

Chapter One

Decolonizing Our Wombs: Gender Justice and Petro-Pharma Culture¹

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“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.” (Arthur Schopenhauer)

“Industry-funded studies are not science. Nor is it science when the final conclusion is already predetermined.” (Tim Boyd)

1. *Primum non nocere*—Above all, do no harm

How we raise our children is critical to our agenda for radical social justice for women. Like Chaia Heller, who has witnessed mothers’ struggle between being “for herself” or “for her child,” I reject the “hierarchical structure of our society which organizes parenting in such an oppressive way for women” (6). Particularly in our Anthropocene Era, patriarchy seems impossible to capsize because motherhood has been systematically excluded from philosophical inquiry. Any sustainable, collective justice must challenge how we think about motherhood. When we recognize and assert the relationship among dynamic intersubjectivities—what Chandra Mohanty refers to as imbrication (182)—within the social construction of motherhood, we can begin to loosen neoliberalism’s stranglehold on US democracy. Like the

¹My essay explores the intersection of numerous contentious issues (perinatal hospital procedures, the vaccination industry and mandatory vaccinations, antibacterial measures, public breastfeeding, infant formula, childhood nudity, women’s psychiatry). For further resources please see my *Viscous Expectations: Justice, Vulnerability, The Ob-scene* (Pennsylvania State University Press 2014), and my forthcoming *The Insinuating Body: Confessions of an Eco-Obsessed Mother*.

metabolism of the human body and the earth's tendency towards homeostasis, the metabolism of our culture must be scrutinized as a relational organism. I examine how hyper-medicalizing children and women, the stripping of our commons, and pathologizing of motherhood are intimately bound to reproductive justice. Exposing "constellations of power" while extricating the "processes of [maternal] subject-formation", my essay attempts to "reveal the complexity, contingency and violence of our 'regimes of truth'" (Spivak and Butler 1) embedded within our conceptions of motherhood.

Petroleum-parenting, what I identify as market-driven choices parents make that overwhelmingly contribute to both environmental destruction and body-phobic institutional practices, reifies the status-quo and our myopic capacity to engage beyond our convenience-culture and accumulationist individualism. Petroleum-parenting includes how we give birth, how, or whether or not we vaccinate our babies and children, circumcision-decisions, how we negotiate breastfeeding, transportation, sleeping, and bathing, and how we choose to diaper our infants and toddlers. These perhaps seemingly benign behaviors, in fact, maintain our totalizing, reductive, designer-birth culture. Intricate systems of metropolitan capital dominance colonize both the human body and our earth body. When we allow our normal bodily processes to be homogenized through the lens of pathology, we relinquish our autonomy and deny our interdependency. The concept of normal becomes violently distorted in the service of capitalist accretions.

J. Krishnamurti's warning, "It is no measure of health to be well adjusted to a profoundly sick society," characterizes *both* our global crisis *and* our potential as parents to intervene in convenience-culture. In our petroleum-pharmaceutical-addicted cyber-world, our collusion with corporate forms of domination is infinite. Interlocking mechanisms among such infrastructures enable both complicity (perpetuating apathy and its concomitant loss of agency) *and* emancipation (allowing creativity and connectivity to flourish). The refusal to acknowledge our interrelatedness heightens what Michel Foucault identified as fascism within (xv): an insidious collusion of misogyny and academic, institutional, and corporate coercion. Chela Sandoval analyzes this complicity:

This rhetoric constructs the most seemingly innocuous forms of personal and everyday life— of subjectivity, of citizenship itself...a structure, a rhetoric for being that

orders and regulates Western social space and consciousness...that invite[s] citizen-subjects to faultlessly consume ideology, and to guilelessly reproduce ‘depoliticized’ and supremacist forms of speech, consciousness, morality, values, law, family life, and personal relations (21).

My essay investigates neoliberal, de-historicized forms of consciousness in which women as citizen-subjects have failed to recognize how we relinquish our civil rights and socio-political agency by succumbing to corporate fear tactics. I identify this failure as the violence-of-the-everyday including its corresponding sanctity of normalcy—a violence that perpetuates convenience-culture, by maintaining misogynist infrastructural practices.

2. Decolonizing Our Wombs

The ways in which society denaturalizes pregnancy and birth are a direct reflection of how it rejects difference, the unknown, civic responsibility, and informed consent—“vital expression[s] of health freedom and human rights” (Kuo Habakus 58). In a patriarchal society, freedom of choice is illusory, operating through entanglements of institutional and symbolic state networks. Quotidian biological events are reconfigured as medical crises, ironically requiring generic, reductionist protocols. As co-founder of Occupy (Decolonize) Pregnancy, Birth & Parenting, an Occupy Oakland Caucus, I struggle to disentangle the roots of systemic corporeal and social violence—recognizing how pregnancy, birth, and mothering in the US function as officially sanctioned forms of misogyny.

Giving birth is the primary reason women are hospitalized in the US. The medicalization of birth is a fifty billion-dollar a year industry. Medical interventions that were once only practiced on high-risk pregnancies are now automatically imposed on all pregnant women, frequently for the convenience of the medical practitioner. A prime example of the ways in which modern digital technology has subsumed our innate body-knowledge is the hyper-media saturated medicalization of pregnancy and birth, resulting in a transformation of women’s psyches (Barbara Duden), and literally, dismemberment—an institutionalized *sectioning*—of our bodies. Heller shares:

Ecofeminism points to the center of two of our society's most grueling conflicts: The conflict between culture and nature, and the conflict between self and other. Within western patriarchy, culture is seen as a triumph over nature, a cutting off from the body and the natural world. In the same way, the 'self' is seen as a triumph over other; a cutting off from dependence on others and a protection of one's self-interest. (4)

Popular media educates the public to expect fear, pain, and disempowerment as inevitable conditions of pregnancy, labor and childbirth—ironically one of life's most natural experiences. Widespread disinformation assures us that “experts know more about our bodies than we do.” Midwife Ina May Gaskin confirms this perversity when she states that tragically “most US women remain convinced that their bodies are poorly made to give birth” (315). One in three women now give birth via cesarean section. C-sections can be detrimental to both mother and infant because the neonate's “skin and gut get colonized with the mother's microorganisms as [s]he goes through the birth canal. ...[C-section results in] failure to have proper implantation of microorganisms at birth” (Fallon 242) and can lead to an avalanche of physical disorders lasting well into adulthood: asthma, allergies, skin disorders, and susceptibility to a slew of infections, including heightened chronic negative reactions to vaccinations.

The specificity of a woman's body is dematerialized when the petro-pharma-cultural arsenal is indiscriminately insinuated through assimilationist consumerism and “sanitary ideologies” (Paul Virilio). Virilio argues that the “progressive sterilization of all natural factors, the ever-greater repression exercised against physical [wo]man...radically transform[s] social activity” (99, 100). Gary Cohen, a 2015 MacArthur Foundation recipient and founder of Health Care Without Harm, labels hospitals as “cathedrals of chronic disease.” Hospitals are the bedrock of petro-pharma-culture; iatrogenics (healthcare-induced infections) are the third leading cause of death in the US. Although they are clearly critical to help treat physical trauma and emergencies, hospitals represent one of the most egregious threats to our corporeal and environmental ecology. Ultra-sterile hospital environments breed many of the most virulent contagions.

Simultaneously, our culture's sanitary ideologies' obsessive germ-frenzy that requires antibacterial hand-sanitizers distributed throughout our public space is creating an unprecedented chemical

overload on women's and children's bodies. The high-volume chemical compounds triclosan and triclocarban (found in hand-sanitizers mouthwashes, toothpastes, deodorants, bedding, washcloths, towels, kitchen utensils, and toys) are known carcinogens. These pesticides disrupt hormone levels and are commonly found in breast-milk. In daycares throughout the US, children are required to "clean" their hands before snack time—essentially eating triclosan. Like flame retardants and polychlorinated biphenyls (PCBs), its effects include impaired skeletal growth and muscle function that has led to cardiac arrest, lung damage, and an increased risk of allergies and immune-system-dysfunction in children. In 2013, the US Food and Drug Administration (FDA) announced that "there appears to be little or no evidence that antibacterial soaps and household products help prevent us from being exposed to germs, and they may even pose significant health risks" (Haiken). Although the American Medical Association stated that this chemical is creating superbugs, it is still used in hospitals, which in turn sparks the consumer market.

In 2012, Kline & Company antibacterial soaps comprised almost half of the \$900 million liquid-soap market. Big Pharma has capitalized on germ-phobia—conveniently selling products that disable our natural immunity. The reality is "[m]odern research has discovered that only a very small number of microorganisms are pathogenic...able to make us sick. The vast majority of bacteria are beneficial...we cannot live without them" (Fallon 242). We must shift our focus from bacteria-phobia to environmental toxicities: about 45 chemical contaminants circulate throughout the average American pregnant woman's body.

Among women of all ethnicities and races, the US has the highest hospital-born, first-day infant mortality rate of any industrialized country, and has one of the highest infant (beyond the first-day) and maternal mortality rates of all industrial and non-industrial countries. Amnesty International's recent study states that US women risk dying of pregnancy-related complications more than women in 40 other countries. Globally, the US's maternal health ranks 60th. In the past 25 years, US maternal mortality rates have more than doubled. **Latinas are 50% and black women are 500%** more likely to die in childbirth than white women. Black women are four times more likely to die of pregnancy-related complications than white women. Black babies die of complications at birth four times more than other ethnicities; they are twice as likely to die before their first birthday:

[F]ewer Black women now receive prenatal-care, a fact that has fatal implications, because babies born to mothers receiving no prenatal care are three times more likely to die in infancy than those whose mothers do receive such care. ...Standing at the intersection of racism, sexism, and economic injustice, Black women have been compelled to bear the brunt of this complex oppressive process. (Smith 58)

To clarify, I am arguing against *hyper-medicalized* prenatal-care: extensive physical exams, high-tech screenings such as ultrasound, blood-work (testing for Rh status and anemia), Group B Strep (antibiotics for those who test positive undermine healthy bacteria in both mother and fetus), papsmear, chlamydia and gonorrhea tests that involve repeated pelvic examinations, glucose test, vaccinations, and other pharmaceutical drugs “foisted on pregnant women as though they have no choice” (Fallon 68). In contrast, prenatal care that includes midwives and doulas relies on body awareness and education, thus is critical to both woman and fetus. The World Health Organization (WHO) reports that midwives save thousands of infant and mothers’ lives during childbirth.

Such biohazards are institutionally expected and accepted—hegemonic networks that set the stage for the everyday-violence against women. This axiomatic violence—frequently leading to infant and/or maternal mortality—includes “emergency” hospital procedures (pitocin, epidurals, c-sections) and fear-based births with their profit-driven post-natal procedures (mother-infant separation, antiseptic washing of the vernix caseosa, eye-drops (a state-by-state mandated antibiotic steroid erythromycin), sugar water administered for jaundice, circumcision, blood-work, formula-coercion, Vitamin K shots (completely unnecessary if there is a two-minute delayed cord-clamping), and Hepatitis-B vaccination (the most irrational of all postnatal procedures)—frequently leading to brain inflammation, nausea, fever, immune and neurological disorders, and numerous other manifestations of vaccinosis—illness produced in an individual after receiving a vaccine. It is significant to note maternal, natural interventions, for example, breast-milk rich in immune factors can be used as a natural antibiotic for eye and ear infections and for treating flesh wounds, just as a few minutes everyday in the sunlight “cures” jaundice. Additionally, “[t]he umbilical cord’s iron- and oxygen-rich blood, along with [the vernix caseosa] coating to protect

baby's immature skin, [serves as] natural immunity that makes various shots and antibacterial treatments unnecessary" (Fallon 97). Newborns are initially inoculated as they travel through the birth canal. But this prevents pharma-profit. The scene in which the medical-expert hands over a squeaky-clean, freshly vaccinated baby to the passive mother lying on her back exemplifies and lays the foundation for a society built on violence against women. Antonella Gambotto-Burke decries:

In 2013, four times as many women died giving birth around the world than there were casualties in the Syrian conflict, yet there were no headlines, crisis bulletins, aid packages or expressions of public outrage. The 293,000 women who die in pregnancy and childbirth every year (and the seven to 10 million who suffer severe or chronic illnesses caused by pregnancy-related complications) do so without public recognition of any kind. Heads of state do not stand in silence for the mothers who have fallen.

Everyday-violence against women who suffer from an accumulation of chemical and biotoxins is inextricably bound to violence against children's minds and bodies. Just as we are overmedicating women, we are overmedicating children—misdiagnosing them with ADHD and numerous other behavioral labels, while feeding them processed food and screen technology that maintains the toxic soup in which they live. "Prescription drugs are the fifth leading cause of death in the United States...80% of prescription drugs sold and used for children in the US are not approved such use" (Romm 184); nor, does approval ensure safety. *The Greater Good* 2011 documentary demonstrates how pharmaceuticals/vaccines like Gardasil are fast-tracked through the FDA's approval system (the speed determined by politician/CEO's proceeding scheduled elections).

3. "The Public Good"¹

FACTS TO CONSIDER:

*Disease mortality was reduced prior to the introduction of vaccinations for viral diseases, such as measles. By the time the

¹ Due to chapter space restrictions, examples below are limited. My book, *The Insinuating Body*, cites numerous international longitudinal, non-industry-funded scientific studies.

measles vaccine was introduced, measles deaths in the US had declined over 98%, and in England almost 100%. Contributions to better health outcomes that predated “mass vaccination campaigns [included] improved hygiene and living conditions, better nutrition, public sanitation measures, clean drinking water, and secondarily, improved access to medical care” (Romm 3).

*The term “immunization” inaccurately implies that the vaccinated individual is immune. A recent study published in *The New England Journal of Medicine* (NEJM) exposes that 97% of children who contracted mumps in 2009 were already vaccinated against mumps. “Herd immunity,” the primary rationale for state-compulsion to vaccinate, has been repeatedly debunked in scientific, peer-reviewed, non-pharmaceutical industry, longitudinal studies. We must distinguish between lifelong naturally-acquired immunity and vaccine immunogenicity (“antigen-response”) that does not necessarily guarantee lifelong protection from disease. Precisely the opposite of “herd immunity” is true: children who have been vaccinated are *more* likely to contract and spread the disease than children who haven’t. Too often, the vaccine is more dangerous than the disease. There have been 108 (reported) deaths (perhaps only 10% of the actual total) from measles vaccination in the past ten years, and 0 deaths from measles. In 2000, the *British Medical Journal* reported results from a study of 15,000 mothers and their children from 1990-1996: the death rate from diphtheria, tetanus, and pertussis (whooping cough) in vaccinated children was twice as high as that in unvaccinated children (10.5% versus 4.7%) (Kristensen para 19). In recent years 60-90% of the cases of pertussis have been in fully vaccinated people. “These vaccines have never been tested for long-term effectiveness. The fact is that whooping cough rates have been rising since 1991, the same year that the new purified acellular vaccine (DTaP) was introduced” (Fallon 239).

*One reason vaccinations today are unsafe is because of the synergistic effect of all the other toxic chemicals that today’s children are exposed to in air, water, and food. Additionally, the way vaccinations are administered has radically changed:

*Adjuvants are added to vaccines to stimulate an immune response, which vaccinology claims is immunity. Whereas, in reality, what’s created is an “antigen response.” These substances that produce antibodies when injected do not provide lifelong immunity, but

require periodic vaccinations that are frequently more damaging to the child's body than the diseases for which vaccines are given. These vaccinations can literally eviscerate the immune system. Dangers include chemicals intended to cross the blood-brain barrier (BBB) (all of which are tested, proven and *explicitly labeled* as hazardous, toxic, carcinogenic, causing genetic mutations, and/or reversing neurological growth), thimerosal (neurotoxin containing 49.6% ethylmercury that is in flu-shots routinely given to pregnant women), aluminum (potentially leading to brain inflammation and immunological disorders), polysorbate 80 (nonionic surfactant that assists in compounds—including mercury and aluminum—crossing the BBB), formalin (aqueous form of formaldehyde), benzethonium chloride (preservative that also includes an extensive list of chronic side-effects), glutaraldehyde (disinfectant for medical and dental equipment), cetyltrimethylammonium bromide (CTMB) (cationic surfactant), 2-phenoxyethanol (synthetic antibacterial that includes death in its extensive list of known side-effects), yeast (containing monosodium glutamate—MSG, a compound that the food industry removed from baby-food in 1970), and detergents.

*We can analyze the safety of each ingredient, including adjuvants, in each vaccine. I will take one ingredient as an example: mercury. Mercury can be labeled as “removed,” when in fact “trace” amounts remain. The following statistics represent this “trace.” Amount of mercury in liquid waste considered toxic by EPA: 200 parts per billion (ppb); Amount of mercury in large predator fish: 700 ppb; Amount of mercury in “thimerosal-free” vaccines: 2000 ppb; Amount of mercury in some single-dose and some infant flu shots: 25,000 ppb; Amount of mercury in multi-dose flu vaccines, given to pregnant women: 50,000 ppb; Amount of mercury that kills human neuroblastoma cells: 0.5 ppb; Increase in fetal deaths associated with mercury in the swine flu shot given to pregnant women: 4250% (WAPF Vaccination Index). “Hazmat teams are called in [for emergency clean-up] for less mercury than the amount contained in one vaccine” (Pond 44).

*Just five years ago it was policy never to vaccinate a pregnant woman. Now, because this population is a growth area for the pharmaceutical industry, the US Department of Health and Human Services (HHS) is targeting pregnant women as they develop their “National Maternal Immunization Program.” Pregnant women are now “encouraged” to receive up to five vaccines that contain aluminum, mercury, formaldehyde, MSG, polysorbate, and

additional additives. 2009-2010 was a pandemic year during which two influenza vaccines were administered to numerous pregnant women with an accompanying huge spike in fetal deaths.

*First critical factor leading to vaccine injuries and fatalities: Vaccinating infants before the age of two does not allow the immune system to properly develop to suit its environment. If it were understood how the Th1 and Th2 cells of immunity work and how the balance is created in the first few years of life it would make sense why it is so important to hold off vaccinations until at least age two, and even get blood tests to determine the maturity of the immune system to be sure the Th1/Th2 balance is healthy. Otherwise, vaccines are entering a more vulnerable system with higher risk for adverse events at the time of injection and later in life with inflammatory diseases (conversation with Dr. Kara Waltz).

*Second critical factor leading to vaccine injuries and fatalities: Combined vaccines like measles-mumps-rubella (MMR “three-in-one” vaccine with live virus that contains the synergistically neurotoxic glutamate) administered in one doctor’s visit. Toddlers receive up to 10 vaccines per visit. Mercury and aluminum are *synergistically neurotoxic* which means that when they are injected together, for example in the MMR vaccination given to infants and children, their individual toxicity is far more hazardous. Glyphosate (found in biotech giant Monsanto’s pervasive herbicide Round Up-Ready) might show up as a contaminant in MMR and the flu vaccine. These are grown on live cultures where the nutrient supply is gelatin derived from the ligaments of cows fed GMO Roundup-Ready corn and soy feed. The glutamate in these vaccines can be synergistically toxic with glyphosate that might already be present in the blood through food and water exposures.

*January 2014 to mid-April 2015, there were 42,000 reports of adverse reactions to the Vaccine Adverse Events Reporting System (VAERS), 10,000 emergency room visits and 179 deaths. The CDC admits that underreporting is one of the main limitations of VAERS. Vaccine casualties consistently lead to damage of the nervous, respiratory, immune, and digestive systems. Neurological damage includes: motor function deficits, Autism Spectrum Disorder, learning disabilities, allergies, ADHD, impaired immune function, auto-immune disease, anaphylactic shock, and encephalopathy. Every year approximately 17,233 people living in the US have a serious adverse effect from a vaccine. At the same

time, the number of state governments who are mandating mass vaccinations is increasing. The FDA and CDC have yet to conduct studies that are independent from the pharmaceutical industry.

*54% of children in the US suffer from autoimmune disease or neuro-developmental disability which science links to poisons in vaccines.

*Over 270 vaccines are currently in development for adults and children.

*The 1986 National Childhood Vaccine Injury Act *protects* pharmaceutical manufacturers and those who administer vaccines from financial or legal liability for vaccine injuries and death.

*Since 1986 pharmaceutical company revenues have risen over 300%. Merck, Connaught Laboratories, and Wyeth-Lederle, producers of mandated vaccines, grotesquely profit from their officially sanctioned infringement of freedom. Manufacturers' profits exceeded \$1 billion in 1996, an increase from \$500 million in 1990. Today, Big Pharma makes over \$711 billion annual net profit, an increase from \$33 billion a little over a decade earlier. The global vaccine market total revenue reached \$10 billion in 2005. In 2015, estimated at \$41 billion.

*A time-line comparison of all "recommended" (increasingly required) vaccines and boosters following the CDC schedule:

By infant's first birthday:

1983: 11 doses of 4 vaccines;

2012: 26 doses of 9 vaccines

By sixth birthday:

1983: 22 doses of 7 vaccines; 2012: 48 doses of 14 vaccines

By eighteenth birthday:

1983: 23 doses of 8 vaccines; 2012: 70 doses of 16 vaccines

The primary "public-health alert" in the US focuses on vaccinations. Because our roles of corporatized citizenship are so intricately intertwined with institutional intimidations, we find ourselves ricocheting within a neoliberal boomerang of unaccountability (similar to tobacco industry revelations in the 1990s). "The public good" implies witting and unwitting complicity from mothers. Obstetric intervention supports pharmaceutical intervention, thereby supporting the \$40 billion vaccination industry. The US national "Well-Child Program" penalizes pediatricians who do not fulfill their annual quota of

vaccinated clients (conversation with Dr. Aaron Roselle). The British government gives physicians financial incentives to maintain high vaccination administration, including monetary bonuses given for vaccine rates higher than 70 to 90%.

A pivotal component of our public health system is based on coercive misinformation. Like many misled liberal and conservative Americans, Parul Sehgal (editor of the *New York Times Book Review*) erroneously identifies the symptom of a “very American distrust of the collective.” Sehgal confuses mutual responsibility with a *decreed* erosion of informed consent—claiming that mothers who question the vaccination industry are among those raging individualists who fear difference: “We are locking our door and pulling our children out of public school and buying guns and ritually sanitizing our hands to allay a wide range of fears, most of which are essentially fears of other people” (19). Facts indicate the opposite. Mandatory vaccination laws (SB277 passed in California in 2015) deny children the right to attend public school unless vaccinated. Parental rights are misconceived as an escape from civic responsibility, demonstrating what Virilio critiques as sanitary ideology in which “collective living seems intolerable” (99).

The foundation of democracy is inquiry and debate. Big Pharma is the largest advertiser today, the number-one lobbyist in Washington D.C., and donates twice what oil and gas give to our pocket-politicians—four times as much as defense and aeronautic contractors. The criminality of the pharmaceutical industry is well documented on the US Justice Department’s website: since 2001, criminal-civil pharma fines continue to increase—reaching as high as \$1 billion. Mothers who question these industry tactics do not constitute a flight from the democratic process, but rather encourage educated decision-making. On the other hand, “[c]ompulsory vaccines and no manufacturer liability create...a captive audience for the vaccine market” (Romm 93), offering no recourse. Government mandated vaccinations are an appalling example of manufactured “choice” and maternal degradation. Illuminating institutional mechanisms of medical imperialism, they defy international codes of ethics such as the Nuremberg Code that prohibits coercive medical procedures of any kind, including mandatory vaccination.

The philosophical and practical implications of mandating “choices” strip parents of our right and responsibility to care for our children. In his speech on the corruption within the CDC’s vaccine division, Robert F. Kennedy Jr. identified the vaccination

crusade as “the most misogynist movement that I have seen in my lifetime. It is a movement that is anti-mother and it is anti-woman” (14). *Parens patriae* is a little-known doctrine that, according to the CDC, the state has the right to assert authority over child welfare. Reinforcing institutionalized sexism, “[t]he discussion actually lays wide open the very philosophical foundations of individual freedom on which our country is built” (Romm 4). Following Governor Brown signing SB277 mandating all vaccinations for all children attending public school in California, Dr. Andrew Wakefield excoriated the corruption of his colleagues:

...Generations will remember that this was the beginning of the end of the First Republic of the United States of America. When a government and its politicians sold out the constitution and the people of this country to the profiteers in the pharmaceutical industry and the parasites and the carpet baggers that have attached themselves to that industry in the interest of profit with the illusion of public health, while just behind the curtain is the sickest group of children in any developed country in the world. A group of children who apparently need to be sustained by the very candy-coated offerings of the very industry that I believe put them there in the first place. (Rally July 6, 2015)

The poorest sectors of society (disproportionately black, single mothers) are severely punished if they do not conform. “Reduced WIC [Women Infant Children] vouchers for mothers who do not vaccinate their children, litigation against parents who do not comply with recommended vaccine programs, difficulty enrolling their children in school, and even threats of court-ordered vaccination of children against the will of parents are all scenarios familiar to those who...tried to exercise their freedom of choice in health care” (Romm 3). In divorce court, my colleague unexpectedly discovered that she would be accused of being an “unfit mother” and would lose custody of her daughter if she opted out of vaccinations—she vaccinated her daughter. Ironically, being a “decent American citizen” meant going against everything she had learned from numerous scientific studies about vaccine-reactions. All economic classes are subject to being ostracized by their peers who have internalized pharmaceutical fear-tactics. This manufactured need is another example that demonstrates the perverse alliance between petro-culture and pharma-fascism.

One way to refuse collusion is to make choices that reflect how we all are interconnected. Creating and sustaining support-systems undermine our epidemic-of-individuality—encouraging cooperation and enabling women to relearn how to trust our self-knowledge. Epigeneticist author of “Conscious Parenting: Parents as Genetic Engineers,” Dr. Bruce Lipton urges us to remember,

you are personally responsible for everything in your life, *once you become aware* that you are personally responsible for everything in your life. One cannot be ‘guilty’ or be ‘blamed’ for being a poor parent unless one was already aware of the above-described information and disregarded it. Once you become aware of this information, you can begin to apply it to reprogram your behavior. (147)

Choices to defend our bodies and those of our children collectively disable the tyranny of isolation and self-reliance that reifies patriarchal paradigms. These include protesting FDA fast-tracking, GMOs/agribusiness, and electromagnetic-pollution while supporting natural, vaginal-births and breastfeeding—exponentially boosting children’s natural immunity. Statistically proven, breastfeeding prevents long-term disorders (diabetes, obesity, respiratory illnesses, and breast cancer) for both baby and mother. Formula-fed, vaccinated babies’ risk of contracting a disease is exponentially higher than breastfed babies (whether or not they have been vaccinated) (Romm 163). Breastfeeding can save taxpayers up to \$13 billion annually. If we intend to halt the violence-of-the-everyday, we must support the mother as she chooses this proactive path. My discussion is by no means meant to stigmatize women who do not have the choice to breastfeed due to specific health or economic conditions (working mothers who cannot pump).

Encouraging public breastfeeding is one form of support. Anecdotal evidence of censored mothers’ bodies in public sites (including Facebook, airports, restaurants, stores) can attest to the ways in which breastfeeding is hyper-sexualized (shamed in public) and therefore hidden in our culture. The mother’s body is systematically erased from the breastfeeding equation. Exponential benefits of breastfeeding cannot be reduced to the chemical make-up of breast-milk, isolated as a scientific formula to be produced and sold by petro-pharmaceuticals:

True to the tendency of reductionism in scientific research, it is the breast-milk that is studied and not the significance of the breastfeeding relationship. ...It is well worth considering that while breast-milk is an independently effective agent against infectious diseases, it is likely that the full effects of a positive breastfeeding relationship cannot be overvalued and could never be recreated in a formula designed to match the biochemical factors in breast-milk. (Romm 163)

Like Heller's analysis of hierarchies that undermine collaborative nurturing, Vandana Shiva explores the concept of "resource" rampant in proclamations from both the Left and the Right:

Resource implied an ancient idea about the relationship between humans and nature—that the earth bestows gifts on humans who, in turn, are well advised to show diligence in order not to suffocate her generosity. In early modern times, 'resource' therefore suggested reciprocity along with regeneration. With the advent of industrialism and colonialism, however, a conceptual break occurred. 'Natural resources' became those parts of nature which were required as inputs for industrial production and colonial trade. (206)

Both ironically and predictably our bodies' "resources," milk and blood, are appropriated. Mothers who have hospital births are inundated with propaganda from cord-blood banking and formula companies. The cord-blood banking industry, one of the fastest growing industries across the world, is an example of mother-collusion-profits-over-people, a pernicious capitalist venture that undermines the initial relationship between a newborn and its mother—jeopardizing the newborn's health. The *manufactured* need for cord-blood banking, a procedure that costs at least \$10,000 for storage, is legitimized as a life-saving device for future transfusion. Cord-blood companies claim that "cord blood stems cells are used in the treatment of nearly 80 diseases, including a wide range of cancers, genetic diseases, and blood disorders," yet this "insurance" would radically decrease in necessity if natural immunity was prioritized. What is not advertised is that the newborn *needs* that blood for essential antibodies and natural immunity and to prevent anemia that may

alter brain development. Most hospital protocol unscrupulously *requires* that the cord be cut immediately after the infant is born, often followed by forced removal of the placenta that can be life-threatening to the mother. If banking is purchased, the rich, primitive, undifferentiated stem cells from the cord-blood is collected and frozen; otherwise, it is disposed of as hazardous waste. Following my unassisted home-birth (also known as a “free-birth”), on my fortieth birthday (our due-date), I chose not to cut the umbilical cord for almost two hours after my son, Zazu, was born—until the cord stopped pulsating—so that he would not need Vitamin K shots and so we could continue to remain connected.

Within my practice of thinking about motherhood, I continually remind myself of Foucault’s following questions in his introduction to Deleuze and Guattari’s *Anti-Oedipus*: “How do we rid our speech and our acts, our hearts and our pleasures of fascism? How do we ferret out the fascism that is ingrained in our behavior?” (xv). Internalized fascism (one of its many manifestations being the pathologizing of motherhood) is so integral to our cells and psyches we are often not cognizant of its constitutive and formative mechanisms. Fatimah Mernissi depicts this blurring: “Anxiety eats at me whenever I cannot situate the geometric line organizing my powerlessness” (3). Neoliberal “choice rhetoric” obfuscates how motherhood is manufactured. The individual is simultaneously valorized while being expunged of specificity. “Choice” becomes an “appropriate” product of the marketplace—in the context of propriety, property, ownership, entitlement, and purity. The ‘proper’ or ‘propriety’ [is] inherent in the very concept of ‘property.’ These constructs all point to the illusory integrity of the individual, the contained and uncontaminated private, *le propre* (proper hygiene). Virilio examines the homogenizing purification of the public: “It is in the name of safeguarding modesty and against suspect promiscuity that the isolation and subsequent rupture of social communication has been instituted in the city...the development of ‘health and hygiene’...over and above the context of simple bodily precautions...now represents a veritable sanitary ideology” (99, 98).

Congruent with Virilio’s critique of compulsory bacterial elimination, George Bataille denounces a childrearing that is hygiene-directed, one that denies children’s relationship to play, disorder, bodily curiosities, awareness, and discoveries. He no doubt would be disgusted by contemporary society’s condemnation

of parents who bathe with and sleep in the same bed with their children (euphemistically re-appropriated by the Attachment Parenting movement as “co-bathing” and “co-sleeping”—as if the act of labeling renders these parenting choices less indecent). ABC television recently ran a story of an ad depicting two posters of a baby lying in bed next to a cleaver. In one, the baby is white; in the other, the baby is black. The caption declares in caps: “YOUR BABY SLEEPING NEXT TO YOU CAN BE JUST AS DANGEROUS.” Once again histrionic and inaccurate statistics are misused to reify the climate of fear prevalent in raising children in this country. Separation is valorized, while intimacy and connection are vilified. Stripped of a tangible community (mommy-blogs are the most popular form of shared experience), parents are entrenched in how-to techniques (such as “the cry-it-out method” or “sleep-training”) for raising infants capable of self-soothing. In fact, numerous studies have shown that due to infant-mother separation such as women rushing back to work soon after giving birth and the phenomenally popular practice of “sleep-training” infants, 40% of children in the US do not have what psychologists call “secure-attachment” to anyone in their lives. Because psychoneuroimmunology of babies is radically diminished, “lack [of] strong emotional bonds” is leading to myriad social and behavioral problems (Huber). We even have a new diagnostic category for such behavior: RAD—reactive attachment disorder.

An alarming number of toddlers now have ready access to their caregiver’s smartphone or iPad (used as a pacifier/surrogate baby-sitter). This Net-Generation is being initiated into the world as “self-reliant” infants and technologically literate babies—the neoliberal wet dream is our current reality. Rearing children alienated from their deepest needs (to be held, touched, comforted) leads to disciplined, “useful” corporate citizenry—a social and individual violence that sustains misogyny. Simultaneously, within the confines of patriarchy, we are rearing children who are alienated from and revile their own bodies. Bataille exhorted, we must *artificially* deform [our children] in our image and, as our most precious possessions, instill in them the horror of that which is only natural. We tear them away from nature by washing them, then by dressing them. But we will not rest until they share the impulse that made us clean them and clothe them, until they share our horror of the life of the flesh, of life naked, undisguised (63).

During Zazu's first two years, I was cited four times by California officials for public indecency—not because I was exposing my body, but because my baby was playing naked in a park. A violation of my own code of ethics, this sanctity of normalcy constitutes a hegemony of representation that colonizes our relationships with our bodies and our planet.

4. Occupying the Maternal

As a single-mother raising my five year-old son in the US, I have intimately experienced intra-cultural impacts of our market-obsessed mediaocracy's erasure of corporeal, societal, and global interconnectedness. Everyday I make the conscious choice to deflect how this plutocrat-driven democracy, characterized by conformist laws-of-conduct, may impact my son. Mothering can be a rich territory for practicing one's ethical commitments—one that embraces an Arendtian *natality*. This *natality*-consciousness, where thinking becomes collaborative action, potentially unfolds an embodied democracy in which we occupy the maternal—practicing individual and collective action toward gender justice. Audre Lorde evokes this decolonizing, liberatory practice of cultivating sustainable relationships: “For as we begin to recognize our deepest feelings, we begin to give up, of necessity, being satisfied with suffering and self-negation, and with the numbness which so often seems like their only alternative in our society” (55, 58). Avital Ronell concurs. Her “feminine intensity” suggests a collaborative empathy that reconfigures how the private resides within and beyond the public—*how* we inhabit our bodies in our everyday lives. She demands:

Could there be a feminine intensity or force that would not be merely ‘subversive’? Because subversion is a problem—it implies a dependency on the program that is being critiqued—therefore it’s a parasite of that program. Is there a way to produce a force or an intensity that isn’t merely a reaction...to what is? (128)

Holding our standards to both the Nuremberg Code and the 2005 UNESCO Universal Declaration on Bioethics and Human Rights that declares *informed* consent as an international human right, we enliven Ronell’s “feminine intensity”—a refusal to submit to biochemical warfare on our children’s bodies (ranging from GMOs to pharmaceutical inundation and antibiotic-resistant pathogens to biohazardous chemical leaching into our food and water supplies).

Embodying my ethics, a “feminine intensity,” includes my commitment to live communally and barter 98% of services and goods—acquiring *everything* through swaps (I have never purchased anything new or used for my son; and for myself, no new or used clothing or accessories for over twenty-five years). Despite my “advanced” age, I chose no prenatal medical interventions (ultra-sounds, cervical examines, blood-tests) and no vaccinations-*ever*. I chose to sleep and bathe together, practice *elimination communication* (diaper-free as much as possible), never use disposable-diapers or menstruation products, never use a pacifier or stroller, but wear Zazu on my body, never own a credit card or a car (bike/walk everywhere). I do not own a smart-phone. As I weaned Zazu at four years old, I taught him, and continue now to teach him how to creatively use “resources.” We playfully disentangle *le propre*, propriety, and property (ownership, entitlement, individualism). We explore the implications of our Plasticene Age and Roland Barthes’ prescient essays (*Plastics* and *Toys*) that illustrate the treacherous collision/collusion between property and impotency: “[T]he child cannot constitute himself as anything but an owner, a user, never as a creator; he does not invent the world, he utilizes it” (60). I am not suggesting an idealist reaction devoid of realistic responsibilities and relationships. Rather, I encourage parents as citizen-activists to learn *how to be* informed decision-makers. One way is to educate ourselves *and our children* about the intelligence of the human immune system—specifically Th1/ Th2 cell-mediated innate natural immunity. We must remember that “Health occurs in human beings as a multifaceted process. The WHO defines health as a ‘state of complete physical mental and social well-being, not merely an absence of disease or infirmity, with an ability to lead a socially and economically productive life’” (Whatcott 57). Together Zazu and I learn how to shift the myth of individualism to an integrated recognition of interdependency.

5. Action Resources—Advocacy for parents’ rights to make healthy decisions for their children without governmental intervention:

Pathways to Family Wellness Magazine, YES! Magazine, Wise Traditions Quarterly Journal, Moms Across America (GMO education), FearlessParent.org, Campaign for a Commercial-Free

Childhood, Story of Stuff Project, Corporate Accountability International, Institute for Community Living, and Ashoka's Empathy Initiative; **Documentary Films:** "Les Gleneaux et Moi," "BOUGHT," "Fed Up," "Education, Inc.," "School's Out: Lesson from the Forest Kindergarten," "The Business of Being Born," "Trace Amounts," "The Greater Good," "Dirt!"

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