social (Collins 1999). From the burdens of coping with unwanted pregnancies to lacking the means to care for one’s children, Black women fundamentally understand the risks of motherhood (Collins 1999). In this manner, Collins offers a perspective for seeing how Radical Doula circles today understand the life and death stakes surrounding their work. Radical Doulas refrain from the predominately white feminist circles that mainstream doulas operate within and instead engage the full-spectrum and women-of-color-centered Reproductive Justice movement. The costs of Black motherhood reveal themselves in all facets of reproduction, from struggling to access contraception and abortion, dying during childbirth and lacking the resources to support young children. Thus, Black women who have experienced the full-spectrum of reproductive oppression and then become Radical Doulas, benefit from understanding their support as full-spectrum as well. This comprehensive activism more closely aligns with the Reproductive Justice, rather than the Reproductive Rights, movement (Ross 2017).

Despite the draining costs of, and systemic barriers to, reproduction, many Black women still pursue motherhood. Collins argues that while Black women face particularly oppressive reproductive environments, “motherhood remains a symbol of hope [that] many of even the
poorest Black women” claim and seek out (Collins 1999, 198). As Collins emphasizes, in no way does this pursuit legitimizes an anti-choice narrative for the Black community, but instead encourages a deeper understanding of the strain and pain behind women’s work in collectives like Alpha Doulas. As we will see in the following chapters, as other mothers of a marginalized Black community in Austin, staff members of Alpha Doulas experience the deeply traumatizing costs that Radical Doula work poses to them. Yet, Alpha Doulas persists because these women understand that their communities have been fighting to build and protect their families and will continue to do so with or without support from larger healthcare or governmental systems. In this way, Radical Doulas’ dedication can only be understood in its fullest if we comprehend the high stakes behind the choice to become a Black Mother. The choice, to mother or not, with or without appropriate resources, is central to Black women’s liberation and the revolutionary practice of imagining another way to be. For Radical Doulas, these freedom dreams merit the re-traumatizing nature of this work (Kelley 2003).

Research on the cost of Black reproduction and thus the origins of Radical Doula work would remain incomplete without including Dorothy Roberts’s thoughtful presentation of the systematic abuse that Black women face within the United States’ healthcare communities. In Robert’s book, Killing the Black Body, she highlights the intersected nature of government healthcare programs and the restriction of Black women’s reproductive agency (Roberts 1998). Roberts points to how the American government has historically, since emancipation, viewed “Black fertility [as] the cause of social problems” (Roberts 1998, 152). Her work brings into question the role of the State by simultaneously highlighting the adverse relationship between the government and women of color, while gesturing towards a future in which the State can evolve into a powerful source of equity that expands access to health and legal resources for
marginalized citizens. While Roberts does not include doulas in her analysis, her work contextualizes the conditions from which Radical Doula work was born. Echoing the DuBoisian question-- “what does it feel like to be a problem?”--Roberts reveals the stakes that doula collectives like Alpha Doulas operate within as they fight to provide alternatives to medical institutions that view Black clients as synonymous with societal burdens. Simultaneously, Roberts highlights the morbidity that Black women face during reproduction. Roberts draws up the consequences (i.e. the unhealthiness) that have emerged as the product of American stigma towards Black women and the “inconvenience” of their reproduction. Black women have been sterilized, denied care, experimented on and more (Roberts 1998). Atop of these horrific histories, today Black women, despite being citizens of the wealthiest country in the world, still face morbid health outcomes. In this manner, Roberts reminds us why Radical Doulas literally utilize their bodies as barriers that halt governmental and medical institutions from killing Black women in the United States (Roberts 1998). Simultaneously, Roberts raises a fundamental tension, and a central question for this thesis, about the work of organizations like Alpha Doulas: how can communal collectives make space for women of color in institutions that were created through the exploitation and exclusion of their bodies?

Roberts, alongside legal organizations like National Advocates for Pregnant Women (NAPW), additionally emphasize the deep influence of legislation upon the Black maternal health crisis. Roberts, a legal scholar, notes how courts have both increased and normalized the reproductive surveillance of and paternalism towards Black women’s health (Roberts 1998). Healthcare and courts are interrelated forms of surveillance. NAPW’s legal work provides telling examples that reflect the government’s heightened level of the surveillance of Brown and Black bodies. For instance, a judge “offered” the Black woman Darlene Turner a reduced jail time
sentence in exchange for the insertion of long term birth control despite the dangerous risks the birth control posed for Turner’s personal health (Paltrow and Flavin 2013). The legal hyper-surveillance of Black motherhood illustrates why collectives like Alpha Doulas formed and how they perceive their work as strongly opposing the government’s monitoring of Black motherhood. Radical Doula collectives serve as sanctuaries for Black women to receive care outside of medical systems regulated by the “medical gaze” and punitive surveillance intertwined with and empowered by legal courts.

While the above literature established the deeply historic connection between the enslavement of Black Americans and the oppression and cultural demarcation of Black women’s reproductive freedom, they also direct our attention to the proliferation of recent “mainstream” scholarship covering the Black maternal healthcare crisis. Largely due to the organizing efforts of Black Women, I consider 2016 a landmark year for breaching the mainstream public’s consciousness concerning the human rights crisis happening within America’s Black communities. Six years after Amnesty International published *Deadly Delivery* in 2010, a report condemning the United States as one of the only developed nations with rising maternal mortality rates, various articles and organizational actions established the Black maternal health crisis as an urgent public health crisis (Amnesty International 2010). In 2016, several studies surrounding the rates of maternal mortality for Black women were released (N. Martin 2017). These studies introduced to the larger public the reality that Black women are hundreds of times more more likely than white women to die due to pregnancy or childbirth related causes (N.

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8 Alpha’s political position against the government’s surveillance of Black motherhood is further complicated by questions of funding and the organization’s navigation of the non-profit industrial complex. Alpha Doulas, founded as a grass roots collective, has recently voted to become a non-profit organization which will further affect its sources of funding. As we will explore in the upcoming chapters, working within the non-profit industrial complex raises other means of surveillance towards the very bodies intended to be liberated.
9 By mainstream, I gesture towards the coverage of the crisis by popular news outlets and organizations outside the scope of the Reproductive Justice movement’s audience.
Martin 2017). The United States is in the midst of a public health crisis. ProPublica published a feature length investigative article titled, *Nothing Protects Black Women From Dying in Pregnancy and Childbirth*, which was then featured on NPR; *The Black Mamas Matter Coalition* partnered with the *Center for Reproductive Rights* to publish a toolkit on the Black maternal health crisis; Congress hosted its first congressional hearing specifically focusing on the issue of Black maternal health; and in 2018 both Serena Williams and Beyoncé came forth with stories surrounding the terrifying experiences they personally struggled with as birthing Black Women (N. Martin 2017; Black Mamas Matter Alliance and Center for Reproductive Rights 2016; Williams 2018; Howard 2018). Media attention and its subsequent public actions are central to understanding the public support (financial and political) and recognition that Alpha Doulas’ work has received in the past years. Recent press also established a disconnect between the temporality of the recent mainstream public’s conversation on the Black maternal health crisis and the longevity of Radical Doulas who have been highlighting and imagining ways to support the health of their pregnant Black friends and family members for decades.

Mainstream attention on the Black maternal health crisis, which then generated public interest in and support for Radical Doula work, developed within the context of the Reproductive Justice movement and this movement’s apt adaption of a human rights framework. Women of color, frustrated by how conversations of *choice* monopolized reproductive health initiatives, articulated the need for a more encompassing definition of “choice” that also acknowledge the rights of women to choose when and how to have and raise their children. Reproductive Justice thus also entailed systemic demands to ensure that all women would have access to economic, social, and political power and resources to make informed decisions about their bodies, sexuality, and families--“this includes the right to have children, to not have children, to parent
one’s children, and to control one’s birthing options” (Black Mamas Matter Alliance and Center for Reproductive Rights 2016). The Reproductive Justice framework gained international traction precisely because of the United States’ embarrassing status as one of only 13 countries in the world where the maternal mortality rate is now worse than it was 15 years ago (Black Mamas Matter Alliance and Center for Reproductive Rights 2016). Despite spending more per capita on healthcare than any other country, the United States fails to provide adequate care for Black women and therefore is unable to guarantee the human rights to life and social protection (Roberts 1998). In this manner, the international human rights community has become one of the most important sources of external pressure on the United States to address this public health crisis. This global criticism has leant the Black maternal health crisis a legitimacy and international measure of comparison that fuels the US’s recent allocation of resources towards initiatives like the 2019 pilot program for reimbursing doulas services for mothers on Medicaid in New York to reduce racialized adverse maternal health outcomes (NYC Department of Health 2019).

Radical Doulas under Neoliberalism

Any project on the current state of Radical Doula work would remain incomplete without an examination of doula work within the neoliberal economy. As the State withdraws from providing key services and more of these services become privatized, the need for doulas has become urgent. However, as we will see in Chapter 4, Alpha Doulas has struggled immensely with the tension between servicing its population and the organization’s political needs while also navigating the reality that they need to pay their staff and fund their work. As a result, I
witnessed several heated conversations about the extent to which Alpha Doulas must participate in capitalist structures. Indeed, one of Alpha Doulas’ founders contributed a chapter to the anti-capitalist book, *The Revolution Will Not Be Funded: Beyond the Non-Profit Industrial Complex*. In essence, doula work (both private and state-funded) has now become a marketable and profitable commodity. As Castañeda and Searcy write in their article, there is tension as doula work, something tender and spiritual, must now also compete “with a neoliberal market model in which individuals see themselves as sets of skills that need careful marketing” (Castañeda and Searcy 2015, 130). Thus, drawing on a feminist Marxist approach, Radical Doula work, specifically collectives that work under nonprofit status, might be understood as functioning within a gift economy even as doing so raises questions like: if doula work is given to communities, yet what is expected in return? And, how does the “gift” of doula work legitimize governmental programs’ immersion within clients’ private lives and further forms of surveillance during their reproductive lives?

To better understand doula labor as shaped by both capitalism and a gift economy, we have to understand the professionalization that doulas have undergone in the last few years. In 2012, the state of Oregon started an investigation that reported the effectiveness of doulas at decreasing health inequities, including the rate of cesarean sections (Basile 2015; Bey et al. 2019)\(^\text{10}\). In response, Oregon began incorporating doulas in the Oregon Health plan which made their work included under Medicare and Medicaid reimbursement (Basile 2015; NYC Department of Health 2019). Other states like Minnesota and New York followed suit by reimbursing doulas for their work with Medicare or Medicaid clients or starting to draw up

\(^{10}\) Doulas’ effectiveness at reducing Cesarean Surgery rates also raises important questions about government interventions as motivated by cost versus care. This debate is outside the scope of this study but the motivations behind the State factor into conversations of institutional incentive and community distrust between the government and local communities.
legislation on the reimbursement process (Basile 2015). As a result, doulas have experienced a rapid growth in the professionalization of their careers. This professionalization simultaneously presents benefits and poses challenges. While the Black Mamas Matter Alliance generally supports the reimbursement of doulas, and specifically those working with marginalized communities, some collectives like New York City’s Ancient Song Doula Services have cautioned that the rapid professionalization of doula work makes doulas susceptible to low reimbursement rates and excludes community-based doulas from work through high training fees and standardized training (Bey et al. 2019). Yet aside from brief press statements released from doula collectives, I have been unable to find further analysis of how the professionalization of doula work affects community doulas (particularly those who are working class and women of color) who cannot afford training from more expensive national companies like DONA International or who find that DONA’s training neglects the influence of systemic inequities upon doula-client needs. While an in-depth analysis of the effects of the professionalization of doula work for community-based doulas is outside the scope of this study, this professionalization remains an important piece for Alpha Doulas as a collective wrangling with questions of funding and sustainability.

Lastly, we must also trace the etymology of the term I have been using throughout this chapter and which will remain central to our guiding questions, “Radical Doulas.” Radical Doulas is a term first popularized by the activist Miriam Zoila Pérez, who inserts “Radical” before doula as a declaration of the political nature of this work (Basile 2015). As the scholar Monica Basile writes in her article about Radical Doulas, this nomenclature espouses “an intersectional politics that embraces a multiplicity of identity, and a commitment to making doula care more accessible to marginalized communities” (Basile 2015, 173). She also observes
that Radical Doulas tend to feel drawn to expanding the inclusivity of birthing justice as related to their own identity. In this manner, Basile raises an important question that will remain central to the following investigation of Radical Doulas in Austin, Texas: is it important for doulas’ racial and political identities to mirror the clients they serve? Particularly in regards to the Black maternal health crisis, how do intra-racial dynamics function between Radical Doulas and their clients? Lastly, the name by which Radical Doulas as called sometimes functions outside of doulas’ own control. For instance, as mentioned previously, Alpha Doulas use various terminology (doula, Radical Doulas, birth companions, etc.) to describe their organizing. Yet, their work, under Miriam Zoila Perez’s evaluation would certainly fall as within the Radical Doula framework-- these women see their profession as revolutionary and contributing to the disruption of systems on inequalities. As I see their actions mirror their revolutionary intent, I will continue to name their work for the intention it embodies-- “Radical Doulas” working to interrupt systems of harm and social hierarchies. Having established my literary framework, the following chapter will examine the ties between race, space and birthwork.
Chapter 2
Racializing the City: A History of Spatialization in Austin, Texas

“If I only stayed in the area where I lived, I could go days maybe even weeks without seeing somebody who looks like me.”
(Keisha, Age unknown, Client, Black)

One afternoon during my first summer with Alpha Doulas, I drove to meet Keisha at a coffee shop in the suburbs of Austin, Texas. With both of us travelling from home, we planned to meet halfway. I drove from a residential neighborhood called Miller in which I was staying and that bordered the University of Texas at Austin. Keisha drove from her home in Hutto, Texas. The morning of our interview, I calculated the driving time. Living in Miller, quite near downtown and thus central to Austin’s city landscape, the restaurants, coffee shops, and libraries I frequented were typically a 10-minute drive away. Yet when I searched Keisha’s coffee shop, I was surprised by a 30-minute route of which my GPS cautioned that, during rush hour, could take up to an hour. In that moment, I began thinking about the special configuration of Austin and how most of my interviews with mothers and doulas of color required a commute of 30 to 40 minutes outside of Austin’s urban center. While driving on I-35 to reach Keisha I wondered, where do
Black Austinites live? Is there such a thing as a Black Austin? And how does Blackness map itself upon the city of Austin and, consequentially, Alpha Doulas’ work?

When I arrived at the coffee shop, I met Keisha, a Black woman in her mid-thirties with a warm smile accompanied by a gentle soul and a sharp wit. She was a mother of two. She and her partner had been surprised to find out that they were pregnant a third time after Keisha’s provider neglected to inform her that one of her health medications interrupted the effectiveness of her progesterone birth control. Though unexpected, Keisha was now happily preparing for the arrival of her third child. In addition to working with the Alpha Doulas, Keisha had been a longtime advocate for Black maternal health equity and so our conversation quickly turned to conversations about race and Austin. During one pause in our chat, I reflected on the distance of my drive and asked Keisha about her understanding of the Black community specifically in relationship to Austin’s urban landscape. With a huff of frustration, she responded, “If I only stayed in the area where I lived, I could go days, maybe even weeks, without seeing somebody who looks like me.”

Keisha lives in Hutto, Texas in a house with her family of four. In our discussion of her home, she revealed her place in a larger residential pattern that several of my interlocutors occupied. After speaking with Keisha and various other women, I discovered that Hutto, along with Round Rock & Pflugerville, were the northern suburbs in which most of my interlocutors lived. These suburbs, ranging from a 30-60-minute commute from Austin’s downtown area, have become havens for Brown and Black, low & mid-income residents who have felt the effects of Austin’s rapid gentrification in the last decade. Far from a tangential factor, Keisha’s story of racial isolation reflects how the racial spatialization of Blackness within Austin is central to a critical understanding of Black maternal health and merits further exploration. In the following
chapter, through both historical records, city reports, and data drawn from my own interlocutors, I will examine how Austin’s increasing national reputation as a “family-friendly” city relies upon rapid gentrification that has expelled Brown and Black families from downtown to fringe suburbs like Hutto, Round Rock, and Pflugerville. These residential complexes, built in the sprawling deserts of Austin, strip the families served by Alpha Doulas of health resources while also contributing to clients’ racial and geographical isolation that Alpha must subsequently navigate through within the provision of its services.

**Space, Race, and Power**

Elijah Anderson, Saidiya Hartman, and Li Zhang provide three central theories that richly contribute to an analysis of Austin as an urban space. In his two works, *The Cosmopolitan Canopy* and *Code of the Street*, Elijah Anderson presents two compelling analyses surrounding racial belonging in urban spaces. In *The Cosmopolitan Canopy*, through a “walk-through” of Philadelphia, Anderson presents two categories of people in respect to their urban navigation: those who are “ethnocentric” and those who are “cosmopolitan” (Anderson 2012, 189). His definition of ethnocentrism strengthens our understanding of the frustration and fear several of my interviewees expressed about the effects of gentrification in Austin. Anderson defines ethnocentrism as people who generally “emphasize loyalty to their own group, which is defined by ascribed characteristics, such as skin color…ethnocentric attitudes are strongly associated with the working and lower classes, and to some extent they are produced by feelings of social isolation. The individuals who hold these attitudes often emerge from highly segregated or racially particularistic backgrounds, and may continue to reside in such communities even when

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11 Austin’s family reputation was highlighted by the recent report, *Austin—A “Family-Friendly” City* (2015).
they have options to live elsewhere, for this is where they feel comfortable” (Anderson 2012, 189). While Anderson’s theory of ethnocentrism at times overlooks the complexity of the systemic conditions that have produced this racial solidarity, his work helps illuminate how ethnocentric attitudes manifest as defense mechanisms against the pain and isolation of racism and classicism. Gentrification not only changes neighborhood demographics, but also dissolves marginalized residents’ opportunities to construct ethnocentric communities of care that have historically protected and nurtured the lives of Black and working-class citizens.

Li Zhang, in her ethnography on Middle-Class living in China titled *In Search of Paradise*, similarly provides a useful framework to better understand residents’ relations with Austin as both a city and economic center. Zhang coins the term, “spatialization of class,” as a theory to better understand the process of spatial production. For Zhang, this production “includes the physical production of housing, community, and cityscape by the real estate industry, as well as the social production by those who come to inhabit such spaces and endow them with meanings” (Zhang 2010, 14). Zhang is useful for our analysis as she gives us the tools to understand cities not only as streets and blocks, but also as spaces that host histories of changing meanings depending on who resides in them and the cultural and financial capital they carry. While Zhang focuses her attention on middle-class residents in China, her keen perception of city spaces as metrics of communal belonging will enrich the observations and interview excerpts I present below.

As mentioned in the previous chapter, Saidiya Hartman provides a crucial guiding context to this study through her coinage of the “afterlife of slavery.” A framing theory for this project, the afterlife of slavery positions bondage as a living history that presents itself within the bodies, politics, economies, and memories of Black people. As she writes in *To Lose Your
Mother, “If slavery persists as an issue in the political life of black America, it is not because of an antiquarian obsession with bygone days or the burden of a too-long memory, but because black lives are still imperiled and devalued by a racial calculus and a political arithmetic that were entrenched centuries ago. This is the afterlife of slavery--skewed life chances, limited access to health and education, premature death, incarceration, and impoverishment.” (Hartman 2007, 6). Hartman guides our understandings of the economic afterlife of slavery in Austin in particular. The legacy of slavery can be traced from Jim Crow districting that segregated schools, hospitals and houses to the current reality that Black families today still live with the highest rates of poverty and homelessness in the United States. Thus, the spatial disenfranchisement of Black people in Austin cannot be relegated to their inability to maintain property and houses, but rather is the product of a long and systemic history of exclusion and neglect from affluent and white urban spaces.

Before the Highway: Conceptions of Black Austin in the 20th Century

Austin neighbors one of America’s foremost Black cultural capitals—Houston—the site of the Black Cowboys’ museum, Beyoncé herself and the fifth ward (home to Micki Leland and Barbara Jordan); yet Austin has never been considered a Black mecca. When discussing Austin as my field site, most
of my friends from Swarthmore and New York knew the city as a large-scale version of white Brooklyn complete with beards, breweries and vegan food stores. Nevertheless, Austin’s origins reflect a deeply rooted small, robust, and centralized Black community. The 20th century and the troublesome legacy of Jim Crow provided the foundations for the “Negro District” known today as East Austin. Before 1928, in congruence with Black western settlers’ tendencies, Black Austinites lived in clusters around the city and region. Yet in 1928, urban planners, guided by Jim Crow’s philosophy to keep the lives and interactions of Black and white citizens separate, proposed a city Master Plan that would establish a Negro District just east of Austin’s central downtown area. When the city approved the initiative, all Black institutions and resources were rapidly consolidated and confined within a single urban neighborhood and, as Eric Tang and Chunhui Ren explains in their 2014 report, “African Americans were compelled to move there because the city’s only black schools, black parks, and other facilities were located within its boundaries” (Tang and Ren 2014, 7). In essence, Jim Crow segregation resulted in the formation of a geographically tethered Black Austinite community. Indeed by 1930, only two years after the proposed planner, 80 percent of blacks in Austin lived in the Negro district in East Austin (Humphrey 1997).
In considering the consolidation of a Black community in East Austin (which would eventually come to house Latinx families as well), one must not neglect the trauma of living under a Jim Crow caste system. Yet, the historical formation of this district generated a sense of ownership and belonging for Black families that contemporary residents express a nostalgia for. Many Black residents that I met during my placement identified East Austin as the epitome of Black Austin. And historically, Black families were particularly fortified within the spatial and communal formation of East Austin. The vast majority of Black Families with children relocated to East Austin in order to guarantee their children entrance within the district’s Black public schools. Other resources accompanied the settling of Black families. Black residents in Austin benefitted from having institutions of wellbeing (such as pharmacies and hospitals) all located within one neighborhood. The ethos of Black life was thus established in East Austin.

The urban planning of a Negro District established sentiments of ownership and place for Black Austinites. As Elijah Anderson proposes in *Cosmopolitan Canopies*, the racial segregation of urban spaces leads to sentiments of belonging, comfort, and ownership (Anderson 2012). Thus, with Black families and residents all gathered in East Austin, a strong sense of Black community and solidarity was generated. This legacy of East Austin as Black Austin enabled and still fosters a sense of communal ownership over a section of the city designated as theirs. Yet recently, the rapid gentrification and urban development (and particularly the highway construction that split the Negro District of East Austin) has displaced many residents and weakened their sense of belonging within the city community. Following in the lines of Anthropologist Li Zhang and her analytical notion of “specialization of class,” Black residents’ sense of racial nostalgia for East Austin is intimately tied to an acute sense of communal loss and racial isolation that stems from “a visibly hierarchical and segregated form by recent real estate
developments but also new social groups and class subjects [that] are created and made
discernible through this spatial production” (Zhang 2010, 14). Extending beyond her field site in
China, Zhang’s analysis suggests the importance that new middle class social groups play in
shaping the development of “new” desirable metropolises as real estate consumers with new
tastes that are prioritized at the expense of traditional residents, and in the case of Austin,
especially working class families of color. As Black residents have been pushed out from
downtown and witness the rapid disappearance of a centralized Black Austin and its families,
residents and particularly Black families are left to wonder if they belong to or can claim Austin
as home.

Over the course of my two summers, I was surrounded by mostly Black families. My
interlocutors were Black, if not of color, as was my host family. Coming from the predominately
white university that I attend, I felt that Austin provided me with an intimate Black ethos—one
in which I was immersed within a community of color. While I predominately interacted with
people of color during my field placement, I quickly became aware that my reality was
considered an anomaly by my interlocutors. Further, I perceived sentiments of extreme grief at
the disappearance that most Black families felt in their observations that the Black community
had been lost through Austin’s rapid gentrification and urban development. The first round of
urban development began in the 1950s. While previously East Austin had been a mostly
residential neighborhood, the Federal Aid Highway Act of 1944 by the U.S. Congress and the
Colson-Briscoe Act by the Texas Legislature in 1949 generated funding that led to the
construction of I-35, a massive highway that physically divides the city East from West along
Avenue East (Texas Historical Commission n.d.). This construction ushered in the first era of
Figure 5. Highway map of Travis County from 1990. In this map, one can see how I-35 divides West Austin from East Austin. This highway, amongst other development projects, is considered by many Black residents as a disruption of the Black community that was built without consideration for their residential life. Source: University of Texas.

Figure 4. The left photo depicts East Avenue in the 1950s. One can see the residential tone as a neighborhood filled with only minor streets and little development. In contrast, the photo on the right, taken in 1971, demonstrates the rapid highway construction that has taken place. This photo depicts Airport Blvd and shows the highway’s effect of industrializing the neighborhood. Source: texasfreeway.com.
rapid urban development that displaced residents of color and designated East Austin as a channel for transportation and commuters rather than a consolidated residential community.

In understanding the history of gentrification and urban development, we must conceptualize the intense loss and loneliness that present-day Black Austinites feel as they have been displaced to northern suburbs outside of East Austin. In group gatherings, when the conversation turned to gentrification, I witnessed downcast eyes and humorous, but sorrowful, scoffs at the possibility that a Black community could persist through Austin’s urban growth. I also noted the irony that these residents lamented the disappearance of a Black community that was created by a Jim Crow caste system. Yet, as Anderson notes, racially segregated urban communities can lead to the strongest sentiments of safety, understanding and belonging (Anderson 2012). Indeed, many of those I spoke with channeled an Andersonian understanding of the security and comfort that they had when living with other neighbors of color and the subsequent discomfort they felt in the midst of racial gentrification. Further, many connected the feelings of grief and loss provoked by gentrification as intimately tied to Austin’s Black maternal health crisis. In talking with Janis, a 35-year old Black doula for Alpha Doulas, I was struck by her discussion of the consequences of Austin’s gentrification for the Black community:

The traditional, like Black and Brown, side of the Eastside has been gentrified into where a lot of people of color, or Black people primarily, are being pushed out into the suburbs. And, [you know], overall in Texas it's very conservative and we don't provide a lot of medical resources for people who are poor or people who [pause] I think are of color. And since that community doesn't exist here, I think it really plays into how Black women are treated, Black families. There is a lot of times when we can be treated as other because we're not creating those spaces for ourselves.

(Janis, 35, Black, Provider, emphasis added)

Janis’ remarks provide an apt examination of Black Austinites comprehension of today’s ruptured health and caretaking as based upon a remembrance of what has been lost. Janis’ use of
“traditional” and “are being pushed” marks her temporal understanding of Black Austin as historical and, in light of its contemporary destruction, her assessment and memory of how that community caretaking has been lost. In this manner she resurrects East Austin’s Negro District through what anthropologist Rosalind Shaw would qualify as a “palimpsest memory” in which a history’s phantom etchings, erasings, and subsequent re-rememberings of conflicts and encounters consolidate into a narrative memory that clarifies present day (Shaw 2002). Here, Janis vocalizes various layers of East Austin to uncover a memory of its relationship to healthcare. She relays one layer of understanding the districted Blackness of “traditional” East Austin vis-a-vis 20th century Jim Crow segregation. She presents a second layer of the history of the geographical violence with which, “Black people primarily, are being pushed out” of their homes and into isolated suburbs. She complicates this by presenting yet another layer in which she reckons with what has been lost through the disruption of this community through a third history, that of Texas as a state that doesn’t “provide a lot of medical resources for people who are poor or people… of color.” Thus, the interactions of these various layers of history consolidate into her memory of care as provided by a racialized and geographically bound community from the 20th century. Ultimately, this leads Janis to conclude that, “we can be treated as other” because the community with which she identifies has been scattered and thus its subsequent systems of caretaking interrupted.

Comments like Janis’s reveal a powerful example of how dire Black residents view their health landscape. Her words present a sentiment of nostalgia for a community and healthcare that prioritized the wellbeing of Black Austinites that was only made possible via Jim Crow districting. In other words, Janis and others, while never declaring a wish to return to the residential segregation of the 20th century, find it more imaginable for a racial caste system to
generate care for Black families’ health needs than the current day health system. My point here is neither to celebrate Jim Crow’s role in creating East Austin, nor to suggest that residents like Janis wish for a return to residential segregation. Instead, Janis’ quote emphasizes the unintended consequences of racial districting; the fortification of a Black community that was geographically distinct in a manner that catered to families of color and the palpable fear that present day Black Austinites feel when faced with the loss of that community.

Mapping the Effects of Gentrification for Black Mothers

My interviews with various interlocutors in Austin dedicated to ending the Black maternal health crisis quickly revealed that a conversation about maternal health would be incomplete without an exploration of racial gentrification and the subsequent intrapersonal effects that racial movement provoked in Black mothers. Out of the 14 women I interviewed, five women (36% of my total interviews with doulas and clients) voiced a concern about gentrification’s effect on Austin’s communities of color and maternal health. These women voiced eight direct and indirect comments on the effects of racial displacement. While some mentioned the word “gentrification,” others described the process and effects of the phenomena (such as the declining Black population, increased price of living, disappearing Black community etc.) without utilizing the word verbatim. For these women, both personally and professionally, gentrification contributed to the Black maternal health crisis. As Austin residents, mothers, and women of color, they expressed an acute awareness of the racial change occurring within their city during the last decade and how the disruption of neighborhoods, and thus the geographical
scrambling of Black and Latinx neighborhoods, interrupted the efficiency and work of Alpha Doulas.

During the first summer that I worked with Alpha Doulas, Isabel, the Birth Support Program Director, articulated a clear connection between gentrification and Alpha’s work. The organization recently commissioned a beautiful mural that depicts a pregnant woman surrounded by flowers and vibrant colors. Her skin tone is unmistakably brown, but unconcerned with offering a specific racial categorization. Her hair twists and coils in a wild afro while her immensely large gold hoops glisten. She smiles calmly while her hand rests gently on her growing womb and radiates with a glow that reflects all that Alpha Doulas hopes its clients will find: unapologetic and gleeful reproductive freedom in Austin. Despite the mural’s radiance, Isabel spoke to me about how finding a place for this mural, let alone its politics, was a tremendous challenge directly tied to the difficulties presented by Austin’s rapid gentrification:

We're kind of coming up on the second wave of gentrification over the past 10 years. So, people of color and communities of color are being pushed out of the city center for the 2nd, 3rd time. Um, and [the city center was] where our original mural was and at that time, we had more folks that lived in the city center. But now folks live in Pflugerville and North Austin and outside the city center. So, as an organization, finding space to rent that's somewhat central is a huge struggle. Finding allies that are cool with us putting a mural up was [laughing] a huge struggle as well.

(Isabel, 34, Latina, Provider)
Isabel brings up several important points in her discussion. First, she contextualizes gentrification as a reoccurring process within Austin’s recent decade of economic growth. Gentrification is not a singular moment cemented in history, but rather an ever-evolving phenomena that still generates consequences for the community. Second, Isabel notes how the city center used to represent a consolidated space for racialized others in which communities of color lived and operated. This consolidation led to the easy identification of where race-based organizing, politics, and community-building should be centralized in order to reach the largest audience possible. Yet, third, Isabel marks how these families have now been pushed North to less urban and more spatially separated suburban areas. The community of color, and thus the political organizing around this community, has been decentralized. Her naming of Pflugerville reveals a potential new home for this organizing, but even so, she connects the process of
gentrification as central to Alpha Doulas’ struggle to find a central space to service its clients.\textsuperscript{12} Indeed, as will be explored further, one of Alpha’s continuous struggles was the issue of space, transportation, and geographical access for its clients. Finally, in her last sentence, Isabel remarks how gentrification has forced out families and clients of color while ushering in apathetic, or even hostile, new neighbors that do not support the work of Alpha.

\textbf{Figure 7.} Map depicting African American populations by county. One can see that Austin, even as a major urban capital, has a small African American population relative to its status as a southern city and a growing economic hub.

Isabel’s concerns are corroborated by Austin’s recent history of urban development that adversely targeted the Black population’s ability to reside in Austin. Part of Austin’s diminishing Black population relates to Austin’s unique economic growth given the United States’ recent history of an economic recession (Tang and Ren 2014). The 2008 recession prompted a financial crisis for cities around the country. While other cities struggled to retain jobs and residents, Austin, having already experienced an economic boom in the 1990s continued to perform

\textsuperscript{12} Alpha Doulas, for the time that I have worked with them, has struggled with its physical location. This struggle will be explored later in this chapter.
strongly in the early 2000s (Tang and Ren 2014). Austin’s economic growth resulted in a rapid
development of the city’s downtown area. As a result, it experienced a condensed increase in
pricing that predominately affected and priced out families of color that had historically
inhabited that neighborhood. The University of Texas at Austin conducted a study in 2016
through their Institute for Urban Policy Research & Analysis that surveyed 100 African
American families that left East Austin. 56% percent of respondents reported East Austin’s
recent unaffordability as their motivation to move out of Austin’s downtown area (Tang and
Falola 2016). Thus, as jobs attracted white middle-class workers from around the nation, new
urban and residential infrastructure rapidly developed in Austin’s new bourgeoning downtown
area and displaced the Black families that traditionally lived there (Tang and Ren 2014). As a
result, Austin is a national anomaly as a city that demonstrates a positive economic growth and a
simultaneous decrease in the Black population. While most cities with economic growth
simultaneously experience higher numbers of Black residents, Austin did not. In fact, between
2000 and 2010, Austin was the only major city in the United States to experience a double-digit
rate of general population growth and a simultaneous decline in African-Americans (Tang and
Ren 2014).
Austin’s decreasing Black population additionally exemplifies the community’s disproportionately high rates of poverty as a particularly racialized issue. The systemic problem of poverty for Black families must be situated within the history of chattel slavery in the United States. Saidiya Hartman’s conceptualization of the afterlife of slavery should also be extended to encompasses the economic afterlife of slavery for Black families, through the denial of voting and property-owning rights, which has financially limited families’ ability to protect themselves from gentrification (Hartman 2007; Lluveras and Phan 2018). In the early 20th century, Texas, along with several other southern states, passed Black Codes that made it nearly impossible for Black families to vote or claim property to the extent that, “Black Codes and sharecropping systems sent Black families into a cycle of debt and poverty lasting decades” (Rountree et al. 2019, 3). Black citizens were systematically denied mortgages and families that did manage to own homes experienced property devaluation and tended to live in segregated districts of concentrated poverty (Lluveras and Phan 2018). The challenges of finding accessible and stable housing continue today. Despite Austin’s relative economic prosperity during the recession, 2008’s economic depression greatly affected Black home ownership rates. During the recession the median net worth for all Americans fell
approximately 30%, but it plummeted an additional 20% for Black and Latinx families (Lluveras and Phan 2018). This decreased net worth was accompanied by a 5.4% decline in Austin’s African-American population (Tang and Falola 2016). Research, like that of Lluveras and Phan (2018), demonstrates that housing instability must not be seen as an effect of poverty, but rather a direct cause of poverty. Thus, we should understand the lack of affordable housing in Austin as a product stemming from the economic history of afterlife of slavery but also as an inequity that maintains this status quo by further generating experiences of poverty for Black families.
I had no place I could call home”: Poverty and Urban Housing for Clients

Poverty and the lack of affordable housing in Austin directly impacts Black women during their reproductive journeys. Out of the total women I interviewed, six women (representing 43% of the total respondent population) self-identified as low income and thus living in a household that earned between $0-$42,000 dollars annually. Of these six low-income women, four were clients who had or were using Alpha’s services. All of these low-income clients were Black. Further, two of these respondents, Victoria and Ana, were homeless and living in shelters. Victoria and Ana showed me two different, but equally challenging realities that homelessness introduces to pregnancy.

When I first met Ana, I was drawn to her joyful aura. While quiet at first, the 31-year-old mother radiated a calm and smiling energy while bouncing an adorable and fat baby boy named Leonard on her lap. As Ana and I spoke, I learned about her recent immigration to the United States. Born in Cameroon, Ana spoke with a francophone lilt as she explained that she had initially arrived in Pennsylvania and then moved down to Austin. In Austin, she found out that she was pregnant. While excited for her first pregnancy, she lived in a women’s shelter in which she was roommates with other women and mentioned to me how they had often caused her stress during her 2nd trimester. As we continued our conversation, I was drawn to how Ana centralized stress as part of her pregnancy as exemplified by the quote below:

Ana: I was so stressed. I had no place, like, a place I could call home. I was moving from friend’s apartment to another, to another one.
Emma: That must have been really stressful
Ana: Yeah, ooo Jesus. And I was like I don't have money to buy even clothes for the baby, diapers, this, that, Jesus. Yeah, and I remember October, the 28th, I passed out at work
because I wasn't eating or drinking. I was really, really exhausted. It was like 7/8 months. And the people of Alpha were like, "Oh no Ana, Ana." [laughter]. They helped a lot.

(Ana, 31, Black, Client)

Through Ana, one observes how her story affirms Lluveras and Phan emphasis that housing must be understood as a causal factor for poverty and thus we must recognize how pregnant women living in poverty experience this stress to the detriment of their health. Ana’s inability to find, “a place [she] could call home” meant that she was consumed with the time intensive task of finding stable housing and moving from friend to friend, time that she could have spent working or taking care of herself if she had accessible housing. Her inconsistent employment led to her fasting as a means to save money. This fasting physically threatened her own health to the startling extent of fainting during her third trimester due to undernourishment. In this manner, homelessness became a foremost threat to Ana’s ability to experience a healthy pregnancy.

Further, we can observe the ties between Ana’s adverse health experience and her homelessness. Demonstrated by physicians and researchers alike, stress is correlated to numerous adverse health outcomes, especially for pregnant women (American Psychological Association 2012; Roberts 1998). Stress harms pregnant women and their pregnancies. Ana provides a strong example of how social factors tied to race and poverty heighten the stress and thus risks that mothers like Ana face. If we know from studies like the APA’s, that stress and unhealthy pregnancies are intimately related and we respect how Black women often face the anxious reality of lower rates of housing and employment, we can likely deduct that Ana’s resource-stricken status was amplified by her positionality as a Black woman.¹³ Thus, for Ana,

¹³ Ana’s position as an African immigrant merits further exploration that I unfortunately do not have the data to explore. But scholarship on the different economic and social experiences of Africans and African Americans has been written by scholars such as Angela Stuesse, Cheryl Staats and Andrew Grant-Thomast (2017).
her homelessness-induced stress adheres closely to her adverse pregnancy experience. Indeed, Ana presents homelessness as a stressful state that builds and builds until the point of physical collapse. Her stress climaxes at the terrifying moment in which she faints from starvation in her third trimester. For Ana and other pregnant women, to be homeless is to embody the stress of that status and all of its accompanying effects. Ana’s body physically demonstrated this embodied state and demonstrates the acute danger that housing insecurity poses to Black pregnant women of Alpha.

Victoria also provides a striking example of the intersections between homelessness, poverty, and stress that culminate into adverse physical and emotional experiences during pregnancy. I met Victoria through Isabel. One day, I was helping with Alpha’s monthly clinic in which they offered free prenatal appointments with partnered certified midwives who volunteered their time. Alongside medical services, in aims of meeting holistic healthcare standards, these clinics offered a day of massages, yoga, meals, community conversations, transportation services to and from the clinic and free childcare on site. As I helped process incoming clients, Isabel pulled me aside to meet a heavily pregnant woman. Isabel then introduced me to Victoria, a young light-skinned woman who I initially thought was Latina, but later discovered that she identified as a bi-racial African American. Victoria seemed disinterested at first. But she perked up as we continued talking and especially when I mentioned the gift card compensation at the end of the interview. At 20, Victoria was my age and, as I looked at her and began to learn more of her story, I could not dismiss the eerie reality that our lives varied only by a few differences.

Victoria lived in the Salvation Army’s Downtown Shelter and Social Services site in East Austin. According to the Salvation Army’s own website, this site is one of two residences (a
third has just opened up in 2019) that provides emergency housing to homeless residents from the Travis and Williamson counties (Salvation Army 2018). In 2018, the year I interviewed Victoria, The Downtown Shelter provided services to 1,697 clients out of which 641 were women and 140 were children (Salvation Army 2018). The Downtown Shelter provides “residential housing, work therapy, group and individual counseling, spiritual direction, leisure activities, and life skills resources” (Salvation Army 2018). They also facilitate extensive rehabilitation work for those, seemingly like Victoria, struggling with drug use.

In continuing my analysis of my interaction with Victoria and the data she provided me with, I need to acknowledge that our conversation was likely the most difficult and stilted interview I had over the course of my two-year research. While most of my interviews ranged from 60-120 minutes, Victoria and I stopped talking after a mere 22 minutes and eight seconds. Perhaps due to my bewilderment at our matching ages or the two interruptions that occurred when Victoria’s friends said hello, our conversation never reached the flow and comfort that the majority of my interviews achieved. Further, logistically as one of the earlier interviews that I conducted, I stubbornly stuck to my interview script. This inhibited what I believe would have been a more fruitful conversation had I abandoned my academic tone for a free-flowing conversation. Yet, asides from the short length of our interview, my time with Victoria stuck with me the longest and most viscerally. While I recognize that I do not have a detailed 25 page

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14 To her credit, less to my own, Victoria was quite transparent in her answers. But one of the biggest obstacles I had during this interview was Victoria’s short attention span. Again, I blame myself for not adapting to her tone and energy more quickly (or frankly just being a more interesting character than a strange academic coming from NYC to do research), but many of my questions were met with disinterest and at times glazed looks. We additionally had two interruptions during our interview, since we were kicked out of the shelter by a contrite staff member (who was unwilling to let me conduct an interview within the shelter) and forced to stand outside for our discussion. First, Victoria’s former roommate, a seemingly mute Black transwoman, stopped to say hi and then discuss the issue of rude staffing members like the one who prohibited our conversation inside. Second, Victoria’s boyfriend and father of the child, said hi as well which led to Victoria telling me about their relationship and budding co-parenting dynamics.
transcript for Victoria, what she did say and what I noted through visual observations provide an important demonstrations of how the lack of housing subjects women like Victoria to the denial of personhood. Victoria was unable to receive and engage with me in the way she wanted; our encounter was fundamentally shaped by the lack of her own space. Victoria shows how feelings of maternal isolation can be mapped upon expectant mother’s navigations of urban spaces and understandings of home(lessness).

Victoria’s ambivalence about her pregnancy and her stress is not singularly related to homelessness, but certainly amplified by the absence of a home. When I walked up to Victoria’s shelter, I was greeted by a large grey building with hulking towers that reminded me of a prison rather than a home. A tremendous parking lot neighbored the building, and while I walked towards the lobby, I was struck by the amount of people milling about the area. Whether these people resided at the shelter or participated in the shelter’s food services was unclear. But I recognized a familiarity and ease to each of these individuals’ special navigations of the outside vicinity. Men yelled playful jests at each other. Another pushed his shopping cart up the street past me and nodded hello as I passed. Several men and women wandered the block aimlessly in what appeared to be drugged stupors. As I opened the door to the shelter’s lobby, I was overwhelmed by the volume of the noise. Shouts, laughter, angry tirades started at the receptionist area and ricocheted down the dark hallways leading to the corridors. I texted Victoria that I was here and wondered about how it must be difficult for a pregnant woman to rest amidst the chaos I observed. As I sat the receptionist asked me who I was here to see, and I told her about my interview with Victoria. I noted her suspicion, but she did not speak further. When Victoria arrived, I gave her a quick hug and asked where she wanted to go. At this point, the receptionist and a shelter resident were up in arms in a yelling match and so Victoria quietly
indicated that we could walk towards the chapel area for a quiet place to talk. Immediately a tall white woman with chopped spiky hair and a scowl on her face emerged from the shadows to block our paths. Ignoring Victoria entirely, she looked at me and demanded, “Who are you and what are you doing here?” Surprised by her hostility, but recognizing her authority as a supervisor or something, I stuttered, “Oh. I’m here to do an interview with Victoria,” at which point her dislike towards me seemed to multiply rapidly and she leaned towards me with crossed arms and hissed, “Are you a case worker? Why do you think you can be in my shelter? You can’t be in here?” Caught entirely off guard by her aggression I tried to adopt more semblance of authority as I replied, “I’m a researcher with Alpha Doulas, I’m doing work on Black women and the Maternal mortality cri--” her shouts interrupted my speech, “I don’t care! I asked if you are a case worker. You are not a case worker! Get out of my shelter!” Humiliated and overwhelmed, I mumbled to Victoria that we could talk outside and we stumbled out of the lobby.

Outside on the ramp way leading to the shelter, both Victoria and I attempted to shake off our embarrassment. I scrambled to set up my voice recorder on the tiny concrete railing. I apologized profusely to Victoria and pleaded that if she got in any trouble with the supervisor to please call me so I could have my advisor intervene. Victoria also seemed unsettled and muttering a profanity laced complaint. Later, when her roommate stopped to say hi, Victoria explained to her what had happened huffing, “we were in the chapel and they kicked us out. So that's why I'm getting my two checks and I'm getting the hell out of here. I need my credit card too so I can get my direct deposit.” After, as we settled into our conversation and Victoria revealed that this was her first pregnancy, I asked about her emotions.

Emma: How do you feel about being pregnant?
Victoria: It's alright, just stressful.
Emma: Stressful, what does stressful mean?
Victoria: Just a lot of pressure.
Emma: And why is it a lot of pressure? What does that mean in your daily life?
Victoria: Just family. Pressuring me, telling me what to do. Telling me to give the baby up.
Emma: That sounds really stressful, I'm sorry.
Victoria: Yeahhhh, but…
Emma: You got it.
Victoria: [huffs] My mom and my dad's like, no [you don’t].

(Victoria, 20, Biracial, Client)

Of all clients that I interviewed, Victoria expressed the most ambivalence about her pregnancy and impending motherhood. She used the words, “stress” and “pressure” a total of five times over the course of only a 22-minute interview. The above quote demonstrates how central anxiety is for Victoria’s understanding of her pregnancy. And in this manner, Victoria demonstrates how her stress and isolation, while not solely due to homelessness, are certainly amplified by her housing insecurity. Victoria’s homelessness only exacerbates the challenges of navigating the stigma attached to her pregnancy as a young, Black, drug-using woman who lacks stable housing. Here Victoria conveys that her community does not view her as a suitable parent. She states that her parents are “pressuring [her], telling [her] what to do.” These verbs indicate strong judgment and consternation directed her way. While motherhood for other women, particularly those whom are white and affluent, attracts communal celebration and approval, Victoria finds herself under further stigma. As NAPW’s research has maintained, while drugs certainly complicate a woman’s pregnancy, criminalizing a pregnant drug-using woman presents dangerous surveilling, paternalistic, and patriarchal regulation over women’s

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15 I did not ask, and Victoria did not tell me, if she used drugs before or during her pregnancy. But I did notice track marks on her arms and the scabbing associated with intravenous drug consumption. Additionally, both in Salvation Army’s report and social conversations around the clients at their downtown center, this particular shelter houses many people who use drugs because of their rehabilitation services.
bodies (Paltrow 2006; Paltrow and Flavin 2013; Rosenbaum and Murphy 1998). Further, this criminalization, as demonstrated by the disproportionate arrests and persecutions for crack use in the 1990s, often punishes poor and Black women for their addiction (a health, not a criminal, problem) in ways that irreparably harm Black women and their families (ACLU 2006; Rosenbaum and Murphy 1998). Here, again, channeling Shaw’s emphasis of a palimpsest perspective in respect to how homelessness and drug-use has historically been experienced by Black women, is a crucial layer to understanding the prejudice pregnant Black women like Victoria face. When drug consumption, youth, and especially homelessness, increases pressures for women to terminate or give up their pregnancies, a Reproductive Justice framework understands affordable housing as a central part of supporting pregnant women.

The city’s role in generating sentiments of alienation and judgment for Black women extends beyond the economic and housing demographics of Ana and Victoria, two-low income women living in shelters. As a middle-class Black woman, Monique provides a compelling example of how Austin’s spatial configuration and Texas’ cultural politics can isolate middle-class families as well. I met Monique through the host family that I stayed with. We had a mutual friend and were quickly introduced. Monique was one of only two interviews conducted with community stakeholders that did not work directly for Alpha Doulas. While unconnected directly to Alpha, she had heard much about the organization as a passionate activist for Black mothers and as the leader of her own Birthing Justice organization, Mothers at Rest. Monique is particularly interested in supporting Black mothers delivering premature and preterm infants. Monique’s own birthwork stems from a keen understanding on the particular impact Texas’ hold over women of color’s birthing experiences. Monique also provides a useful socio-economic perspective. When I asked her to self-identify between the three class strata, Monique remarked
with a breathless relief, “Oh I jumped into the second this year, I'm so excited… I'm just beside myself because we were less than 30 for a while there. It was tight.” Thus, as a single mother

Monique has understood the realities of raising a family both as a low-income household and middle-income household. This dual experience, as well as Monique’s status as an Austin “transplant” are central for her apt perspective of how Texas’ health system harms Black throughout the wealth spectrum. When I asked Monique about why she was drawn to this work, she emphasized Texas’s culture of politics surrounding healthcare.

Monique: *Being in Texas is going back like 50 years.* I mean, I grew up in Massachusetts where healthcare is a thing. Then being in California where like healthcare is a thing… Then I came to Texas where healthcare ain't a thing. I'm like, "What? I don't understand." The things that we're fighting for now are just, you go to other places and they're like, "What? What do you mean you're not getting them?" I'm like, "Yeah, yeah." So, it's weird. So that catapulted me. You just keep working… *we've been screaming [that women are dying] for years, like years and years and years.* So I mean, even before Mothers at Rest, when I was having my daughter, I remember saying to my OB like, "How do you think it's a good thing to say to me I need to go on bedrest and give me no resources?" I said. Her first response was like, "Well, your mother could help you." I'm like, "Yeah, she's going to commute 1,980 miles every day." She doesn't live here. *You have to think.* We've actually become really good friends. I've said to her time and time again like, "Didn't you ever think like …" She said and a couple of other doctors said, "When we're in medical school, they don't teach you that. They say you do this, and then you move on." *They don't teach the psychosocial.* They're like, "Oh, I did my job. You're on bedrest and we're good to go." Well, *not realizing they have torpedoed her life because she can't go to work.* Many, many families now cannot survive without the two paychecks.

(Monique, 52, Black, Provider, emphasis added.)

Monique’s frustration stems from her understanding of Texas as a site of cultural regression surrounding the intersections of healthcare and class. By saying “being in Texas is going back like 50 years,” Monique conveys the anger of organizers who feel trapped in a cycle of “screaming [that women are dying] for years, like years and years and years” as a particularly
Texan phenomenon. She highlights the implications of Texas healthcare culture for Black women by focusing on the distance between white doctors and Black clients. Through her own experience, Monique extends a critique upon doctors, like her own, that prescribe bedrest without understanding the challenges bedrest poses for women who contribute significantly to their household income. In attributing this ignorance to doctor’s absence of “psychosocial” training in Austin/Texan medical schools, Monique demonstrates how reproductive health cannot be separated from various social factors. She further emphasized this belief to me later on by remarking,

“We're trying to grab women as soon as they piss on a stick. If you got two lines, call me because we know the journey for black women is just so treacherous that we want to grab them, to stay [alive]... There are these types of things that we're looking at that are affecting her pregnancy because as she's ruminating on that, she's doing this, and releasing all this adrenaline and cortisol and stuff that's acting on her body. What people don't understand, I explained it to women this way, is when your body is under stress and thinking it's got to run, the last thing it's thinking of doing is keeping a pregnancy because this all unnecessary baggage got to go.”

(Monique, 55, Black, Provider)

For Monique, the Reproductive Justice community connects both psychosocial and physical health. Further, organizations like Alpha and Mothers at Rest comprehend the psychosocial factors of Austin in particular, such as the lack of public transportation or the economic stress disproportionately challenging Black families, and thus can better support their clients. Essentially for Monique, reproductive healthcare cannot serve Black Women generically and with a “one-plan-fits all women” mentality. Instead, Austin care-providers must visualize the landscape (geographical and sociological) to fully grasp their Black clients’ needs and thus provide adequate care for them.
One additional manner in which Austin’s urban configuration influences the scope of maternal healthcare for Black women is made manifest is in Alpha Doulas’ difficulties of finding a central space for their office and to host activities. The first summer that I worked with Alpha, one of their most cited challenges was finding a central office space to operate out of. The organization rented a small office space that was shared with another local non-profit with which it alternated its days of usage. This original space was too small for the organization and not child-friendly, a core component of Alpha’s mission. They clearly needed space, but also were anxious about the location of this hypothetical office since they wanted to be central to their clients and yet “central” did not exist due to gentrification’s expulsion of working-class communities of color. The second summer I worked with Alpha, they had won a grant which allowed them the resources to settle down in their own office. However, again, they still struggled with not being central to their clientele and thus not being able to engage the communities they wanted in order to recruit and service clients. Various staff members expressed their anxiety to me surrounding whether their location excluded potential clients as related to distance and a sense that clients have been spread all around the region in a way that makes a central clinic location unfeasible. In essence, gentrification has decentralized the Black community but also decentralized the community’s access to locally oriented resources like Alpha Doulas. Further, these conversations about the intersections of organizing and space illuminate one facet surrounding the racial politics of organizing. During both summers that Alpha had rented office space, several staff members acknowledged that their location did not service the clients they hoped to reach since the majority of their Black clients now live in Austin’s northern suburbs (like Pfluggerville and Round Rock). In this way, staff members felt that Alpha’s location was political in the ways that Alpha’s operating base reflected their
(non)presence in Black communities. Isabel, again, provided a useful perspective on the spatial implications of Alpha’s location:

We need to be where women are. We need to be where women are! We need to really put effort and energy and care into spaces and places that women are. We need to create a space; we need to have a space where women can come to. Community space is lacking. I know this isn't the only community or city where this is happening, but Black women don't have any community spaces to go to that are warm, inviting and loving.

(Isabel, Latina, 34, Provider)

Here, Isabel directly ties together Alpha’s work and the politics of perception that emerge from location. Alpha’s location is not simply a physical site of operation, but rather a political claiming of space that prioritizes the needs of their clients, and particularly Black clients. Yet, my conversations with Isabel and others revealed a fear that Alpha was isolating their Black clients due to their lack of a space in a Black neighborhood. In light of Austin’s rapidly changing urban demographics, I wondered where would this “Black space” be designated on a map?

Gentrification and changing politics disrupted the racial community consolidation that brought Black Austinites together in the 20th century. Yet, the cost of high living, the influx of affluent white families and the lack of state supported affordable housing has compiled into a reality that mostly harms Black families and makes Alpha’s challenging work of supporting Black women in their home and community spaces even more difficult.

As demonstrated above, space and the racial navigation of home and belonging must be centralized as one vital aspect of the Black maternal mortality crisis. While Austin’s urban history, particularly in relation to its economic growth during the recession could be isolated as an anomaly, I urge scholars to understand racial isolation and the lack of community-centric health spaces as a larger conundrum happening around the country. As Keisha, Janis, Isabel and others emphasized, racial isolation matters. The disappearance of a Black community and thus
Black-centric healing spaces matters. So too does living in a “health dessert” in which a woman might have to choose between purchasing the gas required to drive to one’s physician or the groceries needed to feed one’s family. Thus, as Alpha demonstrates, small, low-resourced organizations struggle to shoulder the burden of intentionally reaching out, settling within, and fostering Black community spaces to service their clients. To expand Anderson’s useful presentation of race and urban belonging, health-wise residential configurations matter. They guide our mobility and our senses of belonging. And while research often focuses on Black urban centers such as New York City (where Black women die at 12x the rate of white women during childbirth) and Chicago (where 33% of Black women who died from Breast cancer would not have lost their lives if death rates between whites and Blacks were equal), racialized health disparities absolutely still kills Black people even in places we don’t conceptualize as “Black Spaces” (Bey et al. 2019; Roberts 2012). In this manner, I argue that Austin, precisely because we don’t consider it a Black mecca, offers a glimpse into the realities of smaller, less diverse urban and rural sites that represent the majority of our country.

In conclusion, I stress the importance of thinking critically about the histories of the spaces in which organizations operate. Scholars, providers, and health institutions must understand Austin (both geographically and culturally) as an independent variable that adversely effects Black maternal health. The combination of Austin’s geographical configuration, shifting residential culture, and Texas’ political landscape largely excludes and marginalizes Black women and their families to the extent that their maternal health suffers.16 Radical Doulas, such

16 The origins of the welfare state and states’ cultural responses to the implementation of welfare programs like WIC are outside the scope of this study, but for further explorations please refer to David Beito’s From Mutual Aid to the Welfare State: Fraternal Societies and Social Services, 1890-1967 (2000) and Cayce Hughes’s From the Long Arm of the State to Eyes on the Street: How Poor African American Mothers Navigate Surveillance in the Social Safety Net (2019).
as those in Alpha, have already begun to understand and put into praxis the cultivation of “Black safe health spaces” and the provision of free transportation and door to door services as manners to increase engagement and positive health experiences for Black women. In this, organizations such as Alpha, can guide our navigation of how the Black maternal mortality crisis can be mapped onto spaces and how, in response, we can begin to combat this harm. Alpha and others demonstrate the structural impacts of space and race; their efforts to support Black Mamas must also engage a racialized analysis of the intersections between Blackness and reproduction. As the next chapter will show, the racialization of Radical Doula work is both spatialized and temporalized within the afterlife of slavery in the United States.
Chapter 3
Fatal Deliveries: Birthwork in the Afterlife of Slavery

“Black women shouldn't go into the hospital alone. So, how do we build a space and how do we build people, build ourselves as women of color to do [this work]?”

(Isabel, 34, Latina, Provider)

Sarafina and I sat across from one another at a restaurant that we had both driven to. We began talking about her experience working on the board of Alpha Doulas and why she was drawn to this work. Though we sat together in a bustling café, she became deeply focused on our conversation and bravely vulnerable about her experiences with doula work. As a light skinned Black woman, Sarafina spoke openly about recognizing her own protections from some forms of racism and how she navigated them. Yet, when I asked her what she thought of the state of maternal health for Black women in the United States, Sarafina, without hesitation, looked at me and said “[Maternal health] is one of the many ways that it's really blatantly obvious that in the US…racism is deadly. It's fatal.” I nodded along with her and then asked her my scripted follow up question, “I hear you saying that race matters in terms of accessing equitable healthcare. Can you explain to me what that looks like?” Here Sarafina paused, and I could see her struggling to verbalize a concise response:

“Literally just living as black in the US comes with a weight that affects … the experience affects every cell in your body in ways that when a woman is pregnant, her baby won't get as much oxygen literally as other babies if she's stressed or whatever. I wish I remembered but I don't remember the details about why. There are details out there about why that's true. I can't think of any other big … I just think it's one of the many ways that racism shows up. I guess it's measurable in some of those ways. I think that people could and do get lost in the measurement itself to try and prove this is a legitimate issue. Of course, you get stuck in it having to be a peer reviewed study that goes on for X years that is replicable and … It's like sure someone could go off and do that, but that's not really ... I don't need that proof to know that it's happening. I actually think it's a
distraction. After a couple of clear points, I feel like we shouldn’t have to ... *We could get lost for years and generations in trying to prove it. The point isn’t trying to prove it. The point is to address it.*”

(Sarafina, 41, Black, Community Stakeholder, emphasis added)

Sarafina is correct. Indeed, research shows that the experience of racism quite literally impacts one’s quality of life-- stress has been shown to have demonstrable effects on both infant weight & maternal health (Roberts 1998; American Psychological Association 2012). But what struck me is the second half of her quote. Here, I noted how Sarafina changed tactics—even as a Black woman herself, she could not necessarily verbalize, precisely, how Blackness mattered for her health. Her body knew it. Sarafina did not “need that proof to know that it’s happening.” In this exchange, she highlights one of the central interventions I make in this project—to acknowledge the complex appearances and absences of racialization and Blackness as it relates to Alpha’s providers and clients’ navigation of their vulnerability as mothers.

What does it mean to be Black? Does Blackness manifest at conception? At birth? Does one feel one’s Blackness or live it? The majority of those who I interviewed mentioned, at one point, how Blackness mattered and impacted reproduction. As Black Mamas they experienced and processed racism through their bodies from conception to birth and beyond. Yet, throughout our conversations, all struggled to name *how* and *why*. How does a Black person identify and then quantify the effects of race as related to health? How does one calculate the effects of fears, threats, and aggressions as perpetuated by racism on the body? Is it measured in wrinkles? The speed with which one’s curls turn grey? The tension of one’s shoulders? Or, perhaps, it is measured in rates of infant loss, miscarriages, pre-eclampsia & malpractice suits? As a friend once told me, “Black people are not a monolith except for our proximity to death.” Indeed, while my interlocutors struggled to describe precisely how Blackness contextualized their own health
experiences, nearly all vocalized that the Black maternal mortality crisis reflected the ever-hovering morbidity that they, their friends, and the Black American population live underneath.

In the following chapter, through the theories of W.E.B. Du Bois, Hortense Spillers, Saidiya Hartman, Alys Eve Weinbaum, Khiara Bridges, Michel Foucault, and Patricia Hill Collins, I will explore how Blackness, in its multiple manifestations, is understood by clients and providers as a determining factor for reproductive health outcomes. With further support from Harriet Washington and Dorothy Roberts, we will trace the contemporary feelings of distrust that Black clients express toward medical institutions with their history of exploiting and harming women of color. Drawing particularly on Du Bois’s proposal of double consciousness and Collins’ Black feminist thought, I aim to expand who we deem capable of knowledge production by paying particular attention to community organizers who work outside of the academy and biomedical institutions. Black women do more than passively absorb reproductive racism. In response to their own experiences, they demonstrate their positions as thinkers and producers of knowledge that guide revolutionary birthwork. Through Hortense Spillers and Collins, I will look at the formations of kinship and better understand the centrality of women in the Black community and the way their motherhood is shaped in relation to the afterlife of slavery; in particular, through a Foucauldian analytical lens, I will problematize the role of the doctor as a paternal figure empowered by the formation of the clinic as a space to surveil and discipline Black bodies. And finally, through the work of Khiara Bridges and my own interview data, I will delve into processes of racialization as produced within multi-racial health organizations. As a doula collective that supports both Latina and Black clients and providers, I pay particular attention to the political nuances that accompany multi-racial organizing under the terminology of “women of color.”
Reproduction and Racialization

To understand Black women’s experiences of pregnancy and their navigations of reproductive health, I do not aim to outline an anthropological understanding of Blackness, but rather address how racialization occurs as a cultural process in which agents may or may not believe in the presence of anti-Black racism and then subsequently navigate and explain the origins, risks, and rewards related to the intersection of gender and race. In other words, reproduction is a crucial cultural site of racialization that allows us to better comprehend both the individual and communal formations of identity. In this manner, W.E.B Du Bois provides a foundational standpoint through his proposition of double consciousness. In his classic text, The Souls of Black Folk, Du Bois argued that race allows for a multi-layered perspective that perceives the influence of Blackness upon one’s life. By writing, “one ever feels his two-ness,—an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body,” Du Bois positions Black Americans as critically aware of the added layers that Blackness introduces to their lives (Du Bois, Gates, and Terri 1999, 11). For Du Bois, this reveals a double consciousness, in that while Black Americans see what life could be like if they were white, they must grapple with the oppressions and violences that Blackness introduce.17

The stakes of Du Bois’s analysis cannot be overlooked, for it centers two crucially important truths about Black persons in the United States. First, DuBois locates Black individuals as aware, and in fact even more aware than whites, of their oppression. This claim will be further explored as we examine the simultaneous ease with which my interviewees recognized the effect of Blackness upon women’s reproductive lives even as they struggled to describe and quantify it.

17 Didier Fassin’s How To Do Races with Bodies supplements DuBois with a useful examination of the three person process of racialization through ascription, recognition, and objectification (Fassin 2011).
Second, Du Bois regards double consciousness as a tool that should be seen as a strength and a testament to American ideals as it enables oppressed people to navigate American life. Du Bois writes that “we the darker ones come even now not altogether empty-handed: there are to-day no truer exponents of the pure human spirit of the Declaration of Independence than the American Negros” (Du Bois, Gates, and Terri 1999, 16). In this manner, Du Bois highlights Black people as active agents of knowledge production that stems directly from their own experiences of oppression. Similarly, as we will see below, Black women’s double consciousness should be regarded as a critical framework that should be centralized when developing solutions to address inequity.

Patricia Hill Collins’s groundbreaking book *Black Feminist Thought* echoes the important claims that Du Bois first introduced with her explanation of Black feminism as a critical intersectional framework. Collins writes, “prevented from becoming full insiders in any of these areas of inquiry, Black women remain outsiders within, individuals whose marginality provides a distinctive angle of vision on the theories put forth by such intellectual communities” (Collins 1999, 12). In this manner, she lifts up how Black women’s exclusion from Black (presumed male) and feminist (presumed white) communities generates new and useful insights.

Further, Collins explicitly critiques how traditional intellectual spaces have limited the production of knowledge to only licensed and “legitimate” scholars. Instead, Collins argues that true Black feminist thinking intentionally centralizes those who have been ignored as knowledge producers in the past. “Reclaiming the Black feminist intellectual tradition,” writes Collins “also involves searching for its expression in alternative institutional locations and among women who are not commonly perceived as intellectuals.” By highlighting the consciousness that Black feminist intellectuals possess despite having been barred from spaces like universities and
government institutions, Collins notes that they challenge the very definitions of intellectual discourse.” (Collins 1999, 14). In this manner, Collins offers a framework for seeing both Radical Doulas and their clients as political thinkers who then enact revolutionary work.

Hortense Spillers provides another apt exploration into the Black family while investing particular attention into the origins and significance of Black motherhood. Spillers’ “Mama’s Baby, Papa’s Maybe” is anchored by her rejection not only of the Moynihan report and its reductive treatment of the Black families as broken, but also of the very terms and symbolic systems on which the Moynihan report depends (Spillers 1987). While Moynihan assigns blame to absent fathers and overbearing Black matriarchs, Spillers responds with a brilliant critique in which she proposes two key ways to complicate our understanding of Black women and their families in relation to the “American Grammar” (Spillers 1987). First, through an exploration of the early decades of the slave trade and American slavery, she points to the ungendering of Black women’s body by making a “distinction in this case between "body" and "flesh" and impose that distinction as the central one between captive and liberated subject-positions” (Spillers 1987, 67). In this manner, through whippings and maimings, Spillers argues that the markings of flesh that Black women have undergone represent their exclusion from society and from the consideration that they possess and own their bodies. For Spillers, bodies can only be claimed by those who are welcomed into systems; flesh marks outsiders who are not privy to the claims making status of the body.

Second, Spillers argues that because children were marketed, slavery removed the roles of father and mother and illuminated the infeasibility of family maintenance under said system. While Moynihan blames Black matriarchs for the instability of Black families, Spillers writes, “we perceive that the dominant culture, in a fatal misunderstanding, assigns a matriarchist value
where it does not belong; actually misnames the power of the female regarding the enslaved community. Such naming is false because the female could not, in fact, claim her child, and false, once again, because "motherhood" is not perceived in the prevailing social climate as a legitimate procedure of cultural inheritance” (Spillers 1987, 80). Thus, instead of agreeing with Moynihan’s accusation that Black fathers’ absences are the fault of Black mothers and the destruction of the family unit, Spiller circles back to the system of slavery as culpable for producing conditions in which the cohesion of the family, specifically as tied to Black women’s control over their reproduction and childrearing, was impossible. In this manner, Spillers will play a crucial role in illuminating the historical origins that disrupted Black family formation (according to white and Western ideals) and the contemporary ramifications of how Black women understand their own families, especially if we view the Black maternal health crisis as a reincarnation of the American Grammar of white supremacy.

The works of DuBois and Collins thus offer frameworks for seeing that Black women do not passively experience this fraught history that Spillers calls ‘an American Grammar’ but also understand this grammar for what it has done to them and their communities. As political thinks, armed with outsider-in perspective, they level critiques against the very experiences and practices that have produced their oppression. In hearing and listening to my interlocutors we can discern their navigations and critiques of race as it relates to reproduction.

**Personal Proximity: Black Women and Everyday Navigations of Race and Reproduction**

I sat down at the table in Starbucks and waited for Evonne to arrive. I felt her presence before she introduced herself. I could immediately sense her warm energy as she pushed her beautiful, smiling baby girl, Larissa, in a pink stroller. From the beginning she projected
confidence and goofiness that was accompanied by her sparkling gapped tooth smile. Evonne and I were put in touch by Isabel, Alpha Doulas’ Birthing Companion Supervisor. Evonne was a 22-year-old single mother living with her family in Round Rock. Our closeness in age opened a door for us to quickly build a level of trust and soon Evonne disclosed to me that Larissa was her first child but that she had experienced two prior miscarriages. She opened up to me about how difficult the experiences were for her, “the first one, like any other woman's first miscarriage, I cried. But I felt like it was for the better, I was too young. I was still in high school. I like, I wasn't ready at that time. The second time, I felt like that was a sign from God to tell me to stop being with who I was being with and just move on, but I didn't listen. Now we're here a third time. I listened now. It is what it is. Life happens. You take your ills and turn them into lessons.” Indeed, over the course of our two-hour interview, Evonne demonstrated time and time again a grace and good-nature humor at the various challenges that life presented her way. From single motherhood, her history of miscarriages, life as a working-class parent, and her tiresome experiences with WIC and welfare services, I would not have been surprised if Evonne had presented a frustrated and critical view of the systems of racial and class based inequities that seemed intimately tied to her life experiences. However, even while demonstrating a clear double consciousness, it was a challenge for Evonne to verbalize precisely how her positionality as a Black woman reflected systemic inequities. When asked if Blackness played a role in her own adverse reproductive health experiences, Evonne struggled to capture what the experience of Blackness and womanhood felt like by saying,
“I feel like it would be race and a gender thing. I mean yeah, I'm Black, but I'm also a female at the same time. So like females get treated a certain way than how if you were to ask a Black male this question it would be a totally different answer from mine… You know when you know something is going on, but you don't know why exactly it's going on. You just have that feeling, you know what I'm trying to say. You know what's going on, you just don't know how to describe what's going on out there.”

(Evonne, 22, Black, Client, emphasis added)

Here, Evonne demonstrates both the ease with which Mamas within the Black maternal mortality crisis understand the stakes of the identity that they inhabit, but also the extreme difficulties of capturing and conveying that feeling. It is in this moment that we understand the lived difficulties of double consciousness not as an abstract theory, but as a heavy shadow framing one’s quality of life. Evonne fundamentally understands that the systems of race and gender inhibit her and her peers’ ability to thrive in their lives. At the same time, we also must empathize with the challenge of both under living and translating to the public the experience of marginalization. Yet the “outsider-in” perspective, that Collins wrote about and that both Evonne and Sarafina present, highlights the crucial importance of carving out intentional space for Black women’s input and leadership in organizations like Alpha Doulas. For both of these women, their racialized experience is something felt and understood through their daily lives operating in systems as Black women. In this manner, they are the leading resources for understanding, navigating through, and halting the continuation of the Black maternal mortality crisis. While Evonne could not concisely convey to me how race intersects with reproductive health experiences, she holds a familiarity with this experience. This familiarity is a resource. Thus, women like Evonne demonstrate the importance of Collins’s emphasis that Black feminist
thought and action must be led by Black women because this double consciousness is felt, and therefore navigated through best, by Black women.

While we can see living examples of Du Bois’s double consciousness and Collins’s outsider-in perspective, my interviews with several clients also demonstrated the diverse ways that Black women understand their own positionality—sometimes by adopting a colorblind perspective. In the 14 conversations that I had with women of color from their various ethnic and socioeconomic backgrounds, one of the most profound sentiments that my interlocutors communicated with me is how difficult it is to face one’s morbidity, especially when death is brought into proximity through systemic operations outside of one’s control. It is hard to say that, “no matter what I do, what education, health level or class security I achieve, there’s a chance I will die and leave my family alone.” Yet that is the statistical reality that every single Black mother I interviewed faces. In response, there were several reactions I observed in my interlocutors. Some women, like Monique, responded with feelings of rage. Others like Keisha and Janis conveyed to me a simultaneous exhaustion paired with a resolve to interrupt the system as best they could. Still, others like Evonne, Victoria and Ana conveyed both the ability to recognize that race mattered for others’ experiences, and yet also distanced this reality through their insistence that race was not a factor in their personal lives.

I would like to spend some time on this third contingent as an important tool of survival and also in echo of Collins’s hesitation to quantify Black feminist thought as a biological position. Collins writes, “a definition of Black feminist thought is needed that avoids the materialist position that being Black and/or female generates certain experiences that automatically determine variants of a Black and/or feminist consciousness… but a definition of Black feminist thought must also avoid the idealist position that ideas can be evaluated in
isolation from the groups that create them” (Collins 1999, 21). In other words, Black feminist activism, that which is pursued by Alpha, cannot be led by any Black woman simply due to her identity as a Black woman. Instead, as Collins underscores, there are politics and ideologies in addition to materialist-biological positions that Black feminist activism comes from. In this manner, we can hold a deeper level of understanding for women like Ana, Victoria, and Evonne who are not inclined to tackle the systemic weight that they and their peers operate within. This is certainly not to say that they are ignorant, but rather to manifest deep respect for the various ways that Black women are often expected to explain and defend their survival within America’s systems of inequity. With the morbid stakes of Black life so high, one legitimate strategy that must be understood is the (un)intentional denial of racial capitalism’s effect on Black women’s health.18 For an individual woman to deny the depth of influence that systemic racism plays on Black women’s reproductive experiences reflects an attempt to re-gain a level of control over her life. This strategy of denial reflects a subscription to ideology of neoliberalism which suggests that “while perhaps race may have mattered in the past, I, as an individual, have chosen to not see race and therefore my own health, subsequently, is uninfluenced by race.” This colorblind approach to navigating today’s landscape of maternal health must be understood as one powerful strategy that some Black mothers adopt. Once we identify denial as one mechanism of survival, we can better understand the position Evonne holds when she said, “I mean race doesn't matter to me; I don't have a problem with any race.” Or Ana responding to my question about if care providers’ racial identity played a role in the healthcare they provided her with “No. It shouldn't…” And Victoria bluntly saying, “no” when I asked, “does race matter in terms of health?” These three women expressed various responses that reflect their narrative logic that

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since race does not matter to them, therefore race has and will not shape their health or their experiences in healthcare institutions. The strengths that Black women possess from their lived experiences must not be limited to an expectation that they should and must perceive, express, and counter systemic racism’s manifestation within their own personal lives.

“That's what the doctors are taught”: The History of Racial Violence in Medical Spaces

Having seen some of the different ways that Black women respond to understanding their own racial identity, I find it particularly important to trace Black women’s distrust in medical system to the history of reproductive violence within medical spaces. Interestingly, the word “history” was only used four times during the entirety of my interviews, yet the legacy of western medicine, particularly as a pedagogy that has historically taken advantage of women of color, was a central narrative for many of my interviewees. Alphas’ providers paid particular attention to this past. In our conversation, Monique conveyed the emotional frustration and devastation present for the women living under this legacy.

When we were brought to this country, we were bought here as work horses. We were the same thing for the slave masters, they counted us as like their oxen. Our humanity was never considered. For some people, it still isn't. Now, I won't say that every doctor is racist. No. But the way our system has been developed, it's like ingrained… if you look at how it was handled, people with crack are in jail. People on opioids are getting mental health intervention. I mean, our country was not established with the notion that people with Black and brown skin are people. They were work tools. If you want to be truthful, they treat their work animals better than they treat a lot of Black people.

(Monique, 52, Black, Provider, emphasis added)

I remember this moment vividly as one in which, after Monique’s comment, a silence grew as we both struggled to reconcile the vast pain that accompanies the systemic denial of one’s humanity. Indeed, in this moment Monique channeled the immense personal stakes embedded
within Saidiya Hartman’s theory of the afterlife of slavery. As explained in prior chapters, Hartman traces the legacy of slavery as a phenomenon with hauntingly contemporary stakes for Black Americans. So too does Monique understand that slavery is not a relic of the past, but rather a history that holds direct implications for her and her peers’ experiences of health.

Monique sees her humanity as uncertain, because the dehumanization of Black and brown people has been historically normalized. In saying, “[not] every doctor is racist. No. But the way our system has been developed, it's like ingrained,” Monique captures the difficulty of trusting doctors and medical institutions to protect one’s humanity. Certainly, her frustration is additionally emphasized by her position as a woman in a patriarchal medical system that feminist scholars, like Emily Martin, have shown as designed to fragment, alienate and subordinate women (E. Martin 2001). But, particularly as a Black woman, Monique expresses a deep hesitation to believe that doctors are somehow immune to this afterlife of slavery since she recognizes that they are individuals who have been trained in an institution founded upon inequity. Indeed, in Medical Apartheid, Harriet Washington illuminates how American medicine has been built upon the exploitation and harming of Black bodies. In her account of Dr. Marion Sims’s experimentation upon un-consenting enslaved Black women, Washington demands that America reconcile the history of medicine as one built upon the experimentation, torture, and death of Black people. For Washington, Dr. Marion Sims cannot be understood as the father of gynecology if we do not also account for Sims’s medical oversite to develop a cure for vesicovaginal fistula that entailed that, “each naked, unanesthetized slave woman had to be forcibly restrained by the other physicians through her shrieks of agony as Sims determinedly sliced, then sutured her genitalia.” (Washington 2008, 9). For both Monique, Washington and
others, health has never been an objective and equitable field, but rather a world that highlights the most grotesque denials of humanity.

**Trained to See: Medical Spaces, Racialization and the Gaze**

In order to comprehend the interwoven nature between the history of racial exploitation and western medicine, Michel Foucault frames my interviewees’ remarks about how anti-Blackness manifests in medical spaces.\(^\text{19}\) Foucault provides an important philosophical history as he traces the shift from the “medicine of symptoms” to a “medicine of organs, sites, causes, before a clinic wholly ordered in accordance with pathological anatomy” (Foucault 1994, 122). Foucault thus understands the relationship between the physician and the patient to reflect hierarchies of authority. The physician wields power through their medical gaze, “a gaze that burns things to their furthest truth of symptoms… one can now see that the clinic no longer has simply to read the visible; it has to discover its secrets” (Foucault 1994, 121). Foucault takes issue with the notion that this gaze is objective and thus he critiques “the great myth of a pure Gaze that would be pure Language: a speaking eye” while highlighting the authority that those who possess of the gaze hold. In this manner, he reveals how hospitals can both host and transfer a medical gaze that is complicit in white supremacy. This is the product of the intimate dynamic between power and knowledge. Doctors are bestowed with power over their clients and within

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\(^\text{19}\) Again, Fassin is useful here. While Foucault historicizes the birth of the medical gaze within the development of 19\(^{\text{th}}\) century clinics, Fassin enriches his contributions with an analysis of how perception in contemporary interactions leads to the racialization of bodies and the embodiment of race. While I certainly abstain from painting all physicians as racist, Fassin and Foucault illuminate the important interactions between the medical gaze, power, and racialization within hospital spaces. We cannot assume that doctors practice their medicine with complete objectivity; as individuals who are the products of society, doctors can be become actors in a medical ascription of race that affects the care they provide their clients with. As agents embedded with power in medical institutions, we must account for how they contribute to the process of racialization in medical spaces (Fassin 2011).
medical systems because of the “legitimate” knowledge that they achieve through their degree and medical license. This knowledge then translates into the presumption that doctors possess an objective gaze. Further, doctors are considered as objective agents of knowledge that can transfer their medical gaze to their students. Since the act of learning medicine is the act of understanding how to see, “this same gaze and in the same order, be reserved, in the form of teaching, to those who do not know and have not yet seen” (Foucault 1994, 116). Yet, returning to Washington’s exposure of white supremacist values as the foundations upon which western medicine rests, the gaze which physicians use and transfer to future physicians has neither reckoned with nor countered white supremacy. Indeed, even Foucault’s analysis relies upon an un-gendered and un-racialized presentation of the body, often presumed to be generic, male and white. In this way, Foucault’s study is lacking. Yet, Foucault does allow for a richer understanding of the power we embody in doctors and how, as both Washington and Foucault outlined, that power has been exploited to manipulate the poor in order to understand disease so as to protect the health of the wealthy and white. Thus, in pairing together Foucault’s analytical tools with Black feminist theory, we are able to problematize both the notion that all bodies are subjected to the same objective gaze and the ideal that this gaze is true, equitable and warrants the unquestionable power wielded by physicians in medical institutions.

By combining Foucault’s work, including his theoretical work in *Discipline and Punishment*, with the insights of Black feminist theory, we can better understand how Black and Brown women face heightened surveillance and abuse in medical institutions. They are seen through a gaze that has historically hosted white supremacist values and thus view Black women as perverted, undisciplined or broken. Further, Black women understand their bodies as surveilled and subjected to a particularly racialized form of discipline. In our lunch meeting,
Isabel sighed at me, “we know that there is a long history of women of color and reproduction, and women of color not being allowed to have babies, or [alternatively] being allowed to have babies but not being able to own our own bodies and be human.” Through her repetition of “allowed,” Isabel reflects a Foucauldian understanding of how Black and brown bodies have been reproductively regulated and controlled. Subjected to the medical gaze, Black and brown have been considered breeders and unfit mothers. Here, Alys Eve Weinbaum, whose work I introduced in chapter 1, strengthens our analysis with her insistence upon the entanglement between biocapitalism and ‘afterlife of reproductive slavery’ (Weinbaum 2019). Weinbaum considers regulation a contemporary legacy of biological capitalism—the notion that Black women have historically and contemporarily considers vessels of production rather than mothers (Weinbaum 2019). Thus, when considered machines of production, Black women and their reproductive choices face institutional regulation rather than concrete support and care. Isabel’s lamentation that women of color have not been “allowed” to reproduce freely reflects the institutionalism paternalism and regulation that biocapitalism has produced in medical spaces since slavery.

In this regard, I echo feminist scholars, like Martin, and Black scholars, such as Roberts, who challenge the existence of objective medical care as a fallacy and instead advocate that doctors and medical institutions teach and practice with a holistic and public health-oriented approach that treats clients as products of their environments and surrounding systems. A holistic perspective will particularly benefit Black women who are birthing in the afterlife of slavery. As Isabel described to me, “being shamed for choosing certain practices in the hospital or being guilted in the hospitals by the threat of something happening to your child, the threat of your baby dying. It's emotional, it's psychological, and it's terrifying, it's terrorizing. We know that its
violence, it is obstetrical violence, but there's this level of psychological violence and abuse that happens and I've seen it happen specifically to Black women, *that because of the history of gynecology, that's what the doctors are taught.*” Racialized ascriptions pose direct consequences for the care that Black and brown women have historically and currently receive. These consequences, many times, originate within ascriptions that doctors generate as speakers and legitimate knowledge producers.

**“Decolonizing Certain Spaces, Decolonizing Myself”: Anti-racism, Kinship, and Doula Work**

For several of the doulas interviewed, both Black and Latina, the history of racist violence against women was a leading motivation for entering doula work. Some considered their work as interrupting the harm of biomedical institutions and leveraging Birth Justice. When I scheduled my interview with Camila, she invited me to a communal eatery downtown. As we ate a meal of porridge and organic kale, the quiet setting seemed a fitting background for Camila—a woman who immediately radiated the energies of a healer. Camila identified as Afro-indigenous and a “recovering catholic” deep in her journey on the red road. With ancestral ties to Borikén (Puerto Rico), she and her family travelled to the island to further her training as a medicine woman when they could afford the trip. Camila’s partner, Miguel, was also participating in the red road through his training as a sub-chief. For Camila, doula work represented the deeply tiring, traumatizing but necessary work of decolonizing health.

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20 Camila explained the red road as a decolonizing movement in which Indigenous descendants re-connect “with people who practice indigenous spirituality and do ceremonies.” She later stressed that “it's a constant lifestyle practice and it means connecting with elders and maybe even connecting your lifestyle to a pre-colonial style.”
“I'm really passionate about holistic lifestyle. Holistic enlightenment. De-colonizing certain spaces, decolonizing myself… I think that the system that we are in right now, healthcare, government, society are really structured and founded in a patriarchal system, a colonized system that discriminates on so many levels. So, I feel like my work in Birth Justice is to counteract that. To create some sort of change even if it's just enlightening and educating someone and letting them process or do what they wish with that information. Birth Justice is us coming together to recognize that no one is less than to receive humane practices, nondiscriminatory practices to stay alive; to thrive. And it's like, it's so impacting every birth that I've experienced and attended. There's trauma for me because I feel like the systems that we're currently in have zero justice. It's repetitive cruelty. It's repetitive on all the levels of abuse. It's kind of repetitive on what we've been founded on.”

(Camila, 37, Afro-Indigenous, Current provider/Previously a client, emphasis added)

Through Camila’s words, we see the temporal landscape that her birth work is tied to. For Camila, doula work is not only protecting the women of today, but also a manner of unraveling the historical tapestry of colonization and violence against women of the past. Thus, Camila centers women “staying alive” in the present and fighting “to thrive” in the future as inseparable from, and in fact the very products of, the health institutions that were “founded in a patriarchal system, a colonized system.” Here, using her own double consciousness, Camila sees the deep history of oppression that women of color face as the motivating factor that fuels her work in Birth Justice.

The commitment to decolonizing health is one shared by many who work at or rely upon Alpha Doulas. As I have outlined above, providers and clients of Alpha face deep histories of racial trauma and discrimination, yet in my interviews, I was struck by the layered forms of community and kinship that developed in response to these histories. Isabel has profound knowledge of Austin politics and spoke with candor about Alpha’s organizational politics. Above all, Isabel impressed me with her love for the knowledge production that activists in the Reproductive Justice community possess.
“We, as people of color, have been taking care of our communities forever. And we know how to take care of each other and our communities. Reminding each other [how] and building ways of being able to [care for one another] was really what drove me to this work.”

(Isabel, Latina, 34, Provider)

Here, we see in practice what both Hortense Spillers and Patricia Hill Collins identify as the depth of caretaking that families of color engage in. Isabel outlines that caretaking is an age-old habit for communities of color. For Black families, heteronormative and traditional formations of family were infeasible under slavery (Spillers 1987). Yet families, complete with practices of love and caretaking, persisted and evolved. Indeed, as Patricia Hill Collins outlines with ‘othermothers,’ Black women have been exceptional caretakers for both biological and communal kin (Collins 1999). Doulas represent othermothers—spiritual and practical guides who pass down knowledge about caretaking to biological mothers. As a young single Black mother, Evonne highlighted the importance of doulas as othermothers that helped her prepare for her first child.

“This was my first baby and I know my mom and aunts and daddy they can help you so far in terms of like raising the kid, but it's been so many years for them to do it. So, I wanted somebody who was hands on, knew what they were doing, knew how it felt… I wanted help; I needed help; needed the advice and what I'm supposed to being doing how I'm s'pose to be preparing the dos and don'ts and all that good stuff…My baby father's and I weren't together. He just wanted to be there for the birth of his first child. But I still needed that support from someone else.”

(Evonne, 22, Black, Client, emphasis added)

There are several important layers to Evonne’s insights about the role of doulas as othermothers within Black kinship circles. First, she makes it known that she has existing support from her biological kinship circle that includes her “mom and aunts and daddy.” This declaration is important given the constant stereotype that Black women face, particularly single mothers like Evonne that they are unprepared, undesired, and under-resourced mothers to be. Second, in spite
of having support from her biological family, she welcomes care from a doula as an othermother. Evonne clarifies, that she needed nurturing in order to be the most prepared she could be. In this way, the doula becomes an othermother both for Evonne’s infant’s wellbeing in “preparing the dos and don’ts and all that good stuff,” but also a maternal figure for Evonne herself as she navigates the intimidating process of becoming a mother. Thus, Radical Doulas for Black Mamas are not simply supporting a mother deliver a child, they also supplement care and educational needs in instances where a mother’s available resources cannot suffice.

Sisterhood and Solidarity: Multiracial Coalition Building

Previously, I have paid nearly exclusive attention to the experiences of Black mothers and the sites of their racialization. Yet, the reality is that Alpha Doulas represents a multiracial coalition comprised of both Latina and Black workers and clients. In fact, during the first summer that I worked at Alpha Doulas, the interracial dynamics of the organization represented one of the most tense topics of discussion. It seemed that many wondered whether a majority Latina staff could holistically support the Black clientele that most needed Alpha’s services. The answer appeared different for different stakeholders.

In the following analysis, I do not aim to invalidate the work of Alpha, but rather to critically engage the main critiques and nuances of working as a Reproductive Justice organization. Within the Reproductive Justice framework Latina, Black and Indigenous women work against their histories of reproductive oppression, exploitation and stigma (Ross and Solinger 2017). Yet, the linguistic unity of “women of color” does not capture the more nuanced
differences that these different cohorts of women experience. Particularly, as related to this study, non-Black Latina women do present healthier pregnancy and birthing rates than Black Americans (Flanders-Stepans 2000). Yet I witnessed several different responses to this reality. The first ignores the differences and opt towards a broader colorblind approach that sheltered both Black and Latina women under the umbrella of women of color. The second emphasizes that Black women must lead Alpha’s staff and organizational efforts to support Black women facing adverse birthing outcomes. The third believes that Black women need support, but that support need not be culturally congruent. My interviews with Sara, Isabel, Ana, and Janis reflect these diverging community responses.

**Interracial Founding Visions**

Meeting with Sara always proved to be a scheduling challenge. One of the founders of Alpha, Sara seemed to be a leader of, or connected to, nearly every Reproductive Justice initiative in Austin. Her legacy loomed large. Many community stakeholders in the Reproductive Justice community lovingly fan-girled over Sara and I rarely met someone who did not know her. In fact, Sara’s reputation so preceded her that I had learned about Alpha Doulas from a mentor based in New York who greatly respected Sara’s work. From the first moment I met her, it was clear that Sara was a mover and a shaker and she did her job well. Indeed, Sara was responsible for winning Alpha’s first contract with the city of Austin to support their work. Arguing in front of various city bureaucrats, Sara made the case that Alpha was doing the job that the city ought to do: saving their citizens’ lives. Sara walked out of that meeting with a reimbursement contract awarded through the city of Austin’s health department--meaning that
clients do not pay out of pocket and instead Alpha’s expenses are covered and reimbursed by the city. This contract permits Alpha’s staff members to be paid full-time salaries for their work. As an organization employing mostly low income and several single income households, this contract was life changing. My first summer at Alpha, Sara was practically synonymous to Alpha Doulas even though her official occupation was now working with a city hospital. Her ties to the organization have been essential to Alpha’s success, but her positionality also complicates the organization’s mission because Sara is a white Latina. As one staff member questioned,

“How are we representing Black women if we're primarily Latina? I think that where it matters most is in the leadership. And even though we don't have an ED, we very much have leadership. And that leadership is the founder and the founders of Alpha Doulas. Very much so, we have a leader and she is Latina. She is Spanish speaking and she's the only Spanish speaking midwife. She is an activist; she is an organizer. She is pretty connected and entrenched in the city politics. She works for the medical school. And this was her idea. So, I think that's where it matters. It's our leadership.”

When meeting with Sara, I was keen to see how she navigated critiques like the above. In our interactions, Sara seemed quite dedicated to centralizing Black women in the current state of maternal health care. She frequently mentioned race and the history of slavery. At the same time, she emphasized multi-racial coalition building through her usage of “women of color” and at times generalized together the reproductive health experiences of Black and Latina women. For example, in our interview, I noted her change some responses to my questions about Black women to encompass the experiences of Latina women as well. For instance, when I asked Sara about the state of maternal health care for Black women in the United States, Sara spoke compellingly about the racism present in the healthcare industry as well as the harmful stress that Black women embody as a result of experiencing racism in their everyday lives. Then, Sara asked, “can I add one thing?” and continued with the following comparison about Latina immigrant mothers:
“I think that also the part about how it impacts the relationship between Black women and Latina women in the US is very interesting to me as well. Just as we know that Black immigrant women are doing better than Black American women, that it only takes one generation, Latina immigrant women are doing much better than US born Latinas. And in Travis County here, it's the same dynamic… if we disaggregated Latinas and just looked at US born Latinas, their outcomes are close to Black women's outcomes. It's that when we aggregate them with the immigrant women, who have less care, many of them are having almost no prenatal care, they're having great outcomes. Like really good outcomes. And when you put it all together, the average looks good. But when you pull it apart…. So not, I don't know exactly where the number is, but it's not exactly where Black women are, but it is a similar dynamic. It's a lot closer, similar dynamic about what happens when you're exposed to living in a structure of institutional racism and its impact.”

(Sara, 48, Latina, Provider, emphasis added)

Here, Sara does not deny the harm that Black American women face, but she does compare their experience to 2nd generation Latina women. Here, she unveils her strength in multi-racial coalition building by demonstrating an ability to linguistically unite together Black and Latina women to generate empathy and solidarity. But Sara also reveals the challenges of coalition work in which one must navigate through the nuances that different marginalized groups face. Racial oppression does not function identically for all people of color. In this moment, Khiara Bridges serves as an important guide. Bridges’s *Reproducing Race* introduces a critical analysis that explores racialization as manifested in pregnancy. Her book is an ethnography of a hospital in New York City that serves predominately low-income women of color. By conducting her fieldwork in a site that serves a range of ethnicities and races, Bridges forcefully captures the different racialized narratives surrounding Latina, Asian and Black women’s experiences and the balance between biology and culture that becomes central to understanding hospitals’ treatment and perceptions of these women.

Both Sara and Bridges trace how the stereotypes that Black and Latina women face in healthcare present differently and why that difference is important. If we see healthcare as a site
of racialization, the stereotypes ascribed to Latinx bodies present themselves differently from those ascribed to Black women. Certainly, both stereotypes impede the delivery of holistic and unbiased care, yet Bridges implies that the distinction between these stereotypes is necessary to counter adverse birthing outcomes—something that Sara and other Latina providers seemed challenged by. Perhaps Sara demonstrates the complexity of coalition work that should seek to include various marginalized groups but that must not erase the specific experiences that particular groups face. This challenge at times seemed to stifle needed conversations within Alpha Doulas about race, staff dynamics, and staff-client dynamics in relation to Alpha’s mission. Indeed, several board members and staff workers expressed discomfort about the unspoken Black-Latina tensions that accompanied this coalition work. For example, during my first summer at Alpha, Isabel spoke to me as one of a cohort of non-black, Latina care providers who seemed uncertain as to how to proceed in a majority Latina staff that was hoping to prioritize the needs of Black clients. Isabel posed a question that seemed to be on the mind of many by asking:

“Are we a Black organization? Are we prioritizing Black women? Because when we first got started two years ago, when we got the funding and started organizing ourselves to work to get paid to do the work, in the very first training that the leadership put on there was this whole "we're prioritizing Black women" they even read the Audre Lorde quote… the experiences of Black women are so dire, so that is what we're working towards. So, I definitely took that to heart… but if our leadership is viewed as Latina, then yeah, we're seen as a Latina organization. Who prioritizes Black women? That's very confusing for staff. That's confusing for me!”

(Isabel, Latina, 34, Provider)

Here, Isabel’s question reflects a discomfort and confusion that some of Alpha’s Latina providers faced in navigating their own positionality in this work. This worry was similarly echoed by Black women, like Janis, who expressed frustration with the lack of Black leadership. But, for both Isabel, Janis, and others, their critique of Alpha did not focus on the interpersonal dynamics
of one on one doula care. In fact, many clients, like Ana, Evonne, Raina, and Victoria, expressed a complete openness to doulas of a different race. Yet, in eight of the 14 interviews, providers and clients expressed discomfort with the notion that this Reproductive Justice organization lacked visible Black leadership to steer the organization and cater to the right needs of Black women. To Alpha Doulas’ credit, this concern was directly addressed in the year between my two summers of fieldwork. The second summer that I returned to Alpha, both Sara and Isabel had transitioned out of Alpha in order to better accommodate a second generation of leadership that could better cater to client needs and organizational growth—one of the reasons being the needed space for more Black leadership. Indeed, Isabel’s position was replaced with an incredible Black woman, Keeanga, with whom I worked closely during my second summer.

The interracial dynamics of Alpha Doulas (and other Reproductive Justice organizations) are complex and merit further research on both the need for and limits of culturally congruent healthcare. Most clients that I interviewed expressed a comfort and trust of doulas regardless of their race (although none explicitly asked for white doulas) as long as they knew that their doulas would recognize and protect clients from racism that Black women face in hospital settings. Alternatively, staff dynamics presented a different scenario. During the first summer, many connected to Alpha expressed a need for more outward facing Black staff members in order to visually present to the public that Alpha not only serviced clients of all races, but had a particular toolset to support Black women birthing in the landscape of the Black maternal health crisis. In that manner, over a year, Alpha took steps to change staff demographics. One should note that the changing staff members did result in conversations during my second summer about the

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21 Khiara Bridges’s ethnographic work describes in detail what Black Women’s engagements with doctors look like and what these experiences reflect. She also engages how these encounters shift according to class and how class impacts clients’ abilities to be more or less assertive with their physicians.
noticeable culture change that the organization underwent as older leaders phased out of the organization and new organizers with different visions for the organization entered the coalition. Interestingly, some worried that even with Black leadership the organization was becoming too non-profit oriented and less radical in its ideology. Some founding members mentioned to me that while the increase of Black staff members was necessary, at times they worried that the political orientation of staffers was more important than race. This seemed mostly to be a concern in regard to maintaining a progressive agenda for questions surrounding which institutions Alpha would accept grants from and political organizing around issues like mass incarceration, police brutality and immigration. Yet, many others positively noted that Alpha was becoming Blacker as an organization and could better service the needs of Black clients. That being said, I was struck by Isabel’s worries distinguishing between solidarity and abandonment. When asked whether Latina care providers could service Black women, Isabel shifted the focus of the question to the experiences of Black care providers by saying,

“We can't put the burden of caring for Black women on Black women alone. Like how are people going to survive? How are Black women going to survive that?... Black women who are doulas are experiencing racism just as the Black woman that's birthing is experiencing racism. And their experiences are horrible also. There are places for white allies too, places and spaces. There are spaces for Latinx to support, we just have to unify, we can't afford not to.”

(Isabel, Latina, 34, Provider)

In this manner, Isabel illuminates the central need for coalition building in which Black women are not adversely isolated in the work they perform for their community. As Isabel noted, there are manners in which interracial organizing is not only welcome, but crucial in order to implement a buffer between racism and Black community members. When the stakes are life and death, equity cannot be achieved in a silo. After understanding the racial context that Alpha
organizes within, the following chapter will examine what future Alpha fights towards and why its work should be deemed revolutionary.
Chapter 4
Towards New Suns: Radical Doula Work as Revolutionary

“There will be a future without rape. Without harassment, and constant fear, and childhood sexual assault. A future without war, hunger, violence. With abundance.”
- adrienne maree brown, Emergent Strategy

“There is nothing new under the sun, but there are new suns.” – Octavia Butler, Parable of the Trickster

If one is lucky, they will encounter at least one healer in their lifetime. Healer. A person who not only understands the body as a mass of skin or the world as a globe of dirt and rocks, but also sees beyond the flesh and the physical to engage the soul. Maybe they can see the colors of one’s aura, perhaps they can hear the murmur in one’s chi, or sometimes they simply know exactly when one needs a hug. Alpha seemed a haven for healers who felt not only like they wanted to share their work, but who also were in fact healed by the act of healing. They nurtured, connected and manifested with their clients and in turn they healed themselves and walked one step closer to healing systems of inequity.

For me, being in the presence of so many healers raised the question: what needed healing and how does one best approach the immense task of transforming both personal and systemic injustices? I found that this question reflected the scope of work that Alpha Doulas engages. Though Alpha is a coalition dedicated to assisting mothers, it organizes not only to support individual clients that need healing, but to change systems at large. A Black mama needs to heal from domestic abuse. The Black maternal mortality crisis needs to heal from afterlife of slavery. America needs to heal. The world does too. The one clarity that Alpha’s work provided was that pain and suffering seems to have spread into every facet of life and has seeped like
blood from a broken artery into the crevices of our very society. In serving the most marginalized of our nation, the immensity of inequities that an organization like Alpha Doulas faces feels insurmountable. Alpha serves poor women of color. Not simply women of color, but undocumented mothers, incarcerated mothers, destitute mothers, drug using mothers. Women who are vessels who seemingly host all the alleged characteristics of the most stigmatized. Alpha’s clients represent what our society fears most: the socially undesirable reproducing freely.

It is intimidating to picture all the layers that an organization like Alpha envisions eradicating. Racism, sexism, capitalism, colonialism—the abundance of isms! It seems unimaginable to imagine the world in which Alpha’s clients will face zero stigma. Yet, I found, healers and organizers in accord host powerful imaginations. Imagination is not whimsical, but rather a strategic tool with which to say: There is another way. Perhaps a better way of being. Certainly, a more humane way. Freedom dreamers, radical thinkers, revolutionary leaders—call it what you may, healers, play a critical role in assessing the harm done and showing us a way to move forward.

In this chapter, I briefly engage G’beda’s story as a healer to illuminate the intense community work and activism that accompanies the work of Alpha Doulas.\(^{22}\) Alpha’s work is deeply political. Not only political, but radical in both ideals and practice. Alpha’s work follows a Reproductive Justice framework, the idea of re-imagining the protection and treatment for marginalized women of color during their reproductive experiences. After talking with many of

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\(^{22}\) G’beda is the only person I will refer to without a pseudonym due to our collaboration on a documentary project that I will continue to work on in the coming year. While I aimed to reduce the amount of extensive identifying information, my work with G’beda falls outside the scope of this project’s IRB protocols since she is an independent contractor, rather than a client with protected medical information, at Alpha. Further, we both knew that due to the visual nature of a documentary, it was not possible to provide G’beda with anonymity and also G’beda, as a freelancing practitioner, wanted access to the documentary for personal use in her own communities. Thus, G’beda consented to being named in the thesis and documentary.
the staff, I recognized that this re-imagining extends beyond the individual treatment of clients to a systemic re-organization of the State that fundamentally shifts the protections and rights provided to Black women in health spaces and society at large. In this way, the work that Alpha pursues is revolutionary. How might we understand this idea of revolution? Asked differently, what does revolution look like when positioned between the ideals of a Reproductive Justice Framework and the reality of the non-profit industrial complex? Is it fair or reasonable to ask Alpha to facilitate systemic change? But that is, in fact, what Alpha’s doulas are enacting by shifting from a critique to a praxis all the while building on the everyday criticism and experiences of women of color. Similarly, how do Alpha’s providers see their own work as actors in this revolution and their everyday realities? In the following analysis, I pair Hannah Arendt’s *On Revolution* with adrienne maree brown’s *Pleasure Activism* and *Emergent Strategy*. This juxtaposition engages but also redefines activism. Activism also plays a role in my brief examination of the doula movement started in service of predominately white middle class women which now has also been claimed by women of color and low-income women through the nomenclature of Radical Doulas. I will pay particular attention to the motivations that Radical Doulas express for joining this movement and the subsequent physical and emotional costs. I will then look at the organization as a body operating in a national culture that emphasizes the importance of organizations’ non-profit status and how organizers respond to the benefits and consequences of 501c3 legitimacy. Ultimately, I discourage us from presuming that, because Alpha is doing revolutionary work, marginalized community organizers must be the only ones to shoulder the responsibilities to heal and provide for their communities. Instead, I find it useful to return to the role of the State. We must think critically about where the State has failed to include Black and poor citizens in the social contract that promises of protection and
inalienable rights. We must also imagine new ways of how the State can be re-inserted into projects towards equality and abundance for the disenfranchised.

**On Revolution and Towards the Imagined**

Radical Doula work is revolutionary, if by revolution we understand work that interrupts structures of oppression in favor of new abundant systems that protect and invest equally in all citizens. While I certainly do not intend to paint a picture of doulas with machetes and AK47s insisting on their demands, the tenants of Radical Doula work suggest systematic upheaval to levitate the health and welfare of poor Black women. Hannah Arendt, nowadays often overlooked by her own discipline of philosophy, provides compelling analysis of transformational change in her book *On Revolution*. She writes that with revolution, “there is a reversal in the relationship between power and violence, foreshadowing another reversal in the future relationship between small and great powers” (Arendt 2006, xix). Diverging from her bleak perspective that emanates from her postwar horror in *On Totalitarianism*, Arendt finds herself, a few years later, hopeful and enchanted by the mid-20th century uprisings that ranged from Chile to Hungary. In her analysis, she pays particular attention to “the enormous role the social question has come to play in all revolutions” (Arendt 2006, 12). For Arendt, the social “began to play a revolutionary role only when, in the modern age and not before, men began to doubt that poverty is inherent in the human condition, to doubt that distinction between the few, who through circumstances or strength or fraud had succeeded in liberating themselves from the shackles of poverty, and the laboring poverty-stricken multitude was inevitable and

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eternal” (Arendt 2006, 22). In other words, the very doubt that the poor and marginalized are inherently deserving of their social status became the seed planted in the modern age that led towards revolutionary wars in the 18th century and evolved to Civil Rights uprisings in the 20th and 21st centuries. Arendt grasps the importance of this mental shift that questioned the previously accepted notion that the poor are responsible for their status and deprivation.

Arendt’s consideration of the social is important, although one must also consider how Black and feminist scholars, like Saidiya Hartman, have critiqued Arendt for reducing the social to secondary consideration in contrast to an abstracted and de-contextualized definition of the political. Arendt minimizes the calculated impact of class and race and the roles they played in social uprisings. Yet, even so, Arendt offers ways to locate in the social a motivating factor of revolutions; the social represents a phenomenon that is fundamentally transformed by radical upheaval. Further, she, in contrast to her peers who predominately engage the French as the blueprint for revolution, gestured to the United States as the pivotal modern state where this doubt surrounding the inherent nature of social hierarchies “grew directly out of the American colonial experience” (Arendt 2006, 12). While her complete disregard of the slave-led Haitian revolution limits her analysis, her focus on the American Revolution provides a compelling foundation from which to engage the Reproductive Justice Movement. An Arendtian approach understands this work, from which Radical Doulas emerge, as a revolutionary movement that envisions a complete upheaval of the social demarcation that poor, pregnant women of color occupy in American society. Radical Doulas do not simply want fewer Black women dying from maternal health complications, they want a revolutionary shift of the status quo for pregnant Black women.
While Arendt lays out the intellectual framework to understand the Reproductive Justice Movement as revolutionary, adrienne maree brown provides a concrete understanding of the vision these organizers work towards. As Arendt writes, the modern age demands that revolution “liberate the life process of society from the fetters of scarcity so that it could swell into a stream of abundance. Not freedom but abundance became now the aim of revolution” (Arendt 2006, 54). Abundance, a concept that diverges from liberty (and thus rejects a libertarian relationship to the State), entails a guarantee of resources, like housing, and protection, such as universal healthcare, for each citizen to live and claim equal opportunity in life. Yet, while freedom, equality and abundance are often invoked by scholars studying revolution, few specify what tools these ideals require in practice. brown is able to do so. She expands upon these ideals, by offering both interpersonal and systemic examinations of what fruits revolution would reap (brown 2019). To abundance, she further adds the tenements of pleasure, joy and imagination as means to wage revolution and the future towards which revolutionaries strive. She writes, “imagination is one of the spoils of colonization, which in many ways is claiming who gets to imagine the future for a given geography. Losing our imagination is a symptom of trauma. Reclaiming the right to dream, strengthening the muscle to imagine together as Black people, is a revolutionary decolonizing activity” (brown 2017, 164). Here, brown wisely understands the ability to envision a different manifestation of “the social” as crucial to revolution. Imagining a future of all that is equitable, even if we have never known that as a reality, is the day to day act of revolution. brown thus correctly positions community organizations’ work, like Alpha’s, as revolutionary precisely because every day that these Radical Doulas work with their clients, enter hospital spaces, and imagine different birth outcomes, they enact, as both brown and Arendt would concur, a revolutionary future of safety and health in abundance.
It remains important to emphasize that brown’s imagining of a new social includes a vital re-structuring of the relationship between the State and the protection of and provision for marginalized communities. As the previous chapters of this thesis have emphasized, the State has played a fundamental role in disenfranchising Black and brown families from the means of abundance. From confining Black residents in hazardous living conditions through Jim Crow segregation to exploiting the health of Black bodies in the name of science, health and wellbeing for wealthy and white citizens (such as in the Tuskegee experiments and Puerto Rican birth control trials), the State has directly contributed to the decline of Black health in the United States. In this manner, the State must be held accountable and must provide the resources needed to support restorative efforts in which harmed communities create and direct new mechanisms to equalize and protect Black life.

In addition to understanding the crucial role of imagination as a revolutionary act, adrienne maree brown offers two claims that I see as central to Radical Doula work. First, she asserts that revolutionary work acts in the name of creating new configurations of the social that have never existed previously, “we are creating a world we have never seen” (brown 2017, 163). In conceding that revolutions occur to build a new social order, one unlike that which has existed before, she unveils the beauty of birthwork through the Radical Doula imaginary and praxis. These possibilities are simultaneously multiple, ambitious and envision a fundamentally different and better position for marginalized mothers in society. Doulas working for Reproductive Justice, do not have a singular and practical destination rooted in past and present conditions, but rather multiple and still possible imagined futures.

Second, brown emphasizes that the revolutionary actors that bring forth this new order must be more deeply tethered to futures of health and happiness than histories of harm and
oppression. This claim is important because it helps clarify what we should do with immensity that is the afterlife of slavery: manifest towards a future of abundance, health and pleasure rather than dwell passively in the overwhelming history of racial oppression. Radical Doulas are fighting for a better future. Their work fundamentally depends on the belief that better futures exist. In this manner, brown guides us to understand that Radical Doulas can galvanize themselves in the name of the oppression only to a certain extent; afterwards they must continue forth in the name of, as Arendt would maintain, liberty, equality and abundance. This framework is crucial to understanding the temporality of the Black maternal mortality crisis in relation to the Reproductive Justice Movement. The Black maternal mortality crisis, the fact that Black women die at 400% higher rates than white women, can be seen as a catalyst for why many Black doulas and their allies start in this work. But, the vision of Reproductive Justice is why they continue this work. Their visions of, “a future without war, hunger, violence. With abundance,” and by that indication a future without needless maternal death, infant loss, obstetric violence and family disruption is, I argue, what retains Radical Doulas in birth work and charges them to continue forward (brown 2017, 163).

“There’s a lot of fire”: Healing as a Facet of Systematic Change

When I returned to Austin in June of 2019 for my second summer of research, I felt nervous that I would unable to capture the vibrancy of Alpha’s work on paper. Encounters that felt so colorful in person faded when transcribed on paper. Further, I struggled to adequately describe the various techniques of healing that doulas draw upon. Thus, I decided to embark on a visual project using video footage and photography. Rather than observing the organization at large, I focused on the work of one doula. The staff of Alpha put me in touch with G’beda and
we spoke over the phone. Miles away, I immediately felt a connection to her low gravelly chuckling voice. I met her the following week and she settled deep into her chair with the words, “My name is Tonia Lyles, licensed acupuncturist and doula, but I go by G’Beda which means earth medicine. So that’s what my people call me.”

G’beda, earth medicine practitioner, healer, activist, Radical Doula. All these identities seamlessly describe her work. G’beda grew up closely with her grandmother and from her she learned an affection for the land and the importance of seeing food as a medicine. For the entire summer that I spent with G’beda, she kept a strict low-alkaline and vegan diet that she identified closely with her energy and health. While G’beda’s interest in healing stemmed from her Black grandmother, she professionally was drawn to the practice of eastern medicine, specifically that of Traditional Chinese Medicine and Tai Chi. Her interests began in energy work and branched out to acupuncture, sound therapy and ultimately fertility work. While practicing as a healer, G’beda was still in school finishing her doctoral project that she described as an exploration “on Black maternal health and oriental medicine, to see how indigenous and holistic health practices can support clients.” G’beda’s work started with Alpha independently as she met individual staff members through city council lobbying around Black maternal health legislation and she was subsequently contracted to provide sound therapy for Alpha’s clients. She described her adoration for Alpha in the following,

“I would say the strongest part [of Alpha’s organization] are the women. The founders. Because I kind of knew of them apart before I knew them as a unit, there’s a lot of fire; there’s a lot of energy around wanting to change what’s happening. I also know there’s a lot of giving; a lot of volunteerism [chuckles] when they first took off. They were giving their time, energy, sometimes their food, sometimes their clothing, babysitting hours whatever they needed to do in order to get a mother through. I think that for me it’s rare to find organizations [like that]. A lot of nonprofits, they talk about doing the work but it’s more like, ‘give me the dollars and maybe I’ll be doing some of the work’” But when you actually see people on the ground doing it. And it’s a collective so there’s not necessarily
a director, but there’s a perceived leader of the group, so it’s like everyone does everything. It can be from, “we’re gonna fix the mama a plate” to “I’m in the delivery room with this mama.” For me that was thing and I was like, “I wanna know more about these women and more about what they’re doing.”"

- (G’beda, 37, Black, Provider, emphasis added).

In this moment, G’beda revealed Radical Doula work at its essence: women supporting other women in any manner they can to interrupt the traditional systemic oppression that marginalized pregnant women typically face. Here, for these doulas, their work is not about fancy aromatherapy or essential oils, their work focuses on shifting the distribution of resources to give a Mama her best chance at being seen, understood, respected, supported and loved. They seek to protect a woman’s access and opportunity to have a healthy and joy-filled reproductive experience. By commenting on how Alpha Doulas give “their time, energy, sometimes their clothing, babysitting hours whatever they needed to do in order to get a mother through,” G’beda uplifts the hands-on and individual work that Radical Doulas utilize to insist that a mother should feel supported, a mother should not face destitution, but rather be held in abundance. Instead of accepting systemic inequities as permanent, Radical Doulas see their revolution as occurring through the provision of a meal and the guarantee that no client enters a hospital room alone.

One of the most meaningful jobs I was tasked with by the organization was to purchase baby gifts. The fact that this organization, busy as it was, still wanted every mother to have at least one gift that welcomed the birth of their child; announcing, ‘we celebrate your work as a mother and your baby!’ was both an act of awareness and of transformation. For Radical Doulas, the revolution will not be romanticized; yet, they are willing to work with and against the banal messiness with the intent of interrupting everyday stigma and oppression.
Δούλα i.e. Bondswoman: The Evolution of Mainstream Doulas to Radical Doulas

The cultural whiteness of mainstream doulas catalyzed the birth of Radical Doulas as a racially conscious form of support for women who typically do not have the means to hire private doulas. Many Radical Doulas perceive the history of doulas as one that has always been racialized. Indeed, the word doulas stems from the Greek word δούλα meaning “born bondswoman… slave” (OED Online 2020). While Ancient Greece’s system of slavery does not draw from modern conceptions of anti-Black chattel slavery, many doulas of color feel that the popular adoption of a word with ties to enslavement gestures towards the racial exclusivity of the mainstream doula community. This tension coincided with the origins of the Reproductive Justice Movement. As Reproductive Justice organizations began gaining traction around the United States, organizations and collectives saw the need to provide doula support particularly tailored towards the needs of women of color, poor women, incarcerated women and other marginalized pregnant people who typically could not afford private doulas. In this manner, organizations that provided the services of “Reproductive Justice Doulas”, “Community Doulas,” and “Radical Doulas” increased in numbers in the early 2000s. The nomenclature of these support figures requires attention. As an organization, Alpha officially rejected the title of doula due to its Greek roots in slavery. Instead the organization officially uses the word “birth companion” while its members use “birth companion” and “doula” interchangeably. As Alyssa, a Latina birth companion for Alpha, described it:

“We prefer the term birth companion vs. doula because doula actually, I believe, it's from Greek and actually means slave. And so, we prefer the term birth companion because we're trying to move away from, you know, slavery [laughs].”

- Alyssa, 25, Latina, Provider
As Alyssa, highlights the very name by which to label this work holds a specific history that stems from anti-racism work and is approached through an activist framework. Throughout this text, guided by Miriam Zoila Perez’s compelling definition of Radical Doulas, I have called Alpha’s providers “Radical Doulas” and “birth companions” interchangeably (Miriam Zoila Perez 2012). The nomenclature of this work is important to reckon with as a history that is fighting to expand racial inclusivity for both the demographics of those who are serviced and those who provide this work.

Beyond the title by which we label this work, I became deeply invested in how Alpha Doulas define their origins within the field and how it relates to their own reproductive experiences. I found that several doulas themselves had experienced trauma during their pregnancy. In this manner, doula work became a means through which individuals perceived themselves as healing their personhood and healing systems. When talking with Camila, a former client of Alpha Doulas who became a provider after the birth of her daughter, she opened up to me about how central her own traumatic experiences before and during her pregnancy motivated her to seek the support of doulas and then become one herself.

“I’m a survivor of domestic violence, of alcoholism in my family, of verbal abuse, of everything you can think of probably, sexual abuse, the whole nine. And that goes for my childhood too. Raised by a single mom, alcoholic stepfather all that. Then that domestic violence that I learned as a child spread into my marriage… I had traumatic birthing experiences at the same hospital for my sons. I didn't know they were traumatic until I started learning and educating myself around them. So, with this newfound relationship with my body and my inner self and my goddess, I knew that I wanted a natural birth and that was something I really wanted to just experience. So, [Rosa] came to me and she has taught me so much, my daughter Rosa. So, then it was like I was in this frantic period at 7 months pregnant when I was like, "I can't birth here [in this hospital], I can't birth with these people. I'm not comfortable. I'm not comfortable." So, my mom comes across this newspaper article with Alpha Doulas. I go to one childbirth class that they have every six months, it's free and it kind of covers everything. That's where I met Sara and hired her privately to be my midwife… I was able to have [Rosa] at home in a pool while being
separated from my partner (we had some trauma at my 8 months). So, a lot changed, *I had to go through trauma physically, emotionally.* So it was like all my teachings came to help me at that moment to just push through and have my baby the way that I wanted to and the way that I planned. So, *that's my tie-in and I feel like it's really important that once I was able to birth and realize and become empowered in my natural birth experience then I knew that I was like, "I've got to share this with other women."* So that was my first job after having Rosa, I was teaching yoga to prenatal women, you know, *with Alpha Doulas.* Now, we've evolved to opening up the postpartum program. So now I'm able to teach prenatal and postpartum yoga and then in the middle of it trained to become a birth companion and see if this really is what I wanted. Going through the training, surviving and being like, "Yeah! This is really what I want." because *it just fits with everything that I do.*

(Camila, 37, Afro-Indigenous, Client and Provider, emphasis added)

Camila’s vulnerability provides an intimate look at the ties that many doulas have established between their own past trauma and their desire to interrupt cycles of violence and oppression for other women like themselves. Here, Camila demonstrates an embodiment of both Hannah Arendt’s understanding of the social as a motivating factor for change and adrienne maree brown’s emphasis upon social justice work as “creating systems of justice and equity in the future, creating conditions that we have never experienced” (brown 2017, 160). Camila sees her individual work with clients as a way to “share with other women” her newly learned methods of interrupting the cycles of abuse and violence by instead providing support that fosters empowerment and love. In discussing her own experiences of trauma, Camila understands the role of the social, cycles of violence that oppressed her as a working-class woman of color, and subsequently identified doula work as a critical tool that envisions a different way of positioning marginalized pregnant women. In this manner, even if not named self-proclaimed as revolutionary, her work can be understood as deconstructing social hierarchies that violently devalue marginalized women of color both interpersonally and systemically. By activists, scholars, and policymakers alike, Camila’s work should be understood as revolutionary.
While powerful, one must not underemphasize the physical, emotional, and social demands that doulas are subjected to. From a physical standpoint, doula work entails a grueling amount of bodily work. Typically, doulas are expected to remain at the mother’s side from the beginning of labor until their client has delivered their baby and both are deemed stable. This can range from 3 hours to 3 days as each labor progresses differently. Since many doulas are also mother’s themselves, every provider (except for two) that I interviewed from Alpha had at least one child to care for. Doulaing presents a costly demand to their personal lives. Asides from physical and commitment expectations, this work is deeply emotional. Like Camila, many Radical Doulas expressed that their own experiences of trauma motivated them to get involved with the organization. At the same time, these histories often brought their traumatic experiences to the fore and was therefore deeply draining for them.

Many doulas caution against the difficulties of establishing personal boundaries in their birthwork. Nicole C. Gallicchio writes with a warning against doulas providing support without having addressed what she calls “birth baggage.” Gallicchio writes that “‘birth baggage’ and the moral necessity of working through it represents the belief that a doula cannot truly provide sound, ethical care unless her autonomy comes with a self-awareness capable of preserving her focus on the client” (Casaneda 2015, 111). Birth baggage interrupts the ability of a doula to prioritize the wants and needs of their client at all times. Trauma and birth baggage interrupt the intimate labor that is expected from doulas. As Sara conveyed to me, “I’m involved in this world coming out of my own personal experience and my own personal challenges in pregnancy and birthing.” To host unresolved trauma at times inhibits providers from being able to advocate for what their clients need versus what they had wanted in their own birthing experiences. Further, Radical Doula work itself can be deeply traumatizing as one repeatedly witnesses acts of
systemic and medical violence. As Camila said, “it's so impacting every birth that I've experienced and attended; there's trauma for me because I feel like the systems that we’re currently are in have zero justice. It's repetitive cruelty. It's repetitive on all the levels of abuse.” The women of Alpha Doulas insert themselves repeatedly into adverse birthing experiences. It is a doula’s job to interrupt these moments of abuse, but we cannot underestimate the consequence of repetitively inserting oneself into traumatic scenarios. By watching their clients encounter obstetric violence, prejudicial treatment, and stigma during pregnancies and births, many Radical Doulas are reminded about their own horrific experiences. As organizer Amara H. Pérez cautions, “We have seen many elders in the movement burn out or become sick from the intense pressure and demands of working faster, harder, and longer—at any cost” (Amara H. Pérez 2017, 97). What are the costs we expose Radical Doulas to? How can we protect these birth workers, particularly as individuals who often belong to marginalized communities themselves? This work can be deeply re-traumatizing. Black doulas know that they are needed in these spaces, but how do we reconcile the needs of Black clients with the needs of the Radical Doulas who serve them?

The Revolution Will Not Be Professionalized: Doulas vs. the Non-Profit Industrial Complex

The professionalization of the doula field is seen by some as one means to protect the doulas who perform this intimate labor. Alpha Doulas started as an entirely volunteer collective until they won grant money from the city of Austin. In this manner, the first generation of doulas provided their work free of charge. Yet recently, as studies have shown the impact of doulas on lowering the rates of adverse birthing outcomes, several states have expressed interest in
reimbursing doulas through Medicaid in hopes of lowering the rates of other costly interventions, such as cesarean surgeries (Greenberg 2018). Oregon and Minnesota now offer doula reimbursements through Medicaid and, in the Spring of 2018, Governor Cuomo of New York introduced a pilot program that similarly provides reimbursement (Greenberg 2018). The majority of the doulas I interviewed expressed support for legislation that compensates doulas for their services. In her critique of private healthcare and its resulting health disparities, Sara voiced frustration by saying, “I fundamentally believe that the public, our government; local government, should be paying for all of this. And the reason why doula care and midwifery care is so messed up in the US is that it’s private, you know? It’s not part of the public system so it isn’t accessible to low income people.” Indeed, Medicaid reimbursement makes doulas available to clients that traditionally could not afford their support. Additionally, reimbursement allows for doulas to guarantee compensation for their services and thus work directly with low income communities. Equally important, Medicaid reimbursement enables a financial protection for doulas performing this difficult work. As the heads of mostly low-income families themselves, Medicaid reimbursement directly impacts the lives of Alpha’s doulas. At Alpha, each doula receives around $400-600 to support an average of one client per month.\(^\text{24}\) Guaranteed payment seems a clear necessity to compensate doulas for the important work they conduct and a means to ensure they can continue to care for themselves and their families while doing this work.

Yet, at the same time that funding is certainly needed for Alpha and its staff, the question of funding and the nature of its origin clearly exposed organizational divides. For Alpha, as with many of its peer organizations, funding has become a controversial topic that invokes a debate about the notion of the “Non-Profit Industrial Complex”. This complex gestures towards the

\(^{24}\) Currently, Alpha supports 3-10 clients per month depending on the grant funding won for that fiscal year.
$175+ billion industry that channels funding to non-profit organizations around the nation. As activist-scholar Dylan Rodríguez defines it, the Non-Profit Industrial Complex refers to “a set of symbiotic relationships that link political and financial technologies of state and owning class control with surveillance over public political ideology, including and especially emergent progressive and leftist social movements” (INCITE! 2017, 9). Prior to the Civil War, community organizing and social justice (known then as charity work) was funded exclusively by individuals rather than organizations. Yet in 1907 the railroad heiress Margaret Olivia Slocum Sage started the first major foundation through a 70 million donation after which “Rockefeller and Carnegie quickly followed suit” (INCITE! 2017, 4). Thus, began the consolidation of wealth into foundations that subsequently established guidelines for which charities and projects would receive funding.

In light of the billion-dollar market that entails the Non-profit industry, how does such funding alter the revolutionary intent of Radical Doula work? As the compelling book The Revolution Will Not Be Funded: Beyond the Non-Profit Industrial Complex demonstrates in its rich analysis, 501c3 status has become a source of legitimacy that suffocates the freedom and creativity of organizations across the nation. Foundations hold incredible influence over what work organizations are permitted to conduct. One cannot overemphasize the political and social repercussions that originate from foundation funds. Some of the leading civil rights organizations of the 20th century relied upon funding from the Ford Foundation to conduct their work. The Ford Foundation was one of the most prominent foundations for Social Justice and invested heavily in “the civil rights movement, often steering it into more conservative directions” (INCITE! 2017, 5). The political sway foundations hold over organizing has not halted in contemporary movements. I do not dismiss the work enabled by major foundations. Indeed, the
Cairo conference of 1994 on Population and Development that coined the phrase “Reproductive Justice” received millions in support from the Pew Foundation. But as scholars and organizers like Rodriguez, Andrea Smith and Robert Allen have questioned, what do progressive organizations commit themselves to when they depend on foundation funding? At that very 1994 Cairo conference, during which women of color defined Reproductive Justice as the right to bodily autonomy, the right to choose to have children or not have children, and the ability to parent those children in safe and sustainable communities, the Pew Foundation “spent over $13 million to increase public support for population control,” and thus the eugenic-based notion of halting reproduction by “unfit” and “undesirable” women (INCITE! 2017, 13).\(^25\) Institutionalized funding requires us to think critically about what work progressive organizations like Alpha Doulas have been deterred from due to reliance upon foundation funding. What organizational strengths have been lost in the search for financial stability? What radical creativity has been stifled? As one founding member of Alpha questioned,

> “When we originally started, it was non-hierarchical and people said, ‘now we want some people to have some higher levels of responsibility than others.’ But, we still have a flat, $50,000 fulltime, $25,000 part-time, $12,000 quarter time thing. So, I think it's interesting...people kind of, out of default, out of fear, just want things to be more conventional; want more the hierarchy. And they're like, "It's cool if some people make more money, let's look like the other nonprofits because all the funders are like, “Who's the Executive Director?” and because we don't have one, we look like we don't have our shit together.” And so, I think there's that energy there.”

As this member highlights, one of Alpha’s original strengths was their non-hierarchical organization that enabled more creative and democratic leadership. Yet she notes that the staffers of Alpha “default[ed] out of fear” for more hierarchy. Because “funders are like “who’s the

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\(^25\) This definition of Reproductive Justice comes from SisterSong organization, which is the brainchild of Loretta Ross, one of the founding mothers of Reproductive Justice.
Executive Director?” At the end of day, Alpha chose to conform and make their organization “more conventional” because it was safer. When foundational constraints are tied to funding, it limits the creativity and freedom that breeds the strengths of political organizing. As brown insists, the freedom to imagine and create in new ways is fundamental for revolutionary work since, “visionary fiction intentionally explores how change happens from the bottom up” (brown 2017, 163). When funding demands conventional and “safe” methods of organizing, non-profits like Alpha are then left to choose between supporting their staff or maintaining their radical mission. Without the freedom to be as creative in their work as possible, Alpha Doulas, like countless other non-profits became constricted. From constricted organizing, liberation cannot emerge.

In light of how impactful funding sources are in shaping the work that organizations can do, Alpha and other coalitions demonstrate creative thinking about how to continue radical work without funding constraints. Reality reflects that fundraising can make or break a small organization like Alpha. In this manner, refusing foundational support seems unrealistic at best, and unethical to the staff members who rely on the grants from corporations and foundations for their salaries. Yet, members of Alpha understand this reality and have demonstrated a creativeness to meet these challenges. As many organizers recognize, cultivating individual grassroots funders is a powerful way to receive support for organizing without constraint. The integration of grassroots fundraising reinvigorates organizational brainstorming and does not risk “depleting our leadership by burnout due to the administrative demands of this structure and end up replicating the same institution we are working to change” (INCITE! 2017, 99). Yes, fundraising and requesting money from already recourse depleted communities is difficult. Yet whether asking for support through $5 memberships or hosting larger community fundraisers,
these initiatives generate a sense of communal ownership in trusting where these funds come from and having complete creative charge as to how to redirect these resources back within the community.

While grassroots fundraising provides the important capacity to build community solidarity while funding work unrestricted by the constraints of grant directives, I find it crucial to also examine and re-insert the role of the State in relation to organizations like Alpha Doulas. The State has historically participated in the disenfranchisement of Black communities resulting in the current reality of the Black maternal health crisis. The economic welfare of the United States is directly rooted in the role of slavery and the slave economy. We cannot separate the government from the systemic oppression that it facilitated, if not organized. It is essential, therefore, that the State re-construct the Public Health Care system, welfare programs, and other federal measures of support with a restorative intent to cater directly to the needs of marginalized communities. This support must mobilize legislative and financial tools and resources directed towards community-led, racially progressive initiatives and organizations. In juxtaposition with histories of State-led brutality and violence, the future should hold the State accountable to protecting the wellbeing of its marginalized citizens. In moments when organizations like Alpha face limits on what they can accomplish due to the nature of their funding, reimagined State support emerges as manifestation of reparations and a needed source of unconstrained funding outside of a neoliberalist marketplace. And while Radical Doulas should be asked to lead the State in reimagining its role in relation to systemic change in healthcare, they must not be expected to shoulder the enormous task of solving racial oppression alone. The Radical Doulas at Alpha already face immense challenges in their personal lives and organizing efforts. Expanding State support, such as Alpha’s city-contract which provides reimbursement for their contracted
birth companions, provides essential tools and support without grant caveats that push towards radical equality. Calling Alpha’s work revolutionary remains politically important as it designates Alpha’s organizers as leaders pushing for a progressive and decolonizing project that re-imagines the role of the State and its obligation to citizens. Indeed, the government will not accomplish this work without community stakeholders.

As Alpha works to build a base of members and State agencies that financially support their efforts, they may find themselves with the freedom to return to the more political and revolutionary organizing that characterized its origins. Sara spoke to me with great enthusiasm about her idea of re-energizing a political sister organization to accompany the more traditional non-profit organization that Alpha Doulas is becoming. She and others fundamentally see Alpha’s work as deeply intertwined with issues of police brutality, child protective services, the war on drugs and other political systems of oppression that disproportionately weigh upon poor Black and brown families. Simultaneously, Sara sees how within the Nonprofit Industrial Complex, “it's going to be harder for everyone to be willing to fight around police issues that we're fighting about constantly. We were taking really difficult stances around institutions, but those same institutions were funding us, are funding us. We're not going to be able to continue to be who we are. We are going to have to tone it down and be like, "okay, let's get our money."

In light of this recognition, Sara spoke to me about how several organizers have made peace with the nonprofit direction that Alpha is heading towards while re-building this sister coalition, Mama Politico. As described to me, Mama Politico will focus on organizing for radical systematic and institutional change. Mama Politico will accept no foundational funds. Whether or not this idea comes to fruition, the notion points to the need for independent and constraint-free organizing. Both politically and timewise, initiatives like Mama Politico are necessary
compatriots to Alpha Doulas. One cannot overemphasize the time lost in meeting the requirements of 501c3 status. My first summer, Alpha Doulas had five fulltime staff members. One staff member’s entire job revolved around grants and 501c3 paperwork. In other words, 20% ($50,000) of Alpha’s salary funds was entirely committed to the process of navigating the nonprofit industry. Energy and time are limited enough by the intensive demands of meeting 501c3 status; several organizations have found it liberating to integrate, if not shift entirely, to grassroots donations (INCITE! 2017). Imagine what a $50,000 salary could be used for if that staff member was not dedicated to 501c3 paperwork. Imagine the radical organizing, healing, and nurturing Alpha and others can accomplish if liberated from navigating a bureaucracy. If one is lucky, they’ll meet a healer at least once in their life. Should we not demand that we free her from her desk, liberate her hands from paperwork so as to allow her to heal clients and then heal our systems? Revolutionary-bound imagination certainly seems unlikely to come from behind a pile of never-ending paperwork.
Photo Series
Centering Communities of Care: Visualizing Alpha’s Providers, Clients and Community Stakeholders

One of Alpha’s Radical Doulas comforts her client during a contraction.
An Alpha client and her partner share some moments of intimacy in the operating room during her delivery.
Smiles and tears as the new parents welcome the first of their twins.

Baby arrives and is welcomed by his mother’s outstretched hand.
First yawn; first photo.
Papa shares a moment with his sons for the first time.
Hospital staff and physicians at a health equity training facilitated by some of Alpha Doula’s founding members. Here the trainees partake in an exercise to learn about various social, political and economic factors that contribute to the allostatic loads that their patients might be facing.

Alpha’s childbirth family training. This session was facilitated in Spanish for Latinx families. Here families watch a homebirth video to see a vaginal delivery and learn about their birthing options.
Participants at the health equity training share their thoughts about how to support marginalized patients from a provider perspective.

One of Alpha’s clients holding her daughter.
Family time. A client cuddles with her sons, now a year old.

Family excursion. I helped a client take her children to their neighborhood park for playtime. Her elder son runs happily in the background. Outdoor excursions are rare and difficult for this client to facilitate since her partner works full-time and she is the sole caretaker of three young children.
“A doula is your best friend. A doula helps you out. She's your advocate; she's there pretty much to do whatever you need and without you knowing you need it.”

- Alpha Client

An Alpha client and I snuggle with her twins two weeks after they were born.
Epilogue
Living and Writing under Corona

It is April of 2020 and COVID-19 has interrupted life as normal. COVID-19 presents a public health crisis unlike anything that we have ever seen. For the global community, there is an acknowledgement that time will now be divided into “before” and “after” the Corona virus. Yet the practical realities and implications of this pandemic will look different for various populations. The providers and clients of Alpha Doulas reveal the faces and families who will bear the brunt of this new reality. Public health experts are now voicing urgent concerns that the heaviest weight of this horrific situation will fall upon the poorest, most marginalized and vulnerable of our society. Recent state and public health research has demonstrated that Black Americans are disproportionately impacted by the virus (Thomas and Anoruou 2020; NYC Department of Health 2020). As citizens with higher chances of having low-paying jobs that do not provide sick leave, Black bus drivers, post office employees, and TSA agents are still working, unable to socially distance and more likely to contract the sickness (Johnson and Buford 2020; Kindelan 2020). In NYC, Covid-infection rates map highest in neighborhoods with the highest population density—packed into small apartments with little or no space to isolate, the virus thrives in low-income Black and Brown communities. Once sick, as an African American, one is more likely to have a pre-existing condition like respiratory illness or diabetes that amplifies the risk of death if COVID-19 has been contracted (Johnson and Buford 2020). Black people are not more prone to getting the Corona virus, but here we see the intimate tie between social conditions such as class and housing and health. Yet again, we see that the Black experience in America entails a closer proximity to death.
What does it mean to add a pandemic on top of the everyday crises that the working class and stigmatized navigate? What does Reproductive Justice community face under the pressing and immediate threat of COVID-19? I fear that it will look like death and loss. New studies are beginning to reckon with the brutal consequences of social distancing for the most vulnerable. Poverty, hunger, and domestic violence have been increasing as families have been told to stay home. Today, COVID-19 reveals the tightrope upon which vulnerable women delicately balance between life and catastrophe. Social distancing saves lives, but the question remains which lives have been deemed worth saving?

As women and their partners are told to stay home, economic disaster looms for those who have lost their jobs and sources of income. Only 61% of Americans have at least $400 of emergency savings available (DeLuca, Papageorge, and Kalish 2020). Even before this pandemic, many families struggled to make ends meet on a day to day basis. This public health crisis will exponentially increase the financial strains families face as parents encounter reduced work shifts and unemployment. Further, with less resources many women will face the reality that existing programs like WIC and EBT benefits become nearly useless in national emergencies like these. Mothers have reported a lack of products (like formula and diapers) at grocery stores. For families paying for these products with food stamp vouchers, this can indicate disaster. Just recently, the New York Times reported the story of a mother who depends on WIC to feed her child and who cannot find the four cans of hypoallergenic formula for her infant son accepted by her EBT voucher (Grose 2020). As wealthier families hoard infant food, working class mothers are left unable to feed their children. Many of Alpha’s clients depend upon state support programs to purchase diapers, formula, baby food and other necessities. But today these programs demonstrate an inability to adapt to today’s state of emergency. The Austin Diaper
Bank has experienced an exponentially higher need for their services, from 200,000 to 500,000 diapers a week, as families cannot afford to purchase diapers (Grose 2020). Extending beyond basic material necessities, with the mandate of social distancing, family courts, affordable housing programs, and WIC services are unable to provide precious support in regard to food, housing, and social support (DeLuca, Papageorge, and Kalish 2020).

Alpha has already directly observed the impact of social distancing upon their clients. In response to the spread of the virus, hospitals are rapidly reducing the number of visitors a birthing mother can have during labor. This past week, two of New York’s largest private hospitals implemented an emergency ban of all visitors from their maternity wards in response to two asymptomatic clients exposing 30-plus medical personnel to the COVID-19 virus (Breslin et al. 2020). In response, a massive uproar ensued surrounding the ethics of isolating birthing mothers and a petition accumulated more than 600,000 signatures that led to Governor Cuomo’s Executive Order declaring that no mother be forced to birth alone (Syckle and Caron 2020). While New York mothers have breathed a sigh of relief, these newly emerging policies will soon affect mothers in other parts of the nation. Unfortunately, in these decisions, doulas will often be viewed as non-essential staff members barred from the hospital. Indeed, in recently contacting Trachell, she messaged me “Things have been crazy. But we are now working remotely. Birth companions are conducting postpartum visits virtually. Hospitals are trying to limit visitors to one person. We are advocating that doulas aren’t visitors.” For women who have planned their births around the support provided by a doula, what will be the unforeseen consequence of denying them support during their ordeals of labor and delivery? Perhaps higher rates of invasive surgery, adverse birthing outcomes, and even death. This pandemic represents the painful and impossible situation in which institutional decisions made in the name of public good will still
result in a horrific loss of life. As ever, those most marginalized will often be the ones left harmed.

In particular, this pandemic reveals an acute crisis for the women of Alpha Doulas and women across the nation who struggle with interpersonal violence at home. Throughout my interviews, the topic of both domestic and sexual violence emerged as a common theme for several women. Alpha’s birth companions demonstrated a strong ability to support mothers living in domestically violent homes through their postpartum doula work. Indeed, Isabel spoke to me about the essential role that doulas play in helping postpartum mothers navigate or escape violent homes through Alpha’s frequent house visits and check-ins with the mothers for the weeks after their birth.

“Another piece that [those in the birth justice community] don't talk about enough is domestic violence and interpersonal violence. We know that there's an increase in domestic violence for postpartum women, and an even higher rate for Black women. So, emotional support is really necessary for women to get well, get stronger postpartum [support]. A doula provides unbiased support and space; potential connections to different types of resources. You know, not all cases will look like a woman who will open up to her doula 100% or a doula who will move mom somewhere else. And it does happen, it has happened, but it might not happen. But at least that woman has someone to talk to, to confide in.”

Currently, this pandemic presents a frightening situation for women with violent partners. As social distancing mandates that couples stay indoors permanently and without the outlet of work, school, or social activities, rates of violence and abuse have soared. Since the outbreak, various countries, like Australia, have noted a 75% increase in google searches for domestic violence help (Kottasová and Di Donato 2020). France has had to implement code words at pharmacies, an essential business, so that women can discretely ask for emergency intervention (Kottasová and Di Donato 2020). Further, the systems in place to help victims of violence, like courts, social
service agencies, and law enforcement are shutting down their services in the time where their work is needed most (DeLuca, Papageorge, and Kalish 2020). As Isabel illuminated in her above quote, the women who will feel these effects most are postpartum mothers. Further, Black women have a disproportionate chance of finding themselves in violent homes. In this moment, I reject any activation of the myth of the violent Black man. But it remains important to illuminate the dangerous reality that victims of domestic abuse face today. Structural violence leads to interpersonal violence. As families face higher economic and emotional strain, violent partners who are becoming increasingly stressed by the costs of social distancing will harm those in proximity. Consequently, in a moment when abused pregnant women face the most need, doulas and other services have been forced to stop offering their support.

This pandemic demonstrates the immense danger that structural factors pose to people’s health. Now, the importance of the State and its bio-power (which can provide medical care, enact laws, legitimate professions, and regulate citizens’ movements) must become central for assessing how to continue forward. While Radical Doulas play a significant role in healing individuals, their focus on clients cannot solve systemic and structural inequalities. Radical Doula work is revolutionary, but its work alone will not bring forth all the needed change. Radical Doulas alone cannot be burdened with the immense task of healing families that have faced generations of oppression. As the inadequate federal response to the pandemic has propelled the United States to become the nation with the most COVID-19 related deaths in the world, we must continue forward with a critical engagement with the State and its role in providing for and protecting its citizens. Thus, in this moment, and for the foreseeable future, an investment in holistic public programs is central for a healthier future. Further, public health must extend beyond traditional demands for universal healthcare, paid sick leave, and
maternity/paternity leave to advocate for a livable minimum wage, universal childcare, affordable housing, and prison abolition.

In Austin, Texas, doulas reflect the beauty of companionship that grows even in the sparsest of resources. They are the product of institutional resistance and accountability. They breathe in the deep afterlife of slavery. They exhale a revolutionary imaginary for the future. Doulas expose the harsh ravines that systemic inequities create for marginalized communities. Black women have died and are dying. These are women who have been denied life; mothers whose children will never recognize their easy Sunday laughter or the quiver of a raised eyebrow ready to deliver a scolding. These Mothers, Mamas, and Mommies deserve better from our society than to be reduced into the statistical fact that Black women are 400% more likely to die during pregnancy or childbirth. In that number, whose names are we forgetting? Which stories have we swept aside? Radical Doulas are doing the work of remembering and preventing. In the wake of these numbers and percentages, these doulas recognize the experiences of their friends, their sisters, and themselves. As Keisha mourned to me,

“Just within reach, I have a girlfriend who delivered her baby stillborn two days before her due date. I have another girlfriend who had to have blood transfusions and almost bled out during her caesarean. Another girlfriend who lost her baby at six months to E. Coli. I have another family friend, 19, died on the table during a caesarean. I mean, so like for me to just to be one person and be able to name over and over-- there's more to it, like it can't just be that everybody that I know, that just happens to be black, is experiencing these things. There's something else going on.”

The power of doula work does not exist in mythical spells, but the everyday magic of their deep communal knowledge and a deeper loyalty to the worth and value of every client that they service. These healing women comprehend their work as incremental, painful, but surely revolutionary. They are working towards a profound sense of equity that accommodates for the legacy of slavery and the exploitation of women of color in medical institutions. Radical Doulas
understand the personal stakes they work within. Pain is both a nightmare and a fuel. Their work presents the opportunity to interrupt the proximity to death that marginalized communities have become accustomed to. To pronounce, “enough. No more loss.” Radical Doulas facilitate the healing of one’s self, one’s sisters, and the society at large.

In this moment, when we need healing more than ever, Radical Doulas offer leading examples of what communities can provide in the wake of health emergencies. Our hospitals are overcrowded. People are dying. Many of those who will survive will be marked with long term economic and mental health consequences. For years, organizations like Alpha Doulas have understood how to work within and outside of traditional systems of support to provide health for their communities. Doulas represent the power of innovation and creativity of healing. During this pandemic, healing will be needed in the form of emotional support for those who faced the loss of family members. Doulas’ trainings in pain management and herbal support for immune systems will be particularly useful. And of course, birth and birthing will not stop. Now more than ever, when doctors’ labor is in high demand, doulas can provide the individualized care and support that physicians may have less available of in these strained times.

The guidance and reflections of Alyssa, Ana, Camila, Evonne, Isabel, Janis, Keisha, Monique, Nina, Raina, Sara, Sarafina, Sophie and Victoria demonstrate the resilience, care, and creativity that shines forth even in the bleakest of times. Their work revealed the need to consider the configurations of city space as gentrification affects the distribution of healthcare and amplifies housing instability and racial isolation. From their inputs, I have come away with a deep appreciation of the difficulties of birthwork and its accompanying personal and structural burdens. Finally, I have come to celebrate their work as revolutionary while cautioning against an idealization of doulas as the singular solution to end the Black maternal health crisis. Without
Radical Doulas, the path towards Reproductive Justice and equitable healthcare will remain long. As stated above, the heaviest weight of COVID-19 will fall along socioeconomic and racial lines. In this manner, Radical Doulas will emerge yet again as leaders in survival. As Camila sang to me in the summer of 2018, in her concluding interview sentences,

“We’ve pushed through so many centuries and still here we are. So, is there room? We create the fucking room-- there’s no leaving us out. It’s impossible to leave us out. We’ve been criminalized, we’ve been ridiculed, I mean, granny midwives, have you seen the pictures?... It’s like with the indigenous people, the [colonizers] came and did a genocide and a holocaust. But we run into the mountains and we hide and then we survive. That’s what birth work does-- same thing.”

Survive to live another day. Live to change the way the world will be tomorrow. Fight for change until all thrive in abundance. Into the mountains and beyond; still here we are here.
References


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### Appendix

**Alpha Doulas Demographics 1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Age</th>
<th>Type of Residency; Neighborhood</th>
<th>Household*</th>
<th>Religion/ Spirituality</th>
<th>Frequency of Spirituality</th>
<th>Sexual Orientation</th>
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<tbody>
<tr>
<td>Alyssa</td>
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<td>Apartment; East Austin</td>
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<td>Spiritual</td>
<td>Sporadic</td>
<td>Straight</td>
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<td>Alpha Doulas</td>
<td>37</td>
<td>House; Dell Valley</td>
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<td>Indigenous Spirituality</td>
<td>Frequent</td>
<td>Bisexual &amp; Polyamorous</td>
</tr>
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<td>Alpha Doulas</td>
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<td>Bisexual</td>
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<td>N/A; North Austin</td>
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<td>Indigenous Spirituality</td>
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<td>Church of Christ</td>
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<td>Straight</td>
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<td>Nina</td>
<td>Alpha Doulas</td>
<td>32</td>
<td>House; suburbs of Austin</td>
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<td>Spiritual</td>
<td>Sporadic</td>
<td>Straight</td>
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<tr>
<td>Rana</td>
<td>Alpha Doulas</td>
<td>26</td>
<td>House</td>
<td>7</td>
<td>Jehovah's Witness</td>
<td>Sporadic</td>
<td>Straight</td>
</tr>
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<td>House; N/A</td>
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<td>Indigenous Spirituality</td>
<td>Frequent</td>
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<td>Sarafina</td>
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<td>Duplex</td>
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<td>House</td>
<td>1</td>
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<td>Victoria</td>
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<td>Salvation Army Shelter: Downtown Austin</td>
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<td>Not Religious</td>
<td>Inactive</td>
<td>Straight</td>
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</table>

* Number of people living in household (including respondent)

---

**Alpha Doulas Demographics 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Income Level*</th>
<th>Racial Identity **</th>
<th>Ethnic Identity</th>
<th>Highest Degree Obtained</th>
<th>Client/ Provider/ CS***</th>
<th>For Clients: Was this a 1st pregnancy? Planned?</th>
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<tr>
<td>Alyssa</td>
<td>Low</td>
<td>Latina</td>
<td>White</td>
<td>N/A</td>
<td>Provider</td>
<td>N/A</td>
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<tr>
<td>Ana</td>
<td>Low</td>
<td>Black</td>
<td>African/ Cameron</td>
<td>N/A</td>
<td>Client</td>
<td>Yes; planned</td>
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<tr>
<td>Camila</td>
<td>Middle</td>
<td>Afro-Indigenous</td>
<td>Native</td>
<td>N/A</td>
<td>Provider</td>
<td>N/A</td>
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<tr>
<td>Evonne</td>
<td>Low</td>
<td>Black</td>
<td>Black</td>
<td>High School</td>
<td>Client</td>
<td>No; 1rst pregnancy (two miscarriages prior); unplanned</td>
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<td>“It’s complicated”</td>
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<td>Janis</td>
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<td>Bachelors</td>
<td>Provider</td>
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<td>Keisha</td>
<td>Middle</td>
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<td>African-American/ Mexican-American</td>
<td>Masters</td>
<td>Client</td>
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</tr>
<tr>
<td>Monique</td>
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<td>Middle</td>
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<td>Low</td>
<td>Creole</td>
<td>Creole</td>
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<td>Client</td>
<td>No; 2nd; unplanned</td>
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<td>Bachelors</td>
<td>Provider</td>
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<tr>
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<td>CS</td>
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<tr>
<td>Sophie</td>
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<td>White</td>
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<td>Masters</td>
<td>Provider</td>
<td>N/A</td>
</tr>
<tr>
<td>Victoria</td>
<td>Low</td>
<td>Biaacial</td>
<td>Black and White</td>
<td>N/A</td>
<td>Client</td>
<td>Yes; unplanned</td>
</tr>
</tbody>
</table>

* Low, Middle, High according to Pew Research Center 2018 guidelines
** Participants asked to self-identify racially
*** CS = Community Stakeholder