

THE LAURA FLANDERS SHOW

LINDA VILLAROSA ON THE END OF ROE: A DEATH SENTENCE FOR WOMEN OF COLOR?

LAURA FLANDERS: The overturning of Roe v. Wade, not only creates an abortion disaster in this country, it exacerbates a maternal healthcare crisis that makes this country the most dangerous place in the wealthy world for a woman to give birth. Americans are 14 times more likely to die by carrying a pregnancy to term, than by having an abortion. It's surprising to many people. And it even surprised our guest when in 2017, she set out to write about Black women's experiences in pregnancy and childbirth. At a time when even she thought American women hardly ever died in childbirth anymore, Linda Villarosa discovered quite the opposite. And if they're African-American, she found out, they're three times more likely, than white women, to die — regardless of their health, their education, or their wealth. It's a reality that Justices overturning Roe ignore. With a history many in this country would prefer we didn't teach. But as Villarosa discovered, the way we treat Black women is deadly for many of them, and unhealthy for the society as a whole. The court just made it all worse. Luckily, Linda Villarosa is out with a new book. She's a contributing writer to "The New York Times" magazine, and a professor at the Craig Newmark Graduate School of Journalism at the City University of New York, with a joint appointment at City College. Her new book is, "Under The Skin: The Hidden Toll of Racism on American Lives and on the Health of the Nation." Welcome, Linda. Congratulations on the book. To kick things off, who did you think of first, when you heard that Roe had been overturned?

LINDA VILLAROSA: I actually thought back to my grandmother. So, my grandmother came from Mississippi, which is ironic, I guess, because of where the decision happened, and where the problem is worse. In the Great Migration. And she had my mother, and my uncle, and then my grandfather left the family for a little bit of time to make money someplace else, but she had gotten pregnant, and she had an illegal abortion. So, I thought immediately to her, and I thought, what she had to go through, the pain. My mother shared that story with me a number of years ago. And I just really felt for her, and felt for, you know, the reverberations of her family, the hard choice she made in the 1940s, and the pain she must have gone through.

LAURA FLANDERS: Talk about what the condition was for women like your grandmother at that moment, because we often say, Roe didn't go far enough. It didn't bring reproductive justice as it was required. It didn't bring what Black feminists were looking for, but it did bring something.

LINDA VILLAROSA: At that time period, there was so much inequality, and so much racial discrimination, that even to get into the healthcare system in any kind of equitable way, was difficult. So, that's step one. To be able to afford whatever illegal procedure you were getting was

difficult. For my grandmother, it was post depression, and there was so much income inequality at the time. My grandparents were, you know, we were fortunate. My grandfather owned a building in Chicago. However, he couldn't get a mortgage for that building, because of institutional racism. So, he was always, when he came back to the family, he was always freaked out that he would lose his building. So, I think of all the financial uncertainty, the healthcare uncertainty, and even my grandmother's desperate decision, not to fall into complete poverty. And I think that is really scary.

LAURA FLANDERS: So, fast forward to today. Am I right in thinking that, of course, the lack of abortion access is now at point critical for millions of people, but perhaps it wasn't so critical for, until this moment. It's been critical for a long time, for a lot of women in this country, disproportionately women of color, women of low income, women in states, and communities that had made abortion almost unobtainable, but this question of maternal healthcare, and childbirth, and the dangers associated with that, are strikingly, not yet in the conversation. Can you just talk, they're certainly not in the Supreme Court decision, can you talk about what you discovered as you started to look into that situation, that part of this equation?

LINDA VILLAROSA: Well, I was very surprised, as you said, to learn that maternal mortality was still a problem in the US. The death, or near death of a pregnant person, and a birthing person. And I was shocked that in our wealthy country, where we have such good healthcare, and such good health technology, that this was still a problem. And also, I didn't understand at the time that Black women were three to four times more likely to die, or almost die. But also, here's what struck me, that a Black woman with a master's degree, or more, was more likely to die than a white woman with an eighth grade education. And when I heard that statistic, that's what made me start to think critically about this, and to say, "Well, this is not an issue just of having great healthcare." And what I learned was, something happens to Black people's bodies, or anyone who is discriminated against, and treated badly, that harms the body, and makes you more susceptible, women in this case, to a problem during pregnancy, and healthcare. Then when you enter the system, you also don't get equitable care. And there's so much evidence around this. And then, when I was writing my story, I got, you know, the best piece of evidence, sad as it was, is the case of Serena Williams. That even though she knew her body extremely well, she understood the condition that she had long time suffered. She spoke up, and she had money, and healthcare insurance, and everything else, but she still didn't get the care she deserved. So, at that point, I became very interested in this topic, and the connection between this decision. If we think of the end of Roe v Wade, as the end of abortion only, that is way too limited. It's a thing that reproductive justice activists, and advocates have been talking about for decades, to say, "Please, abortion is not a single issue." Abortion is a constellation of, and you know, having no access to abortion, is about reproduction, and even healthcare at this point, broadly, and not narrowly.

LAURA FLANDERS: You've talked a little bit about the attitudes of those around them, the healthcare providers, and their understanding of, of where a African American person coming onto their, into labor, is coming from. But you are not, in your book, just talking about people's attitudes. You're talking about systems, and systems that are deeply rooted. And I think of the quote that you have in the book, from W.E.B. Du Bois, who says, "Black human suffering is viewed with indifference in this country." And I just want you to dwell on that for a little bit, because it seems to be, that was a, kind of, requirement of slavery, of course, and it's still with us, and it's deeply in that Dobbs decision.

LINDA VILLAROSA: It was interesting, I was talking about mental health today, just earlier, with students from Howard University. And we were talking about what happens to you when you are a Black person, or another person of color into the system, and you're showing signs of a mental illness. You're not treated with the same kind of care, treatment, kindness, you're treated with policing, and punishment, and as though you're dangerous. And that has a direct through line to slavery, from slavery, where we were dangerous, we're scary, we're someone who will harm you, and then that through line keeps going through. You can see it all the way through what happened with George Floyd. You see it today. And not just with mental illness, you see Black people, even when speaking up, being treated as though we are doing something harmful, scary, or dangerous. So, I think that, just that alone, that kind of idea that anger is danger, and needs to be policed, is still in the system. And that is not just, doesn't have to, it's beyond healthcare. It's under all the systems, and all the institutions of our country.

LAURA FLANDERS: And I think the white part of that, is people like me, were taught not to pay attention to Black pain. Because heaven knows, if we had paid attention, if white people had paid attention, or taken seriously, Black pain, what would slavery have been?

LINDA VILLAROSA: You know, that's what I wrote about in "The 1619 Project." I chose that, you know, the idea that scientists, and doctors, during the 250 years of slavery, used extreme means to prove that Black people had a high tolerance to pain, including emotional pain. So, using medical journals, using false evidence, using medical conferences, so that it became institutionalized in the medical system, that Black people could endure high amounts of pain to justify enslavement, including emotional pain, to taking away children, beating people in front of you, killing your family members. Then, the through line to today is, in that piece, I cited a 2016 study from the University of Virginia, that found that in a study of 220 white medical students, something like 40% of them believed, at least one myth about Black bodies, including the idea that we could tolerate pain.

LAURA FLANDERS: And I'm looking at a statistic here, in Mississippi we are looking at a situation where Black women are 118 times more likely to die by carrying a pregnancy to term, than by having an abortion. If we had real empathy, and we saw that statistic, presumably, we

would be even more alarmed by the decision that has happened, the Dobbs decision. That is basically, sentencing Black women, in fact, many of them, under these conditions, in a forced pregnancy, carrying a forced pregnancy to term, to death. How can we turn this around, if it's that deep?

LINDA VILLAROSA: I think there's a couple of examples, and they're kind of medical, and a little specific. One is, there really is a new generation of medical students, whether they're studying to be doctors, nurses, health policy people, they're studying public health, who really want to do things differently. And I really try to lift them up, because a lot of times it's, the energy is not coming from the medical schools where they're getting their training, it's coming from the students who are politicized in high school, and undergraduate college to be more empathetic, to act, to say, I want to be a different kind of healthcare provider, to demand a different kind of education that is not riddled with old antebellum myths. And I like that. And I'm, I've been talking to more, and more of them, and I really feel moved by their passion, and their activism.

LAURA FLANDERS: So, what do you think is the path to health equity here in the US?

LINDA VILLAROSA: I think the main thing is to admit that we have a problem. I see, I sometimes get pushback from people who start to, you know, talk about technology, and we just need more innovative medicine. And I said, I think we need more care. We need to think about the word, "care," that's in healthcare, and think of how to show compassion to people. People are suffering, and this goes beyond race. I mean, you talk to a number of people, no matter who they are, and they're saying, "Well, I had such a bad time in the healthcare system." I was like, "Well, yeah." Our healthcare system is rushed. It relies too much on technology. It's capitalist, so, it's about making money. And that is a healthcare system that doesn't work. But it works less well for anyone from any kind of marginalized community. And we know the most about Black people, because we have been undergoing, been in this system for so long, and it's been unequal, and unfair for centuries.

LAURA FLANDERS: So, if we could go back in time to the 1970s, but maybe we don't have to, because we're back there again, there were Black women, especially, Black feminists, laying out a reproductive justice approach that included abortion rights, but didn't stop there. Can you talk about how we might have done this differently? What the Black feminist demand was then, and what is it now?

LINDA VILLAROSA: So, the Black feminist demand hasn't changed. It's the same. It's those three elements, the right to have a child, the right not to have a child, and the right to, if you choose to have a child, to have safe, healthy environment. So, if we had stuck by that, instead of going straight for the, you know, reproductive rights turns into, the right to have an abortion,

things would be different. I'm thinking specific of the 70's, because of the Relf Sisters, who I wrote about. The Relf Sisters were in Montgomery, Alabama, they were 12, and 14, and they were sterilized against their, without the consent of, without the express consent of their parents. The parents didn't know how to read, or write. So, they signed an X thinking their daughters were going to get immunizations. So, they are sterile. They're in their 60's now. And they never, they didn't have the choice to have a baby, because, and this was done through the auspices of the Federal Government. So, that's the right to have a child, the right not to have a child, is simply the right to end a pregnancy, if that's your choice. And then, also, I think of the Environmental Justice Movement, another Black led movement that, you know, still struggling today. And that is the right to have, live in a environment, in a community, that is not polluted. That is not polluted by air pollution, by, you know, toxic waste dumps where Black folks are 75% more likely to live near a polluting facility.

LAURA FLANDERS: I want to keep the themes of your book front and center. And your book is an important — a must read for everybody. I also, am so, living in this moment of what is happening, as we speak, that I need you to come back to that question again, of where we are, and is this Dobbs decision, a death sentence for women of color in this country? And if so, what do we do about that?

LINDA VILLAROSA: I think that, I've been thinking a lot about this, and I think about, you know, the death sentence, and it's real. There is going to be, already, this is hitting the South. I mean, the decision was about the South. It's hitting the South. If you take an overlay of, you know, where the trigger laws go right into effect, or where reproductive health is going to be in crisis the most, you can just see the states of the South, where Black people are more likely to live. So, I would say, yes, this is a death sentence for some people. And it's the people who can't afford to travel to another state. Who can't, who are afraid to find the kind of underground, DIY situation, that will be existing in these places. And that isn't always safe. I would say what I'm doing personally, I go right on that "Sister Song" website, and I say, "What do I need to learn here?" I go right on "In Our Own Voice," is another RJ organization, Reproductive Justice Organization that is talking about the things to do. I think we really have to support people like midwives. We have to support doctors who want to do abortions, and are afraid. We have to fight it on all, in all ways. And I think what happens is we start to look, only for legal remedies. So, that's why when I say, listen to Black women, and think about what we're doing, legal remedies, and working inside institutions, hasn't worked for us for so long, that there is no, you know, there's no feeling like, "Oh my God, the system has failed us." The system has failed us for centuries. So, we're not thinking about that. We're thinking, what do we need to do to help people get the care that they need? I was having a visit yesterday with a friend, and her children, and I'm no blood relation to them, and the woman, I was signing a form so I could go into the room with the children, And she said, "Who are you?" I said, "I'm like an aunt." And then she said, "Oh, you're kin, that's kinship." And I think a lot about that word, "kinship." And I think we have to

think about community centered remedies, while the lawyers do their thing. Good, yay. But for me, I'm not involved with that. I am involved with, "Who needs me, how do we care for that person?" How do we use our networks, and figure out the care for the people we love, and not just abortions, but other kind of reproductive health issues. And that's what I'm doing, and lifting up the people who are doing it, because it's a scary time, when they can be prosecuted, or fined, for just doing the work that they were trained to do.

LAURA FLANDERS: I love that word kinship. Does being a lesbian change our understanding of kinship, or affect how you approach this subject?

LINDA VILLAROSA: I think being a lesbian, and being in the queer community, has really, being also, you know, having gone through the worst years of HIV, and having to, you know, I'm a journalist. So, I wasn't really in Act Up. I wasn't doing that kind of thing, because we could get in trouble, when I was working at "The New York Times" newspaper. But what I was doing, was volunteering at HIV Aids Community Service Organizations, and that was really moving for me, and important. And, you know, I believe in that, I believe in having extended family, and family is, you know, the people that are around you, who you love, and care about. And I think the lesbian community is like, brilliant, and epic in that. You know, we have other problems, but we do have this circle of people who we care about, who we take care of, and, you know, it reverberates, our circles connect, and I feel the same way as a Black person. And so I feel, you know, I remember when my mother was mad at me about being a lesbian, I, you know, we had these kinds of conversations, because she was worried that it's like, "Oh my God, your life is going to end. There's going to be so much discrimination. And I said, well actually there is support, and a kind of community, and kinship that we have, how we care for each other. And I think that was one of the things she really heard when I was talking about that.

LAURA FLANDERS: So maybe, if '73 Roe vs. Wade was decided on the grounds of privacy rights, I'm hearing everything that you say is about sort of de-privatizing this situation. Both the blame, and the responsibility, and just the reaction to the situation that we're in. I want to end by asking you the question that I ask lots of people at the end of this program, which is, what do you think is the story the future will tell of this moment, of now?

LINDA VILLAROSA: I think that the story is twofold. It'll be about the divisiveness. I think you know, I grew up in an all white community, and it's a definite red area. I'm going back to my high school reunion. Everyone is, including my sister, is like, "Do not go." "Don't go into that hornets nest." But I'm definitely going, because I want to hear, I don't wanna be part of, I don't, I mean, I like my bubble, but I don't wanna only be in that, because things are so divided. And I want to hear, I wanna, not hear, I wanna feel, what is going on with other people, so I can, you know, I'm never gonna be different, think differently, but I wonder if I'll feel differently, as I'll have a kind of openheartedness, rather than to have a kind of siloed situation, given my

background. And I think that it's also a time when, when we look back, I hope, that it shows that we pulled together. It showed that we, as a community, you know, I'm talking about the people in our bubble, were creative. We tried to figure out ways. We tried to talk to each other. One of the most interesting things my family did, was have this intergenerational discussion with my mother. So, my mother's 90, was turning 90. It was their 90th birthday. We were upstate. And my children, who are in their twenties, were there. And me, and my partner were there. So, we said, let's have a conversation about politics, and what's going on in the world. So, the children were like, "We're Abolitionists. We just wanna blow up the system. Abolition, Abolition." My mother was like, "All you gotta do is vote." And so then, "We have to vote. You have to vote. Did you vote?" And then, Jan, and I were kind of in the middle, but we had this really interesting, raucous conversation. And I think everybody moved to a different place, or everyone's mind opened. And I thought we should do that more often. And now the children are very interested in what my mother thinks about things. And my mother is often interested in what the children think, and I'm interested in both ends. I think that is important, that we keep talking, sharing our experiences, and figuring out creative ways to do things differently. Especially, during this crisis time.

LAURA FLANDERS: Beautiful. What's at stake in this moment? And what is at stake, perhaps for you, right now?

LINDA VILLAROSA: I think what's at stake, at the moment, is a real crisis, a real pain, real harm to people who have the least resources. And so, people who are living in those Southern states where everything's been stripped away, where doctors don't want to practice anymore, where they're, it's already poor, where the system is off, already crumbling. Those are the people who have the most at stake. If you live in a rural area, even if you live in a city without good transportation, like Jackson, Mississippi, where I spent so much time, you're in trouble. And it is a life, or death crisis. For me personally, I think my responsibility is to understand the issue, to be able to talk about it, to be able to communicate it, to be, you know, I'm probably not the one that's going to be chaining myself to something, but I am the one who is trying to get a, a grasp of this, to understand it. I have long been attacked, mostly by medical people, who don't believe in, you know, the evidence that I present around racial health disparities, and health inequality. I'm assuming that will just grow. But at this point, I'm used to it, and I've figured out a way to speak about it, and also to fight back.

LAURA FLANDERS: Linda Villarosa is the author of, "Under The Skin: The Hidden Toll of Racism on American Lives and on the Health of Our Nation." It is out now. And I urge you to take a look at it. Linda, thank you so much for joining us. It's been great talking with you. I could keep going for ages. It's never been race, or skin color, or thickness, or physical predisposition that predetermined the high morbidity rate of Black women in childbirth, and pregnancy. It's never been race, It's been racism, as Linda Villarosa points out. And it's been racism that's allowed our healthcare system to be built on a bedrock of cruelty. That's just coming home to

afflict many more Americans today. What if, in this moment, white women use their privilege, yes, to kick up a ruckus, but also to listen, and learn. A whole lot of this country has been figuring out how to look after one another without the formal benefits of a legal healthcare system for years. As we think about law, and Roe, and what comes next, maybe we could talk about rebuilding a new system. A system built, yes, on technology, and science, and rigor, but on a whole lot more empathy, compassion, and care. You can find my full conversation with Linda Villarosa about this, and more by subscribing to our podcast. All the information about how to do that, is at our website. In the meantime, thanks for joining me. I'm Laura Flanders. Till the next time, stay kind, stay curious, and care.

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