

## Ballot Questionnaire: Michelle Drew, Vice Presidential Candidate

Ballot Question 1: What makes you interested in this position? Why are you running for this office?

To be truthful and honest, my interest in running for Vice President of ACNM stems from my own personal frustration and disappointment to see a lack of movement of The College beyond the rhetoric around “Diversity and Inclusion” which has been heard for years yet there have been little movement toward, objective meaningful measurable efforts to achieve an equitable representation of Black and Indigenous midwives. In ACNM Town Hall Conversations and repeatedly in experiences at ACNM annual meetings we hear language that reflects gendered racism and hostility toward Black and Indigenous midwives and students, our true allies who join us in the call for social justice and even our own CEO and brilliant and successful woman of any race Dr. Sheri Sesay-Tuffour, and my own personal experience of the institutional and interpersonal racism that plagues our profession that plagues this profession and because of that this organization. I have over and over again considered and recently resolved to possibly withdraw from ACNM as a member as my disappointment grew and manifested harsh feelings. But then as I was recently sitting at a session being presented by two of the most respected women in the Reproductive Justice and Birth Equity movement in California and in our country today, Dr. Karen Scott M.D. MPH, FACOG and Tanefer Lumukanda Camara MS-HCA, IBCLC, I was struck shocked to read statistics that I had never seen presented to me before at any of the last ACNM annual meetings or workforce statistics about the “growth” and progression of the presence of nurse midwifery and certified midwifery in the United States:

According to birth certificate data from the National Center on Vital and Health Statistics of the United States as of 2014 CNM/CM attended 1% of white non-Hispanic women’s hospital births in the US. CNM/CM attended 8% of Black mother’s hospital births in the United. Non-Hispanic Whites make up roughly 54% of births in the U.S. Blacks make up 16% of all births.

This means that today in the United States despite the BIPOC women and femmes make up more than 70% of births attended by CNM/CM but we make up less than 10% of the ACNM membership, and even less of the leadership of the college. The perhaps it is time to stop the talk of Diversity and Inclusion and start the talk of Truth and Reconciliation. As we come to the close of 2019, the year that marked 400 years of oppression of the descendants of enslaved Africans, another half century more of ethnic genocide of Indigenous American and as we reconcile ourselves to the role that structural racism and white supremacy played in the elimination of the Black midwives in America, the loss of indigenous cultural and birth traditions, and today to the disparate outcomes of Black and Indigenous mothers and babies, we must consider the role those same systems play in the continued failure of ACNM and as a larger structure the Midwifery profession in the United States to allow BIPOC to enter the midwifery profession and to have a meaningful place in the conversations about how to reverse the trends of the past and present so that midwifery can truly be a significant and real solutions to perinatal health disparities and not just political rhetoric. Because to paraphrase Dr. Joia Crear Perry, founder and president of The National Birth Equity Collaborative it’s racism not race that’s killing Black mothers and babies and to quote my friend and mentor Dr. Monica McLemore, PhD, MPH, RN tenured professor in the Graduate School of Nursing at UC San Francisco “This could all be different.” What are the forces that keep nursing organizations including ACNM and the nursing profession from looking like America as a whole? What is that makes it so that a profession and a professional organization that has grown at the expense and on the backs Black and Indigenous birthing people of color, give almost no meaningful representation of the women upon whose fertility it has depended upon to thrive? And is it time to challenge the paradigm and stereotypes that says any midwife is unqualified to serve as officers as ACNM because we aren’t service directors, program directors, tenured faculty, or high ranking officials in schools of nursing, or when our applications to volunteer with ACNM in committees and sister organizations go answered? My applications to be considered as a candidate as a Vice President of the Board of Directors of the American College of Nurse Midwives is a love letter to my ancestors and the Black midwives that came before and stand with me today saying we are worthy; we matter. Black Mamas Matter, Black Birth Matters, and Black Midwives Matter. And if you believe that a doctorally prepared, public health trained, Reproductive Justice rooted colleague with 3 decades of experience who looks like and has the lived

experience of the overwhelming majority of women who this profession and the members of ACNM serve every day of any gender identity, or sexuality is inherently qualified to serve ANY office in Board of Directors, and ability to want better for all midwives and mothers and that having a profession and professional organization that is rooted In true justice, there is no reason to believe that I am not as equally qualified to serve ACNM than anyone else because I lack credentials and opportunities that may have been excluded to midwives that look like me because of nothing other than that.

**Ballot Question 2: Visit ACNM's Strategic Plan [HERE](#). What part of the strategic plan embodies your personal philosophy?**

Diversity and Inclusion of ACNM is essential to its growth and even to a greater extent its survival and whether we like it or not that must begin with Ethnic diversity and inclusion of the CNM/CM profession continues to rely of the care of Black and Indigenous childbearing people for its numeric and economic growth. Engagement of community based organizations and non-CNM/CM birth workers from the diverse backgrounds of the communities in which we work and serve. Inclusion of objective and evidence based data; especially about the role of structural and interpersonal racism on birth and health disparities and the midwifery profession, and professional, social and reproductive justice are my personal philosophies and I believe are reflected in ACNM's Strategic Plan and are an essential element in the future of ACNM and the CNM/CM profession.

**Ballot Question 3: What ideas do you have for enhancing diversity and inclusion?**

I believe we need immediate surveys and honest disclosure of the CNM/CM workforce, ACNM membership leadership and midwifery, educational program students faculty and directors to begin a discourse and constructive strategic plan to correct the disparities between the profession, the American population at large and the overwhelmingly Black and Brown populations and communities we serve, and that except for those groups intended specifically to serve and be safe spaces and work groups for midwives and student midwives of color the Standing Rules and Procedures for every committee and caucus and umbrella organization of ACNM should have requirements for ethnic diversity in its membership.

**Ballot Question 4: What innovation or improvement would you bring to ACNM?**

Honesty, sincerity a lifetime of service and the belief that as is the words of Martin Luther King Junior, may his soul rest in eternal power: "Everybody can be great...because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love." I love being a midwife, and I love the women I serve with and the women and families we serve. Asè!