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Lactating Justice: constructing a society economically focused on optimizing health through human lactation

Shadley Hobour

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Lactating Justice: constructing a society economically focused on optimizing health through human lactation

By
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This manuscript has been read and accepted for the Graduate Faculty in Women's and Gender Studies in satisfaction of the theses requirement for the degree of Masters of Arts.

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THE CITY UNIVERSITY OF NEW YORK

Abstract

Lactating Justice: constructing a society economically focused on optimizing health through human lactation

By Shadley Hobour

Advisor: Dr. Dana-Ain Davis

Thesis: Feeding babies with human lactation exclusively for a minimum of six months is the most nutritionally filling act people can do for babies to put them in optimal health. However, there are barriers for many Black people to achieve the six-month mark rooted in economic challenges within the US. The determining factors of a community's optimal health are based on policies, structures, and systems set in place by governments. Is Universal Base Income an economic policy that could be adopted to optimize Black chestfeeding rates and human lactation?

Abstract: This paper uses a qualitative research method to answer if a Universal Base Income would be a good economic policy to adopt to optimize Black chestfeeding. The key idea this thesis aims to clarify is how anti Blackness is killing Black people and how one economic policy could improve health. In this essay, I will break down the significance and importance of human lactation for lifelong better health, and investment in a UBI would especially work as a preventative measure for several health issues Black people experiences

Acknowledgment and thanks

First and foremost, thank you to the ancestors who called on me to get into the work of reproductive and birth justice, community health and learn the importance of ancestral lineage and food sovereignty. This writing is done in curiosity, with passion, and in and with pneuma. This is the work that I produce to connect generations before me and generations to come.

Thank you to my mother, family, friends, and community members who helped me get here academically, intellectually, politically, spiritually, physically, and emotionally.

To the Black feminist, captive maternals, Black scholars, organizers, activists, and so forth who are named and those who are not explicitly but paved the path for me to contribute my own piece of theory, thank you.

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To both my grandmothers and all my ancestral grandmothers, this is in your honor. All of it will always be in your honor.

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Introduction

What sets the foundations of our health? What are the determining factors that maintain a baby and community in optimal health? The answer is very complex and multifaceted.

However, one factor that sets the foundations of our health as individuals and communities is babies being nursed with human lactation for six months to two years. If practiced by parents, guardians, and communities, this act of a baby receiving human lactation contributes optimal and excellent benefits to a baby's health. Because we, humans, exist and function in communities and collectives, this also ropes a community's overall health.

So again, with what we know about human lactation, what sets the foundations of our health? As previously stated, the answer is multifaceted and complex. This is because what sets the foundations of our health and determines the individuals and the community's health is not just the "choice" to chestfeed but active economic systems that allow people to chest feed their babies exclusively for a minimum of six months to two years. Within the US, although race is not a marker in determining one's health, the way systems are structured to capture the quality of life we have, the foods we eat, and the exposure to a variety of nutritional intakes, is determined by one racialized gendered experience with the State. Within the class structures of racial capitalism lies many factors contributing to our health, including who can chest feed their babies for the minimum time recommended by the World Health Organization.

Universal Base Income is an intentional, economic, and policy decision that could be made to encourage people to nurse their babies with human lactation. Chestfeeding is a public health measure that could be taken to optimize the health of generations of babies to come and improve the overall health of our society and communities.

Key words and definitions

My paper seeks to engage in health equity discipline, which means some key terms must be clarified, defined, and explained. Below are some of the essential keywords.

Structural racism involves laws and the legal processes to differentiate access to services, goods, and opportunities in society by racial groups (Brittany D. Chambers, 2018). Structural racism is institutional; it permeates the medical-industrial complex. As Dr. Rachel Hardeman words it during the Black Maternal Health Conference 2022, Black communities are burdened with the exposure of centuries-long worth of injustice, white supremacy, toxicity, and it is cutting our lives short, showing up in our bodies, and preventing new life from forming. The ways our society fosters racial discrimination through housing, education, and employment is responsible for the crisis with Black perinatal, gestational, and postpartum health. Socioeconomics in a capitalist system built through anti Blackness is the core and foundation of structural racism. According to Dr. Brittany Chambers, research suggests that segregation is associated with adverse birth outcomes among Black women. Racism, especially toward Black people, is more prevalent than income segregation (Brittany D. Chambers, 2018). Therefore, as Dr. Dana-Ain Davis explains, class does not prevent Black women from experiencing discrimination in the medical-industrial complex (Davis, 2019, p. 112). This is because of structural racism. Other examples of structural racism are built into the criminal alleged justice system, policing, housing, and labor force.

Anti-Blackness is a term coined by Dr. Akua Benjamin to describe the specific form of racism that cast Black people through disenfranchisement and legal systems that perverse health inequalities (Bush, 2018-2021). This concept is pulled from afro pessimism that speaks about how life now as Black people is an afterlife of slavery and social death (Bush, 2018-2021).

Dr. Akua Benjamin coined anti-Black racism to define policies rooted in Canadian institutions such as education, health, and “justice” systems that reinforce stereotypes, attitudes, and discrimination towards Black people (Black Health Alliance, 2018). Black Health Alliance further explains how anti Blackness causes frequent stress on the body and triggers coping behaviors that often lead to diseases (Black Health Alliance, 2018). Although this was coined to discuss the experiences of Black Canadians, this has been adopted globally to describe the perverse consistency and maintenance of anti-Blackness globally. Dr. Nicole Evans uses the term as a foundation to highlight systemic racism and the lifelong impacts of colonization (Evans D. N., 2020). This term is essential to remember considering slavery is over 400 years of US history, which is 60% of US history, and the Jim Crow era makes up 20% of the country’s history (Hardeman, 2022). A total of 80% of US history is overt, explicit, and unapologetic anti Blackness and violence. History shapes the country today; because of early beliefs about African people during slavery, doctors seek to solidify this belief through medicine; this history is responsible for the crisis in Black people’s health today (Hardeman, 2022).

Bodyfeeding is a term to describe feeding a baby human lactation through the body. The term is informal yet popular and emerged along with chestfeeding to be more inclusive of non-cisgender women who also practice feeding a baby with human lactation produced by their body. I use bodyfeed, chestfeeding, and breastfeeding throughout the paper based on what I feel fits the context of the sentence and paragraph. This is to expand the language and culture of human lactation and reproductive justice and assert the politics of queer and transgender people.

Chestfeeding for many transmasculine people who give birth and wish to feed their babies human lactation, chestfeeding is a correct term to describe their journey (MacDonald, et al., 2016). The language contributes to undoing the violence that comes with the colonial gender binary system and is to assert reproductive justice for transgender and queer people; the term, however, is not exclusive to trans masculine people or nonbinary people. Due to cis-hetero-patriarchy, language related to non-cisgender birthing people are suppressed, and the medical-industrial complex tends to function to maintain cissexism and heteronormativity (MacDonald, et al., 2016).

Chapter one: What is UBI?

First, let me explain UBI's history, reasons, and functions. According to the Basic Income Lab at Stanford University, the definition of UBI is “*Universal basic income takes on distinct forms in different historical and geographic contexts. It varies based on the funding proposal, the level of payment, the frequency of payment, and the particular policies proposed around it. Each of these parameters are fundamental, even if a range of versions still technically count as UBI (a universal, unconditional, individual, regular and cash payment).*.” (Stanford University Basic Income Lab, 2022). In other words, there is no one way for UBI to exist. The agreed-upon foundation of UBI is unconditional, individual, regular, and cash payment.

History

Some of the earliest traces of a UBI could be found in Thomas Paine's writings, and he wanted a lump sum guaranteed to all adults. Since then, UBI believers have been more common in socialist and anarchist circles because the general idea is that wealth produced and created by the people should be shared. Because of this belief, UBI also has an ancestry in Black liberation movements and Marxist feminism (Stanford University Basic Income Lab, 2022).

Martin Luther King jr. was a prime socialist Black Civil Rights leader and pastor who organized cities primarily throughout the south around racial justice. King was adamant about exposing how racial capitalism allows for economic oppression of Black people to perpetrate through his speeches and sermons (Tubb, 2021). Despite predominantly being known for his organizing around racial justice, King did not see that as a fight different from economic justice. He often spoke about our society's three evils: racial capitalism, militarism, and racism (Tubb, 2021). Dr. King's last book, *Where Do We Go from Here: Chaos or Community?* King believed

a guaranteed income would alleviate Black people's exhausting economic place in society; the book further discusses the economic conditions of all people and how guaranteeing income would be an ideal route to shifting that reality and removing people from poverty and economic decay. Dr. King believes that a guaranteed income will boost the lives of people who have the means to change some aspects of their reality themselves while being able to afford food and housing because there is always income coming in. This would also help strengthen marriage because "*unjust measurement of human worth on a scale of dollars is eliminated*" (Jr, 1968, p. 174). King furthers his vision of this program by saying it must always reflect as life changes and develops so people can always afford a middle-class lifestyle. In King's words, "*The curse of poverty has no justification in our age. It is socially as cruel and blind as the practice of cannibalism at the dawn of civilization when men ate each other because they had not yet learned to take food from the soil or to consume the abundant animal life around them. The time has come for us to civilize ourselves by the total, direct and immediate abolition of poverty*" (Jr, 1968, p. 175). King saw it fit to clarify that this would help everyone, including the 2/3rds of poor white people.

Marxist feminists also believed that a wage for housework (WfH) would weaken patriarchal holds on the home and strengthen women's ability to support themselves, separate from relying on heterosexism to provide necessities (Rousseau, 2016). Wages for Housework aims to compensate women for tremendous labor, resulting in a massive distribution of wealth (Rousseau, 2016). The organizers believed that society deems it reasonable for mothers to struggle with managing the home under capitalism, patriarchy, and working wage labor so long as they do not neglect their core duty to provide childcare.

So why should they not be compensated? The problem is that women are exploited as women because capitalism is the fundamental reason Cis-heteropatriarchal makes gender a racialized organization of power and workers. In “Wages Against Housework” Sylvia Federici wrote that demanding wages for housework is revolutionary because it forces capital to engage with us in a different format (Rousseau, 2016, p. 242). They thought that if women received wages for housework, this would restructure social relations in favor of the working class. Federici was a firm believer that home and domestic labor should remain central to the analysis of gender and exploitation.

The WfH women expanded their understanding of gender and oppression when they started to study colonialism and imperialism. This reading made it evident that access to labor did not end oppression (Rousseau, 2016). Black women have always worked on these lands, considering capitalism is an economic system formed and built off our backs during slavery. These women knew that women becoming part of the labor field was not for women’s oppression despised that childcare was only recognized as compensation when it involved taking care of other people’s kids and not one’s own; for this reason, they believed in “social wages” (Rousseau, 2016, p. 239). This period was the birth of the idea of “family allowance” given to mothers to spend however they felt necessary (Rousseau, 2016). The takeback from this is that although they were discussing a wage for the unrecognized labor, these women believed the money would NOT be for any reason or core purpose of “being a citizen,” but for the tremendous labor, women do to keep society afloat doing unwaged labor.

UBI also has roots in the Black Panthers Party (Stanford University Basic Income Lab, 2022). Overall, gender and racially marginalized groups have engaged in some capacity with the

ideology of UBI. UBI does not have one political home and can be structured how the society sees fit.

How does it work

As previously explained, a universal base income is paid to individuals regardless of a person's income, labor status, class, etc. (Butaru, 2016). Everybody receives it. Unlike other anti-poverty measures such as welfare, this would not be decided by income or eliminated based on income status change (Butaru, 2016). The UBI is called "basic" because it is something someone can always and surely safely count on; it is a "material foundation in which life can firmly rest" (Butaru, 2016). Thomas Paine, one of the earliest people to speak about a universal base income, believed that the law could be used to maintain the benefits of a civilized society and, at the same time, cure the evil that it produces (Butaru, 2016). UBI supporters argue that people will not want to do the worse jobs because they will not be forced to sell their labor to the lowest bidder, especially those of us who are part of the most exploited groups in society (Butaru, 2016). The fear among the ruling class is that UBI would dramatically change workers' relationships with labor. Although UBI is popular among leftists, it is also very unpopular among the same group of leftists because it is seen as a capitalist solution to the issue of capitalism. UBI is too unstructured and unpredictable for the right.

In the US, wealth has substantially increased since the '70s, especially during the COVID-19 pandemic. On the contrary, wages have not kept up with the cost of living, and expenses are skyrocketing. One of the options to supplement the cost of living has been welfare, and this path has left a great deal of room for state violence and discrimination, especially toward Black people.

Because the state operates with extremely anti-Black tactics just as it has with welfare, basic income is seen as a better alternative, especially since it is unregulated how one spends the money and equal for everyone (Andrew D. Pinto, 2021). As a result of the global pandemic that began in 2019, it became evident why an initiative like basic income would be helpful, considering people were drowning in economic insecurity prior to the pandemic, and it became undeniable during the shutdown. Because some countries provided temporary emergency support to the public, people began to question the long-term impact of COVID-19 and how these temporary funds should not be temporary so long as COVID is a threat (Andrew D. Pinto, 2021).

Studies show a correlation between low income and worse health outcomes (Andrew D. Pinto, 2021). One of the most compelling arguments for UBI is that there would be better health outcomes if people were not stressed about money for necessities and forced into labor. A Canadian study proved that populations receiving UBI during a short-term trial had fewer hospital visits, better mental health, and fewer physician visits (Andrew D. Pinto, 2021). This study has been done throughout the years, and the results remain consistent; people are overall happy about receiving this form of extra support, and it is better for their overall health.

Chapter two: A case for human lactation

Human microbes are actively dying in our ecosystem. The active death is directly linked to people getting sicker over the decades and increasing all diseases, sicknesses, and cancers. Scientists say that we as a human population will be at our sickest by 2030 (Toni Harman, 2014). This is called the “missing microbes” or “disappearing microbiota hypothesis,” which means the ancient microbiomes that have protected us through many diseases are disappearing (Toni Harman, 2014). The first step in securing a human’s microbiome is through birth. These microbiomes have existed in the birthing person passing from generation to generation through vaginal birth, skin to skin, and human lactation (Toni Harman, 2014). When someone is giving birth, critical bacteria gather around the vagina and on the birthing person’s chest. When babies are born vaginally, they gather crucial microbiomes that seed in their guts orally and through the skin. The birthing person’s chest becomes soaked to gather bacteria for the baby to ingest orally during the skin-to-skin step that should happen immediately after birth. If the birth was not vaginal, these microbiomes could also be swabbed from the vagina and put around the baby’s mouth to seed their gut. When we gather the needed microbials, we are, as Dr. Rodney Dietert says, “the completed self,” which means we are supposed to be 90% microbial.

The second form of seeding happens skin to skin which should be done immediately after birth. This is also the beginning of the next critical step to the physiological process of birth because the chest collected bacteria; this is an excellent time to create an introduction to human lactation. Human lactation is the most nutritionally fitting food for babies. Human lactation also feeds the microbes that makeup 90% of who we are (Toni Harman, 2014). Human lactation contains anti-inflammatory properties and antibodies along with other health benefits.

Despite what we know about optimizing our health through human lactation, racial barriers in policy, systems, and structures are preventing Black people who birth in the US from optimizing our health through this process.

We can learn from the functions of our microbial and how the bodies of birthing persons behave in connection to babies' bodies because we as a species operate on collectives. The labor to keep us alive and at our healthiest as a species are connected. The community investment is far beyond the individual. This is about transforming communities devastated by economic and cultural violence of white supremacy, reconnecting ancestral practices, reestablishing first food sovereignty, and allowing a historically devastated community to thrive in this regard.

Flourishing health through nourishment

Death is prevalent in Black communities throughout the US. This is not because of a biological reason but because of structural, institutional, and systemic anti Blackness. The CDC defines infant mortality as babies dying before their first birthday. In 2019 alone, 3,600 Black infants died before their first birthday (Flagg, 2021). Inequality in health impacts Black infants more than any other age group when comparing deaths of Black people to white people. Black infants are more likely to pass than other races of babies (Brittany D. Chambers, 2018). In Wisconsin, Black infant mortality rates are three times higher than white infant mortality rates; nationally, it is 2.5 more likely for Black babies to die than white babies (Davis, 2019, p. 103). In California, there were nine deaths for every 1,000 live births of Black babies and four white deaths per 1000 deaths per live birth (Brittany D. Chambers, 2018). One of the leading causes of infant mortality is congenital disabilities (many things can cause this, including smoking).

However, among Black babies, one of the leading causes of death is low birth weight and premature birth, both linked to birthing people's experiences with anti-Blackness related to state-sanctioned and organized violence (Brittany D. Chambers, 2018). Some research tries to fault Black birthing people for infant mortality, but those studies are questionable and deficient (Davis, 2019). Some studies show that Black mothers are less likely to smoke during pregnancy than white moms (Davis, 2019). Pointing fingers at Black birthing people is a plot of white supremacy to alleviate itself from blame for the petrifying numbers of preterm birth that is causing low birth weight and the death of Black babies.

Income plays a significant role in someone's experience with their pregnancy, and research demonstrates that less privileged zip codes have higher rates of preterm birth and infant mortality compared to homes with high incomes (Brittany D. Chambers, 2018). A study done in California by Dr. Brittany Chamber and colleagues found that concentration groups aiming to see how race and income play a role in preterm birth proved that most economically distressed groups had higher experiences with preterm birth and infant mortality by 25% (Brittany D. Chambers, 2018). Structural racism, specifically anti Blackness, has been investigated as the fundamental cause of health disparities related to white and Black people. The allocation of resources, institutionalized anti-Black laws, redlined neighborhoods, and consistent exposure to anti-blackness have caused long-sting economic devastation and health disparities (Brittany D. Chambers, 2018). Black women being exposed to policing is also linked to preterm births because the exposure causes intense stress, and our bodies being exposed to frequent stress causes preterm labor (Dana E. Goin, 2020). Therefore, I believe UBI should be consistent because Black people being financially supported even before pregnancy would work as a

preventative measure from infant mortality or preterm birth and encourage chest/bodyfeeding rates.

Human lactation is a nutritional food optimal to a baby's health and could combat the various ways Black babies die. Nursing children with human lactation has immense health benefits for both the child and birthing people, such as providing everything the baby needs to keep their immune systems strong and mighty, bellies full and overall good health. The baby is provided anti-inflammatory and anti-bodies through the human lactation. Because of the high percentage of microbial in our bodies, human lactation is the most nutritional feeding a baby could get to nourish the microbes within us (Toni Harman, 2014). However, Black mothers and other birthing people are structurally deterred from being able to nourish their children with human lactation.

In *Reproductive Injustice: Racism, Pregnancy, and Premature Birth*, Dr. Dana-Ain Davis tells a story about a Black mother who had to battle with hospital staff about providing their child with human lactation. Sherry was very clear with hospital staff, doctors, and others that she wanted her child only to have human lactation and no formula. Consent and instructions were violated, and the neonatal physicians argued with her that formula would be better (Davis, 2019, pp. 109-110). This is egregious for many reasons, including that it is wrong. Human lactation is undoubtedly the most nutritionally filling food a baby can take, especially within the first six months. Center of Disease Control, World Health Organization, and other boards that study the nutritional component of formula and human lactation recommend chestfeeding, especially for the first six months minimum. Unfortunately, these stories are not unique. Black people's wishes during pregnancy and birth are not respected.

As Dr. Ifeyinwa Asiodu words it, hospital staff do not encourage Black people to chestfeed as much as they do white people; they violate our request to exclusively chestfeed (Ifeyinwa V. Asiodu P. R., 2021). Hospital staff are nine times more likely to give a Black newborn formula without consulting with the birthing person than they are to white infants (Ifeyinwa V. Asiodu P. R., 2021). As Dr. Davis says, race (Blackness) confounds other cultural capital Black people may possess (Davis, 2019, p. 112). This means class, education status, income, and other factors (including being cisgender, citizenship status, heterosexuality) do not work to shield Black people from experiences of anti-Blackness with the medical-industrial complex.

The care needs of preterm babies are human lactation and require supplements, otherwise known as fortified supply because human lactation or formula alone is not enough for what a preterm baby needs. However, human lactation is the best primary feeding of a baby with a fortified supply added (R. Kishore Kumar, 2017). Preterm babies are at higher risk of growth and disabilities than term babies, leading to infant mortality. Expressed human lactation is the first, primary, and significant choice when feeding a preterm baby (R. Kishore Kumar, 2017). Experts stress that internal feeding is the primary choice because of complications that may occur in other formats. This also highlights the importance of donor milk and expression. There is no one way to give babies human lactation. Expressed human lactation benefits the preterm baby by strengthening the baby's cardiovascular, neurological, bone health, and growth outcomes. If the parent cannot express milk, the second recommendation is pasteurized donor human milk. This is a testimony that HUMAN LACTATION is crucial in optimizing the feeding in collaboration with a fortified supply to fill in the baby's nutritional needs (R. Kishore Kumar, 2017). The nutrition of human lactation is far more significant than formula; however, if human

lactation is not available, formula can be compatible with preterm babies and meet their nutritional needs (R. Kishore Kumar, 2017). However, infant formula is nutritionally equal to junk food (Freeman, 2021). This paper does not suggest that people who do not chestfeed are harming their babies and there is something wrong with their parenting. If donor milk or expressed milk is the chosen or necessary path, then so be it. The main goal is to stress the importance of human lactation and how healthy chestfeeding is for everyone involved.

There is a 72% decrease in hospitalization for respiratory infections in the first four months if a baby is fed human milk exclusively. Other health benefits include a 63% decrease in severe colds and ear and throat infections (Arthur I. Eidelman, 2012). One of the earlier benefits of exclusive human milk nursing is the 64% reduction in gastrointestinal tract infections (Arthur I. Eidelman, 2012). Suppose 90% of parents exclusively nursed with human milk in the US 900 more babies could have lived longer than a year (Arthur I. Eidelman, 2012). Chest-fed babies have more robust immune systems, fewer infant mortality rates, better vision, fewer chances of childhood cancer, including leukemia, fewer cavities, etc. (Cleveland Clinic , 2018). The lifelong health benefits of nursing with human milk are limitless. Some studies show that adults and teens who were once fed human milk are less likely to develop arthritis, lupus, multiple sclerosis, and breast cancer!

The choices of the people responsible for our feedings as babies can set a foundation for our health, and therefore it works in a domino effect on the community's overall health. In 2021 a study conducted in Spain closely monitored the breast milk of 95 vaccinated mothers breast milk found that pregnant people who get vaccinated against covid human lactation develop antibodies that boost babies' immune systems (Ramírez, 2021).

The antibodies that protect against covid were significantly higher among the moms who were chestfeeding 24-month-old consistently than those who were doing it in short periods or intervals. Another study found that chestfeeding women who have been infected with COVID-19 human lactation continue to secrete virus-neutralizing antibodies for ten months (Geddes, 2021). Human lactation is such a robust antibody that it is being considered to treat adults with covid (Geddes, 2021).

The health benefits human lactation provides babies should be enough to convince us of the importance of chestfeeding; however, the benefits of nursing are also helping the person providing the human lactation. Twenty thousand fewer deaths from breast cancer could happen a year if people chestfed their babies (Ifeyinwa V. Asiodu P. R., 2021). People who chest feed are also less likely to experience postpartum depression, postpartum bleeding, menstruation bleeding, and decreased chances of ovarian cancer (Lea Rivera, 2022). Overall, it benefits us if we as a community, society, and people have fewer sick people with preventable measures exhausted.

Lactating people

The Journal of American Heart Association recently published a study called Breastfeeding Is Associated With a Reduced Maternal Cardiovascular Risk: Systematic Review and Meta-Analysis Involving Data From 8 Studies and 1 192 700 Parous Women that said, body feeding (feeding a baby using one's human lactation) reduced cardiovascular risk such as cardiovascular disease, stroke, and fatal cardiovascular disease (CVD) with a lifetime duration of body feeding up to 12 months.

The first study to connect cardiovascular disease (CVD) and body feeding was done in 2008 (Lena Tschiderer, 2022). The study found that women who breastfed had a relative risk reduction of 11% for CVD events, a reduction of 14% in heart disease and, a 12% decrease in stroke events, an overall reduction of 17% in fatal CVD events (Lena Tschiderer, 2022). The link is said to play in hormones that demonstrate an essential role during lactation, and the two hormones are said to be prolactin and oxytocin. These hormones are discovered to not only be a significant role in helping your body produce and release milk, but it has very crucial effects on the cardiovascular system. The effects include lowering blood pressure, antidiabetic effects, lowering mass fat, vasodilatation, antioxidant effects, and inhibiting inflammation (Lena Tschiderer, 2022). Bodyfeeding is also key in losing baby weight; therefore, it contributes to the relationship between feeding babies with human lactation and reducing CVD. The first study in 2008 that found a link between lactation and CVD proposed that bodyfeeding resets gestational metabolism, which involves resetting several metabolic disturbances that cause diabetes and CVD-related problems (Lena Tschiderer, 2022). Other benefits of bodyfeeding include a lower risk of hypertension.

Any amount of chestfeeding is helpful and a preventive measure; however, there are correlations between length of time and the longevity of reducing diseases and sicknesses. Young Adults Study showed a graded inverse association of the duration of bodyfeeding with intima-media thickness (Lena Tschiderer, 2022). The Study of Women Across the nation- Heart Study encounter that people who were bodyfed for at least three months had a significantly lower risk of aortic and coronary calcification than birthing people who did not bodyfeed (Lena Tschiderer, 2022).

Women who bodyfeed multiple kids for an additional six months per child are associated with a decreased risk of 4% for CHD and 3% for a stroke (Lena Tschiderer, 2022). The longer one bodyfed the lower risk was found for CHD (Lena Tschiderer, 2022). The study concluded that decisions to body feed are influenced by many things such as work, community, hired support, etc. The contribution to the decision varies especially considering race because of how race determines one's work and economic reality.

Every 11 minutes, a Black woman in the US dies from a preventable heart disease (Garrison, 2017). This means that every single day 137 Black women die from heart disease (Garrison, 2017). This is more deaths of Black women than those who die daily from HIV, cigarette smoking, and guns combined (Garrison, 2017). Among women between the ages of 45 and 54, Black women are 2.5 to three times more likely to die from CHD than white women (Evans L. K., 2010). Another petrifying fact is that coronary heart disease was responsible for slightly over a quarter, 26% to be exact, of death in the US in 2005 (Evans L. K., 2010). This number is significantly high and prevalent among lower-income women, especially in rural areas (Evans L. K., 2010). Hypertension, diabetes, and obesity are the cause of death, which is medically accurate; however, these studies do not recognize systemic racism as the ultimate reason for these deaths. Black women are surviving a warzone every single day in the US, from battles with a discriminatory labor force to battles with criminal injustice system, housing, the medical-industrial complex, seeking maternal health, and so forth. Systemic and structural racism is atrociously impacting our health and killing us.

Dr. Sharrelle Barber published a study in 2016 organized in Jackson, Mississippi, called *Neighborhood Disadvantage, Poor Social Conditions, and Cardiovascular Disease Incidence Among African American Adults* in the Jackson Heart Study that investigated how socioeconomic status impacts CVD. One in four Americans dies from CVD (Sharrelle Barber, 2016, p. 1). Strong empirical evidence links socioeconomic status to someone's risk of CVD, and this includes how income structures the grocery stores in neighborhoods, the quality of food in these neighborhoods, and what someone can afford. Neighborhoods where violence, crime, and hostility exist induce stress which negatively impacts health and causes heart-related diseases (Sharrelle Barber, 2016). These factors could be linked to white supremacy, redlining, discrimination, and anti-Blackness. Structural racism and anti-Blackness linked to housing discrimination contribute to the induced stress because white supremacy has trapped Black people and subjected us to it (Sharrelle Barber, 2016). The study believed the data collection among Black men is too small to have a definitive answer on how socioeconomic status impacts them related to CVD. The other factor is that Black men may experience other causes of death before developing CVD (Sharrelle Barber, 2016, pp. 6-7). The study concludes that poor neighborhoods experiencing high levels of CVD are directly because of anti-Blackness within the US (Sharrelle Barber, 2016, pp. 6-7). Black people being consistently exposed to white supremacy in housing, employment, type of employment, and violence is detrimental to our health and causes an increased risk of CVD-related sicknesses (Sharrelle Barber, 2016).

White supremacy historically economically devastates neighborhoods populated with Black people, exposing these neighborhoods to high levels of state surveillance via policing, triggering devastating health impacts on Black people because of the police history of

slaughtering Black people (Dana E. Goin, 2020, p. 2). Exposure to police sends Black birthing people into preterm birth because of the stress of anti-Blackness buckles Black people (Dana E. Goin, 2020, p. 2). Black people internalize violence as being something possible to happen to

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them as opposed to white people because, historically speaking, we have been slain by police at disproportionate rates (Dana E. Goin, 2020). This is especially devastating because we cannot escape the terrors our neighborhoods are exposed to. After all, they are directly caused by white supremacy (Dana E. Goin, 2020).

Black people are shackled to the terror of policing and housing discrimination. Other studies suggest that white women practice more preventative measures compared to Black women (Evans L. K., 2010) but considering what has been broken down, they do not have these fears to consider preventing. Even in body feeding as a preventative measure for CVD, Black lactating people have less financial and structural support (economically) to optimize that route as a possibility. If Black birthing people could rest more and be economically alleviated from stress, they would chestfeed their babies more, optimizing this route of combatting CVD and CHD.

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Chapter three: Creating better infrastructure

As much as people would like to believe we exist as individuals and isolated beings, every living thing is tied to one another, and we live in ecosystems and communities. Black people dying preventable deaths is a reality that could shift with policy, structural, institutional, and systemic changes. Black people are the prominent group of people to die from such an obscene number of sicknesses because of current systems, structures, institutions, and cultures born from racism and perpetuated by it, specifically anti Blackness. White supremacy determines that one's risk of becoming a victim is not an accident. Racial capitalism is about exploitation and the organization of power to determine who is exploited and who profits from that exploitation. The health of communities is the extension and aftermath of these exploitations. Our health exists in collectives. The type of foods we eat and the quality of that food rely on what is accessible to us. The politics of food accessibility is based on class, making it depend on race. Racism and white supremacy hinder optimal health in nutritional intake.

Why Invest in people

The primary motive to tap into the instinctual treasure chest of breastfeeding babies and making human lactation their primary food should be the health benefits it provides for all parties involved; however, there is also a profound economic benefit for governments to be involved in breastfeeding. Newborns and toddlers receive tremendous essential benefits through human lactation that saves their lives, improves health, and would save money in investment in treatment for diseases and sickness.

Globally 600,000 babies and 100,000 mothers (measurements for trans people not provided) die a year due to inadequate chestfeeding; this means \$341.3 BILLION is lost a year globally (Dylan D Walters, 2019). Specific to the US, \$24 million annually is invested into saving the lives of people who developed a disease or sickness that could have been preventable with chestfeeding. Combining the investment in programs, mortality of babies and birthing people, and cognitive losses, the US loses \$114,968,113,478 by not having a sustainable system where more than 24 % of its babies are chestfeed a year (Dylan D Walters, 2019). These losses are believed to be preventable with a simple act of investing in babies' nutritional intake of human lactation.

The first and most important reason to consider investing in a structural economic plan to sustain, encourage and increase chestfeeding in the US (and globally) is to save lives and create a healthier population. Within the US, Black people are most impacted by the consequences of not having a normalized chestfeeding culture where the babies primary nutritional intake and investment in human lactation. Dr. Asiodu reminds us that 64% of Black women initiate chestfeeding (Ifeyinwa V. Asiodu K. B., 2021). Even if parents cannot chestfeed, there should be far more attainable routes for parents to access human lactation for their babies through donors' milk. This investment in care, community, and optimal health would require social shifts too. Black people, especially those who are also queer, trans, who have a disability, and low income, do not fit societal visions of chestfeeding (Freeman, 2021, p. 135); this must change during the investment in shifting the culture of chestfeeding. Black people are confronting systemic obstacles to be able to chest feed while battling wars of discrimination related to family regulation systems, housing discrimination, education, and labor (Freeman, 2021, p. 135).

Ending family regulation systems such as child protective services and the foster care system is also part of shifting the culture and investing in optimal health of Black people. The evidence is clear: through the labor force, employment, and income, this is imperative to creating a cultural reset of chestfeeding and optimizing our health through early nutritional nourishment.

A goal to end the criminalization of poverty would immensely shift parenting in the US because of the history of the State haunting and breaking up Black families. Investing in Black families would benefit us long term. Poverty does not necessarily begin with parents working low-wage jobs; the cycle of poverty for many Black families is sustained through the family misregulation and surveillance system better known as Child Protective Services and foster care. Experts have consistently suggested that an increase in resources would decrease what is labeled as crime. 50% of Black children in the US will experience investigation with Child Protective Services (CPS) 94% of people investigated by CPS are people of color (Lizar_Tistry). In Chicago, 95% of the kids in foster care are Black (Roberts, 2002, p. vi). Black children make up half of the foster care population, although they make up less than 1/5th of the nation's children (Roberts, 2002, p. vi). These investigations are entirely motivated by anti-Blackness. Many of the reasons children are divorced and separated from their families are related to poverty (Roberts, 2002, p. 26). Through this cycle of low wage jobs and increased possibility of surveillance, chances of being incarcerated and living in poverty increase. Investing in ending these patterns of anti-Blackness is a key component to investing in optimal health and care of Black children.

Organize crime to humanity

Within the US, 30% of homes led by Black mothers are in poverty (Nyandoro, 2022). For many Black families, the reason they are not chestfeeding is because of the loss of income that they rely on to provide housing, food, and other necessities (National Partnership for Women and Families, 2018). Due to intentional and perpetual structural anti Blackness, for many Black families, unfortunately, they are not working in labor fields and locations that allow a seamless lactation pumping while at work; it is just easier not to pump (Freeman, 2021). A third of Black women are in service work (Bank, 2019) and according to the data, mothers who do service work have the lowest chestfeeding outcomes. They usually do not make it past the recommended six months of exclusive chestfeeding (Margaret D. Whitley, 2021). The issue is not that Black people do not try to chest feed, 64% of Black mothers initiate chestfeeding (Regina Smith James, 2017). Labor practices determine if one can continue with the journey to chestfeed and one of the major reasons for Black birthing people is they must return to work, and the work environment does not support chestfeeding (Regina Smith James, 2017).

Black mothers return to work on average eight weeks postpartum which is far sooner than other groups of women, and once again, it is evident the jobs do not support pumping (Angela Johnson, 2015). With 42% of wage workers in the US making less than \$15, 12% of them are women and people of color. Black people make up 12% of the US population, this means 15% of people making less than \$15 an hour are Black (Gebreselassie, 2016, p. 2). The results show that by six months, 36% of Black people who were breastfeeding continue to do so, and by one year 16% of Black people continue to chestfeed (Ifeyinwa V. Asiodu K. B., 2021). The median wage of Black women in the US is below \$40K at about \$36,000, which is about \$22K less than

the median for white women (National Partnership for Women and Families , 2018). There is a 21% pay gap between Black women and white women (Bank, 2019). These are the numbers behind the studies that show Black women are dying to economic hardship in ways white women are not.

Poor nutrition and stress stemming from financial difficulty has caused poor milk flow and malnourishment of breastfed babies. A Black mother from Brooklyn, Tatiana Cheeks, had a baby girl who died from malnourishment while she exclusively chestfed her baby. She could not afford a \$25 doctor visits that could have saved her now deceased child's life. The cycle of Cheeks being stressed financially is suggested to cause low milk production. Stress and anxiety are the #1 killers of milk supply, especially in the critical first few weeks when parents determine if they want to continue chestfeeding (Shivani Patel, 2018). Being forced to experience a manufactured phenomenon like poverty, houselessness, evictions, and so forth are the most enormous harms being done to children yet normalized to sustain a capitalist system.

One of the policies to combat this systemic violence and anti-Blackness in the labor force is paid parental leave. Studies show that paid leave would combat maternal mortality, increase chestfeeding, and decrease postpartum depression (Rada Dagher, 2020). As previously stated, many Black families are not chestfeeding because if they choose to stay home, they risk losing wages that provide necessities such as housing, childcare, food, and healthcare (National Partnership for Women and Families , 2018). Therefore, receiving a check to support oneself after giving birth would be helpful. Paid parental leave for new mothers reduced poverty by 10% and increased household income by 4% in California (Bryant, 2021). There was also a significant reduction of food insecurity among the households that got the paid leave, and as predicted, these

were extreme improvements in low-income homes (Bryant, 2021). Households receiving this continued resource while parents get to rest and care for their newborns would significantly help more people. Using a conservative measurement, 12-week paid leave could save 600 babies' lives, boost in chestfeeding, and fewer hospitalizations of babies; this would have an overall better lasting effect on children's health (Bryant, 2021). A UBI would have similar impacts on parenting, except it is offered to everyone and rely on the employer to calculate what they can give, is not limited to people working, and is not based on previous pay. Most families who recently have children are not receiving paid leave because paid leave is also employment dependent. With a UBI as a resource, parents will have a guaranteed income regardless previous income level. This also does not require someone to have had labor to have income as a resource.

White supremacy is killing us. Conserving a reality where poverty is keeping so many Black children from experiencing the nourishment of human lactation is anti-Black violence. Parents who cannot maintain bodyfeeding as their child's primary feeding are blamed for the child's lack of optimal health when larger structures and systems are responsible. A UBI program is the best solution to decrease poverty, decrease crime, and address the actual violence of white supremacy, halting Black children from experiencing optimal health because their parents do not have resources to chestfeed or provide human lactation for at least six months.

Testimonies

PBS News Hour did a series called "Chasing The Dream" where they spoke to Dr. Aisha Nyandoro, the founder of Magnolia Mother's Trust, an initiative that disperses 100 Black mothers \$1K a month to spend however they see fit. The women who are helped are full-time

workers making \$11K annually. According to Dr. Nyandoro, despite the plethora of efforts by her organization, Springboard Opportunities, her community was not being removed from poverty. The best results were giving people money. Magnolia Mother's Trust was a UBI program that allowed mothers to purchase homes and move out of public housing! The people of the program were able to use the money to go back to school and get out of debt. Dr. Nyandoro has since seen Magnolia Trust blossom to where the number of people who can be part of the program grows each year. The mothers love how the program can provide them with income for necessities and disposable income. For many families, the money provided them with enough financial support to allow them to see extended family they have not seen in years due to distance and travel expenses. Be mindful that these were moms working full time unable to achieve basic things with their income from work alone.

In San Francisco, California, a first-of-its-kind program within the US called Abundant Birth Project was started to guarantee income to Black and Pacific Islander pregnant mothers. The program seeks to give the mother \$1K to \$1.5K a month during the pregnancy and for two months postpartum. Although this project is not explicitly documenting or collecting data about chestfeeding, it does support the idea that the best way to help mothers in economically challenging positions is to give them money. The Abundant Birth Project aims to reduce inequities and have structural interventions to reduce preterm labor (Justice, 2020). In San Francisco, a Black infant is twice as likely to be born premature, and the well-documented financial insecurity contributes to the chronic stress that creates preterm birth. Other environmental risks that are also because of anti-Blackness and white supremacy are housing issues, limited access to quality foods, thus inadequate nutrition, and poorer employment

opportunities (Justice, 2020).

The founder of Abundant Birth Project, Dr. Zea Malawa, often reiterates that the responsibility is put on pregnant people to sustain their health, but that is simply not addressing structural violence. Racism is the root of the birth disparities (Malawa, 2022). As Dr. Malawa puts it, there is nothing wrong with Black women; there is something wrong with the environment we are birthing in. The environment is toxic because of the centuries-long history of slavery in the US responsible for the current afterlife of slavery we are surviving in now. Dr. Malawa believes there is a way to address racism as the root cause of health disparities; she breaks down the plan in four steps. First, an effort to address racism as the root cause must be long-term, sustainable and institutional (Malawa, 2022). We cannot undo centuries' worth of damage within days and weeks; the commitment must be decades-long. This means a policy that will be committed to and sustained. Second, the intervention must have a "precise impact," which means it focuses on a marginalized group to support and impact them (Malawa, 2022). Third, the policy focus should be culturally shifting and changing. Systems must look different for impactful policies that will tear down long-term health disparities caused by racism. Finally, reparations must be paid (Malawa, 2022). I wholeheartedly believe in this.

Chasing The Dream by Zachary Green followed the country's first city-de UBI program in Hudson, NY (Hudson, New York is piloting a universal basic income program, 2021). The UBI program will continue for the next five years. Hudson Up, the cities guarantee program gives 25 residents \$500 a month and studies how this impacts their health. The resident's median income from 2011- 2019 stayed below \$40K a year, and 23% of the population lives in poverty (Hudson, New York is piloting a universal basic income program, 2021).

Hudson also has a 4.5% unemployment rate. This economic havoc and a booming housing market mean that people from Hudson are having a hard time staying there. The activist and organizers of the UBI are seeking a way to help people stay in their communities and homes. For residents, they explain that the money allows them to care for sick family members, repair their cars and help them get around, and afford a lovely Christmas.

UBI would be ideal for improving chestfeeding because the systemic and institutional racism that kills Black birthing people and babies does not magically appear at birth or pregnancy. The same economic violence is something we must live with, even before becoming parents. A UBI would support people and provide a cushion, as MLK assumed while navigating racial capitalism. Michael Tubb, former mayor of Stockton, California, ran a study about UBI in his district and found that people who received a UBI were HEALTHIER and less stressed. One of the major concerns about UBI is that people will not work at all; however, that is not true, Tubb discovered that people work more. The money was spent on food, home goods, and utilities. So many of our problems related to crime and health are rooted in stress and poverty. A UBI program is shown to be the best results in navigating racial capitalism and anti-Blackness.

Outro

My thesis question was if UBI were an economic policy the US could adopt to optimize Black chestfeeding rates; the answer is yes . The research proves that one of the biggest challenges to chestfeeding is economic barriers. Through investigating the economic differences between people who are unable to body feed to the six-month mark or beyond and those who are, I concluded that a shift in financial situation could drastically improve bodyfeeding rates among those most economically devastated.

My method of research for my paper is qualitative and quantitative research. The quantitative research shows through research with books and more than a dozen studies and testimonies from people who have started guarantee income programs. First, Black people are disproportionately impacted by poverty for several reasons tied to systemic and institutional racism. This plays a major role in the economic positioning of Black people and if they can chest feed. Second, information revealed through qualitative and quantitative research that Black people do initiate chestfeeding. We cannot sustain chestfeeding because chestfeeding requires communal support, including economically. Although other social, historical, and cultural factors are halting Black people from being in optimal health through chestfeeding, the research focus was economic. My paper was about one economic solution that would increase rates of chestfeeding and consumption of human lactation for at least the minimum suggested months. My goal was to analyze why investing in a UBI program is the best response to investing in Black optimal health.

UBI, although it is a fair policy, it is not far enough of a policy to dismantle anti Blackness and peak optimal health. Michael Tubb, Dr. Zea Malawa, and Dr. Aisha Nyandoro lead the way in breaking down what a world with UBI looks like among those who truly need it the most. It is not lost upon me that they are all Black. We know what our communities need. Yes, people having money to stay home and rest would increase chestfeeding rates, this is evident in how families rally around paid parental leave, and the grievance explained behind the reason why families are not able to chestfeed. There are tremendous life-long and generationally extended benefits to shifting the culture of chestfeeding and investing in the care of communities. UBI is a reasonable choice under the systems at play. However, if the goal is to no longer live in a graveyard of the afterlife of slavery and continue the colonial empire, we must end racial capitalism.

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Autobiography....

I am a happily breastfed child for the first 13 months of my life, and in the last two years, I have grown to be more grateful for that than I have ever realize to be. My mother had me in a culture that valued human lactation deeply. I am from a solid ancestral lineage of Black women who be knowing. I am grateful my mother had me surrounded by elders: her mother, aunt, and eldest sisters, who were all mothers. Through the violence of white supremacy displacing Black people from our homes, a tale that traces back to the transatlantic slave trade, I do not have the luxury of learning communally from my lineage from elders with an intention to carry on the knowledge of birth work. However, like many Black people, our ancestors called on us to do certain things related to protecting the lineage, I believe my research and drive to learn about human lactation is my assigned assignment. It just so happens to be that I decided to earn a masters around the same time. The times looped into each other. That's the story of how I got here. This is written with great honor and as a treat I am coining myself a lactation equity scholar.

In Solidarity,

Shadley Hobour