Episode 2 The Birth Justice Collaborative Transcript

**Corenia Smith**

At its core, it is bodily autonomy. It is the human right to have children to not have children and the right to nurture and parent the children we have in a safe and healthy environment.

**Makeda Zulu**

Welcome to Rules of Engagement, a show that highlights the projects and partnerships of the University of Minnesota Robert J. Jones Urban Research Outreach and Engagement Center. I'm your host, Makeda Zulu. In today's episode, we will discuss the Birthing Justice Collaborative with Corenia Smith, project manager, facilitator, and healer extraordinaire. Tell us about yourself.

**Corenia Smith**

Yeah. So my name is Corenia Smith. I use she/her pronouns and I am a reproductive justice advocate and I'm a nurse , an LPN, an organizer, a strategist, a doula, a birth assistant, among many other things. And I am also a daughter and a sister and a friend and a wife.

**Makeda Zulu**

Fantastic. Many identities. I do want to talk more about what being a birthing justice advocate means, but I want to start with the Birthing Justice Collaborative. It seems to be a unique group of organizations. Can you talk about this and the goals of the collaborative?

**Corenia Smith**

Absolutely. Thank you for asking. The Birth Justice Collaborative is a Black and American-Indian led coalition of community orgs, so we are in partnership with the Native American Community Center, Robert J Jones UROC Center, MIWRC: The Minnesota Indian Women's Research Center, Liberty Community Church and supported by a coordinating org, which is the Collective Action Lab.

And we really came together in response to the call. You know, this past summer, Minnesota released the maternal mortality report and the county put out an RFP to have community orgs co-create some strategies to really create a plan to implement How do we reduce the maternal mortality rate, how do we reduce the adverse experiences and outcomes in maternal and child health and well-being?

And how do we make sure that our families are set up to thrive? And so that was our charge and our goals were to really do that in a community centered way the whole time and stay very transparent and principled in the way that we went about it.

**Makeda Zulu**

Wow, that sounds powerful. It sounds like a lot of work. So you answered the call after the report came out last summer. And what call did you answer?

**Corenia Smith**

So, you know, part of the call that we were answering was, you know, once people are looking at data and have statistics beyond our lived experience that you cannot ignore. Right. And so the call was really now we need to respond to this. This isn't just people sharing stories. This isn't just communities feeling the losses. This isn't just children, you know, being brought up without their moms or caregivers. This isn't, you know, fathers and uncles and dads suffering with this loss. This is real. And I think it was then, how do we create some solutions to deal with this in a really meaningful way?

**Makeda Zulu**

Okay. So that is really what I wanted to talk about most today is the process you use to gather that information and how to do this better, how to do this right. And so I'd like to hear you talk about the process you use to get that information.

**Corenia Smith**

I think the process is truly key. And in particular, when we're trying to go about some type of systems change or even just the beginning of impact on a very embedded and ingrained historical trauma, we need to start in a way with a process. It needs to be a key to getting where we're going. And I, you know, really commend the county, Hennepin County in particular, for acknowledging and being able to see that they alone were not going to be able to do this, that they needed community to create the solutions that we were seeking.

And so that process looked like having community leaders and really starting with who is at the root of the disparities, who's at the root of being directly impacted. And that is black and American Indian communities. And once we are doing well, everyone is going to be doing better. We know that. And so the process looked like those community orgs coming together in partnership, as they have in other collaborative initiatives and projects.

And then we had a literature review where we wanted to look at the literature and see what have been the promising strategies, solutions, experiments that have been tried, because we are all very familiar with the disparities, the issues, the structural racism that's in place. And so we were really looking for literature just to show us what's been tried and what could be scaled and what could be looked at as potential.

And so we then took that and then had community conversations. We had a series of in-person, culturally specific convenings. One was for the American Indian community, one was for the black and African-American community. And then we had the intercultural convening with both. Which was very, very beautiful. All three of them. And we wanted to hear, you know what?

We have a series of questions. Some like what needs to stop and what needs to start to make birth justice a reality. Some of those questions looked like hearing what you wish, what folks wish they had known or had heard or had been given in preparation for some of the transitions in their life and among others. And then we had some virtual convenings also with community.

And we took all of that. We spoke and heard from over 300 Hennepin County residents.

**Makeda Zulu**

Over 300?

**Corenia Smith**

Over 300 throughout the fall. And we took that and then we created some themes out of what we heard and then brought that to a leadership coalition. And their job was really to take those themes, those potential solutions, and create an implementation plan, take that and make strategies that are actionable, are buildable that the county could potentially implement. And the leadership Coalition was again, another moment that was also really important.

There were stakeholders of a variety. We had community, we had our partners, we had systems representatives, both health care systems, health care plans, county representatives, the whole gamut.

**Makeda Zulu**

And when you say community, what do you mean?

**Corenia Smith**

We had folks who had both engaged in the convenings in the fall, folks who had lived experience, folks who were parents who were given birth, folks who were two spirit, folks who have been really touched by the maternal health outcomes over decades and decades.

**Makeda Zulu**

Okay. That's beautiful. That's beautiful. Let's then let's go back to one of the things I'd like you to talk about is what did those meetings look like? You know, you talked about culturally aware, culturally centered gatherings, but what does that mean? What does that look like?

**Corenia Smith**

Absolutely. So some of that looks like us just being our most authentic selves and curating a space where we invited people into healing. Yes. Into conversation and into community. We made sure that we sage the space before we began. We had a prayer offering before we ate food. We had elders opening the space and closing the space. We had drumming, We had music. We had songs, traveling songs. We had food that we are familiar with, that was delicious.

**Makeda Zulu**

All right.

**Corenia Smith**

We had childcare, we also had babies in the room with us. We really made sure that there were healers as well, that the conversations we knew would stir up some of our lived experience and our trauma. And we wanted to make sure that there was a proper container and response for when we needed to take a moment and tend to ourselves.

And so all of that was really, you know, driven by how we like to gather, how our partners like to gather, how our communities like to be together. And we kept that centered the whole time.

**Makeda Zulu**

You know? Okay. That sounds so fantastic. And it sounds like part of the journey was healing as you were gathering this data. I believe you all also had artists. Can you talk a little bit about the artists that were in the room?

**Corenia Smith**

Some even call them art therapy or therapists.

So we wanted to make sure that we had a myriad of ways that we were going to capture what we were hearing. And we didn't want to just provide a report of written words. We wanted to make sure that that was a visual component, that we had storytelling components, that people would be able to receive this information in as many accessible ways as possible. And so we made sure to have graphic artists in the room that were very, very, very well done, very talented folks. And we had two and they both did a very, very good job.

**Makeda Zulu**

You know, I remember talking with one of the folks and they were so excited because I think the graphic artists also contributed to the first report you all had done and they saw themselves. Yeah, that's what was so exciting. People were excited to see themselves and then see the representation of different folks who were in the room.

So fantastic. You mentioned earlier, though, that you were a birthing justice advocate. What is birthing justice?

**Corenia Smith**

Yes. For me, birthing justice is really a mandate out of reproductive justice. And reproductive justice, as we both know, is a movement, a vision, and a framework that came out in the 1990s by black women. And at its core, it is bodily autonomy. It is the human right to have children, to not have children and the right to nurture and parent the children we have in a safe and healthy environment.

And so birth justice is a part of reproductive justice and mandates that birthing rights and care options recognize and address the history, the life circumstances and culture of historically oppressed groups from pre-conception through postpartum. So justice is a long term plan for repairing harm. And there needs to be repair not only to the individuals that experience harm, but our whole communities.

And so, you know that is really at the core of this initiative is that we have to bring both of our communities together to be able to address the history, the historical trauma, the oppression that continues to this day.

**Makeda Zulu**

You know, as you say that I also think about you gave space for people. There was space created for people to talk because a lot of times when we experienced trauma, pain, decisions, that we felt we didn't have any real decision. And we hold that real tight. And it shows up in different places. And then, you know, our children or our friends or our circles don't understand why we're reacting in certain ways.

So what made you interested in being a birthing justice advocate?

**Corenia Smith**

Wow. You know, I feel like being born in America as a queer black woman. There really wasn't. I mean, the choice was a full bodied yes. To say yes, that those are my people. Okay? This is the movement that is going to serve me and serve generations before and after. And that is where I get to dream of a world that I want and that I want for my sisters and relatives and non-binary relatives and folks right now.

**Makeda Zulu**

That also makes me think about, as you say, that I'm thinking about how society may seem to think about birth in one way, which can make it hard if you don't see yourself as a cisgender female who... cisgender heterosexual female. And so, you know, you can still want children. You can still do a lot of things. And the world is kind of trying to push you into some spaces.

So, again, making space to talk about that heals the entire community and I think is just so powerful as a doula, what is that like when you think of the work that you're doing right now and at the same time being a doula. How does that work together? And you were a doula at which organization? Talk a little bit about that.

**Corenia Smith**

Okay. Yes. So my doula work really came out of, you know, there was a period in my education, in my life where I became very highly interested in maternal care in obstetrics, and I found out about the term doula. And I was like, What is this? I've never heard of this word. And yet there are people who call themselves doulas.

And so as I was looking more into it, you know, I was reading and learning about a birth doula, how important it is to just have a support person in the room, even if that person didn't do anything but was just there, their presence alone and how that affects birthing outcomes. And I said, Whoa. I think that that's absolutely necessary.

And part of what I'll share is very early on, I was doing EMT, emergency medical technician, EMR primarily focused on, you know, sporting injuries and sporting events. But I did attend the births of my sister, my niece and nephew. And so, again, at that point, I was gloves on. I was very in there and I was not in the place of supporting her, likely in the way that she needed.

Well, when I was seeing the disparities that she was experiencing while I'm in the room, I was like, Something's going on here. Okay. And so that was also part of the driving force for why I became very interested in maternal health and obstetrics. And so there's a period that I was going to be a midwife. And so I had learned about...I became a birth doula, and it also became an abortion doula.

And that felt like, you know, just the best way that I could serve my community. And there was a point where I transitioned to fully just being an abortion doula because, you know, birth doulas were becoming rampant and it felt very saturated. And so I said, all right, I'm going to focus on my abortion doula work then.

And that was serving both young clients and grown folks and really just being there when a lot of them were just trying to love themselves as deeply as they could and making a decision that was really rooted in love.

**Makeda Zulu**

That that one that one hit me because I think the first conversation I remember having about childbirth or maternal health and you can correct me if I'm using the wrong terms my mother had shared with me as an early, you know, probably 12 or 13 that a babysitter I'd had she lost her life because that was a time when abortions were not a healthy choice.

You know, people went to back alley places and people died and a babysitter of mine had died that way. And I'm thinking my mother shared that story with me probably as a prevention like to say, you know, talk to me in case anything happened so we can guide you through that process. And so, I mean, very early on, I've always felt the need for safe abortions to be available, because what I believe is, you know, as in our nation, you know, many places are saying no for folks who have means, they will always have the choice.

And so the choice needs to be available to everyone. And you didn't ask me that, but I thought I'd share.

**Corenia Smith**

And I'm so glad that you did, because it's absolutely correct and needs to be part of the conversation when we are talking about maternal health outcomes and there's not choice and autonomy in how we get there, then everything, the system, it's a disservice. And I think that that's part of what the Birth Justice Collaborative was trying to disrupt, was to say, we have had decades and so much time of interventions that have not been serving us.

We are now ready. This community has spoken to strategies and solutions that we are ready to try, that we're ready to implement, and that to some degree, we're already doing. And so, you know, we no longer need to do things that aren't working. We no longer need to continue to resource alternatives when we're currently serving our community and know what service is best.

**Makeda Zulu**

Okay. So what when you think of what serves us, and I think there were about six different strategies, is there a strategy that stands out to you and it can be one or more?

**Corenia Smith**

Yes, I think all of the strategies enter, connect and have synergy and they will be the most prolific in their impact when implemented together. The strategy that I think really speaks to me is the Parenting Support Fund, which is both community organizations who already have some form of a parenting program or support group to also be able to offer financial assistance.

And I think that that combination in the first year specifically is so important when a lot of the data is showing that deaths are preventable and a lot of those deaths are happening in that first year postpartum. So I feel like it is very specific in targeting some of those issue areas and will really benefit the community in their ability to have less stress and have time to breathe, to be able to have the choice to be with their families versus being very concerned about going back to work, being very concerned about draining their PTO, being concerned about how they are going to take that time off and still support their family. And so I think that it is such a good option.

**Makeda Zulu**

And the money would be used to?

**Corenia Smith**

Primarily to be supplemental. And so we know when folks in cities implement any type of income supplement, most folks are using that for rent. Most folks are using that for groceries, for bills, for their actual basic needs. And so that is very likely the same case here. But of course, when you have a newborn, when you've expanded your family, you have additional expenses. So that might look like formula, that might look like resources to support breastfeeding, diapers, clothes, etc., you know, care that they need.

**Makeda Zulu**

And it sounded like you said that there are organizations that do this work already. So you all are talking about using existing community resources. Say some more.

**Corenia Smith**

Again, how the strategy is kind of interconnect is that one of the strategies is to have a community credentialed healing network of providers.

**Makeda Zulu**

Yes, that is beautiful.

**Corenia Smith**

And so community is already serving itself in a lot of ways. And so we have programs, and I can mention, you know, a number of them, but we have programs that are currently serving families in a variety of ways. Some of that is through home visiting, some of that is through healing, through body work, having a home health worker provide and supplement.

Some of that is just being able to have education around breastfeeding, around how to care for a newborn, about changes in their bodies, about sexual education, etc. and so it's really just being able to ramp that up. Communities have been doing that and having those conversations for a long time. And so it's really just scaling those programs to be able to reach people and to also be able to offer some financial support.

**Makeda Zulu**

Many people might be listening to this conversation. They may wonder, well, what disparities are you talking about? When you said your sister had experienced some things while she was giving birth. Can you share? And it doesn't have to be her story, but maybe some of the stories that you heard in general from people.

**Corenia Smith**

Absolutely. Part of what I'll share and this also just speaks a little bit to my current educational path right now, which is pursuing a master's in advocacy and political leadership, the MAP program at Metropolitan State University. And so in that program…

**Makeda Zulu**

We won't give you a hard time because it's not the University of Minnesota, Humphrey But keep going.

**Corenia Smith**

In this program, I'm working on a policy project, and some of that has been tied to the Birth Justice Collaborative.So I've also been able to really listen and gather stories. I can share a plethora of those. So, some of the stories that folks have shared and that I've also experienced firsthand is women not being listened to when they are in pain.

And that has so many different places that looks like, you know, women being in pain and not being told how that discomfort is helping, how that discomfort is helping their their body prepare the birth canal, you know, the adjustments, what they can do to what to move to alleviate some of that pain and pressure.

And so some of that offering looks like an epidural. And without telling people how the epidural will then affect their pain, but not only their pain, but affect their ability to fill, their ability to push, and how that often prolongs labor, how that often leads to medical interventions, and often creates a more traumatic birthing experience than people are prepared to experience.

Sometimes that pain looks like people not being able to have their family in the room for them to feel alone.

**Makeda Zulu**

I don't know why that would be a practice.

**Corenia Smith**

Right?

**Makeda Zulu**

family or otherwise, you know, whoever your support system is.

**Corenia Smith**

Exactly. And sometimes that pain has looked like people wanting to have the ability to labor in the water, knowing that there's a lot of therapy, a lot of therapeutic benefits from being able to labor in the water. Or saying that they're overweight or that they don't have the ability to be in the birthing tub. You know, that's painful.

**Makeda Zulu**

And is it true?

**Corenia Smith**

I would say no.

**Makeda Zulu**

I was thinking it wasn't, that's why.

**Corenia Smith**

It isn't.. But, of course, medicine can sometimes, and providers, you know, themselves sometimes have individual practices that they're implementing that aren't necessarily necessary. The other thing that I'll say too, around pain, is not being able to have your ceremony and cultural practices respected. When we're, you know, bringing new life outside there is ceremony and practices that people like to do that might have to do with the placenta, that might have to do with seeing baby or holding baby.

And there's so many times in ways that medicine disrupts that and doesn't respect it. And that can also be really painful. Yeah. I think some of the other stories have been when folks are needing to have necessary intervention, like a cesarean and, you know, they're being separated from their caregivers in the room. They aren't being communicated with. So there's now an increase in anxiety.

There's fear. There's worry. There's you know, they're having an emotional cocktail run through them and they don't have the information about what's going on and how to keep their baby safe. There was also a story that a person had shared with me that she had a cesarean and the provider was not, you know, a cesarean as a very intense surgery, but the provider was not very gentle.

And after she was, you know, sewn up and repaired. And, you know, you're often very heavily medicated, post a cesarean. And she was in the hallway and the provider had walked by her the next day and said “oh you're still alive.”

**Makeda Zulu**

No!

**Corenia Smith**

Yes. Yeah. And so, you know, these are women's lived experience. There's also been times where.

**Makeda Zulu**

Let alone she was in the hallway.

**Corenia Smith**

Let alone she was in the hallway.

**Makeda Zulu**

That doesn’t sound right.

**Corenia Smith**

No. You know, there's stories where folks are just being separated from their babies immediately without knowing why they're stories of being tested and worried about, you know, tests coming back that might have drugs or substances, that show up in families being very concerned about what does that mean for them and their babies and being able to leave the hospital.

**Makeda Zulu**

And that not being practiced across the board.

**Corenia Smith**

Yes. And not being told how that practice is actually, you know, a standard, or not, and why it's necessary, you know. Or even what they're looking for. How that information being gathered is going to affect them. Right. And so, you know, there's just a plethora of different experiences that folks have.

And I think the last one I'll speak to is just the role of dads in the experience. Yeah. And not being able to be in the room, not being able to speak to support and protect the birthing person or their partner are being told that they need to leave. Right. You know, where's your place then?

**Makeda Zulu**

In the room.

**Corenia Smith**

In the room. Exactly. Right next to them. Yep. And then lastly is just when we have LGBTQ families and families that aren't cisgender and heterosexual and a part of dominant culture, which is really just a variation of normal. We've had different kinds of families for centuries in every culture.

And, you know, just sometimes the disrespect and the lack of autonomy that can be stripped when we don't look how people want us to look, when our families look different and the ways that we can be treated and kind of dehumanized.

**Makeda Zulu**

And the trauma that brings not just to the person who's facing, you know, the adult person or, you know, but the child that is exactly inside and experiences all that as well.

Well, that's a lot. That's a lot. So you all have been doing this work. What are the next steps?

**Corenia Smith**

Yes, the next steps. The next steps are really for this to continue to keep moving. Yes, we have momentum. We now have a coalition that we've been building. We have strategies that will be implemented and that will be implemented by community. And so we're going to continue to serve. We are going to continue to create change and to disrupt the pattern.

We're really ready to take this next step and being able to be a catalyst for trying new things here in Hennepin County and to also make sure that we are having better outcomes so we're ready to see the fruits of our labor once we get started.

**Makeda Zulu**

Well. Well, all right. See the fruits of the labor? That’s fantastic.

**Corenia Smith**

Do you see what I did there? [Laughter]

**Makeda Zulu**

I see that.

I want to thank Corenia for being here today. And if you've been listening, I know you are intrigued and you probably want to know more about this birthing justice collaborative, and so you can find out more about it at the Collective Action Lab. That's all one word: Collectiveactionlab.com/ maternal-health.

A special thanks to Nina Shepherd with the Office for Public Engagement and UROC She is the senior communications director. to learn more about UROC and our many community partnerships. Visit UROC.UMN.EDU. That is U-R-O-C dot U-M-N dot E-D-U.

Today's episode was produced by Blackbird Revolt, engineered by Stan Tekiela edited by Jordon Moses.

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