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Yesenia Olmos

California State University, Channel Islands, yesenia.olmos979@csuci.edu

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A Practicing Doula Testimonio: Creating Space for Indigenous Reproductive Justice

Yesenia de Olmos

As I sit down to type, there are babies being born around the world. However, more than half will receive inadequate, and for some, inhumane treatment. This was the case for me when I was born nineteen years ago on November 18, 1999. My mother underwent two traumatic surgeries that left her sterilized for the rest of her life. But why did a woman like my mother have to undergo two consecutive surgeries? It is because a licensed doctor “accidentally” left a sterile needle inside her womb after performing a cesarean delivery. Accidents do happen in operating rooms, but today, as throughout the twentieth-century, they are happening consecutively, especially to women of color. It is important to recognize that women giving birth in hospitals is a 20th century concept. Before the existence of hospitals, women gave birth in their homes with midwives, and Indigenous peoples delivered their babies in sweat lodges where only women were allowed to enter. Birth was perceived as a sacred ritual that embraced the beauty of life and the strength of women; what happened to these practices?

In this paper, I discuss how my experience as an undergraduate at California State University, Channel Islands (CSUCI) influenced my research of natural birthing practices and reproductive justice as a global right. Specifically, I address my experiences as a practicing doula and birth worker alongside my first teacher, Tema Mercado. Lastly, I discuss a birth working class I will be taking in October of 2019 while on a one-year study abroad program in Santiago, Chile. The class will be taught by the Puerto Rican veteran doula and teacher, Rita Aparicio.

As human beings we have the fundamental rights to be born, to live, and to die because it is the natural way of life. Between all this we must realize that things do go wrong, this is part of our humanity. However, we must aptly observe

the ripple effects that have caused the human rights of so many people to be tarnished. We first must educate each other about building a healthy relationship with our sexuality and sensuality so that institutionalized laws—such as the one that affected my mother—do not continue. During the 20th century multiple laws were passed regarding population control. One of the earliest laws was “Law 116,” passed in 1937 which institutionalized a population control program.¹ The law legalized sterilization without consent, and would be used to target Latina, African American, and Native American women. Funding and resources for sterilizations targeted states such as Puerto Rico, New York, California, Alabama, and North Carolina, where there were significant populations of minority women.²

My fundamental goal in researching women’s reproductive health and birthing options came from my mothers’ traumatic experience in the hospital. Today what I am asking of our institutionalized spaces is collaboration, so that traditional as well as institutionalized western medicine can learn to cohabit so that we can learn from one another. Thus I do not reject procedures such as cesareans, which have saved the lives of countless women, yet we must critique the fact that seventy percent of caesarean births are done without medical reasoning.³

If doulas as well as midwives (*parteras*) were institutionalized women would be more aware of their options. This would also create a more humanizing birthing practice. Mothers could make informed decisions regarding whether vaginal birth or cesarean birth were best for themselves and their babies; they could also make very basic decisions such as their preferred physical positioning when giving birth. Unlike midwives who deliver babies, doulas are the woman’s companion throughout her stages of pregnancy. This reciprocity is called “women

¹ Kathryn Kruse, “History of Forced Sterilization and current U.S. Abuses”, in *Our Bodies Ourselves*, edited by the Boston Women’s Health Books Collective (New York: Simon and Schuster, 2014).

² Suzanne Tessler, “Compulsory Sterilization Practices,” *Frontiers* 1 no. 2 (Spring 1976): 52-66; Elena R. Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women’s Reproduction* (Austin: University of Texas, 2008).

³ Centro Cristal Luz, “Entrevista a Rita Aparicio,” November 25, 2015, YouTube video, 00:54. <https://www.youtube.com/watch?v=zISHnUBW0oU>.

helping women.”⁴ Doulas as well as midwives work with mothers no matter the income. There is a misconception that only women of a higher economic class can afford doulas—and this is a misconception as I will address below.

As an incoming freshman during the fall 2018 semester, I had the opportunity to apply to attend a three-day workshop on “doula training” titled “Birthing Sin Frontera: Midwifery and Reproductive Justice On The Border.”⁵ Intrigued, I submitted my application where I had to answer the following question: “Tell us why you want to be a doula.” In an effort to answer this question I researched the roots of the tradition and discovered that in Greek “doula” meant “to serve.” In ancient times this role was given to respected female slaves who helped in the household. I was still unsure about what a modern doula was, so I consulted with my mother. She verified with me that the term in Spanish meant *asistente partera*.⁶

As discussed above, I was motivated to learn more about reproductive justice because of my mother’s traumatic experience, but what I learned from my sister further fueled my desire to learn more. Through her research into our family history, I learned that both of my grandmothers were skilled in herbal medicine and natural birthing. On the Mexican side of my family, my paternal great grandma was a *curandera*, and from my Salvadorian family my maternal grandma was both a *partera* and *curandera*. Coming from a lineage such as this, I felt called to this practice.

I completed my application, was accepted to the program on full scholarship, and soon found myself immersed in a program that addressed many of the questions I brought with me. At our first session, I met licensed Midwife, Tema Mercado, a renowned birth worker who works on the borders of Mexico, in the state of Baja California and in the city of San Diego to provide women with self-empowered births. Specifically, Tema works on the border to allow Mexican women to have humanized births, addressing a crisis situation where Mexico

⁴ Jan S. Mallack, “Why be a Postpartum Doula?,” *International Journal of Childbirth Education* 20 no. 1 (2005):31.

⁵ Jennie Luna & Tema Mercado, “Birthing sin fronteras: Midwifery and Reproductive Justice On The Border,” workshop at Cal State Channel Islands, Camarillo, CA. March 17, 2019.

⁶ Adela Olmos-Salazar, interview by author, April 15, 2019.

places fourth as a country of obstetrical violence.⁷ During this three day training, we discussed and learned about the art of doulaism, social constructs of birthing, postpartum care, anatomy and physiology of birth, the placenta, breathing techniques, and the magic of the *rebozo*. The training was only open to twenty applicants and extended invitations were sent out to the community members of Oxnard, Ventura and Santa Barbara. The training began March 15^h and concluded on March 17th of 2018.

The workshop was possible, and tuition-free, because , Dr. Jennie Meztli Luna, with Vanessa Terán, program manager for the Mixteco Indigena Community Organizing Project (MICOP), applied for and won a competitive three-year grant from the National Center for Science and Civic Engagement (NCSCCE).⁸ This provided \$2,500 for the program that year and would continue for the following two years. CSUCI was also one of only four institutions in the nation to receive the prestigious award.⁹ Dr. Luna and MICOP used the grant to organize a “culturally responsive doula training program designed for Mixteco and other Indigenous expectant mothers giving birth in local hospitals.”¹⁰ Among the participants was, Vanessa Terán whom I interviewed to get her perspective regarding her reasons for applying to the program and assisting.¹¹

Testimonio:

As a testimonio, I also asked Vanessa her thoughts during the training and her overall view. She began with, “we all learn differently”—this was in reference to the first session. Tema had been talking about the different fetal positions of the baby throughout the stages of pregnancy, something Vanessa had found hard to comprehend. She said, “I was confused, but then she got the 3D baby model and showed the movements visually, and I understood.”¹² Vanessa said she felt

⁷ Tema Mercado. “La Matriz Birth”, 2017, <http://www.lamatrizbirth.com/>.

⁸ “CSUCI Professor and Mixteco Representative Receive Grant to Establish Culturally Sensitive Doula Program,” News Releases *CSU Channel Islands*, March 2, 2019, <https://www.csuci.edu/news/releases/2018-national-science-grant-doula-programs.htm>.

⁹ “CSUCI Professor and Mixteco Representative Receive Grant.”

¹⁰ “CSUCI Professor and Mixteco Representative Receive Grant.”

¹¹ Vanessa Terán. “Interview,” April 12, 2019.

¹² Terán.

exposed at first by being put in a room with women she had never met, but towards the end of the training, she felt “comfortable and at peace”—this was in reference to the third session. The third session was geared towards the full spectrum doula work, in which we were asked to pick a partner and comfort them without touch and only with sound, while the other partner was holding ice in their hand. In this exercise, I was partnered with Vanessa, and from my experience, I can say it was difficult to comfort someone without touching them. Tema required us to work for ten minutes and then said, “Okay, this time we are going to be turning down the lights and you will be using touch, sound and essential oils to comfort one another.” Vanessa, once again was laying on the floor with the cold ice clenched in her fist. She looked tense when Tema allowed us to begin. I remember using the lavender oil and putting it on my wrist and allowing her to smell the essential oil, then, with her permission, I applied the oil to her pressure points. I placed her head onto my lap and began to talk to her with a soothing voice, also known as the doula voice. Unlike the first time, she completely forgot about the cold ice in her hand. This exercise showed us the power of touch. Vanessa expressed that this experiment involved “bonding and trust,” which allowed her to reflect. This was something she enjoyed about the exercise. She referred to it as “equal opportunity,” meaning, there is reciprocity in this type of work because you learn from one another.

Vanessa applied to the program “to support Indigenous communities [because] Oxnard for example was sending complaints to MICOP regarding hospital mistreatment and the language barrier between some women and their doctors.”¹³ MICOP felt there needed to be a support system for the women. Yet Vanessa also noted that providing such wisdom to the community may come with repercussions for the community, such as the “lack of insurance,” and “representation.” She continued by saying, “with work such as this, I believe the challenge is ‘validating’ one’s work to the state.” Vanessa shared that she would like to serve her community from home “without a bureaucratic system bordering her.”¹⁴

The Workshop:

¹³ Terán.

¹⁴ Terán.

The first day of the training, March 15th of 2018, we went over the history of birthing, birthing statistics, anatomy and physiology of birth, dismantling trauma, and the shame of sexuality. On this day, I learned about the power that is taken from women, especially minority women when they are giving birth in hospitals. Among the women present, many mentioned that their mothers too had been closed with gauze, needles, or towels still inside them. This was not a coincidence because birthing is a business for hospitals. Everything from unneeded cesareans to pressured epidurals unnaturally speed up the birth process. The process of giving birth can be over in minutes or last days, this all depends on the women; however, today it is dependent on the doctors' and the hospital's schedule.

The second session involved educating participant about legal issues, for example, dealing with traumatic births and providing advocacy in hospital settings. We also discussed “optimal fetal positioning” and how that can be accomplished by using a *rebozo*. The *rebozo*, is a multifaceted shawl. In Latin America, South America and Mexico, it was used by Indigenous women to hold their infant babies, and as a *faja* during postpartum pregnancies. We learned that the *rebozo* could help get the baby to position correctly with a technique called *sifting*. The idea is to come behind the mother and place the *rebozo* underneath her hips and begin to sift, first to the left and then to the right. We practiced doing this with a partner. Ultimately, the optimal fetal position is head-down, however we must also realize that some women have a differently shaped pelvis and this may result in not being able to give birth vaginally. For this reason, we must always take into account the differences that we all hold. In a case such as this one, a cesarean birth would both save the mother and baby, resulting in a humanized birth.

On the third day, we did full spectrum doula work. It was primarily geared towards postpartum care, which involved baths, placenta medicine, belly binding, breast-feeding, and massaging techniques. My favorite part during this session was when I learned about the placenta, commonly known by birth workers as “the tree of life.” It is called this because of the veins and umbilical cord attached that help form a tree. The placenta is delivered directly after the baby is born; this magical organ that develops during those nine months to feed the baby can once again be used to provide back nutrients to the mother. The placenta is packed with nutrients such as protein and potassium. Consuming the placenta can increase breast milk production, boost energy, regulate hormones and most importantly

help with postpartum depression (PPD).¹⁵ While many opt out of this practice, the placenta derives from nutrients that helped the baby grow healthy and strong throughout a woman's pregnancy. That is why it is important to teach her how to consume the medicine she has produced. The placenta can also be encapsulated and be taken as a daily supplement, an option offered by one of our Xicana doulas, Jaymee Payan. The placenta is steamed, dehydrated, grounded, and placed into pills. This is a process that I have been witness to. Of course, this is only an option, and some may benefit from it, while others may not because all of our bodies react differently.

At the end of our training, we all received a Certificate of Completion. Tema made us realize, however, that a certificate is not something to show off, it is something that needs to be practiced through action. Our ancestors did this work because they were wise enough to know there was a method to birthing, a process, a ritual. Oral Tradition is sacred, and it can only live on if we have those who are willing to continue the teachings. For that reason, I thank Tema for her dedication and transparency in helping women feel empowered and beautiful. With this training, I knew I wanted to be a doula.

Beyond the Workshop:

During winter of 2018, I was offered a paid position to be a student research assistant for Dr. Luna. This opportunity was funded by the Office of Research Scholarship and Creative Activities (RSCA). The funding covered my student research salary, travel, supplies, and other necessities. Thus I began my research on "Reproductive Rights and Health Access for Women," during the spring of 2019.

My first task was to communicate once again with the birth workers that had attended the three-day training the previous year. In 2019, I was able to contact all the twenty doulas and in March 17, 2019 we had our first meeting; this was exactly one year after our initial training. In the meeting, we reconnected with one another and discussed our commitment to the work, future ideas, doula bag essentials, liability issues, and new training sessions. We, of course, came across some difficult issues, the most important one being liability and insurance fees.

¹⁵ American Pregnancy Association, "Placenta Encapsulation," <https://americanpregnancy.org/first-year-of-life/placental-encapsulation/>, accessed April 2019.

Dr. Luna introduced the idea of creating an “Independent Doula Network” that would be independent from the Nursing Program at CSUCI. We will still be affiliated with the university but work more strongly within the community and MICOP. One of our current doulas, Candice Somay Perez, who that year was able to assist in a thirty-hour birth, shared her experience with us noting “it requires a lot of stamina.”¹⁶ Most importantly from this meeting, we discussed our future long-term goals. We decided we would like to open a Reproductive Justice Center. We would offer on call doulas, pamphlets, herbal medicines, trauma prevention seminars, vaginal steamings, and of course, bilingual speakers. We have yet to work out the details, but currently, Dr. Luna’s capstone class is acquiring statistical information via surveys on the women’s birthing experiences in Ventura County.

Currently in Ventura County, we only have two Xicana doulas: one of the doulas is Jaymee Payan, who is skilled in placenta encapsulation and, at the time of this paper was written, had helped deliver 20 babies. I was able to meet with Jaymee to discuss various topics relating to her work. In her own words, she became a doula because, “I felt drawn to it, having a non-medicated birth myself, I felt called to help other women.” She notes, “doula work is demanding” however, “in the end it is always worth it.”¹⁷ Curious to know more about the placenta option, I asked Jaymee how she began this work, how many placentas she had encapsulated and her service fees. I learned that Jaymee was self-taught and began to encapsulate by researching on her own, and she believes in sharing this knowledge with others. She also teaches other aspiring doulas the encapsulation process. In total, Jaymee has encapsulated seventy placentas. I closed my interview with Jaymee by asking her to define the word doula; she responded that being a doula is being a “physical, emotional, educational and sometimes spiritual support for laboring peoples.” She concluded with, “never assume,” this was in regards to how one addresses their clients. Instead of using the word mother, woman, or partner, Jaymee tries to be inclusive and address her clients as people.

Dr. Luna is the second Xicana doula in Ventura County; she has helped deliver over thirty babies. With such a small number of bilingual doulas of color, there is a reason MICOP, along with Dr. Luna are striving to keep this work alive. I am grateful to be a part of a movement that works toward natural birthing rights.

¹⁶ Candice Perez, “Doula Meeting”, March 17, 2019

¹⁷ Jaymee Payan, interview by author, April 27, 2019

I also realize that institutionalized spaces are a worldwide phenomena that are not always harmful, but can be confusing and unsafe if you do not know your rights.

In April of 2019 Bryce and Udobang published an exposé about the death of Nigerian Fashion Designer Folake Oduyoye.¹⁸ Oduyoye, died in custody three years ago after her hospital refused to discharge her because she had not paid an outstanding balance. This global phenomenon is known as hospital detention. I was able to communicate via Instagram with one of the authors, Udobang, to ask her “How can I help?” she replied with, “... I do not know particularly how you can be of help directly, but I think [that] awareness is an important step.”¹⁹ Udobang is correct. We spend far too much time wishing we could help without realizing that awareness is also helpful. Awareness allows you to question and questioning allows one to shift the paradigm.

As we move forward with our current doulas and doula practices, it is our priority to work within our community in Ventura County because the work of doulas does not end once the baby is born. Their work continues with placenta encapsulation, limpias, belly binding, and massaging techniques. For those reasons, the doulas mentioned in this paper are keeping their costs low to make such practices accessible to all women. People in general deserve healthy, humane treatment, and that is what the Reproductive Justice Center will offer.

My training does not end here, while on my study abroad year long program in Santiago, Chile, I will be attending a birthing class taught by Rita Aparicio, founder of ‘Doula Caribe’.²⁰ Aparicio is a midwife from Puerto Rico who has dedicated the last seventeen years of her life to training and educating families all over the world. She is also a professor at the renowned Birthingway College of Midwifery in Portland, Oregon. The course that will be offered is titled “Rita Aparicio in Chile: Certification de Doula,” and it is a forty-hour training. This course is based on more than 25 years of studies that recognize the presence of the doula in the maternity cycle. I will be specifically learning about the work

¹⁸ Emma Bryce and Wana Oduyoye, "Nigerian Hospitals Are Locking Up Women Unable to Pay Their Childbirth Bills," *Vice News*, April 1, 2019, https://www.vice.com/en_us/article/59xxkd/nigeria-hospital-detention-folake-oduyoye.

¹⁹ Wana Udobang, correspondence with author, *Instagram*.

²⁰ Doula Caribe Internacional, “Quienes Somos,” <https://doulacaribe.com/quienes-somos/>. Accessed April 2019.

of doulas in different cultures and how this has contributed to the enrichment of this vocation.

How we are brought into this world affects how we strive and develop on mother earth. For this reason alone, humanized births are critical so that humanity can have a chance at living the cycles of life as naturally as possible. The way we are born has an impact not only on oneself, but also the society in which we live in. Universal rights must be demanded for all, not only humans, but also nature. We live with obstacles such as anxiety, depression, suicide, disease, homophobia and so much more. Life and death however, are natural processes, yet if we allow both to be obstacles, we may never understand the true meaning of what it means to be alive. Respect for all must be our fundamental virtue if we want to advance as a species.

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