

# Reflections at the end of Infant Mortality Awareness Month

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When I first got into this work three years ago, I didn't quite realize exactly what I was getting into. All I knew was that I *felt* like a minority—not because I was Black, but because I was Black and I was also alive, healthy, attending university, not incarcerated, not burdened by crippling poverty...by all accounts I was doing just fine. I felt like an anomaly because I was the daughter of Black working class teenage parents living in the Deep South and I had made it to 18 without

experiencing the personal tragedy, back-breaking tribulations, and life-wrecking traumas that many of those who shared similar backgrounds as myself were forced to endure. And this fact, along with the realization that the only things separating myself from those peers were my personal privileges broke my heart. But it also ignited a fire in me, because I needed to know why. Why was my path not the norm? Why were Black children more likely to the experience difficult and dangerous childhoods that led to poor adulthood outcomes, or no adulthood at all as their lives were ended too soon? Why did generational cycles persist? And what could I do about it?

My early interests focused primarily on Black children like those living in the city of New Orleans where issues of poverty, violence, and educational achievement are rife. Initially a neuroscience major, I dived into the science of how adverse experiences shape children's brains, impacting the ways in which they interact with the world, their social skills and coping mechanisms, their cognitive abilities, and even their physiology and later health outcomes. It didn't take long for me to realize that the answers to my questions wouldn't be found in individual brains of children. I was looking at biological systems when I needed to be looking at societal ones. Indeed, the problems I wanted to understand didn't even begin in childhood, but much earlier, even preceding birth. We know that from the start, Black children are behind their White peers in life, more likely to be born at lower weights, and/or born too soon. Increasingly, the evidence shows us that this has to do with the racial discrimination their mothers face over the course of their lives. For more information on this phenomenon, see: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5206968/>. The dark irony is that these children are born too small, too soon, only to die too soon at higher rates as well, many before they even reach their first year of life ( <https://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMorta...> )

Those that survive beyond that first year are still less likely than their White peers to make it to age 20. In 2016, the child and teen death rate for Blacks was 38 per 100,000 of the population compared to 25 per 100,000 of the population for Whites ( <https://datacenter.kidscount.org/data/tables/7752-child-and-teen-death-...> ). I don't think I need to go into too much detail about the causes of mortality for these children and teens when their deaths are so often the subject of news headlines these days.

Note that the primary source for many of the stats I give is the Centers for Disease Control and Infection. Incidentally, I changed my major to public health right around

the time my approach to these things began to shift—right around the time I began this internship. Because regardless of what the rhetoric has historically been, issues of reproductive justice and sexual oppression in general are not issues of individual responsibility—they’re public health issues that affect all of us. And the “diseases” in question are racism and sexism and all the other “isms” that intersection with them in the everyday occurrences of people’s lives. They are prolific and they are lethal, and the effects when they intersect and combine are synergistic. Nothing in society is immune to these epidemics—not even our most sanctified, supposedly ethically-sound, institutions (see: hearing of Dr. Christine Blasey Ford and Judge Brett Kavanaugh yesterday).

Per Sister Song, a key tenet of Reproductive Justice is “the human right to parent the children one already has with the necessary social supports in safe environments and healthy communities, and without fear of violence from individuals or the government” (<https://www.trustblackwomen.org/our-work/what-is-reproductive-justice/9...>). When the murderers of our children go free and unpunished, when our communities lack grocery stores, quality schools, and healthcare facilities, when our government officials are allowed to serve in spite of personal histories colored by misogyny, sexual violence, and racial bias, I think it is safe to say that based on this definition, the world we are living in now is fundamentally unjust.

As I begin mapping out the curriculum for the workshops I will teach for Young Women With A Vision, this is what is on my mind. So I will talk about biology, because it matters—I will talk about the reproductive system, and sexual health, and birth, and the effects of chronic stress and anxiety on the brain and the body and the womb. But I will also talk about society—about Anita Hill and Clarence Thomas, about legality versus justice, and all the Black people who are no longer with us, whose names blur together because they are too many. I will especially talk about the girls and the women and nonbinary folks who must often fend for themselves as the plight of the Black male is given priority. These are literally matters of life and death. I need the girls in YWWAV—or really everyone—to understand that those stats I mentioned earlier are the norm, but they don’t have to be. They shouldn’t be. I need them to understand that their bodies and minds are valuable and are *their own* even if society is constantly telling them otherwise. Their children, current and future, matter, and deserve to live, and prosper, and thrive. The first year of life should not be the last year, Black childhood and adolescence should not be synonymous with fear, and Black parenthood should not mean mourning. I should not have felt the

need to sigh in relief when I reached 20.

I'm privileged enough to intern with a woman that already understands this—she started YWWAV, and she did this Ted Talk: [Mwende Katwiwa, YWWAV Program Director at TEDWomen](#) last year

You should watch it.