Episode 9 Transcript

Rebecca Polston

The answer is always well, if those people go to the doctor more. If those people did this, that their outcomes would change and that didn't make sense to me. How can increased contact with a racist system expect a different outcome?

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 getting to the roots of inequity with the University of Minnesota School of Public Health professor and UROC affiliated researcher Dr. Rachel Hardeman and Roots Community Center Director Rebecca Polston. We'll explore the roots of structural racism and its impact on birthing people before, during, and after pregnancy. Would you please both tell us a little bit more about yourselves, starting with Rachel, Doctor Hardeman.

Rachel Hardeman

Thank you so much, Makeda. I'm really excited to be in conversation with you all. So I am Rachel Hardeman. I am a third generation Minnesotan. I am a mother. I am a daughter and a sister and a wife. And I'm also a reproductive health equity scholar. So what that means for me is that I spend my days studying and building the evidence base to help us understand how to improve the lives and outcomes for birthing people, broadly speaking. But really, my focus is on black birthing people, with the ultimate goal of figuring out the ways to manifest racial justice so that all black women, black birthing people and black girls can live their full greatness and glory. And I currently do that work, as a professor at the University of Minnesota School of Public Health and as the founding director of the center for Anti-Racism research for Health Equity.

Makeda Zulu

Fantastic, Doctor Polston?

Rebecca Polston

Well, I'm not a doctor, but thank you. I'm honored to be in the presence and in the company and relationship with amazing researchers like Doctor Hardeman. So, my name is Rebecca Polston. I am a midwife. I am also a mother, daughter, a sister, a spouse, a friend, a steward. And I am the owner of Roots Community Birth Center. And that's a center, freestanding birth center located here on the north side of 44th and Logan. And there I lead an amazing team of people who provide comprehensive prenatal care. Birth in our facility, postpartum care, wraparound care for the entire family, focused on providing a quality care and experience for black and brown birthing people. Our primary mission is to reduce the impact of structural racism on the perinatal episode and improve outcomes for our community.

Makeda Zulu

Well, you both are doing great work. Can you tell me how you all found each other, what your work is together and how that impacts community?

Rachel Hardeman

Rebecca, I love the way you tell the story, so you should tell that.

Rebecca Polston

I was going to say the same thing. I love the way you tell this story. So, Doctor Hardeman and I met several years ago when there was a doula training program going on, through another local organization here in the Twin Cities. And this was before the topic of black maternal health was really getting traction, in the public eye. And, of course, this was something I was passionate about for years and something that Doctor Hardeman is passionate about. And so I heard about, kind of how this project was unfolding. And so I called her up and I said, you're doing this wrong. You are wrong.

Makeda Zulu

Ooh, I like it.

Rebecca Polston

This is what you need to know. This is all the things you're doing wrong. You can't do this. And I said that from a place of I want you to be successful. But I was really blunt, really direct. And from there she said, okay, tell me more.

Makeda Zulu

That's good.

Rebecca Polston

Tell me more. And from there we built a beautiful relationship.

Makeda Zulu

What would you add to that?

Rachel Hardeman

I mean, that's exactly what happened. And, you know, for me, having someone, you know, just pick up the phone and make a cold phone call for, you know, you're messing up is pretty. You know, it's pretty remarkable. Not everyone's going to do that. And I think it speaks to the kind of person that Rebecca is. And the fact that she was approaching that conversation with love, both for me, but also

for our community, because even though we hadn't had any in-depth conversations or, you know, really knew each other at that point, it was clear, I think, for both of us that we were doing the work we're doing out of love for our community and our people. And so... I mean, like Rebecca said, like the start of an amazing relationship. So when a funding announcement came out from the Robert Wood Johnson Foundation, you know, I and my colleague, doctor Katie Cazamano were like, the only person in our community that we want to work with right now is Rebecca because, you know, anyone who is that bold, right? And also, you know, that honest is someone who, for me, I want to build a relationship with. And I think the rest is really history in a lot of ways. We've, been, you know, really fortunate to be able to work together, collaborate, be sounding boards for one another, for years now.

Rebecca Polston

Yeah. And to pick up on that again, I think it's important for those who hear this to... in this story to recognize that nobody else was doing this at the time that we started having these conversations. This was not a conversation that was taking place in any setting. No one was trying to do these initiatives. And so we were always having to innovate. And so to have and for me, it was the same thing that I could have this amazing, purposeful, trustful relationship about what's actually important to us as black women, as members of the black birthing community, and to be able to say, hey, this is where I see this. And to have that relationship be built on this incredible candor about our lived experiences, that doesn't happen until we're in this place where we have to innovate and then we get to innovate this relationship too. And so when it came to the Robert Wood Johnson fellowship, I had the same perspective where I won't do research with anyone else. I won't let anyone else study what we do. Nobody else gets my data but, doctor Hardeman, period, because I trust her with it.

Makeda Zulu

Well, and your relationship is really one of the reasons UROC was created is to transform, right? To transform the way universities and communities work together. And you all demonstrated that from the beginning. I mean, that is like just the poster, the model. Right? Because each of your knowledges were held equally important to move a serious conversation forward with action. Not just studying the problem. So both of you, your relationship is amazing. And can you talk a little bit about how it has impacted the communities you're working with? You know, I think of where you talk about how people weren't talking about this conversation before. People are talking about it a lot now. How do you feel about that?

Rachel Hardeman

Before we jump into that, Makeda, there's something else I think is important to add about the community, that relationship and sort of your point around exactly why UROC was created is really to transform, the ability to create the relationships between the university and the community. And I think one of the things that allowed for us to be really successful in building that relationship is that,

you know, early on in our, decisions to work together, we had some very frank and honest conversations about what we both needed from our collaboration, what was at stake for both of us and, you know, and for Rebecca, you're she she's not in the Academy. She's not, I you know, at the time, I was in a tenure track position, you know, trying to navigate, you know, how to be successful and get promoted and tenured and all the things that are important, you know, for being in those spaces. And so being able to, you know, to articulate that to Rebecca, and for her to understand and say, okay, I'm going to support you in this in the same way that Rebecca was launching a birth center, she was a year into this massive venture. And, you know, a lot was at stake for her, you know, financially as well and you know, we were able to have some really, I think, important conversations about that and keep that as our North Star as we were, you know, building that collaboration.

Makeda Zulu

Okay.

Rebecca Polston

Absolutely.

Makeda Zulu

All right. Okay. All right. Well thank you.

Rachel Hardeman

Sorry, I digressed from your last question.

Makeda Zulu

Not really, not really. Because you'll always be, the work you do is, again, you know amazing and I know that that is a word that sounds pretty cliche, but to talk about structural racism and the health care context is so important. And it hits many areas but we're talking about birthing. So can you talk a little bit more about structural racism in the birthing context?

Rachel Hardeman

Sure. Do you want me to...

Rebecca Polston

No, you go for it and then I'll add in.

Rachel Hardeman

Sure. So, you know, I have built my scholarship and my research, really, around understanding the ways that structural racism impacts health outcomes, and particularly for black birthing people. And

for me, what that means is, you know, we are dealing with a really complex, constellation of ways that inequities are showing up in people's lives. And so, you know, on one end, you're, you know, we are always thinking about the fact that people don't, you know, not everyone gets to live in a safe environment, not everyone has access to healthy foods. And, you know, all of that is due to structural racism in the structures in place that, you know, that put resources in the hands of some and take them or don't provide them for others. But then, you know, on the other end of that spectrum, we also are looking at what does that mean for how people are treated, cared for, loved, received in the health care delivery system. And, you know, there is a wealth of data and documentation now, where we, you know, have been able to tell those stories about the ways that folks have been mistreated and black birthing people have been mistreated in our health care delivery systems. And how that's led to, you know, adverse outcomes across the spectrum, right? So we know that, black birthing people are four times more likely to experience maternal mortality. Black birthing people are more likely, 100 times more likely to experience maternal morbidity. So those life threatening things that can happen postpartum in that first year postpartum that don't kill you, but could be devastating for your life and for your ability to care for your family.

Rebecca Polston

And from the clinical side... So for me, I actually came to midwifery from community organizing and was doing work on structural racism around housing here on the North side. And... At the same time, I've got this parallel track where I'm absolutely fascinated by birth, I love birth, I think it's amazing and transformative. And so I'm having this intersection of knowledge, and this is back in the 90s. And I'm learning and really understanding how structural racism is in all of these institutions. In schools, in prisons, in hospitals, in housing. And yet at the same time, I'm learning about the experiences that we're having as black women in our pregnancies. And the answer is always both those people go to the doctor more. If those people did this, that their outcomes would change and that didn't make sense to me, because how can increased contact with a racist system expect a different outcome? And so I set out on this trajectory to very purposefully create an alternative and to put birth back in community, because I'm also seeing on the north side, there's all these stories, oh, Murderapolis, this is where people go to die, this is where it's horrible. And that wasn't what I was seeing. What I saw were families and neighbors sitting on their stoop and children playing. And I wanted to say, no, we're going to have, we're going to celebrate the life that is in community, and we're going to put birth back in the community and stop institutionalizing it. And lo and behold, we had a different outcome, because what I'm seeing is from this nonacademic perspective, is people going in and legitimately having the same symptoms be ignored. People going in and asking for help and being denied help, people being told that their bodies are broken, that their families are broken, that their babies don't deserve to be celebrated. And then we wonder why people don't come back for more, right? So... the many layered pieces of what that looks like, but it really does look like care is delivered differently to black and brown people. It is absolutely delivered differently. And I wanted to do it differently. I wanted to treat everyone else with the same respect and dignity that I wanted.

Makeda Zulu

So in community and, with self-interest, I know that one of the early conversations with folks is that you have to be honest about your self-interest. And if you say you have no self-interest, you're not being honest with your partners or with the communities that you work at. Right, right. And so it seems so foundationally obvious. But... So we like the work we do here staying on the right. Yes. So, I want to talk more about that too, though. Looking into self-interest. How do you balance looking at self-interest, working for a community, and then you've got these systems that feed off of pain of people. And then how do you balance that? To continue to survive or make way to create a new system? Or to nurture an older system that is older than these systems that we've been using. How do you make those moves without those folks trying to, trying to make sure it doesn't happen? Because I would guess the South there's money is has got to play a role in this.

Rebecca Polston

Well, part of it is recognizing that people do actively try to make it not happen on a regular basis. I mean, that is happening and not shying away from that and calling it out for when it happens and not pulling those punches. So if I can speak with love around to Rachel about, hey, this is where I think we should go from a research perspective. Do you think I pull any punches with the people who don't want us to succeed?

Makeda Zulu

Yes.

Rebecca Polston

No. That means that we don't show up if the real conversation isn't happening, right? I just, we will not come. I learned that a long time ago. Because if I show up, then people will use that as a way to validate and affirm what they're doing, even if it's not the right thing. So if the real conversation isn't happening, Roots does not come. We will be happy to have real conversations with people. That also means that I will not pat insurance companies on the back, period. They are part of the problem. We are incentivizing poor outcomes in this country. And anyone who isn't actively calling that out for the crime against humanity, that it is right, is part of the problem. We can't pull punches on these folks. They can make tens of millions of dollars, billions of dollars off of our illness, out of our deaths. I'm not pulling punches.

Makeda Zulu

And you shouldn’t.

Rachel Hardeman

You know, I think, Makeda, you pose a really, really critical question and one that I find myself grappling with right now in a lot of different ways because I think trying to unpack, you know, everything that you just heard Rebecca describe, as well as unpacking sort of the ways that white supremacy culture is dictating the decisions that are being made within the academy and sort of how we go after funding and what that looks like and the urgency around that, has been really, really, really challenging to balance. Because, you know, for a variety of reasons and I think, you know, for me, it's a matter of always sort of going back to my why. And, you know, I said at the beginning, you know, my goal is to manifest racial justice so that black women and girls can live their full greatness and glory. And I look at my daughter every single day, and that is my why, you know, and that's what allows me to put those boundaries around my time are where I'm going to show up or just how Rebecca was describing, saying, you know, being very clear about, the spaces that I'm going to be in and the words that I'm going to say in those spaces and, making those decisions. But also I want to be clear to folks like it is not easy. It is, at least for me, it has not been an easy path to be able to navigate those core values for myself as someone who, you know, is a member of this community and has three generations of family, you know, rooted in the Twin Cities. You know, it's so critically important that I do right by them and also, you know, trying to balance that with advancing a career that, you know, I care deeply about as well, and making sure that those are feeding each other in ways that feel right. It's a constant battle.

Makeda Zulu

Well, you all have both laid the context and I'm going to ask one more question, I do know you need to go. This is my belief that when black and brown people, Native American people, are suffering in these birthing communities. And if we actually fix it for these groups, if we make it better for these groups, I believe we make it better for all groups. Because when you leave a hole… there's an old statement… if you're digging a hole for a person, right, you got to get in, you're going to get dirty. So let's stop digging the hole. But that is my belief…. Is it true?

Rebecca Polston

So when I set out to create Roots and I was doing my business plan and I'm looking at the demographics for our region, for the seven county metro area, 58% of all babies born in those seven county metro area at that time are born to black and indigenous people. I looked at why and who all the other birth vendors, for lack of a better descriptor, were serving. Who were they designed for? Whose pictures did they have on the wall? Who were working the halls? Who is employed there? And that is what structural racism is. Because if you are literally not building your systems to serve the people using them, but to serve someone else, then that tells you what's happening. But the other piece is that obstetrics, maternity care in America sucks in general, we're horrible in the developed world.I mean, it sucks for everybody…You hit it, exactly. The magic is that when you build it, when you deliver care for the most marginalized, it works for everybody.

Makeda Zulu

It works for everybody. Thank you.

Rebecca Polston

The rising tide lifts all boats.

Rachel Hardeman

That's exactly what I was going to say, too. You know, I think about that a lot. And also just the fact that our liberation is bound together. Right? So ultimately, I am working and I will spend the rest of my days working towards liberation and freedom. And, you know, we will not be successful if we aren't able to recognize the humanity, first of all, of black and Indigenous folks, and that when we are doing better, we all do better.

Makeda Zulu

Well, and that's a perfect place for us to close out. So I want to thank you both for joining us. You can learn more about the work that the center for Anti-Racism and Health Equity and the Roots Birthing Center online. I want to thank Rebecca Polston and Doctor Rachel Hardeman for being here today. I also want to give a special thanks to Nina Shepard with the office for Public Engagement and UROC. She is the senior communications director. Today's episode was produced by Blackbird Revolt, engineered by Stan Tequila, and was edited by Jordan Moses. Thank you and have a wonderful day.

Rachel Hardeman

Thank you.

Rebecca Polston

Thank you.