

Layla: I'm Layla Saad, and my life is driven by one burning question: How can I become a good ancestor? How can I create a legacy of healing and liberation for those who are here in this lifetime and those who will come after I'm gone? In my pursuit to answer this question, I'm interviewing change-makers and culture-shapers who are also exploring that question themselves in the way that they live and lead their life. It's my intention that these conversations will help you find your own answers to that question too. Welcome to Good Ancestor Podcast.

Kimberly Seals Allers is an award-winning journalist, author, internationally recognized speaker, strategist, and advocate for maternal and infant health. She is a woman on a mission to question, challenge, disrupt, and then reimagine how we talk about birth and breastfeeding and then breaking down the many structural barriers women face in these areas. A former senior editor at *Essence* magazine and writer at *Fortune* magazine, Kimberly is a leading voice on the sociocultural and racial complexities of birth, breastfeeding, and motherhood. She's a frequent contributor to major publications including the *New York Times*, the *Washington Post*, *Slate*, and more. She's the director of the Maternal and Child Health Communication Collective, a national consortium of over 80 organizations working collectively to shift the narrative of maternal and infant health issues funded by the W. K. Kellogg Foundation. In 2018, Kimberly was named one of 21 leaders for the 21st century by Women's eNews for her decades of media advocacy work. Kimberly is the author of *The Big Letdown: How Medicine, Big Business, and Feminism Undermine Breastfeeding*. In 2018, she founded Narrative Nation, a nonprofit that creates community-centered media and technology to eradicate health disparities. Kimberly is also the creator of Irth, a social change app that collects and shares hospital and physician reviews filtered by identity to help screen for bias.

Hi, everybody, and welcome back to Good Ancestor Podcast. Today, I have got Kimberly Seals Allers with me in the house. I am so excited to have you here, Kimberly.

Kimberly: Thank you for having me. I'm equally excited to be here. This is so amazing.

Layla: It's so amazing and I'm so glad that we had the opportunity to actually meet in person just a few months ago. At the end of 2019, we were both speakers at our mutual friend, Latham Thomas's inaugural Continuum conference which is all about the maternal health world and you are just such a powerhouse in that world. Actually know you because of Latham. Latham is the one who introduced me to you and I just knew I had to have you on this podcast 'cause you are such a trailblazer in this work and we're gonna get really deep into the work that you do.

Kimberly: Oh, thank you.

Layla: Yeah. So, before we start, the very first question that I ask every guest is about the ancestors. Who are some of the ancestors, alive or transitioned, familial or societal, who have influenced you on your journey?

Kimberly: Well, I have to start with my granny. Everybody —

Layla: We love our grannies.

Kimberly: We love our grannies, and, you know, among the many women who show us that anything that we want is possible or who help us see ourselves beyond our insecurities, it was certainly my granny and my granny, Rebecca. In fact, my daughter's middle name is after her. And what was the thing about my granny was that I was a bit of an awkward child, you know, the weird kid who, you know, played the violin and was into bird watching and had a speech impediment and my granny just always made me feel like none of that mattered and that I was just unstoppable and she always gave me the love that made me feel that I could do anything and I never forgot that we were very close and, you know, and, again, she taught me how to make biscuits and how to crochet and how to do all the other things that grannies do but we had a very special relationship, That is certainly something that I have carried with me, and I think, for me, I come to this work really as a journalist by trade and so I have to think about the writers, right, the Zora Neale Hurstons and the Ida B. Wells who were trailblazers for both writing with authenticity and integrity and for change and also with powerful storytelling and using journalism as a tool to right wrongs, to shed light on things that have been in the darkness, and I think those things have been also a key part of my journey so I'm grateful to those in particular but so many of the ancestors who I know, I stand on their shoulders and I carry on their work.

Layla: Yes. Yeah, that just gave me tingles because, with this podcast, what I'm really wanting to do is to have this record of these modern living ancestors who are doing trailblazing work, culture-shaping work, and what really excites me about the work that you do is, like you said, you're a journalist and that's where you began your trade but you're also the creator of so many different movements. Black Breastfeeding Week, you're one of the co-founders of that. You are the founder of the new app, Irth, which I really wanna talk about as well which is about taking the bias out of birth. You have used absolutely the power of words in such a powerful way in many big publications that we know of, you know, the *Washington Post*, *New York Times*, et cetera, but also that you're doing this on-the-ground work and in this area that you work in of maternal health and infant health, there is so much going on.

Kimberly: So much going on.

Layla: All the things. And you're the author of the book, *The Big Letdown*, which I absolutely love the title of that book. I remember seeing it the first time, I was like, "So clever, I love it." But really having this conversation about the challenges that women are facing when it comes to their maternal health, when it comes to pregnancy and after pregnancy, and then specifically the problems that black women are having that are not because of anything to do with them inherently but because of how society is set up and you look at the intersection of so many different factors that impact women. In particular, in your book, you talk about big medicine, you talk about feminism, you talk about how these intersecting

factors really have this very negative impact, so what are some of the statistics that we need to be aware of? Just so people who are completely new into this world may not have heard of it and I wrote about some of it in *Me and White Supremacy* but what are some of the figures that when people hear them, it makes them go, “Whoa, I didn’t know that”?

Kimberly: Right. Well, I mean, we can start with the black maternal mortality rate which is, here in the US, black women are over 243 percent more likely to die during and after childbirth —

Layla: Sorry, just slow that down again. How much?

Kimberly: 243 percent more likely to die, according to the CDC, and when we look at what’s happening nationally, we look at what’s happening on the state level, we see this disproportionate range between the rates at which white women die and the rates at which black women die and of course no woman should be dying. The United States overall falls within the bottom categories for maternal mortality and pretty much all the maternal health indicators as well as infant mortality for our country, but when we think about what’s specifically happening to black women. I live in New York City and — I’m in New York City, right? One of the most metropolitan cities. The black women are 12 times more likely to die than white women and so we know that there’s something going on and you name a city, they have a similar statistic, and so when we see this disproportionate pattern, we have to start asking why and I think that history has been to problematize black women. “There’s something with them.” “They’re not taking care of themselves.” “They have preexisting conditions.” “They’re obese.” “They have high blood pressure.” But even when you control for those factors, right, because there are white women who have those same underlying conditions, black women still have this disproportionate rate of dying and so we really have to start asking what’s going on here. And then we see on the breastfeeding side, racial disparity in breastfeeding rates that has lingered for over 40 years, right? And so, while we are getting to better numbers in terms of initiation, but if you look at what is considered the gold standard of infant nutrition which is 12 months, if you look at anything starting from 3 months to 6 months, those numbers, particularly for black women, begin to tank, right? And so even at the 12 months, there’s like a 50 percent gap that, you know, varies by points of a percentage point by year but we haven’t been able to crack that and that’s important. That’s important. I mean, because, when we think about particularly in America, this history of slavery and what happened to black women and that disruption of their motherhood journey and I remind everyone, it is no coincidence and it should not be lost on any of us that women who are breastfeeding their children the most in the past, black women, who were breastfeeding and that’s why they were stopped from breastfeeding and they were forced to breastfeed the children of their white slave owners —

Layla: Right, right.

Kimberly: — and were used as wet nurses, right, because they were known for that, are now the women who are breastfeeding the least and their infants are dying at the highest rate and are they. So, there's something going on historical, kind of generational, and present that we can't ignore and we can't just keep saying, "Something's wrong with black women." There's nothing wrong with us.

Layla: Right, and the work that you do, I know because you're an African-American woman and a lot of work that you do is on the ground there as well but you're also an international speaker and I know that you've seen similar rates, similar patterns happening in other countries around the world too, haven't you?

Kimberly: Yes, and now the UK, most notably, is beginning to see the same disparities in their black and minority ethnic women. They use the word "BAME," not my favorite. So, for the women of color there, we're beginning to see these very same disparities and so when you see something happening over and over to the same type of women, you really have to talk about the systems and structures in place and not try to individualize what's happening with women and so, you know, that's really what my work is. I'm not a doctor, I'm not a medical professional, but I am a truth teller and so when I bring my journalistic training, which is one of questions, which is one of enquiry, to say, "Something's not right here, yeah, something's not right here," and the things that we've accepted as the answers just aren't true, right? And so how do we get to the truth of the matter? And that's what I try to do in my books and in my work and even on the community. You know, we've had this model that says that it's gonna take research and science to solve all these things but my work has said, I think there are answers in the community —

Layla: Right.

Kimberly: — how we value community knowledge. How do we value experiential knowledge? How do we value lived experience? Actually centering the people who are most burdened by this problem, not the so-called experts who have consistently failed black women in particular and all women in the US. So my work on the ground has been around really developing and creating a model of research, as it were, that says the community actually has the answers and we don't have to try to fix and change it and save it and coming with saviorism models —

Layla: Yeah. That's something I wanna talk about because like my brain is going in a million directions 'cause there are so many things I wanna ask you about, but I want to just rewind things a little bit because your entry into this work came through your own mothering journey, didn't it?

Kimberly: Yes.

Layla: Yeah. This wasn't something that you were looking at until you became a mother.

Kimberly: This is so true. I was very happy in my journalism career, I was doing quite well, and like many women when I had my first child was floored at what I was learning just as a pregnant person researching myself into a tizzy and probably overtly researching as a journalist and I was shocked. You know, I was blessed to have not been poor. I was blessed to have been well-educated and had no clue that I was still at the same statistical risk as my disadvantaged sisters and so that really was an eye-opening entry point for me because I kept asking why and nobody had a good answer, and so that's what happened to me on the pregnancy side. Certainly during my birth, you know, living in New York City at that time, asked my girlfriends who were mostly white around places to deliver and they gave glowing reviews for a hospital and I went there and I left traumatized. I had a terrible experience and at the end of the day, I realized that I was not yet married, as they were all married, and I was finishing up my master's at Columbia so I was on student insurance and so I was treated like an unwed black woman with basic insurance and I never forgot that, right? And so that's the story behind birth and my pregnancy stories is the story behind my very first book and then when I began breastfeeding my baby, I'm prepared for the ways that my family, including my very supportive women who have supported me and cheered me on through career and master's degree, et cetera, were saying things like, "Well, breastfeeding is for poor people," and "Why are you doing that?" and I was just unprepared for what was going on culturally, around the cultural nuances of breastfeeding, and then when I tried to find support groups, there was none with anybody that looked like me and it was really just a lack of awareness and as I began to ask questions, I began to see the problem was not just me, as many people said that it is. It was cultural, it was systemic, it was political, and that's how I look at these things. Just like, no, there can't be something that's wrong with all of us. Of all the women who are struggling around this one thing, more women are dying, like no, there has to be something else, and so all of that has shaped my journey in this field and my passion because —

Layla: Yeah, and you have this great combination of your passion that comes from your own very real lived experiences, but also this inquiring mind that you have, this journalistic approach that you have to be able to bring them together and present this work in the way that you do is just incredible to me. As a mother myself, right, I have two children and, you know, you go into mothering and you think, oh, it's just — I'm gonna have a baby and then this is — and then I'm gonna breastfeed and that's gonna happen —

Kimberly: It's gonna be great.

Layla: It is gonna be great and there were so many things that happened that were nothing linked to kind of racism in the medical field 'cause I gave birth in the Middle East so it's different here but, you know, I delivered prematurely, didn't know that was gonna happen, and so I had a baby in ICU for many weeks which caused a problem with breastfeeding later on and so all of these things create so much stress and so much trauma and then you add on top of that having traumatizing, racially aggressive experiences from medical staff, from the people that are supposed to support you when you're at your most vulnerable. It is

heartbreaking and when that leads to people having then complications and possibly leading to death, it's unconscionable and so I want to talk a little bit about — we repeated this a few times and this is something that I talk about a lot in *Me and White Supremacy* that it is institutional. This is not a few bad apples, a few bad extremists who have a few poor views about black women and women of color. This is built into the system. It is inherent within the system. Talk to us a little bit about what that means and how that shows up.

Kimberly: You know, I mean, one of the things that I remind people is that, particularly here in the US, these systems weren't built for us, right? They were built at a time really around oppressing black people and so we really can't expect the institutions that really weren't even built with us in mind and were actually built to exclude us to actually save us. It's just not going to work. I mean, it could but I don't know if I'll be around to see it. And so when we think about what that means institutionally, we're talking about things that people aren't even aware of but is happening because they're so used to it. I mean, this is the worst part. It's become normalized and particularly the medical field where there are power dynamics involved and when we think about this idea of knowing and who has knowledge, then that power becomes even greater against those who are viewed to be less, right? To be less than, and so this is why I think in medical systems it plays out in its most extreme and often aggressive way because within that system, not only is it racist but it also has a superiority complex, eagle problem that's also built into it which is across the board. And so, you see actually layers of institutional racism and oppression within the medical system that's historic. If you think about the history of what has happened to black women, the father of OB/GYN, a man very celebrated, Dr. Marion Sims, literally used black enslaved women as his subjects for his tests without even giving them anesthesia, right? And so that idea of who medicine is for and who to be used by it and is not respected as a person within the process, who is not human within that process, goes back from time, right? And so we can look at Henrietta Lacks. I mean, the whole history of the medical field, in particular as it relates to black women, black people in the US, is one of oppression, aggression, and disrespect, and so, for us to uproot that is going to take a lot more than a few good doctors trying to turn things around, in my opinion, and so this is why my work with Irth for me is so important because the ways that it's showing up is so disgusting sometimes, Layla, when I come back from hearing the stories in my community, I need to see a therapist. Like, I need to shut myself down and practice self-care because —

Layla: And this is when you're hearing from black people, people of color in the community, their experiences in hospitals, with doctors, with medical staff, what they're facing, yeah.

Kimberly: Yeah. And I mean, across the board, across socioeconomics, across —

Layla: From the Beyonces and the Serena Williams to —

Kimberly: Exactly, right? So we know, I mean, we know if this is happening to Serena, right? You know, one of the greatest athletes of all time **[inaudible 00:20:27]** literally

save herself and I remind people she was sitting there with her white millionaire husband and they're both [inaudible 00:20:34], so you can only imagine what happens when I go to the marginalized communities of Detroit, of Philadelphia, of New Orleans, like it has to stop. And, you know, I'm proud of Irth because I see it as disruption, because what this institution needs is some light shed on the truth and that light can't be filtered by the same institution that's oppressing us, right?

Layla: Yes. And this is what is so innovative about your work, right? So the app is called Irth and it's not E-A-R-T-H, it's I-R-T-H. It's birth without the B and the B stands for...?

Kimberly: Bias.

Layla: Bias. So birth without the bias.

Kimberly: That's right.

Layla: And you are saying we can't depend on these institutions that were never built for us to save us, to rescue us. We have to build for us and you are going into the communities and you are collecting information about people's experiences in different medical facilities so that people can have a — you described it as a Yelp for birthing, right? Tell us a little bit about it. How is — where did the idea come from? What is your aim, your vision for it? And what's the journey been like in bringing it to the world?

Kimberly: Thank you for these questions. I mean, so Irth came to me really through my own story. Like I said, it started as something that happened in my own birth journey and I kept saying to myself when I had that experience of asking, you know, my great white girlfriends where I should deliver, how could I have known, right? How could I have known actually what someone like me experienced? And so, at the time, because of my circumstances, asking, you know, my middle-class white girlfriends which was absolutely useless to me, it never dawned on me that we could have a completely different experience to the point where they were hurt and upset and angry and saying, "Oh, my God, like are you sure you were at the same place?" right? So this idea that people are not having the same experience even at the same place is something that I lived through and has just kinda been in my journey book because it was a very traumatic experience for me and that was with my first child so, again, all your hopes and dreams are kind of attached to that initial story, so that has been with me as I continue this journey. Now it kinda just sits in the back, but as I began to do this other work, hearing these things in our community and I would be in Detroit and I would be in Philadelphia and I would be in Oakland and I would be — all these places and I would hear these stories and women would come to me and say, "Oh, my God, this is what happened," or, I would be there and they're like, "A mother just died, we're going to the funeral," and I would go and it was just place after place after place and, again, my journalist mind said, "We have to put all these stories in one place," right? Because in each of those cities, those stories were being dismissed by the hospitals, they were being dismissed because it's a liability. They don't want the

lawsuit, and every place, people had no recourse. Hospitals obviously have deep pockets. You know, very few people have the resources and, of course, even the wherewithal to take on an uphill legal battle just after giving birth. It's not the time, right? You know, I mean, how I was, I was just trying to figure out how to take a shower. I was alone, incapable of any type of higher thought. And I kept hearing these things and I said, "We gotta put these stories in one place," right? And if we created it, and so for me, on the back-end, Irth is really this first national repository of experiences, right, among black women and other marginalized groups, and it's a way for us to, on the front-end, be a tool that we can say, "Listen, I'm gonna protect my sisters and I'm gonna let them know where I'm getting good care and where I'm not getting good care," and that is public and that everyone can see it because this is what I was realizing. Everybody in every city, there were people who knew. It was either **[inaudible 00:24:34]** "No, no, don't go there, go there."

Layla: Right.

Kimberly: "Don't go there, go there." I call it like the underground railroad of how to birth and survive, right?

Layla: Yeah.

Kimberly: And I'm like, this can't be a secret, we can't be whispering, and so Irth is about taking those whispers that I've heard for the past 8, 9 years and putting them on a digital platform that's public, that says, "I'm going to protect other people and inform other people and use consumer forces to do that," and then on the back-end, as we're building this repository of experiences of care, we're gonna turn that into quantitative data, 'cause they really love that, and now we get to use that collectively to go to hospitals and say, "Hey, funny thing, you know —

Layla: We have all these, right, stories, all of this data, yeah.

Kimberly: Right, right, right.

Layla: Receipts, right.

Kimberly: And we can say, "80 percent of black women or the Latino women or the same sex couples are having this experience and we expect you to do something," but now it's public. This information exists in the dark and it's not for consumers to see, right? Many times in the US, you may go to a hospital, you'll get a patient survey, they'll ask you about your experience, but you don't know what happens to that. You don't get to see that. You don't get to know how other people like you are having the same experience. It's all secret. And we can see, when we look at it on the consumer level, how digital platforms have caused disruption. They've caused us to rethink how we —

Layla: I mean, I wrote a book on Instagram so, you know, I —

Kimberly: You wrote a top-selling, million-download book on Instagram —

Layla: That's right.

Kimberly: — so you know that these things can be disruptive and powerful and so for us to be able to make this public and we can do that, so with Irth, you'll be able to go in, you can put in something about yourself, your race, the ethnicity, your sexual orientation, your gender, here in this country, your insurance type because that's really important, that's impacting the care that people receive, and many other filters. Your income, et cetera, and it would generate a review from someone like you, right? And so this idea that you get to see how people like you are having an experience is really important, and so you asked about the journey. As you can imagine, many, many hospitals are not exactly excited about Irth.

Layla: Oh, I'm sure. Whatever do you mean, Kimberly? They don't want all their business out in the streets?

Kimberly: And that makes me most happy, I gotta be honest with you, and the institutions have been centered in this process, even when you look at who's funding it and they've been centered for far too long.

Layla: Yeah.

Kimberly: They've been centered for far too long, and what I say to hospitals, it's like, "Listen, I wanna make you the Airbnb Superhost of the Irth platform," right? And those who are doing well will be rewarded and should be applauded and will be kind of amplified within the platform, but we need to reveal the bad actors and insurance companies need to know who the bad actors are, hospitals, this is a real issue, and, for me, the urgency of black women dying means that we have to be one trying many things. Irth is not *the* thing, it is one thing.

Layla: We're all contributing our things, right? Like there's no one approach. There's no one way. We are all bringing our creativity, our insights, whatever downloads we get, to put things out into the world and chipping away at this thing and helping to build a new world.

Kimberly: Yeah. It's connecting all of us. It's connecting all of us, and so Irth is just one thing among the amazing work that's going on on so many different levels. Internationally, this conversation that we're having about racism and its role in our lives and how it literally impacts us on a very personal level and our infants in our womb, like this is real talk and so all of these things are happening and I think that's, for me, the power. Not in the one thing because I don't believe that can be it but in the many little things, right, that actually create these ripple effects that become more powerful as they gain steam with other movements **[inaudible 00:28:39]** talk about this bigger than just around black women. As we understand, this impacts all women and if we understand this is about racism, this is about food systems, and this is about social justice, now we're in much bigger waves and so we have this tsunami that all women deserve and so I think that's what I'm

excited about and, for me, the journey has always been about stories, right? And so we're privileged. I'm real excited that as of today, I've raised over \$500,000 to fund Irth for its development for us to go into the communities to capture it. We are hopefully, you know, on schedule to launch Irth nationally in the US in the fall of this year and so our plan is to go into five cities, we're gonna seed the app with these stories, with these reviews that will be already in it and then we launch it to the US and then there's already data in it, right? And so we begin to build this movement and awareness and I'm super excited about the response that I'm getting. So many women, Layla. I mean — and in the past, when people will share their story, I would carry it and it would really burden me because I felt like, what can I do? And I'm giving myself goosebumps, now I get to say to women, "Share your story with me, I promise you I will go fight for change." Share your story with Irth, we will use it to change — It will first immediately help someone else like you. That's off the bat, right? Then on the back end, we will put all those experiences together and we will fight for change and so I love that we get to shift this narrative again as a storyteller because black women in the media have been portrayed as the victims, right? Every story you read —

Layla: Or the villain, right.

Kimberly: That's right. We're dying, we're dying, we're dying, and it's making women afraid.

Layla: Yeah.

Kimberly: People are literally afraid. Black men are reaching out to me. They're scared for their wives. I'm like, no, no, no, no, because fear is used as a tool to control people —

Layla: That's right.

Kimberly: — over time. There was a reason why they lynched us in the street, right? It's for you to look and see, to know, don't do that.

Layla: Don't do it, right.

Kimberly: That's right. It's a form of control.

Layla: What really kind of is impacting me as well is I'm hearing you talk about how you are gathering people's stories and how that can support so many people is that each one of those people that has the courage to share their very vulnerable story about their experiences also gets to be a good ancestor because they're passing along, they're alchemizing this event that happened to them that was very traumatizing, they're alchemizing it, they're transforming it into something that can be of service to other people and they don't know, they can never know how many people's lives will be saved —

Kimberly: That's right.

Layla: — because they had the courage to contribute and share their story. They didn't need a platform to do that, they didn't need a bestselling book to do that. They show up in the community and you have lightning rods, people like yourself, who say, "I got the download for this thing. Come here, share your story, and we're gonna go impact so many people," and so I just wanna thank you because —

Kimberly: **[inaudible 00:31:49]**

Layla: Yeah, because it's —

Kimberly: That's just amazing. I never —

Layla: — so, so powerful.

Kimberly: — thought about it that way and that is so true, Layla. It's like, yes, we're thinking about the urgency of the situation now but the power of that to continue and exist and to be used going forward, right, because we want to take the stories that we collected in 2020 and when we go back to review a hospital next year, we need that story to admit something that they've changed, a way to move that institution in a public and hopefully disruptive way that holds them accountable. There's been zero accountability and, to your work, many of these hospitals have done the anti-bias training or the anti-racist training and —

Layla: You've seen it all.

Kimberly: I've seen it all. You know, they call it the train and pray. I'm like, that's a thing?

Layla: Wow.

Kimberly: You all shouldn't be saying that, right? But there's been no way of checking back in and this is why the tools that you create are so important for people because it is about accountability and there's been zero from these institutions who are literally killing people and, you know, haven't been held accountable for that in no way and so this is where we create public accountability, where we can say, "Listen, you're getting bad reviews." Unfortunately, in the US, we live in a commercialized health system and it has many, many flaws, all of which are being laid to bare during this pandemic, but if it's a consumer system, we can at least use that part to our advantage, that we have, as consumers, we are not victims, we actually are a very powerful consumer bloc that every marketer wants to target, right, from our hair to our feet to everything, we **[inaudible 00:33:28]** to the intangible things of black woman-ness, right? They wanna sell to it all.

Layla: Right.

Kimberly: So we can use our power and I say to women, you know, you are not victims of the black —

Layla: Right.

Kimberly: Right. You can be a change agent —

Layla: That's right.

Kimberly: — and Irth is our tool for us to change this narrative, like, hmm, no, we have power and we have the ability to inform our sisters and other people who are marginalized about where we're receiving good care and ultimately, like I say when I go into the communities, we can save ourselves —

Layla: Right, and that is where I wanna ask around this final thing that I wanna talk about today which is the saviorism that we see happening a lot so there's a lot of people who hold white privilege who follow my work, who are listening right now, and I have seen and I have had black women share with me conversations that they've had with white women who, upon learning about the black maternal health crisis, their first instinct is save, how can I save black women from this wretched situation that they find themselves in? Where shall I donate money? What organization can I start, right? Can I found. What do I need to do in order to save black women? What is your message to white people and people who have white privilege within this work? Because I think they are needed but not in the way that they think they're needed. What is their part to play?

Kimberly: Well, certainly, we need what I call co-liberators, right? And so —

Layla: I love that.

Kimberly: Yeah. I don't necessarily like the word "allies" as much as I like this idea of co-liberation which means that you understand that our futures are inextricably linked. You're not free if I'm not free and none of us are free until all of us are free and so the idea of you entering and wanting to do something is not about saviorism, it's about really your own understanding that things will never be right for you until those who are being most burdened are made whole, right? And so it's from that phase of not I wanna help and save you which has unfortunately been the frame in this space, particularly with birth and breastfeeding and I wanna honor the many white women and acknowledge that many white women who have done great work in this field, we see this a lot with breastfeeding which has been mostly dominated by white women. You think about the power of the La Leche League, very important organization. I went to a La Leche League meeting, did not see one black person, and, on top of that, all these women has primarily been in white suburbs and catering to women who did not work outside the home and women of color have rarely had that privilege.

Layla: Right.

Kimberly: So, again, major disconnect on both of these sides of the birth spectrum where white women have done great work but had many blind spots about how that contributed to racial disparities and I wrote a piece about this that they weren't really happy about.

Layla: What's the name so we can go check it out?

Kimberly: You know, it's called How White Women May Have Unknowingly Contributed to Disparities in Black Breastfeeding.

Layla: Excellent.

Kimberly: And, again, unintended consequences, right? But we have to acknowledge that these things existed, and so, for me, white women's role is to know when to lead but know when to get out of the way, right? Black women are saying that they need to lead this next iteration of the work and many white women are resisting that, and, for me, that says a lot about you. You are telling on yourself by your resistance to black women wanting to step up and for us to say, we're talking about racial disparities, we're talking about leveling the playing field. We can't do that without mirroring the solution, right? I say to them, I'm like we can't solve racial disparities when the movement has a racial disparity problem.

Layla: Right. So what does that resistance look like? I want people to be really clear, what does resistance look like?

Kimberly: My goodness, it looks like a lot of things. Sometimes it's a lot of tears and fragility when people are being asked to step aside.

Layla: Step aside, right.

Kimberly: Why can't I be involved? You know, even with Black Breastfeeding Week, I had to say something because every year, there are more white people showing up during Black Breastfeeding Week, and Black Breastfeeding Week is for everybody, I wanna be clear about that, but did you ask, right? It is not for you just to show up in a space that was created —

Layla: Right —

Kimberly: — from a problem that you contributed to —

Layla: Right, and it's created within the month of National Breastfeeding Month, right? So it's not like there isn't a space for everybody.

Kimberly: You have the weeks during August for you to do your thing. And so — and this idea that white women feel like they have the privilege to be everywhere. To be everywhere. They just can't stand that we've created something — The very first year, we hadn't announced it 20 minutes before one of the largest Facebook groups on breastfeeding was attacking. "Well, there's no White Breastfeeding Week." Well, I'm sorry, that's been going on for about 300 years, okay?

Layla: Right.

Kimberly: You've been living White Breastfeeding Week for 300 years. So, you know, this idea that we can't create spaces for ourselves, resistance, to say that anything for us is about excluding you. We're not thinking about you. We're creating something for us and this automatic response, default mechanism that tells 'em they need to be involved, they cry if they're excluded, they can't understand why no one wants them to be there. It's not about you. Centering of self is a big problem and when I try to move the movement is to understanding like it's not about you. We have to get out of the way for the work. When people put themselves in the way, then the work is hindered, and if you're saying you care about the work, then you need to walk that talk. If you do care about the work and you care about yourself, that's fine too but we need you to get to the back. Get out of the way. Raise your hand, show yourself, so we don't have to deal with you 'cause most of us who are focused on the work are not in that space right now and so thinking about the resources that you do have. When people say, "What can you do?" I say to them, "Listen, what do you have to offer?" right? It may be money, thank you. It may be, you know —

Layla: Yes, money is always needed, right.

Kimberly: Yeah, money is always needed, thank you. How do you support others? How do you donate to causes? How do you offer resources that you have? If you're an accountant, if you're a bookkeeper, if you're a lawyer, if you have a skill that you can offer to an organization or to people working in that space. There are so much that can be done when you're willing to put the work ahead of yourself and not center your needs to feel like a good person and your need to be a savior and then we can, together, we can free everybody and that's where we're trying to get to.

Layla: What are some organizations that are doing this work that people should be aware of? Both people of color who can go to these organizations for resources, information, you know, guidance, and also co-liberators who can offer those, as you said, resources and services. What are some organizations we should be aware of in the United States?

Kimberly: Well, there are a good number. I mean, certainly I would —

Layla: Oh, yeah. I'm sure.

Kimberly: — **[inaudible 00:40:40]** organizations like the Black Mothers' Breastfeeding Association. We have a great organization called NAPPLSC which is the National Association of Professional, Peer, something of color, in birth work. There are some great perinatal, black perinatal birth work organizations. I mean, the good news is, there is not a dearth of —

Layla: That's right. Well, that's what I wanted to make it really clear.

Kimberly: Please just go on Instagram or any social media platform and search and so there's just so many amazing organizations doing the work and also integrating

into larger organizations, whether we're talking about the work that doulas are doing within DONA, if we're talking about the work that black women are creating in terms of a community, doula, how that may be different than previous models, how we look at what's going on there, the work of Mother Shafia Monroe, I mean, it's just, Black Mamas Matter Alliance, I mean, we could go on all day but there are organizations doing this work and we need to be all working together and white women need to find a way to be real co-conspirators and co-liberators within those frameworks and, yes, it's been interesting. It sometimes is funny to watch but, you know, many of them are coming along and we see examples. I'll tell you real quick that there's a group that spreads disinformation about breastfeeding and, at times, they attack me personally because of my advocacy work, it's fine, but one time, one of these women made an attack on me and used Black Lives Matter as a way to attack me and as the rhetorical tool and it was about to get like Vaseline on, right? And I actually don't engage with her and so when people are sending me screenshots of what she had said, what happened, because before I was trying to just gather my outrage, determine whether she was worthy of a response, but what happened was on that page, all these white women came for her and said, "No, no, no, you're not gonna do that," right? "Black Lives Matter is not a rhetorical tool for you to make a point about breastfeeding. You're out of line." And I was so proud to see that white women were actually understanding what it means to be an ally, or whatever their understanding is, that they have worked on the issue so that they knew that it was not for them to stand there and to see something about black people being attacked and for them to be quiet and so those type of moments, even on social media where white women stand up, where black women don't always have to be in the fight, where they can say, "No, I got this," and when white women do that for me, I'm very grateful. They're always like, "Kimberly, we're on it. Don't even worry about it."

Layla: That's right, and that's what I was — I'm like, you go have that private conversation with them, that is how you use your privilege.

Kimberly: Right —

Layla: Put yourself — right.

Kimberly: Let them **[inaudible 00:43:19]** You call 'em in or call 'em out, whatever you wanna do.

Layla: Right.

Kimberly: But that's part of the work that they can do as well, like how are you standing up and showing up for black women and when things happen, you know, it's not about sending that DM, that's nice too, but have you publicly, are you willing to be public to say, "This is not right, I'm taking a stand, you are wrong, please think about this," or is this just like you're scared and you just wanna send a private message. Helpful. How could you really be an ally, you know? So, thinking about these ways to show up and stand up for black women, think about the ways to

support the organizations that are already doing the work. What do you have to offer? How can you de-center yourself and think about all the amazing things that you may be able to offer to those who are doing the work? And so those are the things that if we stay focused on the end goal which is all of our freedom, then it becomes a whole lot easier to do that, right? And I mean — so, people gotta do their work.

Layla: That's right. So, before our final question, I want to really call to action for Irth, for your app Irth, what do you want people to do? How do you want them to get involved? How can they support you, uplift you in getting this app out into the world in a big way?

Kimberly: Thank you so much for asking that and I wanna say, just to — Irth is a tool for allies as well, right? Because we need white women in the app. We need white women in the app so that we can see any differentiation and also —

Layla: That's important.

Kimberly: That's important, right? And that's really important also for white women to say, and many white women have said this to me, "Listen, if I see a physician who's not treating black and brown women well, I don't wanna go there either," right? And so it's a tool for all of us women to use our collective consumer power to help what's happening particularly with black and brown women, and so, Irth is also a tool for allies so I invite all women to share their experiences. When we're in the community, we don't turn anyone away and so white women wanna share positive, negative, whatever, we take those stories 'cause they're important. So, we wanna continue to create tools that allow us to work together and for white women to come in and see how their privilege can be a tool for change for others. And so that's important. Please, the website is Birthwithoutbias.com, so please check out there, sign up for our newsletter so you can see where we're going. We're planning to launch nationally in fall of 2020 so that's really important to be aware of to let people know that it exists, that we're building and we're capturing these experiences and we're always open for suggestions. Follow us on Instagram, @theirthapp. Follow me please, @iamksealsallers, and let's keep this conversation going. Let's just keep talking about it, keep being in action over these things and being creative and innovative because the systems that got us in this won't get us out.

Layla: Right, communicating, building new systems entirely. We wanna make sure that we're uplifting people such as yourself who are building these amazing new innovations that help create a different world. Okay. First of all, I just wanna say, I honor you, I adore you, you're amazing, you've just given me so much and really inspired me to continue looking at how we can work outside of the systems that were not built for us in the first place. You were doing that with such courage and grace and power and absolute truth telling and it's really inspiring to witness you and to be able to support your journey, so thank you so much.

Kimberly: I mean, the love and admiration is mutual. Thank you for the voice that you are in the world and the work that you're doing to say things with truth and to be unapologetic about what needs to be done. This is not the time for, you know, wilting flowers and maybes. No. It's time for clear-cut honesty, directness, and this is why I think your book and your work resonated with people 'cause we were like, yeah, we just need to get to the real of it, right?

Layla: That's right.

Kimberly: We don't have time for the warm and fuzzy, you know, the abstract nuances of maybe. No. It's time for real discussions and people are dying and the matter is serious so thank you for your contribution and your continued work in helping us have real conversations and to be a truth teller for this issue, so I'm grateful 'cause it takes all of us to get to the heart of this so I'm very grateful.

Layla: Thank you, Kimberly. Okay, final question. What does it mean for you to be a good ancestor?

Kimberly: For me to be a good ancestor means to tell the truth. Always, completely, wholly, my truth, others' truth, the truth of lived experiences, and by being a truth teller, that is the best thing I can do to be a good ancestor.

Layla: I love it. That's so perfect. Thank you.

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