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Tonya L. Brito

Sofia Jonas

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BREASTFEEDING, RACE AND MUTUAL AID

TONYA L. BRITO* & SOFIA JONAS**

INTRODUCTION

Where can Americans find objectivity and support in public health matters? Specifically, where can Black mothers seek reliable information, adequate resources, and accommodating support mechanisms in their effort to breastfeed? *Skimmed: Breastfeeding, Race, and Injustice* provides a fascinating and in-depth account of the multi-faceted and interconnected ways that government, industry, medicine, law, and society continuously fail Black mothers, who have the lowest breastfeeding rates in the United States. Sixty-six percent of Black mothers report attempting to breastfeed, as compared to 83 percent of White mothers and 82 percent of Latinx mothers.¹ These disparities persist through infancy. At six months, 35.3 percent of Black mothers are still breastfeeding their babies, while 56 percent of White mothers and 51 percent of Latinx mothers report they have continued breastfeeding.² Law professor and critical race scholar Andrea Freeman utilizes an intersectional lens to illuminate the different circumstances impacting Black mothers' decision and efforts to breastfeed. Freeman demonstrates the existing disparities are due to systemic racism and the hidden privileges afforded White mothers rather than Black mothers' genuine choice or parental failure.³

As in *Skimmed*, this review essay begins with a critical examination of the historic Fultz quadruplets' midcentury involvement in Pet Milk's campaign to market infant formula to Black

* Jefferson Burrus-Bascom Professor of Law, University of Wisconsin Law School. We are grateful to the participants in this study who have been willing to share their experiences and perspectives on Black Breastfeeding Support Groups.

** Associate Research Specialist, University of Wisconsin Law School.

1. *Id.* at 10.
2. *Id.* at 11
3. *See generally id.*

families, which marked a turning point in Black mothers' breastfeeding experience in the United States. The shift from breastmilk to formula, while initially resulting from Pet Milk's successful marketing campaign, developed into a public health crisis for Black infants over time. There is little reason to expect government, employers, or interested corporate actors will take the necessary steps to resolve this serious problem. If there is any glimmer of hope, it resides in the grassroots activism of community-based mutual aid in the form of Black Breastfeeding Groups, which emerged to provide education, support, and empowerment to Black mothers seeking to breastfeed. Grounded in mutual aid scholarship and drawing on original qualitative data from interviews with Black breastfeeding group leaders in the Midwest and California, this essay illustrates how collectivist and mutually supportive spaces operate on the ground and empower Black mothers to resist state and market-based influences hindering successful breastfeeding.

I. BREASTFEEDING AND BLACK MOTHERS

Freeman anchors *Skimmed's* examination of this ongoing public health crisis in the captivating yet ultimately sad story of the Fultz quadruplets—Mary Louise, Mary Ann, Mary Alice, and Mary Catherine. Born in 1946 into a large, impoverished, and illiterate Black tenant farming family in North Carolina, the adorable Fultz babies quickly gained national attention as the first identical surviving quadruplets in the United States. Their instant fame, however, was immediately followed by racialized exploitation by their White doctor, Fred Klenner. Dr Klenner's disturbing and shocking behavior included snatching the parental privilege of naming the quadruplets (whom he named after *his* relatives), conducting questionable and potentially harmful scientific experiments on the girls for decades, and unilaterally negotiating a deal with infant formula manufacturer Pet Milk to use the quads in their new marketing initiative targeted at Black mothers. Dr. Klenner, a member of the White Citizens' Council and other White supremacist groups, further acted in self-interest by securing benefits for himself and his family members as part of the Pet Milk contract. For example, Dr. Klenner designated his sister-in-law as the girls' trustee and granted himself the right to continue his dubious experiments on them. Maintaining his unwarranted influence

over the Fultz family even after the quads left the hospital, Dr. Klenner arranged for the installation of a large glass window in their nursery and invited the general public to their home for daily viewings. Thousands of White strangers streamed by the Fultz home to gaze through the nursery window and ogle the quads as if they were a circus spectacle rather than children playing in their own home. As Freeman accurately notes, America has a long and notorious history of putting Black bodies on public display to entertain Whites and satisfy their curiosity in the “other” at the expense of Black dignity and humanity.

Pet Milk matched Dr. Klenner’s exploitation of the Fultz family, which capitalized on the quads’ uniqueness and celebrity status to increase their sales of infant formula to Black mothers. In exchange, Pet Milk offered the family a plot of land to farm, a small home, a nurse caretaker for the girls, and a modest income. On paper, the terms of the deal appeared to offer the Fultz family an attractive alternative to their hardscrabble tenant farming existence. Unfortunately, the advantages offered in the contract proved to be illusory. The plot of land was barely farmable and markedly ill-suited to the Fultzes’ crops. The promised education at Bennett College, a historically Black college, never materialized, which was not surprising given that Pet Milk did nothing to ensure that the girls received an adequate pre-college education. And to make matters worse, Pet Milk actively interfered with the girls’ educational advancement by repeatedly pulling them out of school so they could represent the company at marketing events across the country. Most tragic of all, the company eventually took over the job of raising the Fultz sisters, pulling them out of their home, placing them with guardians, and forever breaking apart the Fultz family. As Fultz quad Catherine later complained, Pet Milk used her and her sisters and discarded them when they were no longer profitable to the company.

Skimmed orients its narrative on the compelling story of the Fultz quads, taking readers on their journey with Pet Milk from birth through their early twenties. The book documents how their contract contributed to Pet Milk’s advertising success within the Black community and a seismic shift from breastmilk to formula feeding that persists today. Of course, the formula industry’s misleading ads about the purported health benefits of formula are only part of the story. Freeman expertly weaves together numerous contributing factors,

including: (1) negative stereotypes about Black motherhood; (2) destructive government policies that devalue Black families; (3) the race-targeted marketing of infant formula manufacturers; (4) lax and compromised government public health regulations; (5) industry lobbying and profiteering; (6) complicities in the medical profession; and (7) workplace inflexibilities, to demonstrate both the intersecting dynamics of these distinct threads and their profound and intractable cumulative effect.

It is both striking and not at all surprising to learn in *Skimmed* how—in the area of breastfeeding no less—so many areas of society, law, business, and government are inextricably connected, how those connections run deep and have historical roots, and how they ultimately disadvantage Black families. Racial oppression in pursuit of capitalism is a familiar story after all.⁴

Lower rates of breastfeeding among Black women present a public health crisis because these rates correspond with higher health problems for Black infants. The high infant mortality rate among Black infants is well-documented and troubling.⁵ Black babies are twice as likely to die after birth than White babies.⁶ Black babies' high infant mortality rates are primarily due to disproportionately high rates of prematurity or low birth weights.⁷ These babies benefit from special immunity and nutritional properties of breast milk. Therefore, breastfeeding is a best practice with infant care.⁸ Because breastfeeding reduces the risk of Sudden Infant Death Syndrome (SIDS) by 56 percent, increased breastfeeding among Black women

4. See generally Charisse Burden-Stelly, *Modern U.S. Racial Capitalism*, 72 MONTHLY REV.: INDEP. SOCIALIST MAG., July-Aug. 2020 at 8, 8–20.

5. Danielle M. Ely & Anne K. Driscoll, *Infant Mortality in the United States, 2017: Data from the Period Linked Birth/Infant Death File*, in 68 NAT'L VITAL STATISTICS REPORT 1, 3 (2019), https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_10-508.pdf.

6. Kimberly Durdin, *It's Black Breastfeeding Week—Here's Why It Matters*, MOTHER MAG. (Aug. 26, 2019), <https://www.mothermag.com/black-breastfeeding-week/>.

7. *Id.*

8. Beverly Rossman et al., “They’ve Walked in My Shoes”: Mothers of Very Low Birth Weight Infants and Their Experiences With Breastfeeding Peer Counselors in the Neonatal Intensive Care Unit, 27 J. HUM. LACTATION 14, 14 (2011); Am. Acad. Pediatrics, *Breastfeeding and the Use of Human Milk*, 129 PEDIATRICS e827, e827 (2012).

could substantially decrease the high rates of Black infant mortality.⁹ Additionally, breast milk benefits the long-term health of children. Research shows breastfeeding reduces the risks of several health conditions Black children suffer from in higher numbers, including upper respiratory infections, asthma, Type II diabetes, and childhood obesity.¹⁰ Breast milk is the most effective preventive medicine available to avoid these serious chronic health conditions.¹¹

What would it take to achieve meaningful progress in removing the barriers to Black breastfeeding? At the outset, there must be reform to the partnership between the formula industry and the United States Department of Agriculture (USDA). These reform measures should prevent, or at least discourage, the USDA from promoting formula to low-income mothers in the Special Supplemental Nutrition Program for Women, Infants & Children (WIC) program, who are disproportionately Black,¹² at the expense of infant health.

Freeman thoroughly documents how government policies and practices in this area are compromised by lucrative and questionable entanglements between USDA, WIC, formula manufacturers, and agribusiness. These practices include: Farm Bill subsidies to soy, corn, and milk producers that lead to overproduction; the USDA's use of WIC to increase demand for formula sales and thus demand; WIC distribution of free formula to participants until infants are six months old; formula manufacturers' profits from continued sales to WIC participants when the free supply ends; WIC endorsement through exclusive branding; and WIC receipt of enormous rebates (\$1.7 billion in 2016) from the formula industry (p. 117). Government policies resolve these conflicts in favor of economic interests and at the expense of breastfeeding.

9. OFF. OF THE SURGEON GEN., U.S. DEP'T OF HEALTH & HUM. SERVS., THE SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING 1 (2011), https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf_NBK52682.pdf.

10. Kimberly Durdin, *supra* note 6; Am. Acad. Pediatrics, *supra* note 8, at e828–32.

11. Durdin, *supra* note 6.

12. FOOD & NUTRITION SERV., USDA, SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) PARTICIPANT AND PROGRAM CHARACTERISTICS 2018 (SUMMARY) 1 (May 2020), <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018-Summary.pdf>.

In her final chapter, Freeman soberly acknowledges that we are unlikely to achieve racial justice in the breastfeeding realm in the current political climate, given the vast number of reforms—in the law, the medical profession, the workplace, and the media—that would have to simultaneously occur. Nonetheless, she concludes *Skimmed* on a positive note, acknowledging and celebrating the activists and community organizations promoting and supporting breastfeeding among Black mothers. This essay focuses on this movement as a promising path forward, and drawing on original empirical data, extends the analysis further.

II. MUTUAL AID

The concept of mutual aid goes back centuries. Peter Kropotkin originally presented the idea in reaction to 19th-century biologists' emphasis on 'survival of the fittest.'¹³ Instead of extreme competition, Kropotkin saw mutual protection and cooperation as most essential for survival.¹⁴ Extending these biological principles to societal evolution, Kropotkin asserted if capitalism's exploitative struggle were replaced with reciprocity and mutual aid to ensure everyone's basic needs were met, human beings would be allowed to realize their full potential.¹⁵ He further observed that throughout history, as new social and economic systems have disrupted communities and isolated individuals, communities have used mutual aid practices to organize and protect themselves.¹⁶ Today, scholars also refer to 'exilic spaces' as geographic or structural spaces where mutual aid practices serve the needs neglected by free-market capitalism.¹⁷

While decades of neoliberal policy have precipitated a range of social and economic crises, contemporary western society is nonetheless filled with non-commodified or 'exilic' community

13. Steve J. Shone, *Kropotkin's Just Community: A Counterexample to the Theory That Liberal Democracy Has Triumphed*, 3 CONTEMP. JUST. REV. 187, 191–92 (2000) (discussing Kropotkin's theory of mutual aid).

14. *Id.*

15. *Id.* at 192.

16. Denis O'Hearn & Andrej Grubacic, *Capitalism, Mutual Aid, and Material Life: Understanding Exilic Spaces*, 40 CAP. & CLASS 147, 149 (2016).

17. *Id.* at 152.

spaces where mutual aid, reciprocity and cooperation thrive.¹⁸ A prime example is peer-led mutual aid groups (MAGs), which are proliferating across Europe and North America. MAGs are voluntary social support networks organized and led by people with lived experiences of the health, economic, or social issue the group focuses on.¹⁹ They are characterized by egalitarian, reciprocal relationships, and usually include sharing circles through which peers learn from each other's experiences.²⁰ More specialized helping relationships may form around the group, such as peer mentors or guides.²¹ Groups often form because supportive services to address a certain health or social concern do not exist or are inadequate.²² Over time, MAGs raise consciousness, empower, heal, and help members accumulate experiential wisdom.²³

Throughout history, communities facing economic and political destabilization have responded by mobilizing self-sufficient mutual aid networks. Groups that have organized around mutual aid principles to generate solidarity and resist the encroachment of capitalism range from the 16th century self-governing Don Cossacks in present day Southern Russia to the indigenous Zapatista movement in Mexico beginning in the 1990s.²⁴ For several decades following the political upheaval of the Mexican-American War, United States Mexicans living in the Southwest formed 'mutualista' societies for protection, mutual aid, and community solidarity.²⁵ For economic solidarity during the 18th and 19th centuries, the British also practiced

18. Richard J. White & Colin C. Williams, *The Pervasive Nature of Heterodox Economic Spaces at a Time of Neoliberal Crisis: Towards a "Postneoliberal" Anarchist Future*, 44 *ANTIPODE* 1625, 1625–27, 1636 (2012).

19. CAROL MUNN-GIDDINGS & THOMASINA BORKMAN, *RECIPROCAL RELATIONSHIPS AND WELL-BEING* 59–61 (Maritta Torronen et al. eds., 1st ed. 2019).

20. *Id.* at 63–66.

21. *Id.* at 67.

22. *Id.* at 60.

23. *Id.* at 68–70.

24. ANDREJ GRUBACIC & DENIS O'HEARN, *LIVING AT THE EDGES OF CAPITALISM: ADVENTURES IN EXILE AND MUTUAL AID* 1 (2016).

25. JULIE LEININGER PYCIOR, *DEMOCRATIC RENEWAL AND THE MUTUAL AID LEGACY OF US MEXICANS* xiii–xx (2014).

mutual aid in the form of ‘friendly societies.’²⁶ These societies were voluntary, working-class collectives in which individuals pooled resources to give fellow members relief from the financial consequences of illness, aging, or death of a family’s breadwinner.²⁷ Further, during major social change movements in the U.S., such as the Civil Rights movement of the 1960s, the Women’s Movement in the 1970s, and the AIDS epidemic in the 1980s, mutual self-help groups arose to empower marginalized individuals.²⁸

Arguably, the richest historical literature on mutual aid centers on Black communities in the United States who, since slavery, practiced a self-empowering tradition of mutual aid in the fight against racial oppression.²⁹ During slavery, African Americans cooperated for economic solidarity. For instance, they shared produce from communal garden plots and pooling any money they could save.³⁰ Cooperative economic development and collective ownership remained central practices for many African American movements throughout American history.³¹ Continuing from emancipation to today’s era of institutionalized racism, Black communities have weathered systematic assaults on economic, social, physical, and spiritual well-being by forming voluntary associations of mutual interdependence and collective fundraising to meet a range of emotional and material needs.³² While mutual aid networks were often organized within Black churches, slaves and free Blacks in the late 18th and mid-19th centuries also established national protective

26. Bernard Harris, *Social Policy by Other Means? Mutual Aid and the Origins of the Modern Welfare State in Britain During the Nineteenth and Twentieth Centuries*, 30 J. POL’Y HIST. 202, 205 (2018).

27. *Id.*

28. Thomasina Borkman, *A Selective Look at Self-Help Groups in the United States*, 5 HEALTH & SOC. CARE CMTY. 357, 357, 359 (1997).

29. JESSICA G. NEMBARD, *COLLECTIVE COURAGE: A HISTORY OF AFRICAN AMERICAN COOPERATIVE ECONOMIC THOUGHT AND PRACTICE* 31 (2014).

30. *Id.*

31. *Id.* at 20–24.

32. Charles Williams & Hilda B. Williams, *Contemporary Voluntary Associations in the Urban Black Church: The Development and Growth of Mutual Aid Societies*, 13 NONPROFIT & VOLUNTARY SECTOR Q. 19, 19–21 (1984); Elizabeth A. Williams et al., *Something Old is New Again: Mutual Aid and the Tennessee Office of Minority Health*, 14 J. PUB. HEALTH MGMT. & PRAC. S65, S65–S67 (2008).

associations and fraternal orders.³³ For example, the male Negro Masons and Oddfellows and the female United Order of Tents, where members paid dues to help families in times of need.³⁴ Over time, a nationwide infrastructure of secret societies, fraternal lodges, churches, unions, and women's clubs took shape. These organizations focused on bolstering economic security and dignity, providing opportunities for educational and spiritual growth, and resisting physical violence and social oppression.³⁵

Mutual aid continues to be an organizing principle of many social movements and initiatives, especially when policy responses to pressing societal crises are absent or inadequate. As the global north encounters increasingly dire conditions of climate change, wealth inequality, housing instability, and xenophobic immigration policies, calls are growing for movements that leverage mutual aid infrastructure to meet neglected community needs.³⁶ Due to a series of recent unmitigated financial crises, there has been a rise in movements attempting to replace capitalism with more egalitarian,

33. RAYMOND GAVINS, *THE CAMBRIDGE GUIDE TO AFRICAN AMERICAN HISTORY* 258 (2016).

34. *Id.*

35. PAUL ORTIZ, *EMANCIPATION BETRAYED: THE HIDDEN HISTORY OF BLACK ORGANIZING AND WHITE VIOLENCE IN FLORIDA FROM RECONSTRUCTION TO THE BLOODY ELECTION OF 1920*, at 101 (2005); Paul L. Dunbar, *Hidden in Plain Sight: African American Secret Societies and Black Freemasonry*, 16 J. AFR. AM. ST. 622, 622 (2012).

36. Dean Spade, *Solidarity Not Charity: Mutual Aid for Mobilization and Survival*, 38 SOC. TEXT 131, 131 (2020). Examples of mutual aid as a means of social and economic solidarity abound around the globe as well. These practices appear within collectively owned housing cooperatives for socioeconomically disadvantaged individuals in Uruguay and Montreal. Such co-ops protect their members from the harsh realities of mortgage debt, the gender pay gap, poverty, and housing instability. Lorenzo Vidal, *The Politics of Creditor-Debtor Relations and Mortgage Payment Strikes: The Case of the Uruguayan Federation of Mutual Aid Housing Cooperatives*, 50 ENV'T & PLAN. 1189 (2018); Gisele Yasmeen, *Mutual Aid and Social Networks: A Feminist-Inspired Housing Co-op in Montreal*, 11 CAN. WOMAN STUD. 25, 25 (1990). Mutual aid also appears within microinsurance programs and mutual associations across developing regions of Asia, in which small groups of low-income individuals save money in a communal fund to supplement their incomes and provide income protection during uncertain times. *See generally* JAMES MIDGLEY & MITSUHIKO HOSAKA, *GRASSROOTS SOCIAL SECURITY IN ASIA: MUTUAL AID, MICROINSURANCE AND SOCIAL WELFARE* (2011).

reciprocal economic relations, perhaps best exemplified by the Occupy Wall Street movement.³⁷ Similarly, mutual aid systems have arisen to meet community care needs no longer addressed by social welfare systems that are increasingly gutted by neoliberal trends of austerity and privatization.³⁸

Self-organized mutual aid or self-help groups focused on health and mental health are becoming increasingly common, both in person and online.³⁹ Recently, there has been an expanding array of virtual forums for health and mental health concerns.⁴⁰ In these forums, individuals provide and receive emotional support and practical knowledge.⁴¹ Online support groups focus on various adversities from common chronic diseases to more specialized topics like bipolar disorder or post-traumatic stress disorder (PTSD) concurrent with pregnancy.⁴² These groups provide personalized communities that help participants navigate shared experiences of stigmatizing or stressful health issues.⁴³ Studies suggest that the peer relationships and reciprocal learning that occurs in such groups can positively impact participants by improving members' mental well-being and

37. JEFF SHANTZ, COMMONIST TENDENCIES: MUTUAL AID BEYOND COMMUNISM 1–2 (2013).

38. Joel Izlar, *Radical Social Welfare and Anti-Authoritarian Mutual Aid*, 7 CRITICAL & RADICAL SOC. WORK 349, 349 (2019).

39. Further, mutual aid is a structural principle within more formalized social systems, such as healthcare and public health. The United States's primarily competitive privatized insurance industry negates this principle by requiring most people to pay for their own risk rather than pooling risk. However, signaling a growing public appetite for change, the Affordable Care Act endeavors to share risk communally, thereby embedding principles of mutual aid. Timothy S. Jost, *A Mutual Aid Society?*, 42 HASTINGS CTR. REP. 14, 14–16 (2012). On a more localized level, the Tennessee Office of Minority Health developed a public health model that weaves a statewide mutual aid web to address health disparities in the African American community. Williams et al., *supra* note 32, at S71.

40. KARLA STROUD & BENJAMIN GOTTLIEB, INTERNATIONAL ENCYCLOPEDIA OF THE SOCIAL & BEHAVIORAL SCIENCES 686–91 (2015).

41. *Id.*

42. *Id.*

43. *Id.*

even improving outcomes for individuals with complex concerns like co-occurring substance use and mental illness.⁴⁴

Further, women facing a range of adverse circumstances have developed gender-specific mutual aid groups, including groups that: empower women who use violence to help each other discover nonviolent alternatives; promote strength and resilience among homeless mothers; help incarcerated mothers repair relationships with their children; and support women navigating the stress of balancing careers and family roles.⁴⁵

Gender-specific groups also appear in occupational contexts. For example, the Association of Flight Attendants is a predominantly female union that has practiced mutual aid since the 1970s.⁴⁶ Peer counselors help co-workers with personal challenges like substance abuse, eating disorders, and family issues.⁴⁷ Mutual aid groups also exist to support men facing a range of gender-specific health and mental health issues, such as prostate cancer, masculinity, and gender role socialization.⁴⁸ Research demonstrates participation in such

44. Patience Seebohm et al., *The Contribution of Self-Help/Mutual Aid Groups to Mental Well-Being*, 21 HEALTH & SOC. CARE CMTY. 391, 391 (2013); Harlan Matusow et al., *Consumers' Experiences in Dual Focus Mutual Aid for Co-Occurring Substance Use and Mental Health Disorders*, 2013 SUBSTANCE ABUSE: RSCH. & TREATMENT 39, 44 (2013).

45. Dominique Damant et al., *A Mutual Aid Group Program for Women Who Use Violence*, 37 SOC. WORK GRPS. 198, 198 (2014); Carolyn Knight, *Group Work with Homeless Mothers: Promoting Resilience Through Mutual Aid*, 62 SOC. WORK 235, 235 (2017); Heather Howard et al., *Support for Mothers Who Are Incarcerated: Impact of Mutual Aid Support Groups*, 4 URB. SOC. WORK 77, 77, 90 (2020); Joan G. Lesser et al., *Women Supporting Women: A Mutual Aid Group Fosters New Connections Among Women in Midlife*, 27 SOC. WORK GRPS. 75, 75 (2004).

46. SAMUEL B. BACHARACH ET AL., MUTUAL AID AND UNION RENEWAL 93 (2019).

47. *Id.*

48. Eric S. Mankowski & Courtenay S. Silvergleid, *A Review of Self-Help and Mutual Support Groups for Men*, 1 INT'L. J. SELF-HELP SELF-CARE 281, 281 (2000); Eric S. Mankowski, *Collaborative Research With a Mutual Help Organization For Men Addressing Masculinities: Cross Cutting Issues and Themes*, 8 INT'L. J. SELF-HELP SELF-CARE 33, 33 (2014).

groups benefits men by improving psychological well-being and reducing gender role conflict.⁴⁹

Mutual aid is also a foundational social work practice that is used within formal health care systems or linked to social services via referrals.⁵⁰ Mutual aid processes facilitated by social workers empower vulnerable populations to heal from trauma and regain agency in their lives by mitigating stigma, normalizing individuals' experiences, and reducing isolation.⁵¹ Mutual aid social work techniques exist for a variety of populations, including children who witnessed the events of 9/11, sexual abuse survivors, parents of developmentally delayed children, AIDS patients recovering from substance abuse, and elderly adults dealing with mental illness.⁵² When social workers administer group psychotherapy, they use mutual aid principles to draw out the therapeutic agency of each group member in order to facilitate a traumatized group's autonomous healing.⁵³

A variety of international cultural settings have successfully adapted tools which professionals can utilize to facilitate self-help or mutual aid groups.⁵⁴ For example, a public health program for socioeconomically disadvantaged older women living with chronic health conditions in Oaxaca City, Mexico, harnessed culturally specific mutual help practices to improve participants' well-being and

49. Clinton W. Anderson et al., *Changes in Conventional Masculinity and Psychological Well-Being Among Participants in a Mutual Help Organization For Men*, 8 INT'L. J. SELF-HELP SELF-CARE 61, 62 (2014).

50. Lis Adamsen & Julie M. Rasmussen, *Sociological Perspectives on Self-Help Groups: Reflections On Conceptualization and Social Processes*, 35 J. ADVANCED NURSING 909, 909 (2001); Dominique M. Steinberg, *Mutual Aid: A Contribution to Best-Practice Social Work*, 33 SOC. WORK GRPS. 53, 55 (2010).

51. ALEX GITTERMAN & LAWRENCE SCHULMAN, *MUTUAL AID GROUPS, VULNERABLE AND RESILIENT POPULATIONS, AND THE LIFE CYCLE* xi–xii (2005).

52. *Id.*

53. Scott Giacomucci, *Experiential Sociometry In Group Work: Mutual Aid For The Group-As-A-Whole*, SOC. WORK GRPS. (Apr. 6, 2020), <https://www.tandfonline.com/doi/full/10.1080/01609513.2020.1747726>; Valentina Calcaterra & Maria L. Raineri, *Helping Each Other: A Peer Supervision Group With Facilitators of Mutual Aid Groups*, 43 SOC. WORK GRPS. 351, 351 (2020).

54. See, e.g., Adamsen & Rasmussen, *supra* note 50; M.J. Stewart, *Nurses' Preparedness for Health Promotion Through Linkage with Mutual Aid Self-Help Groups*, 80 CAN. J. PUB. HEALTH 110 (1989).

adherence to treatment.⁵⁵ Situated within a vastly different cultural setting, a nationwide mental health mutual help community in Australia markedly improved participants' psychological well-being and reduced their need for medication and hospitalization.⁵⁶

Mutual aid is also used as a response to poorly managed natural disasters. In 2005, Hurricane Katrina predominately affected Black and indigent people.⁵⁷ When the government response was slow and inadequate, mutual aid—in the form of donated money and supplies, offers to host evacuees, and volunteers—poured in from the Black community across the country.⁵⁸ Similarly, in 2012, following Superstorm Sandy, the Federal Emergency Management Agency's (FEMA) efforts in New York City were inadequate and failed to help residents of predominantly minority neighborhoods and public housing.⁵⁹ In response, local activists rapidly organized a mutual aid network, 'Occupy Sandy,' which created autonomous organizing centers around the city and provided first responder and other de-commodified emergency services.⁶⁰ Additionally, Puerto Rican communities faced a series of recent natural disasters, along with a multimillion-dollar debt crisis and ongoing neglect from the U.S. government.⁶¹ In response, communities increased grassroots organizing of mutual aid efforts to address immediate needs, such as creating community kitchens for socialized food distribution.⁶²

As predicted by scholars and activists at the onset of the COVID-19 pandemic, the failure of global capitalism to provide for the needs

55. Laura Montesi, *'If I Don't Take Care Of Myself, Who Will?' Self-Caring Subjects in Oaxaca's Mutual Aid Groups*, 27 *ANTHROPOLOGY & MED.* 380, 381–382 (2020).

56. L.D. Finn et al., *Mutual Help Groups: An Important Gateway To Wellbeing And Mental Health*, 31 *AUST. HEALTH REV.* 246, 246 (2007).

57. Jesse Washington, *Katrina Uniting Blacks In Outrage, Mutual Aid; Many See Slow Response As Sign Of Lingering Racism*, *RECORD*, Sept. 9, 2005, at A20.

58. *Id.*

59. See William Conroy, *The (Im)mobilities of Mutual Aid: Occupy Sandy, Racial Liberalism, Insurgent Infrastructure*, 18 *ACME: INT'L J. CRITICAL GEOGRAPHIES* 875, 876 (2019).

60. *Id.*

61. Isa Rodriguez Soto, *Mutual Aid And Survival As Resistance In Puerto Rico*, *NACLA* (Aug. 31, 2020), <https://nacla.org/news/2020/08/07/mutual-aid-and-survival-resistance-puerto-rico>.

62. *Id.*

of so many during this time has led to a widespread renewal of mutual aid.⁶³ Research shows global experiences of mutual aid across eighteen countries and regions, revealing a universal experience of mutual help in response to weak or inadequate state responses to the pandemic.⁶⁴ For example, thousands of new mutual aid groups have appeared across the British Isles in response to the pandemic, immediately supporting communities through the current crisis and addressing deep societal inequality.⁶⁵ Similarly, mutual aid blossomed in San Francisco's East Bay's Black community to address racial and economic inequality compounded by the pandemic.⁶⁶ For example, community-run food infrastructures emerged, preparing free meals for those in need; Black-owned small businesses re-allocated their resources to community kitchens; and organizations providing meals and hygiene supplies to the homeless scaled up.⁶⁷ Inspiringly, the COVID-19 mutual aid movement spans generations. For instance, in September 2020, Black students at Washington University created a Mutual Aid Fund, raising thousands of dollars to help Black students with their financial needs arising out of the COVID-19 crisis.⁶⁸ The Mutual Aid Fund included money to cover rent, healthcare, and

63. Simon Springer, *Caring Geographies: The COVID-19 Interregnum and a Return to Mutual Aid*, 10 *DIALOGUES HUM. GEOGRAPHY* 112, 112–13 (2020); See Caroline S. Hossein, *Mutual Aid And Physical Distancing Are Not New For Black And Racialized Minorities In The Americas*, *HISTPHIL* (Mar. 24, 2020), <https://histphil.org/2020/03/24/mutual-aid-and-physical-distancing-are-not-new-for-black-and-racialized-minorities-in-the-americas/>.

64. MARINA SITRIN ET AL., *PANDEMIC SOLIDARITY: MUTUAL AID DURING THE COVID-19 CRISIS* 35–44 (Marina Sitrin & Colectiva Semrar eds. 2020).

65. Tom Anderson, *An Inside Look At One of Bristol's New Coronavirus Mutual Aid Groups*, *CANARY (LONDON)* (Mar. 28, 2020), <https://www.thecanary.co/opinion/2020/03/28/an-inside-look-at-one-of-bridstols-new-coronavirus-mutual-aid-groups/>.

66. See Makshya L. Tolbert, “*Checking in with Your People*”: *Food, Mutual Aid, Black Feminism, and COVID-19*, 20 *GASTRONOMICA* 64, 64–65 (2020).

67. *Id.*

68. Sabrina Sayed, “*We Keep Us Safe*”: *Black WU Students Raise Over \$5,000 For Mutual Aid Fund*, *STUDENT LIFE* (Sept. 18, 2020), <https://www.studlife.com/news/2020/09/18/we-keep-us-safe-black-wu-students-raise-over-5000-for-mutual-aid-fund/>.

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grocery costs, which they anticipated the university would not sufficiently address.⁶⁹

The practice of mutual aid has been adapted within a myriad of times and contexts to resist economic exploitation and social oppression and enhance health and well-being. Given its empowering, healing, and practical utility, as well as its deep, historical roots within the African American community, it is unsurprising that today mutual aid holds such promise as a strategy to increase breastfeeding rates among Black women in the United States. Mutual aid initiatives across the country strive to respond to the well-documented need and desire for personalized, culturally sensitive breastfeeding support among Black women who wish to breastfeed.⁷⁰ Initiatives like the Bosom Buddy Project, sponsored by the Indiana Black Breastfeeding Coalition, organize groups in which mothers are matched with trained mentors that provide culturally sensitive breastfeeding support.⁷¹ Upon empirical study, such peer counseling strategies are successful in providing mothers the emotional and practical support they need to attempt breastfeeding.⁷² A study of 109 pregnant Black women who regularly visited WIC clinics indicated that women who attended support groups were more than twice as likely to attempt breastfeeding compared to women who did not attend support groups.⁷³ Further, research shows the benefits of peer counselors for promoting breastfeeding, particularly when mothers and their peer counselors share similar impediments to breastfeeding.⁷⁴ Thus, this body of research enthusiastically recommends approaches to addressing low rates of breastfeeding among Black women. These approaches harness the culturally

69. *Id.*

70. Melanie Lutenbacher et al., *Reflections of Black Women Who Choose to Breastfeed: Influences, Challenges and Supports*, 20 *MATERNAL & CHILD HEALTH J.* 231, 231 (2015).

71. Carol A. Friesan et al., *The Bosom Buddy Project: A Breastfeeding Support Group Sponsored by the Indiana Black Breastfeeding Coalition for Black and Minority Women in Indiana*, 31 *J. HUM. LACTATION* 587, 588, 589 (2015).

72. Emily R. Meier et al., *A Qualitative Evaluation of a Breastfeeding Peer Counselor Program*, 23 *J. HUM. LACTATION* 262, 262–63 (2016).

73. Astrid D. Mickens et al., *Peer Support and Breastfeeding Intentions Among Black WIC Participants*, 25 *J. HUM. LACTATION* 157, 161 (2009).

74. Beverly Rossman et al., *supra* note 8, at 21.

specific, experiential wisdom of Black women who have breastfed to support their peers via mutual aid practices.

III. MUTUAL AID AND BLACK MOTHERS BREASTFEEDING GROUPS

Black breastfeeding groups embody many principles and practices of mutual aid groups. This essay draws on original qualitative data from in-depth interviews with organizational leaders of Midwest- and California-based Black breastfeeding groups. The data aids in understanding how their collective and mutually supportive spaces operate on the ground and empower Black mothers to resist state- and market-based influences interfering with successful breastfeeding.⁷⁵

Black breastfeeding groups operate as a “for us, by us” collective, creating an exilic space outside the state and economy. Sherell Twyman, co-founder and director of the Midwest-based Black breastfeeding group, emphasized this aspect of their work, stating “the work must be led by communities that it’s impacted by, and by women who live in the community.” Community support and commonality are critical for Black mothers, especially those who do not otherwise receive validation of their breastfeeding decision. Twyman noted, “It’s so rewarding for a woman who has perhaps never seen breastfeeding or has never had positive breastfeeding experience to work with a woman of her same ethnic group, of her same neighborhood—I don’t think there’s anything more rewarding than that.”

Peer-to-peer support is an important feature of many mutual aid groups, including Black breastfeeding groups. In addition to having a positive breastfeeding experience of their own, the women who serve as peer counselors express a desire to “give back to the community.” In the Midwest Black Breastfeeding Group, peer counselors are matched with a pregnant or breastfeeding mother with similar experiences, enhancing the pair’s ability to relate to each other and build a trusting relationship. Such relationship is an important factor due to the extensive and close nature of their work together. Twyman explained the peer counselor “is in constant contact with [the mother] and is coaching and supporting them through their breastfeeding

75. All participant and organizational names are pseudonyms.

challenges whether it's at home or at work or in different environments.”

Reciprocal peer support also occurs more informally in the groups' regularly facilitated support groups of expectant moms and nursing moms. The groups provide an opportunity for participants to talk about their breastfeeding challenges and successes in a supportive space with “women who look like them and have similar backgrounds and experiences.” Black women attend these sessions because they crave these conversations but lack access to other venues in which to have them. One new mom in the Midwest Breastfeeding Group tearfully acknowledged the importance of the group to her, saying, “[T]his is the type of group that I needed. Like I really *need* to have conversations. I really *need* to see and hear from other women that are experiencing [what I am].” Another poignant example of peer support from the California Black Breastfeeding Group involved a pregnant woman who expressed worries about breastfeeding because of her experience with abuse. She was actively trying to prepare to breastfeed her infant but was unsure how the prior abuse might potentially interfere with that goal. Another mother offered support by voluntarily relating her own experience of working through prior abuse and sexual trauma and eventually breastfeeding successfully. This mother encouraged her to stick with her breastfeeding plan, to ask her partner for help, and to seek counseling. The pregnant mother expressed her gratitude for the support and advice and told everyone how glad she was to have participated in the support group that day. This session illustrates how mutual care communities can facilitate genuine connections between Black mothers that encourage self-help and emancipatory healing.

Similar to many of the mutual aid groups described above, the Black breastfeeding groups we interviewed formed because existing services were inadequate. One founder reported, “[W]hen we started, Black women were not taught about breastfeeding, the value of it.” Although awareness of breastfeeding's benefits has increased among Black mothers in the intervening years, she lamented existing services continue to fail Black mothers in several respects: “[W]e've done a terrible job as a country, like in the last decade, of organizations not engaging families, and then not supporting community-based initiatives. . . .” She mentioned WIC, which provides services to low-income mothers, was also slow to focus on prenatal education, a

feature her group included in its programming from the outset. Additionally, hospital settings do not support Black mothers. Twyman experienced pushback from health care professionals in the Midwest when she advocated for Black women as peer counselors or lactation consultants in hospitals.

Interviewees identified the WIC program in particular as failing to serve Black breastfeeding mothers adequately. Though WIC provides some useful resources, it also offers free infant formula and thus sends “mixed messages that can hinder breastfeeding.” WIC’s tendency to give out a just-in-case can of free formula undermines mothers’ breastfeeding confidence and decision-making. Twyman pointed out that sometimes WIC misunderstands or perhaps does not even bother to ascertain participants’ actual needs. She recalled an instance where WIC offered a more generous food package even though the women were already enrolled in a FoodShare program and may not have needed more food. “Did they tell you they needed more food?” she queried, implicitly recognizing the importance of participants’ self-determination. Had WIC asked the mothers about their needs, she thought it was more likely they would have requested a pump and more breastfeeding support. Alluding to WIC’s compromised position, Twyman stated, “So honestly, I think that an entity outside of WIC should be driving breastfeeding, [one] that doesn’t receive . . . funding from formula [manufacturers], does not distribute formula.”

Black breastfeeding groups, by contrast, intentionally design their programming and services to “work for our community” by addressing the distinct experience of Black breastfeeding mothers. Twyman explained this focus influenced their approach in ways that deviated from other similar groups. She stated, “[W]e started right away with what we now call community breastfeeding gatherings . . . and not with the peer-to-peer support.” The goal of the community gatherings was to engage families and pregnant and breastfeeding moms “because we . . . as African American women, we understand the dynamics of family, and how, what influences families’ health behaviors and other behaviors, and more importantly the economic dependency upon families.” The community gatherings evoke the feeling that “you’re coming to Sunday dinner at Grandma’s house,” providing a warm and inviting environment and encouraging much needed family support.

The California Black Breastfeeding Group similarly tailored their program for Black mothers by partly basing the curriculum on the feedback received from focus groups conducted with mothers, fathers, and grandmothers in the community. The feedback facilitated their goal of developing culturally relevant programming by addressing: the community's specific cultural attitudes and myths about breastfeeding; how partners and family can support the breastfeeding mother; doubts about continuing to breastfeed after returning to full-time work; the particular challenges experienced by breastfeeding single mothers (given that a large percentage of Black mothers are single mothers); and issues like substance use, which they learned was prevalent in the community. Members of the groups noted family support was a significant factor during focus groups. As Jacquelin Franklin, founder and director of the California Black Breastfeeding Group, explained, when there is a lack of support, "you don't have that extra layer of encouragement to push through whatever challenges that you're having. You kind of give it up."

Black breastfeeding groups' commitment to "meeting mothers where they are" means they are open to assisting with a wide range of family needs that, while not necessarily directly related to breastfeeding, can serve as a barrier if not resolved.⁷⁶ Early postpartum home visits are crucial to understanding where new mothers are at with breastfeeding. Mothers who confront other pressing challenges, such as food insecurity or a child with asthma, will be focused on those concerns rather than breastfeeding. As Twyman explained, home visits reveal what is happening in the mother's life:

So, if you go into a house and you're working with a mom on breastfeeding . . . showing her how to do hand expression— and her son's birthday party is coming and she doesn't know where she's going to get a birthday cake, then we go out and get a birthday cake, because that's the right thing to do. And we know that there's other pressing issues and sometimes that can make the difference.

If mothers are provided resources to overcome those obstacles, they can then devote their time and attention to breastfeeding, and the support group's relationship with program participants strengthens.

76. Meier, *supra* note 72, at 266.

Black breastfeeding groups understand systemic racism is a barrier to breastfeeding success, and they educate mothers about strategies to advocate for themselves in settings where they may be discriminated against. Hospitals are one such setting, according to Franklin, even when those hospitals have implemented baby-friendly practices to support breastfeeding. In her classes, she cautions that although hospital practices have changed, some staff may not follow the new practices with Black mothers because the staff have the attitude of “oh well, she’s Black, so she’s not going to breastfeed anyway.” Research confirms that health care providers are more likely to encourage White mothers to breastfeed than Black mothers.⁷⁷ Because of these race-based perceptions, mothers are encouraged to advocate for themselves by self-identifying as a breastfeeding mom and instructing hospital staff to refrain from giving formula to their baby and/or putting any in their discharge bag. These experiences highlight the value of solidarity and relationships of trust that develop within Black breastfeeding programs, which provide a collective space to label and resist racism.

Unsurprisingly, interviewees repeatedly voiced work-related concerns. Black mothers are more likely than other mothers to return to work earlier, experience workplace challenges, including inflexible hours, and be the sole or primary wage earner in their households.⁷⁸ Franklin reported the potential infeasibility of continuing to breastfeed after returning to work was one of the top five hindrances identified by focus group participants. Twyman also noted the average length of breastfeeding for Black mothers is six weeks and that duration has not budged over time, even though the rates of breastfeeding have increased. She explained: “[W]e still have a large . . . percentage of women who breastfeed for the first six weeks, and then when they go back to work, then that’s when the numbers start drastically dropping

77. Deborah McCarter-Spaulling, *Is Breastfeeding Fair? Tensions in Feminist Perspectives on Breastfeeding and the Family*, 24 J. HUM. LACTATION 206, 211 (2008).

78. SARAH JANE GLYNN, CTR. OF AM. PROGRESS, BREADWINNING MOTHERS CONTINUE TO BE THE NORM 20 (2019), <https://cdn.americanprogress.org/content/uploads/2019/05/10125443/Breadwinners2019-report.pdf>; Jennifer L. Beauregard et al., *Racial Disparities in Breastfeeding Initiation and Duration Among U.S. Infants Born in 2015*, 68 MORBIDITY MORTALITY WKLY. REP. 745, 747 (2019).

off.” One of the barriers for Black mothers is that most of their workplaces do not have policies to accommodate breastfeeding moms who need to pump and store milk.⁷⁹ “If a mom is working at a clothing store, if she’s working at McDonald’s, we are not promoting maternal-infant health,” according to Twyman.

Thus, Black mothers rely on Black breastfeeding groups for mutual aid in negotiating and resisting capitalist workplaces that impede their breastfeeding goals. They engage in a number of strategies to empower mothers in this regard. These strategies include teaching mothers their legal rights to breastfeed or pump milk and stressing the importance of communicating with employers about pumping accommodations and logistical details as soon as possible, either before maternity leave or while still on maternity leave. A close examination of logistical details is essential to evaluate whether or not an employer’s breastfeeding accommodations are workable in practice. According to Twyman, while some mothers ostensibly have lactation spaces in their workplace, they cannot realistically access those spaces. For example, employers do not give mothers enough break time for the lengthy 15-minute walk to get there, pump breast milk, and then another 15-minute walk back. Black breastfeeding groups also provide mothers an opportunity to engage in role play simulations of employee-employer scenarios they might encounter when advocating for themselves in the workplace. These hands-on exercises build confidence and prepare mothers for situations when they need to counter employer pushback to requested accommodations.

CONCLUSION

In conclusion, the original qualitative data we gathered from in-depth interviews with leaders of Black breastfeeding groups in the Midwest and California illustrate the community-led, culturally attuned, collectively-minded, reciprocal peer-to-peer approach characteristics of mutual aid. In light of the complex, seemingly intractable conditions that suppress breastfeeding rates among Black mothers, well documented in *Skimmed*, it is no surprise mutual aid

79. KATHERINE R. SHEALY ET AL., CTRS. FOR DISEASE CONTROL & PREVENTION THE CDC GUIDE TO BREASTFEEDING INTERVENTIONS 7 (2005), https://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf.

strategies have risen within the most impacted communities. From the United States government's uniquely compromising entanglements with the formula industry, formula industry influenced WIC and hospital practices, and workplace policies ill-suited to breastfeeding, these profit driven conditions too often devalue the health and wellbeing of Black mothers and babies. This dynamic was epitomized by the story of the Fultz Quads but also continues today. Faced with a lack of political will and inadequate public health and social support, mutual aid offers one grassroots remedy to low breastfeeding rates among Black women in the United States. As illustrated by our empirical interviews, grassroots Black breastfeeding education and support programs utilize mutual aid practices to help their communities mitigate barriers to breastfeeding. We see such approaches paving the way for a more hopeful future, where every mother, regardless of race, has access to the education and full support she needs to decide for herself whether to breastfeed and be supported in achieving her breastfeeding goals.