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## DESNATADA: LATINA ILLUMINATION ON BREASTFEEDING, RACE, AND INJUSTICE

JASMINE B. GONZALES ROSE\*

### INTRODUCTION

In *Skimmed: Breastfeeding, Race, and Injustice*, Andrea Freeman brilliantly explains how racism results in lower breastfeeding rates by Black mothers,<sup>1</sup> which in turn results in poorer health outcomes—including higher mortality rates—for Black babies.<sup>2</sup> She provides four primary reasons for this phenomenon: (1) the history and legacy of slavery, (2) the imposition of racist gender stereotypes on Black women, (3) racially-targeted formula promotion by manufacturers and hospitals, and (4) government benefits and employment policies that obstruct poor people’s ability to breastfeed. The first two of these reasons are particularly devastating: the legacy of slavery and misogynoiristic<sup>3</sup> stereotypes continue to shorten Black babies’ lives. This is a profound takeaway because it shows the enduring and deadly

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\* Jasmine Gonzales Rose is a Professor of Law at Boston University, the Associate Director of Policy at the Boston University Center for Antiracist Research, and a mother with several years of breastfeeding experience. I am grateful to Andrea Freeman for writing this groundbreaking book; for California Western School of Law which gave me my first opportunity to teach law and introduced me to Andrea; for the research assistance of Kennedy Barber-Fraser, Anjel Bonilla, and Ashley Korkeakoski-Sears; and for the welfare policies of President Jimmy Carter which helped my amazing mother breastfeed and care for me.

1. This essay often refers to “mothers” and “women” in terms of who breastfeeds because they are the vast majority of people who breastfeed. However, it is important to note that not all people who breastfeed are mothers or women since some non-parents and some trans men also breastfeed.

2. This is not to assume that Black women are the only people who give birth to, raise, or feed babies who are racially classified or grow up to identify as Black.

3. Misogynoir is “the specific hatred, dislike, distrust, and prejudice directed toward Black women.” *Misogynoir*, DICTIONARY.COM, <https://www.dictionary.com/browse/misogynoir> (last visited Apr. 3, 2021).

impact of slavery and anti-Black racism on the most vulnerable and precious members of society: infants, not to mention older children and adults who may experience life-long health consequences from not having been breastfed.

Well-intentioned skeptics might discount anti-Blackness and the vestiges of slavery as significant forces that drive breastfeeding disparities, which result in Black mothers who are 20% less likely to initiate breastfeeding than white mothers.<sup>4</sup> These skeptics may think that current policies and practices which discourage breastfeeding and encourage formula feeding—along with Black mothers' feeding preferences—are the only causes of this racial disparity. This is problematic because it frames the health problems and deaths of Black people that result from the failure to breastfeed as race-neutral problems. This essay seeks to augment Freeman's revelation that the legacy of slavery and continued anti-Black gender stereotypes are significant driving forces behind racial disparities in breastfeeding. This is done not by comparing Black and white experiences, but by comparing Black and Latina experiences. Despite similar socioeconomic environments in terms of targeted formula promotion, medical practices, and government benefit and employment policies, as well as experiencing racial subordination, Latina mothers breastfeed at rates similar to—or even higher than—white mothers.<sup>5</sup> Contrasting Black and non-Black Latina breastfeeding rates lends support to Freeman's arguments that slavery and contemporary racism against Black women are, in large part, to blame for lower rates of breastfeeding by Black mothers.

### I. BENEFITS OF BREASTFEEDING

Breastfeeding is essential for human thriving and survival. The American Academy of Pediatrics (AAP) recommends that babies be

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4. *Racial and Ethnic Differences in Breastfeeding Initiation and Duration, by State—National Immunization Survey, United States, 2004—2008*, CTRS. FOR DISEASE CONTROL & PREVENTION (Mar. 26, 2010) [hereinafter *Racial and Ethnic Differences*],

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5911a2.htm#:~:text=National%20estimates%20for%20breastfeeding%20initiation%20and%20duration%20to,were%2073.4%25%2C%2041.7%25%2C%20and%2021.0%25%2C%20respectively%20%28Table%201%29.>

5. *Id.* at tbl.1.

exclusively breastfed from birth until six months of age, with breastfeeding continuing supplementally for at least the first year of life.<sup>6</sup> The World Health Organization (WHO) sets a higher standard and recommends breastfeeding for two years and beyond.<sup>7</sup> In the short term, breastfeeding for these recommended periods of time “promotes adequate growth and development, . . . protect[s] against diseases, . . . [and] [f]requent skin-to-skin contact between mother and infant leads to better psychomotor, emotional and social development of the infant.”<sup>8</sup> In the long term, breastfeeding results in higher intelligence,<sup>9</sup> lower rates of obesity,<sup>10</sup> and a lessened risk of developing diabetes.<sup>11</sup>

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6. *Infant Food and Feeding*, AM. ACAD. PEDIATRICS, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx> (last visited Apr. 3, 2021).

7. *Breastfeeding*, WORLD HEALTH ORG., [https://www.who.int/health-topics/breastfeeding#tab=tab\\_2](https://www.who.int/health-topics/breastfeeding#tab=tab_2) (last visited Apr. 3, 2021).

8. *Benefits of Breastfeeding for the Infant/Young Child*, MOTHER & CHILD NUTRITION (Sept. 14, 2019), <https://motherchildnutrition.org/healthy-nutrition/about-essential-nutrition-actions/benefits-of-breastfeeding.html>.

9. Multiple studies have also suggested that breastfeeding may increase a child’s IQ and cognitive development. See Colin Binns et al., *The Long-Term Public Health Benefits of Breastfeeding*, 28 ASIA PAC. J. PUB. HEALTH 7, 9 (2016) (conducting a review of numerous breastfeeding studies to find IQ may increase three to five points for people who were breastfed for more than six months); Michael S. Kramer et al., *Breastfeeding and Child Cognitive Development*, 65 ARCHIVES GEN. PSYCHIATRY 578, 580–81 (2008) (finding verbal IQ increases of seven and a half points in people who were breastfed); Cesar G. Victora et al., *Association Between Breastfeeding and Intelligence, Educational Attainment, and Income at 30 Years of Age: A Prospective Birth Cohort Study from Brazil*, 3 LANCET GLOB. HEALTH e199, e204 (2015) (finding effects of breastfeeding on intelligence continue into adulthood).

10. Breastfeeding can lower obesity risks by up to 30%. OFF. SURGEON GEN., U.S. DEP’T HEALTH & HUM. SERVS., THE SURGEON GENERAL’S CALL TO ACTION TO SUPPORT BREASTFEEDING 2 tbl.1 (2011) [hereinafter THE SURGEON GENERAL’S CALL],

[https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf\\_NBK52682.pdf](https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf_NBK52682.pdf).

See also Jessica G. Woo & Lisa J. Martin, *Does Breastfeeding Protect Against Childhood Obesity? Moving Beyond Observational Evidence*, 4 CURRENT OBESITY REP. 207, 212 (2015) (suggesting breastfeeding reduces obesity rates by 10%–20%).

11. In one study, the odds ratio that an infant developed type 1 diabetes was 0.58 for those who were breastfed for less than four months and 0.29 for those who were breastfed more than four months when compared with infants who were never breastfed. Abdullah Al Mamun et al., *Breastfeeding Is Protective to Diabetes Risk in*

In the United States, breastfeeding rates vary by racial group. According to the Centers for Disease Control and Prevention (CDC), breastfeeding is initiated by 80.9% of Asian-American mothers, 80.4% of Latina mothers, 74.3% of white mothers, 69.8% of American Indian and Alaska Native mothers, but only 54.4% of Black mothers.<sup>12</sup> At six months, 52.4% of Asian-American mothers, 45.1% of Latina mothers, 43.2% of white mothers, 37.1% of American Indian and Alaska Native mothers, and merely 26.6% of Black mothers continue to breastfeed.<sup>13</sup> At one year, which the AAP recommends as the minimum breastfeeding period<sup>14</sup> and the WHO considers only half of the recommended breastfeeding period,<sup>15</sup> 29.7% of Asian-American mothers, 24% of Latina mothers, 21.4% of white mothers, 19.4% of American Indian and Alaska Native mothers, and 11.7% of Black mothers breastfeed.<sup>16</sup> This indicates that 88.3% of babies born to Black women are not breastfed for the duration recommended by health experts. As Freeman recounts, the failure to breastfeed may be the most prevalent cause of death for Black babies in the United States (p. 6), which is concerning when the Black infant mortality rate in the United States is twice that of the rate for white babies.<sup>17</sup>

Formula is incredibly detrimental to babies' health. A meta-analysis of studies indicated that not only is the infant mortality rate from diarrhea 10.5 times higher among non-breastfed infants, but breastfeeding also reduces the risk of respiratory infection deaths by

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*Young Adults: A Longitudinal Study*, 52 ACTA DIABETOLOGICA 837, 841 (2015). Similarly, another study indicated that not breastfeeding typically led to a 0.65 pooled odds ratio of developing type 2 diabetes, meaning breastfeeding decreased the risk of contracting type 2 diabetes. Bernardo L. Horta et al., *Long-Term Consequences of Breastfeeding on Cholesterol, Obesity, Systolic Blood Pressure and Type 2 Diabetes: A Systematic Review and Meta-Analysis*, 104 ACTA PAEDIATRICA 30, 35 (2015).

12. *Racial and Ethnic Differences*, *supra* note 4, at tbl.1.

13. *Id.*

14. *Infant Food and Feeding*, *supra* note 6.

15. *Breastfeeding*, *supra* note 7.

16. *Racial and Ethnic Differences*, *supra* note 4, at tbl.1.

17. *Infant Mortality*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm> (last updated Sept. 10, 2020).

57%–70%.<sup>18</sup> The odds that an infant will contract a lower respiratory tract infection also increase more than 250% when an infant has been exclusively formula fed rather than breastfed for at least four months.<sup>19</sup> The risk of an acute ear infection is 100% higher for infants that are only fed formula.<sup>20</sup> Moreover, “infants who are fed formula are 40%–50% more likely to have asthma and wheezing.”<sup>21</sup> The chances of developing type 2 diabetes and asthma increase with the lack of breastfeeding.<sup>22</sup> Formula feeding is generally associated with a 1.3 times higher infant mortality rate and, more specifically, a 1.6–2.1 times greater risk of Sudden Infant Death Syndrome (SIDS).<sup>23</sup>

Breastfeeding is not just good for babies; it is also good for mothers. Breastfeeding benefits maternal health in the short term by decreasing postpartum bleeding, increasing child spacing, and hastening the return to pre-pregnancy weight.<sup>24</sup> Additionally, mothers who breastfeed tend to experience less postpartum depression following birth.<sup>25</sup> In the longer term, breastfeeding decreases the risk

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18. BERNARDO L. HORTA & CESAR G. VICTORA, WORLD HEALTH ORG., SHORT-TERM EFFECTS OF BREASTFEEDING: A SYSTEMATIC REVIEW ON THE BENEFITS OF BREASTFEEDING ON DIARRHOEA AND PNEUMONIA MORTALITY 1, 13–14, 31–32 (2013), [https://apps.who.int/iris/bitstream/handle/10665/95585/9789241506120\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/95585/9789241506120_eng.pdf?sequence=1&isAllowed=y).

19. *Id.* at 1; see also Chuan Yu et al., *Comparison of Breastfeeding Rates and Health Outcomes for Infants Receiving Care from Hospital Outpatient Clinic and Community Health Centres in China*, 20 J. CHILD HEALTH CARE 286, 290–91 (2016) (finding chance of respiratory tract infection for an infant less than six months decreases when an infant has been breastfed for at least three months).

20. THE SURGEON GENERAL’S CALL, *supra* note 10, at 2 tbl.1.

21. WOMEN, INFANTS & CHILDREN, THE RISKS OF FORMULA FEEDING 2, <http://www.schsa.org/PublicHealth/pdf/wic/formula-risks-brochure-eng.pdf> (last visited Apr. 3, 2021).

22. THE SURGEON GENERAL’S CALL, *supra* note 10, at 2 tbl.1 (finding that risk of type 2 diabetes increases by 64% and risk of asthma increases by 35%–67% without breastfeeding).

23. Alison Stuebe, *The Risks of Not Breastfeeding for Mothers and Infants*, 2 REVS. OBSTETRICS & GYNECOLOGY 222, 225 (2009).

24. *The Benefits of Breastfeeding for Baby & for Mom*, CLEVELAND CLINIC, <https://my.clevelandclinic.org/health/articles/15274-the-benefits-of-breastfeeding-for-baby—for-mom> (last updated Jan. 1, 2018).

25. Cristina Borra et al., *New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women’s Intentions*, 19 MATERNAL

of breast and ovarian cancers<sup>26</sup> and decreases the risk of obesity.<sup>27</sup> Breastfeeding mothers also tend to experience lower rates of diabetes, hypertension, and cardiovascular disease.<sup>28</sup>

## II. BARRIERS TO BREASTFEEDING

Even though formula is detrimental to babies' health and should only be used when breastmilk is not an option, formula companies seek to promote and profit from formula feeding.<sup>29</sup> Freeman details how formula companies have targeted Black mothers to sell more product and turn a profit (pp. 65–66). Latinas are also targeted by formula marketing, specifically, through formula companies' recognition of the profitability of Spanish labeling.<sup>30</sup> For instance, Nestle chooses to aggressively advertise to Latinas because “Hispanic households tend to be larger and have growing birth rates, . . . . In addition, Hispanic mothers in the U.S. tend to be less [formally] educated, and research suggests that women with less education are more likely to bottle-feed their babies.”<sup>31</sup>

Freeman explains how hospitals and medical professionals partner with formula companies to promote formula use, when she delineates how: “[They] giv[e] away coupons and formula samples to new mothers during hospital stays and in discharge bags upon their departure” (p. 126). This is particularly harmful because “[w]omen

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& CHILD HEALTH J. 897, 901–03 (2015) (finding that for the majority of women who did not have prior depressive symptoms, breastfeeding decreased risk of postpartum depression in mothers who intended to breastfeed).

26. THE SURGEON GENERAL'S CALL, *supra* note 10, at 2 tbl.1 (breastfeeding can reduce the risk of ovarian cancer by almost 30% and can reduce the risk of breast cancer by almost 5%).

27. Binns et al., *supra* note 9, at 7; Andrea J. Sharma et al., *Adherence to Breastfeeding Guidelines and Maternal Weight 6 Years After Delivery*, 134 PEDIATRICS S42, S48 (2014) (obese women who breastfeed retain eight kilograms less on average than obese mothers who do not breastfeed).

28. Binns et al., *supra* note 9, at 7 (finding an odds ratio of 0.80 for diabetes, 0.88 for hypertension, and 0.91 for cardiovascular disease).

29. “Formula is a seventy-billion-dollar industry” (p. 4).

30. Miriam Jordan, *Nestle Markets Baby Formula to Hispanic Mothers in U.S.*, WALL ST. J. (Mar. 4, 2004, 11:59 PM), <https://www.wsj.com/articles/SB107835935754646000>.

31. *Id.*

who are recovering from birth rarely request information about breastfeeding beyond what their physicians provide” (p. 126). The CDC exposed that in locations with African American populations greater than 12.2%, hospitals are less likely to recommend “baby-friendly” hospital protocols: that mothers initiate early breastfeeding, that babies room-in with their mothers post-birth, and that mothers limit use of breastfeeding supplements.<sup>32</sup> Both Black and Latina mothers are more likely to give birth in a non-baby-friendly hospital that promotes formula feeding over breastfeeding.<sup>33</sup>

Freeman also highlights that the government partners with formula companies to receive formula at discounted rates, provides it to poor women who become dependent upon it, and who then purchase it (p. 4). As Freeman tells us, “[t]he federal government, through the U.S. Department of Agriculture (USDA), is the single largest purchaser of formula in the United States” (p. 4).<sup>34</sup> The government then supplies this formula to low-income women through the federal nutrition program Women, Infants, and Children (WIC), “significantly increasing the likelihood that these women will choose not to breastfeed their children” (p. 4).<sup>35</sup> WIC recipients are less

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32. Jennifer N. Lind et al., *Racial Disparities in Access to Maternity Care Practices That Support Breastfeeding – United States, 2011*, 63 MORBIDITY & MORTALITY WKLY. REP. 725, 726 (2014).

33. See ASS’N OF MATERNAL & CHILD HEALTH PROGRAMS, LIFE COURSE INDICATOR: BREASTFEEDING SUPPORT – BABY FRIENDLY HOSPITALS 2 (2013) (noting that availability of baby-friendly hospitals may be greater in resource-rich areas, thereby creating inequity for low-income and diverse mothers who lack access to baby-friendly hospitals); Abigail L. Liberty et al., *A Geospatial Analysis of the Impact of the Baby-Friendly Hospital Initiative on Breastfeeding Initiation in North Carolina*, 35 J. HUM. LACTATION 114, 118 tbl.1 (2018) (finding that out of 15,775 births by Hispanic mothers, 14,745 occurred at non-baby-friendly hospitals).

34. Freeman cites Ruth Marcus, *Lobbying Fight over Infant Formula Highlights Budget Gridlock*, WASH. POST (July 14, 2010), <https://www.washingtonpost.com/wp-dyn/content/article/2010/07/13/AR2010071304634.html>.

35. Freeman cites George Kent, *WIC’s Promotion of Infant Formula in the United States*, 1 INT’L BREASTFEEDING J. 1 (2006); Alan S. Ryan & Wenjun Zhou, *Lower Breastfeeding Rates Persist Among the Special Supplemental Nutrition Program for Women, Infants, and Children Participants, 1978–2003*, 117 PEDIATRICS 1136, 1140–43 (2006)).



likely to breastfeed than mothers in the general public.<sup>36</sup> While a large percentage of WIC recipients are white women, Black and Latina women and their children are over-represented as WIC recipients when compared to their numbers in the general population.<sup>37</sup> This is particularly true for Latinas and their children, who have the highest WIC eligibility and participation rates.<sup>38</sup>

Even when mothers survive the onslaught of medical professionals' and formula companies' pressures to formula feed (not to mention the lack of breastfeeding training and support) and want to breastfeed, employment laws, policies, and practices make it incredibly difficult. This is particularly true for Black and Latina women who are more likely to be low-income<sup>39</sup> and work in positions and industries where bringing one's baby to work, taking breastfeeding breaks, and pumping and storing breastmilk is not feasible (pp. 132–33). To the extent that breastfeeding protections exist in the workplace, they are neither adequate nor enforced.<sup>40</sup>

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36. U.S. DEP'T AGRIC., FY 2019 WIC BREASTFEEDING DATA LOCAL AGENCY REPORT 6 fig.1 (2020), <https://fns-prod.azureedge.net/sites/default/files/resource-files/FY2019-BFDLA-Report.pdf> (reporting the rate of WIC participants who breastfeed their infants has steadily increased from 31.7% in 2016 to 32.8% in 2019); *Breastfeeding*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/breastfeeding/data/facts.html> (last updated Sept. 28, 2020) (indicating that 84.1% of infants were breastfed in 2017).

37. See *Women of Color in the United States: Quick Take*, CATALYST (Feb. 1, 2021), <https://www.catalyst.org/research/women-of-color-in-the-united-states/> (breaking down the female population by race in 2019 as 60% white, 12.9% Black, and 18% Latina); see also *WIC Participant and Program Characteristics 2018—Charts*, USDA FOOD & NUTRITION SERV. (May 6, 2020), <https://www.fns.usda.gov/wic/participant-and-program-characteristics-2018-charts> (reporting WIC recipient demographics as 29.5% white, 20.5% Black, and 41.0% Latina).

38. *WIC 2016 Eligibility and Coverage Rates*, USDA FOOD & NUTRITION SERV. (May 29, 2019), <https://www.fns.usda.gov/wic/wic-2016-eligibility-and-coverage-rates>.

39. Ladonna Pavetti & Helah Robinson, *LIFT Voices Describe Hardships Among Black and Latina Mothers in Pandemic*, CTR. ON BUDGET & POL'Y PRIORITIES 1, 5–6 (July 20, 2020), <https://www.cbpp.org/sites/default/files/atoms/files/7-20-20tanf.pdf>.

40. “Supervisors in low-income sectors, such as fast food or retail, usually view their employees as fungible. These workers cannot risk losing their jobs by making demands, however reasonable, even when the law requires employers to provide accommodations” (pp. 134–36).

Further, staying home to breastfeed and care for one's infant is not an option for many low-income mothers. They do not have the funds to privately support their maternity leave, and government benefit programs (welfare) require women to work to receive cash assistance.<sup>41</sup> As a group, Latinas may actually have less access to government benefits because they are more likely to be immigrants than Black people, and immigrants have less access to welfare benefits than U.S. citizens.<sup>42</sup>

There is no indication that formula company advertising targets Black mothers at higher rates than Latina mothers, or that labor and employment laws, policies, and protections discourage Black mothers from breastfeeding more than Latina mothers. Neither is it indicated that welfare policies force more Black mothers to work more hours than Latina mothers, nor that hospitals and medical professionals that serve Latina mothers have better breastfeeding policies and support than those that serve Black mothers. Black and Latina mothers both experience many capitalist, government, and medical forces trying—not so metaphorically—to shove formula down their babies' throats. However, Latina mothers are still much more likely to breastfeed than Black mothers.<sup>43</sup> In asking why, two major differences are immediately apparent: non-Black Latinas do not live under the ancestral shadow of enslavement and are not subject to the same type of racist stereotyping concerning motherhood.

### III. IMPACT OF ANTI-BLACK RACISM ON BREASTFEEDING

Freeman persuasively describes how chattel slavery caused a lasting interruption to breastfeeding for Black mothers. During slavery, white slave owners cruelly forced enslaved Black mothers to breastfeed their white children (p. 39). This practice led to the

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41. “The first stated goal of TANF, to keep children cared for in their own homes, conflicts with the practical effect of the program—sending new mothers out of the home to work. . . . Under TANF, states can impose heavy conditions on welfare recipients, including work requirements and lifetime limits on receiving welfare” (pp. 122–23).

42. *Fact Sheet: Immigrants and Public Benefits*, NAT'L IMMIGR. F. (Aug. 21, 2018), <https://immigrationforum.org/article/fact-sheet-immigrants-and-public-benefits/>.

43. See *Racial and Ethnic Differences*, *supra* note 4.

“[s]eparation of Black mothers and their children . . . : [i]f there were no women on a plantation to serve as a wet nurse when needed, slave owners with new babies sometimes hired or purchased new mothers from other plantations, forcing them to leave their infants behind” (p. 40). Additionally, “[t]he act [of breastfeeding] was perceived as [] self-demeaning and women who were seen breastfeeding were often thought of as uncultured, poor and often shunned.”<sup>44</sup> The practice “was an excuse for many white mothers to avoid breastfeeding with hopes of maintaining their stature and avoiding the ‘messy’ part of motherhood.”<sup>45</sup> Breastfeeding itself was demeaned and enslaved Black women were appallingly violated by having their bodies used and their milk stolen. Due to this history, Freeman explains that “[b]reastfeeding has been seen by some African American women as reverting to ‘slavery days’ when feeding a child by breast was the only option”<sup>46</sup> and has become less popular with modern day Black women.

As Freeman elucidates, the horrific practice of white slave owners forcing enslaved Black women to breastfeed white children was justified and perpetuated through the myth of the bad Black mother (p. 93). The bad Black mother is someone who has a “total inability to take care of themselves” (p. 93)<sup>47</sup> or their children. Further, Black women are still unfairly stereotyped as this same type of bad mother today (p. 93). Black mothers are groundlessly stereotyped as selfish, uncaring “welfare queens” who value their own comfort over their children’s needs (p. 93). Connected with this racist stereotype is the stereotype of the self-sufficient Black child who requires and deserves less care than a white child (p. 93). These stereotypes may influence

44. *Breastfeeding Master’s Babies: The Wet Nurse Slave*, SLAVERY FACTS (July 1, 2019), <https://www.slaveryfacts.org/classroom/breastfeeding-master-s-babies-the-wet-nurse-slave>.

45. Elizabeth Ofosuah Johnson, *The Disturbing History of Enslaved Mothers Forced to Breastfeed White Babies in the 1600s*, FACE2FACE AFRICA (Aug. 20, 2018, 10:20 AM), <https://face2faceafrica.com/article/the-disturbing-history-of-enslaved-mothers-forced-to-breastfeed-white-babies-in-the-1600s>.

46. Nachole Johnson, *African American Women and the Stigma Associated with Breastfeeding*, MINORITY NURSE (Aug. 18, 2016), <https://minoritynurse.com/african-american-women-and-the-stigma-associated-with-breastfeeding/>; *see also* (pp. 41–42).

47. Freeman quotes DOROTHY E. ROBERTS, *KILLING THE BLACK BODY: RACE, REPRODUCTION, AND THE MEANING OF LIBERTY* 14 (1997).

doctors, nurses, and other health professionals to assume that Black mothers are not the type of mother who will breastfeed and therefore should not be encouraged to and supported in breastfeeding.

Non-Black Latina mothers were not subjected to chattel slavery and forced to breastfeed white owners' offspring, so they are not subject to similar bad mother stereotypes. This is not to say that stereotypes about Latinas are benign. Latina mothers are "portrayed as submissive and obedient women who can do anything for their families and jobs"<sup>48</sup> and stereotyped as primary caregivers, capable of caring for their own children despite hardship.<sup>49</sup> Under the patriarchal view of gender roles, a mother is the most important job Latinas can hold. While Latina mothers are stereotyped as "passive, feeble, unintelligent, and dependent,"<sup>50</sup> stereotypes of being self-sacrificing, protective, always feeding their family, and a domestic who is destined for little more than household duties and family care are not incongruent with breastfeeding. In fact, they are consistent with notions of breastfeeding.

Moreover, Latina culture encourages breastfeeding. The Virgin Mary is a prominent figure in Latina culture and influences notions of Latina motherhood.<sup>51</sup> The majority of Latinas are Catholic or come from Catholic households.<sup>52</sup> The Virgin Mary is also important to non-Catholic, non-Christian, and non-religious Latino/a/xs as well.<sup>53</sup>

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48. Johana P. Lopez, *Speaking with Them or Speaking for Them: A Conversation About the Effect of Stereotypes in the Latina/Hispanic Women's Experiences in the United States*, 25 NEW HORIZONS ADULT EDUC. & HUM. RES. DEV. 99, 101 (2013).

49. *Id.*

50. Lilia D. Monzó, *A Mother's Humiliation: School Organizational Violence Toward Latina Mothers*, 23 SCH. CMTY. J. 81, 82 (2013).

51. Carole Browner & Ellen Lewin, *Female Altruism Reconsidered: The Virgin Mary as Economic Woman*, 9 AM. ETHNOLOGIST 61, 62 (1982) (highlighting the commonly submissive and passive wife-mother role of Latinas characterized and exemplified through *marianismo* which places heavy emphasis on emulating the Virgin Mary's traits).

52. *Fact Sheet: Hispanic Catholics in the U.S.*, CTR. FOR APPLIED RSCH. APOSTOLATE 1, <https://cara.georgetown.edu/staff/webpages/Hispanic%20Catholic%20Fact%20Sheet.pdf> (last visited Apr. 3, 2021).

53. *Our Lady of Guadalupe: Patron Saint of Mexico*, ENCYC. BRITANNICA (May 15, 2020), <https://www.britannica.com/topic/Our-Lady-of-Guadalupe-patron>

The Lady of Guadalupe is the national symbol of Mexico and an important symbol of Latinidad<sup>54</sup> for Mexican Americans and Chicanos.<sup>55</sup> The Virgin Mary is a teacher, protector, and someone to emulate,<sup>56</sup> and Mary famously breastfed Jesus.<sup>57</sup> Through the ages, artists portrayed the Virgin Mary as the Nursing Madonna, breastfeeding Baby Jesus, and celebrated her for it.<sup>58</sup> Mother Mary is not only known for providing milk to Jesus but also spiritually providing milk to all her children—those who seek a connection with Jesus through her.<sup>59</sup> Most famously, Saint Bernard of Clairvaux is known for having a visitation by or vision of Mary holding Baby Jesus during prayer at the Speyer Cathedral where she bared her breast and squeezed a stream of milk into him causing healing and wisdom.<sup>60</sup> Throughout the ages, art depicted the Virgin Mary’s spiritual

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saint-of-Mexico (describing the importance of the Virgin Mary as not just a religious symbol but one of freedom and independence).

54. Evelyn Arana-Chicas et al., *Exploring Latinidad, Migration Processes, and Immigrant Experiences: Experiences Influencing Latino Health*, KAN. J. MED. 125, 125 (2019) (defining Latinidad as “the experience of developing a sense of Latino identity”).

55. Jacinto Quirarte, *Sources of Chicano Art: Our Lady of Guadalupe*, 15 EXPLS. ETHNIC STUD. 13, 14 (1992) (emphasizing the importance the Lady of Guadalupe has played in Mexican and Chicano culture and as an important symbol of the Mexican identity).

56. *Id.* at 21 (praising Mary for her role as a teacher to, learner from, and fighter for the community).

57. *A Brief (and Fascinating) History of Breastfeeding and its Alternatives*, HEALTH FOUNDS. (Jan. 4, 2015), <https://www.health-foundations.com/blog/2015/01/05/a-brief-and-fascinating-history-of-breastfeeding-and-its-alternatives> (introducing famous heroic females that breastfed).

58. Cecelia M. Dorger, *Studies in the Image of the Madonna Lactans in Late Medieval and Renaissance Italy* 4 (Dec. 13, 2012) (unpublished Ph.D. dissertation, University of Louisville) (on file with the University of Louisville) (explaining how the number of images of the Nursing Madonna began to grow in the fourteenth and fifteenth centuries as viewers started to draw connections between their own experience and religious practice).

59. Susan Starr Sered, *Rachel’s Tomb and the Milk Grotto of the Virgin Mary: Two Women’s Shrines in Bethlehem*, 2 J. FEMINIST STUD. RELIGION 7, 10 (1986) (explaining how Mary’s breast became “a symbol of her intercession on behalf of humanity” to Jesus for mercy and redemption).

60. Jutta Sperling, *Squeezing, Squirting, Spilling Milk: The Lactation of Saint Bernard and the Flemish Madonna Lactans (ca. 1430-1530)*, 71 RENAISSANCE Q. 868, 894-95 (2018).

nourishment of St. Bernard and her spiritual children.<sup>61</sup> She is an example that encourages mothers to breastfeed.<sup>62</sup> It is, thus, not surprising that Catholic mothers are more likely to breastfeed than mothers from other religions.<sup>63</sup>

This is to acknowledge that factors such as religion and culture can also influence breastfeeding rates among different demographic groups, however they are not the most salient cause. While cultural differences are interesting, we have a moral imperative to examine the structural causes of racial disparities. In the United States we have a particular obligation to scrutinize the lasting impact of chattel slavery on Black Americans. When faced with stark racial disparities in breastfeeding rates, we need to root out how this may have resulted from slavery and this related to anti-Black racism. In *Skimmed: Breastfeeding, Race, and Injustice*, Freeman does just that and inspires the rest of us to follow suit.

#### CONCLUSION

Racial disparities are usually analyzed by juxtaposing the experience of white people with people of color. Here, when considering disparate breastfeeding rates, it is illuminating to also compare and contemplate the differences in Latina and Black breastfeeding rates. By doing so, we see how Latina and Black mothers face many of the same hurdles to breastfeeding, and yet Latinas are far more likely to breastfeed. While numerous explanations might exist for this, it seems likely that the history of enslavement and modern racist stereotypes that continue to shape

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61. *Id.* at 901–03 (describing various artistic depictions of Saint Bernard’s vision of Mary).

62. Joanna Moorhead, *Leonardo’s Breastfeeding Madonna Puts Today’s Cover-Up to Shame*, THE GUARDIAN (Dec. 30, 2011, 8:06 AM), <https://www.theguardian.com/commentisfree/2011/dec/30/leonardo-da-vinci-madonna-litta-breastfeeding> (explaining how the images of the Nursing Madonna with Baby Jesus demonstrates a loving bond between mother and child that encourages breastfeeding); see also Dorger, *supra* note 58, at 23–24 (emphasizing the natural bond between mother and child which is strengthened through breastfeeding and advocated in Nursing Madonna images).

63. Amy M. Burdette & Natasha V. Pilkauskas, *Maternal Religious Involvement and Breastfeeding Initiation and Duration*, 102 AM. J. PUB. HEALTH 1865, 1865 (2012).

perceptions of Black motherhood might play a significant role in the disparity. The history of forced breastfeeding and consequent separation from their children is one shared only by Black women. Non-Black Latina mothers were not forced to breastfeed anyone else's children. It is easy to see why many Black mothers would reasonably prefer to separate themselves from this traumatic history in which white enslavers forced their foremothers to not only keep the enslavers' plantations alive but also the enslavers' children alive.

Breastfeeding interruption for one mother continues over generations. This generational gap and consequent lack of shared knowledge hinders breastfeeding. “[B]lack women who want to try breastfeeding are less likely than non-[B]lack women to have sisters, mothers or friends who can offer their own experience and advice.”<sup>64</sup> Conversely,

Hispanic mothers [are] much more likely to have a family member who breastfed than white or [B]lack mothers . . . This intergenerational factor prove[s] to be the most powerful driving force behind Hispanic mothers' better breastfeeding outcomes. A strong family history of breastfeeding, especially on the mother's side, seem[s] to help Hispanic mothers overcome some of the breastfeeding barriers that impoverished women often face.<sup>65</sup>

Current policy barriers to breastfeeding—such as work requirements to receive government benefits; the lack of paid breaks and accommodations to facilitate breastfeeding at work; and the absence of baby-friendly, pro-breastfeeding hospital practices—clearly have a racially disparate impact on Black women, Latinas, and other women of color and should be reformed. In doing so, we should not turn a blind eye to the enduring, damaging effect that slavery made on Black Americans. These effects include continued reliance on racist stereotypes about Black motherhood which were used to justify enslavement and that persist today in reducing breastfeeding. We should not view the low rates of breastfeeding by Black women as

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64. Mag. Monitor, *Who, What, Why: Why Do African-American Women Breastfeed Less?*, BBC (June 10, 2014), <https://www.bbc.com/news/blogs-magazine-monitor-27744391>.

65. Chapman Univ., *Breastfeeding Gaps Between White, Black, and Hispanic Mothers in the US*, SCI. DAILY (July 12, 2016), <https://www.sciencedaily.com/releases/2016/07/160712173315.htm>.

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a race neutral problem. We should not ignore Andrea Freeman's call to reform laws, policies, and practices to ensure that babies of all races have an equal chance to be breastfed and to grow, thrive, and survive.