

[00:00:00] - GWB

You're listening to Masculine Birth Ritual. My name is Grover Wehman Brown.

[00:00:06]

Today we're talking with Sara Flores-Boudreaux. She's a mestiza mujer midwife that has been providing health wellness and birth care to masculine-of-center queer, trans, non-binary, and Two-Spirit people - primarily Black, Brown, and Indigenous people for decades. Sara is a parent and also one of the principal authors of the Brown Boi's health guide "Freeing Ourselves: A Guide to Health and Self Love for Brown Bois." which was released in 2001 by the Brown Boi Project. She runs her own midwife practice Reclaim Midwifery, which is currently in hibernation while she works in a hospital setting. This is part one of a two part conversation with Sara. Please consider helping this show become sustainable for the long term by becoming a Patron at [Patreon.com/masculinebirthritual](https://patreon.com/masculinebirthritual). Even five dollars a month makes a big difference. Thank you so much to the 36 Patrons currently making the show possible. There's transcriptions of this episode available via our website.

[00:01:09]

In two weeks I will release one more episode, then take a mid-season winter pause with new episodes available in January. If you have a story you'd like to share with a podcast or a community leader with an important perspective within the scope of Masculine Birth Ritual, please reach out to me via our website [masculinebirthritual.com](https://masculinebirthritual.com). I'm particularly interested in talking with masculine of center butch and trans birth parents who gave birth more than a decade ago and Black and Brown birth parents. Please be in touch. I also wanted to share with you then an article I wrote about my own birth experience was released this week at Auto Straddle. It talks about my experience with a transphobic healthcare provider in the ICU and draws connections between racial justice and gender justice in healthcare as well as disability and gendered embodiment. This experience is the reason I started this podcast and keeps me coming back week after week. The title is "Bearing Life Within and Alongside: On Masculinity, Pregnancy, and Medical Trauma". I will have a link to the article as well as pictures that are mentioned in this episode in the show notes. Thank you for sharing this podcast with your networks. Here's Sara.

[00:02:22] - GWB

I like to start out with a trust building exercise with my listeners. Can you tell us your name, the pronouns you like to be called, and the gender words that you use for yourself?

[00:02:35] - Sara Flores Boudreaux

My name is Sara Flores-Boudreaux. I use she and her, and gender words that are comfortable for me are mujer (that's really the one), queer. And, I was born, I was assigned female at birth. And, then my childhood, identifying without language for this but identifying as gender nonconforming. Very much not identifying as a girl as a child and not being perceived as a girl - certainly being perceived as a boy by the way I looked. I had very short hair and I was an athlete. And I purposefully was always trying to not be perceived as a girl. And, I laugh because my very first kiss with a boy when I was 10- I was in full drag. I was at my dad's, all my dad's clothes. Every- at my dad's jeans my dad's shirt. I mean I was really like full boy drag. And, you know this boy I was kissing thought of me as a girl. People around me thought of me as a girl. I use she/her pronouns- but I was a boy kissing this boy in my mind. And I just laughed thinking about that because this was in the 80s and I didn't have access to any type of queer analysis about my experience. But it's kind of like I shoulda know what was coming I was going to be a big ol' queer obviously. And then when puberty hit, I got super gendered as girl and female and sexual, sexualized- like from Monday to Tuesday, I had sprouted breasts and a waist and hips and started my period. It was literally that fast and was no longer somebody who had access to the boy identity that I was perceiving myself to have. Um, I was genuinely disappointed that blood was coming out of my body and I was not actually going to end up growing a penis because I kind of thought at age 10 maybe that was going to happen somehow. And now for the last 30 plus years, have lived my life as a cis-gender female. Which has been mostly ok, but I anticipate that there's some good opportunities for reevaluation in the coming years. I feel like I've kind of gone through certain cycles in my life and, um, I'm reflecting more on my childhood and how I got so gendered so quickly just based on how my body was changing. And I'm giving myself permission as I'm raising a child who's been perceived female thus far. And who uses that she is a three and a half year old and she

tells us she uses she/her pronouns and that she's a girl. As I raise her I'm giving myself opportunity to examine whether or not this current gender identity is where I'll keep feeling safe and comfortable. But it's where I'm at right now. And I have extreme amount of privilege because my cisgender presentation. And I also identify very importantly as mestiza. And that means, in my personal identity of that word, mixed Indigenous, European, and Spanish- from Spain, the colonizers of the Indigenous Americas. And for me that means in my family, I am neither like my mother or like my father. My father is Mayan-Honduran. And is very brown, and is very not perceived as a white American at all. And my mother is Irish and Scottish and German and Dutch. And comes from two generations of the United States, but her grandparents emigrated from Ireland and Scotland and so very much a European-American identity, which is distinct from a white identity in how I perceive my own identity. And so my mestizaje, my mixed race and my gender identity are very connected, for me. In how I walk in this world as a light-skinned brown person when English is my first language and in fact I wasn't taught Spanish as a child and I was kept from my Honduran culture and my Spanish language of my family. And that has greatly affected my identity as well. And then the other thing I would add in terms of how I identify in this world is actually as a midwife because that is an integral part of who I am. It's not my job it's not my career it's my spiritual calling. It's my Purpose. And I have been a practicing and learning midwife for 23 years now. So the majority of my life. More than half of my life now and my entire adult life. And so midwife is also part of my identity. When, I think of how I position myself in this world.

[00:08:49] - GWB  
Thank you

[00:08:49] - Sara Flores Boudreaux  
You're welcome

[00:08:53] - GWB  
So you said midwife was a calling. Do you remember when you were called and what it felt like?

[00:08:57] - Sara Flores Boudreaux  
The more complicated answer involves again my childhood, involves growing- I'm from Detroit. Another really important part of my identity. And I'm from inner-city Detroit northwest Detroit, in Evergreen and that area in the 80s was an area fraught with crack cocaine and a really violent area to grow up in. And I spent, and my mother is a gardener and always had a garden at her house even though gardens were not common in that neighborhood at that time.

[00:09:39]  
And I spent a lot of time finding peacefulness in my mother's garden literally with like cops around and people being shot up like right outside of where I was and not feeling at all safe in my neighborhood. But my mother's garden felt safe. And I believe my midwifery calling began even then. Because midwifery is not just about pregnancy and birth and those types of rites of passage. Midwifery in its origins is about plant medicine and Earth-based medicine. And so I learned in my mother's garden about using plants for cooking and tending to plants and the plants taught me. They are in my belief system, in the way I was taught, they are my ancestors. So they were already teaching me how to use them for healing from a really young age. And so my calling really began then. And I carried that through. In through high school where I was the person who wanted to start what I called then like the women's rights organization at my school and you know the social ...

[00:10:58] - GWB  
Did you go to Catholic school? (laughing)

[00:10:58] - Sara Flores Boudreaux  
I went to Catholic school. Yea, totally.

[00:10:58] - GWB  
A women's rights organization at Catholic school...

[00:11:07] - Sara Flores Boudreaux

Yea, and I did. You know, I brought in Sweet Honey In The Rock "Women should be a priority" - a song that is about..

[00:11:13] - GWB

I was gonna say You got them to play at your school!?

[00:11:13] - Sara Flores Boudreaux

I knew them through relationships, so we were able to like get recordings from that were not released and have connection with them. And that was part of my midwifery too, because that was about centering a feminist view on the body, rejecting a patriarchal notion of the body, and that built very easily to me pursuing a traditional midwifery education. Because again, to me midwifery is not just about pregnancy and birth and bodies in that way but is about social justice and reproductive justice and equality and the radical notion that the body is sovereign and that the person in the body is in charge of their body and is an earth-based way of living. So when I got the calling to actually become a midwife there was a lotta ground work already laid. And I was 17 years old at the time. And, I very stereotypically saw the book "Spiritual Midwifery" by Ina May Gaskin, which affects many people in the world whether that's a good effect or a complicated effect. For me it was complicated. I saw it on the library bookshelves at the college I had just started going to, which was a small liberal arts college. And was a college where many, many wealthy students went, and I was not one of those students. And I felt really isolated and totally out of place. And so while the students who I was in class with were using the Internet because they knew how to use the internet in 1996 and I didn't. And I had never even used a computer like that and they were like proficiently typing up notes for class and I had no idea what they were doing. I wandered over to the books. And books were you know, what I knew. And there on the shelf was "Spiritual Midwifery." And I opened it. And I thought, oh these hippies are not like me and these hippies are way out in the country doing something that only white hippies can do. But, I am a midwife and I can see that I can be a midwife and not have to do it just like this. But, oh this is my absolute passion to be present in these life transitions. And it was on since then. That was 23 years ago and I have never left my passion for midwifery even for a single moment in anything that I do. I love what I do. Even right now. I have three hours of sleep. I've been up all night. I've caught four babies in the last 12 hours and like ten babies in last 48 hours and, um, the work is super hard and I continue to be absolutely fulfilled by it. And as a calling it's also a responsibility and I believe that I was placed in the world right now as a midwife because I can hold up multiple identities. And it's important that I'm mestiza, it's important that my gender identity as a child was very genderqueer and my gender identity now is a cisgender identity and it's important that I'm a bridge builder as a midwife because this is the time where that's what midwives need to be doing.

[00:15:02] - GWB

Yeah that's amazing.

[00:15:06] - Sara Flores Boudreaux

In what I'm living through by being a midwife, being a listener, is a healing moment even if what is being said is really difficult.

[00:15:16] - Sara Flores Boudreaux

And so after whatever's being said has been said, I give myself permission for being in gratitude for the being present for the healing. And not just thinking oh that was really hard, I'm going to move on. Like, ok. That was big. That was cathartic. That was heavy. That might have been awesome too. And, I need a minute- to be in gratitude by using breath work, body movements, again, food, drink, to just settle in my body that I was present for something big. And that alone helps me kinda of not look at things like the capitalist colonial model of just move to the next thing and everything is just so, um, disposable and easily integrated because it's all in these snapshots of bullet points of somebody's trauma. Like, no - that's not what this work is about. This work is really slow to unfold and really layered. And there isn't just any moving on quickly from it. But there is a gratitude practice that I try to integrate. And to acknowledge that there is an exchange going on with the person or people that I'm talking to. That also means they're helping me heal. And I'm in gratitude for that. And it's part of what was challenging for me in parts of my own pregnancy of being a midwife for trans and trans

masculine folks who were in lot of trauma while I was also pregnant and I learned the hard way that I needed to really have a differentiation between myself and them during that time. And I feel like the only way I can continue having source enough to keep doing this work is to make sure to help that ritual to build in that differentiation - not just between me and them but between trauma and healing, and acknowledge that talking about trauma doesn't mean we have to relive the moments of trauma, it can actually be cathartic and healing.

[00:17:38] - GWB

Can you give an example of how you differentiate now that's different than how you did before?

[00:17:45] - Sara Flores Boudreaux

Well. I believe a pregnant person is very open emotionally. And I believe that that is on purpose to carve out heart space for the coming baby. And that the emotional vulnerability of the pregnant person is a necessity. Even though it's really challenging. When, for myself being in the pregnant body, when that also meant being a pregnant midwife caring for transmasculine folks who were having really hard pregnancies. So when I wasn't differentiating that looks like me feeling really bad that people were having really bad experiences. And, I that I wanted to help fix their experiences. And that was impossible because they were not my experiences. And I felt this wanting to help bigger than I would have if I wasn't pregnant. And through the colonial legacy even being a super pregnant midwife was probably not a great place to be anyway because I just was more concerned with myself than other people's pregnancy. When, and I'm talking I was like 9 months pregnant when I was doing this type of work that I'm describing as not differentiating. So it looked like wanting to make things better for people in an inappropriate sort of way because it's not my role as a midwife to make things better for people. And now I because I'm not pregnant and because I've learned, and because that was hard really hard for me- now I wouldn't be occupying myself with trying to make make something better for somebody who was discharging something that was hard for them. I could just hold that space. And, probably actually schedule a followup session in which we brainstormed action. But to really keep that separate from processing. So that means as a midwife just making more time or, having multiple touch points with the people that I'm caring for and not expecting all in one session to get it all out and heal it and make a plan of care for moving towards the future. And giving myself permission to sit with sadness or sit with difficulty and not try to make it better.

[00:20:35] - GWB

In this next section Sara stands up from the table and walks around showing me a variety of images that are hanging around her house or tucked away in her papers that are what she calls a renaissance of images in the last decade of Black and Brown masculine of center queer, trans, nonbinary & Two-Spirit people. And in many ways in walking us through the pictures she's also walking us through the movement trajectory of how this particular book, the "Freeing Ourselves: A Guide to Health and Self-love for Brown Bois" put out by the Brown Boi Project was developed and also how she came to develop images that she uses for her practice and her work that center Black and Brown masculine-of-center people and representation.

[00:21:41] - Sara Flores Boudreaux

Those those pictures came from actually a friend asking me about about getting a pap smear. And me saying, yeah, let me tell you about getting a pap smear. And this friend is a transman. And as I was pulling out my books that I was going to show him, like what was going to happen. I just was obviously horrified at how inappropriate any visual I was going to give him would be to prepare him for a pap smear because it didn't apply at all to his body. And, this other trans friend of mine who's an artist was nearby at this time and going through a really hard time. And art was kind of a way to stay sober. And I commissioned to just draw out what it would look like for a trans man to get a pap smear. And just on scrap paper that was sitting around he did these two drawings. One of his own perception of a trans man post hormonal- replacement therapy. Genitalia post HRT. Like a close up of genitalia and then like a further removed shot of like a transman on an exam table in stirrups getting a pap smear. And I carried those pictures around for two years. And I Met Cole, the founder of Brown Boi, I had those pictures on me. And we were in Detroit, at a conference. And we were having food and just chatting. And Cole mentioned his capacity for some type of book around health and Brown bois. And I had those pictures on hand and I had put them on the table, and we all just envisioned in

that exact moment the same project together of this freeing-ourselves help guide, surrounding images that would be liberating for Brown bois and you know, we wrote the book and published it within a year. And those pictures remain in my collection. And I'd like to actually do something specific about those images because they did turn out to be in the health guide. So they're out there, they're published. But I think them, in and of themselves is pretty special. And it's the type of thing that I would probably frame and put on my wall. But you know I'm a midwife. I don't think it's weird to walk in and see a picture of genitalia as art. But other people might. So I I'm looking for maybe the next steps of some type of gallery, art show, clinic- something where the art that I pulled out today to share with you could be displayed for folks because I think it's actually critical. And I no longer have any capacity in terms of the connections to get that published again because I never was the one with that capacity that was Cole and that was other folks- but I'm sure other people do have a way to get that out in bigger, to a bigger audience. So. It was exciting to pull out these pieces just for you to see.

[00:25:28] - GWB

Yeah.

[00:25:30] - Sara Flores Boudreaux

It did start it all in a lot of ways.

[00:25:34] - GWB

That's awesome. And who is the artist that you commissioned?

[00:25:37] - Sara Flores Boudreaux

so Eli Odet is the artist. And he lives in the Bay Area.

[00:25:43] - GWB

Cool

[00:25:44] - Sara Flores Boudreaux

This poster came from the next step from that renaissance which was, contacting a queer, cis, Black artist in the Bay Area. Who was part of a Brown Boi by like, community, and asking her, could we commission her to take traditional anatomical images. And make them Brown and Black, genderqueer, trans, and masculine of center people, in the images. etc. And so she created two images for our project. This one specifically was for Brown Boi and it is a trans, Black, masculine-of-center person and their abdominal anatomy. Specifically, highlighting the kidneys, the bladder, the womb, the bladder tubes that go into the urethra, the uterine tubes that go to the ovaries, and the vena cava that goes up to the heart. And there. This is like an actual photo, it's a painting of the photograph of the person. So they're also like, their super fierce stance in the world.

[00:27:23] - Sara Flores Boudreaux

And this image has always been in my clinical office and I use it to just talk about anatomy and I don't actually tend to talk a lot about the person in the image unless it's by somebody asking me a question either because they look that person and they're like 'oh my god, how is this happening that you actually have an image of somebody that looks like me' and they're super happy about it. And sometimes that means they're happy about is that they're Black too. They may or may not be masculine of center or trans. Or they're not of those identities and they don't say a word and I have nothing to say cause I'm just telling them where their kidneys are but it's revolutionary in the moment and I know it is, because, they're if they're a white person or their a cisperson they're seeing and they're seeing probably for the first time in their lives an image that doesn't reflect them and they're having to navigate what it feels like for most of us all the time who are queer or genderqueer people of color. They have to navigate what we have to navigate which is to try to find themselves in an image that doesn't reflect them. And I know that those moments are potent. I choose not to elaborate on their emotions around it because their emotions get to take up a lot of space all the time. So I think it's actually a really profound experience whether people relate to the image or they don't.

[00:28:48] - Sara Flores Boudreaux

And, the artist also did another image for my practice in particular, and the artist's name is Corina Nicole and I commissioned her to do a piece specifically of a pregnant transmasculine Black person. Again for the purposes of teaching anatomy and for the radical experience of seeing one reflected in a basic health poster in a clinic.

[00:29:25] - Sara Flores Boudreaux

And in this poster- this is also from a person who lives in the Bay Area. This is a portrait from their painting. So the people who are these images can, they know, they can recognize themselves because people who know them can go and have said 'oh wow, this person was pregnant?!' and I said 'no, that's just an artist's recreation of them pregnant.'

[00:29:50] - GWB

Oh, interesting

[00:29:51] - Sara Flores Boudreaux

Yeah. Corina's an amazing artist. And in this image, it's a Black transmasculine person who's about seven months - eight months pregnant. And, the image shows the belly with the baby inside - anatomically correctly. Meaning that the baby's head down and kind of, leaning out forward of the person's body and there's descriptors of the anatomy like the umbilical cord where the placenta is, where the uterus is, where the bladder is, where the urethra is. In this picture the word vagina is used to point to where that opening is. The back is also described - the sacrum, the rectum, the coccyx- and then then the chest tissue or breast tissue is specifically described related to somebody who is beginning to lactate in pregnancy. So, the breast tissue or chest tissue is now larger and has the mammary glands obviously getting ready to look.

[00:31:11]

At the person's in their fierce, and perhaps I would look at this as very. serene or just kind of contemplative stance in the world. And that was important to them to show that they could be comfortable in their body pregnant. And I used this poster extensively not just in my clinic on the wall but every single pregnant person I worked with received this image as a reference point for what was going to happen to their body as they were pregnant. So what I'm talking about is the beginning with those pictures I was carrying around was this type of renaissance of images that to this day I believe are still singular. But, we did turn into a book and the health guide also has an image.

[00:32:13] - GWB

Laughing/talking to child in room- Yes. Do you want to eat your quesadilla!? (indistinct talking in background)

[00:32:16] - Sara Flores Boudreaux

I'll just finish this thought.

[00:32:16] - GWB

and I have one of those at home, so i can just..

[00:32:26] - Sara Flores Boudreaux

Awesome, perfect. This image in the health guide... Well let me, let me keep the train of thought, so Corina also painted an image that's in the health guide "Freeing Ourselves: A guide to Health and Self Love for Brown Bois" which I was one of the co-author of, and Corina, the same artist who did the two posters I've already described, also did a really to me beautiful, beautiful portrait of somebody who inspired me as a midwife, Takia. Takia in this image, is holding their first baby. Now Takia has two children and has carried and birthed both of those children. And this is Aziz, the first baby. And Takia is just, cuddling and kissing this beautiful newborn. And again, is in, in my opinion, a very fierce powerful stance showing the way their bodies' anatomy is like what on I would think they would describe it as a masculine of center identity, although I don't know exactly how Takia identifies right now with their lives. But you see muscles, you see strength, you see you do see breast tissue you see a nipple that is maybe ready to breastfeed maybe not. But it's not just in the picture in a like womanized sort of way around what chest or breastfeeding tends to look like. And it's a really

intimate moment between this parent and their baby.

[00:34:08] - Sara Flores Boudreaux

And Takia is an artist. And is the very first person I ever saw do artwork that completely inspired me. And Takia's art shows what Takia described to me as a warrior parent; very much a masculine of center parent. And Takia did this portrait, this painting before Takia was ever even a parent to my knowledge. So this is not, I don't think anything reflective of them in particular- but maybe it was how they saw themselves in the future or some type of inspiration from their own experiences but what the image shows is a very strong, Indigenous, parent who may or may not be pregnant and I'm not sure, but has a belly and is carrying one child with their left arm, carrying a tool with their right arm that looks like it could be an axe or some type of a mallet but a strong powerful tool that could be used for various things from self defense to collecting food to building a house. And then there's another child sitting at the feet of this parent. Who is holding onto the leg of the parent.

[00:35:34]

How little children do and this person this this painting is like looking into the distance looking into the future. I think again in a super fierce stance that can be seen through all of these images. And I have never seen any art like this before in my life when I had met Takia. And I knew from seeing this that this type of imagery needed to be out there more and more and more. And so. Not only was the original moment of carrying around these pictures of somebody getting a pap smear who's a transgender person, the start a renaissance for, for creating new art, but it was also a way to ask for folks who had already created art to submit art. And truthfully only Takia submitted, and I don't know if that means that that's, you know one of the few people who actually has created or are we didn't outreach to enough people. But I do think that there isn't enough out there in terms of imagery yet. And then just finally since we are talking about those images of the trans man getting a pap smear we're looking at them now.

[00:36:49] - Sara Flores Boudreaux

And you know as I already described one is a close up of a trans man post-testosterone therapy. And I say that specifically because they have an enlarged clitoris. And the anatomy is just described here with you know a little handwritten notes by the artist Eli and it says labia minora, labia majora, enlarged clitoris, vagina, hymenal remnant... and, you can see that this person had top surgery by the scars on their chest. You can see their hair distribution. You can see them in their powerful masculinity, in my opinion. And including the other image where they're on the exam table there is again like a face of like strength and fierceness in the world. They're sitting upright specifically which is an important part of this image - they're and not laying on her back to get a pap smear and their feet are in stirrups. And, their anatomy is kind of highlighted inside of the body. But I think it's really an important piece of the image that you can also cover that anatomy and kind of see that this person from the outside is not somebody you can't tell anything about their genitalia or their internal anatomy. Because you can't see anything between their legs in this image. But then when you do realize you know the anatomy that's inside of them. As a health care provider, as a midwife I feel like it really gives this opportunity to stop and reflect that you have no idea what's going on inside of somebody's body just by just by looking at them from the outside. And in fact there is a third image which was not included in the book of the speculum going into their body as well. So I do believe these images are part of a renaissance of visuals of transmasculine and masculine-of-center people of color specifically. And that was the start of a certain movement in the Bay Area in about 2010/2011 that I believe is still in a place where it's needing a lot of nourishment. Because I would say we did a lot of work at that time and now that work has spread and is continuing. But I can sense that there's a lot more to do.

[00:39:33] - GWB

Amazing. Thank you. For that tour.

[00:39:34] - Sara Flores Boudreaux

You're welcome. Thanks for letting me tell you about these images. I couldn't talk about this topic without putting all these pieces out..

[00:39:42] - GWB

So we had the conversation earlier, when you walked us through these pictures- but also in some ways that was like laying a trajectory of thought and political movement building around masculine-of-center and Black and Brown representation in pregnancy and just health and wellness in general, within your community. I'm wondering if you feel or can name or want to name overarching commonalities between transformations that need to have in birth, pregnancy and wellness for masculine-of-center people of any race, and reproductive justice as racial justice. I personally like the larger conversation about birth justice, feels they feel intertwined for me. And so I'm wondering what your perspective as somebody who's been in this work for a long time and who has been bridging- not bridging, its more like serving people who sit at, at the places where those, where race and gender meet.

[00:40:56] - Sara Flores Boudreaux

Yeah, it's an important questions. And, it's somewhat of a challenging question because my frame in the world is so oriented towards people of color. So it doesn't seem difficult for me to make sure that the lens is on the people of color, Black and Brown bodies because that's who I am, that's that's who I love in an intimate way. And, I have created a community in which white allies are in the minority and I'm in a predominantly Black and Brown queer community. So, we're just talking about what I see - it's not some effort I have to necessarily make to bridge birth justice and queer Black and Brown people, because queer and masculine-of-center and trans Black and Brown people, because that's the community i'm in. But, I am aware because I am a person who builds bridges that when I go into my workplace setting, I am going to be the only voice in often white spaces to say we need to also be conscientious that Black people are dying every day giving birth and babies, Black babies are dying every day when they're just being born and don't even get a chance to live at a higher rate than white bodies and white babies. And, I am that bridge, so it's not as if I don't have to interface with the larger community around birth justice, but because my centering within the wholeness of our Black and Brown community that I'm in, it doesn't feel like there's a lacking of empowerment from within the community. It's the interface with outside of the community, you know with the outside world and that interface I think looks like creating these bridges in which folks are leveraging their power and their privilege to uplift other voices. And what I mean by that is something I've learned from the Brown Boi project which is that Cole who is the founder and led in partnership with Erica and other folks on these retreats that built leadership and capacity for Brown bois. In those spaces which actually was not part of because my identity is not as a Brown boi but because I was part of supporting the work I had the privilege to sit at the table as these workshops were being created and Cole and Erica talked very much about how it was a radical notion that the Brown bois who were going to coming into these spaces were going to be asked not to just talk about how difficult their position in the world was and not to just talk about the trauma they'd experienced- which is really an important conversation and needs to happen- but also to be true leaders to be encouraged to leverage their privilege of masculine identity and leverage their privilege of trans identity to actually support many different people including transwomen, including cis women, including non-binary folks.

[00:44:18]

And that that was a really radical approach to take folks who might think ooh we're getting together for the weekend with other trans and masculine of center Brown people and we're all experiencing similar oppression and you know maybe we're gonna bond on that and then Cole and Erika will be like yeah that's good, let's discuss this and let's bond on that and then let's actually transform that oppression into a way of leveraging privilege and power. And I was deeply affected by that philosophy and I give them all credit for radicalizing my thinking to then make me feel like I needed to leverage my cisgender mestiza english as my first language privilege and power in the spaces where Black and Brown masculine of center and trans people's voices are not present because they are literally not present and that their bodies are not present there. So one of the main ways that I actually have approached leveraging my own privilege is through educating and mentoring future birth workers, midwives, doulas who are masculine of center or are transmasculine and specifically are people of color and so that bridge for me looks like training and educating and mentoring the future so that my privilege is used simply as a ladder for other folks to get to the table where they then advocate and speak for themselves- with me and other folks like me supporting, but not trying to speak for them. Because that is something I've never ever wanted to do, nor have the right to do. But I have been in a

position multiple times where I have had to say - listen nurse educators, listen doctors, listen fellow midwives, listen other health care providers- my lover just told me that they can't get a pap smear here in this clinic and this is why. And so I will put my body and my voice in that vulnerable position in front of these people to make that space but my dream is that that same person who I'm advocating for could actually just be at the table there and be saying this is what I need to access my own health care. And so that's what birth justice for Brown or Black people looks like for me- really leveraging my own privilege around not being trans or masculine of center to bring those voices and those experiences actually to a place where they are in the center of making their own decisions not in the margins looking on as others cisgender people advocate for them. And I think that's what white trans and white transmasculine folks could also be doing is leveraging the privileges that they do have which I acknowledge are complicated because there's oppressions as well. But because there are privileges too, leveraging those privileges is actually an act of resistance and an act of healing. And I think birth justice could look like trans and trans masculine white folks who are getting more air waves and getting more attention, for those folks to make space in a real sort of way not just in you know paying homage and acknowledging the lack of Black and Brown voices at the table but actually making themselves uncomfortable enough to then go and find those people or go and make sure to compensate those people or make sure that they are making real efforts to bring folks forward.

[00:48:29] - GWB

Thank you.

[00:48:29] - Sara Flores Boudreaux

um-hum.

[00:48:29] - GWB

So you have served a number of clients that are masculine of center queer, trans people. If you could give an estimate of that number, is it 50 and under, 100, 200?

[00:48:56] - Sara Flores Boudreaux

I'm gonna say 200-ish, and I'll say why I can use that number because that does not mean births specifically. The original service that I am of is to my lovers and to my partners and I have the privilege and honor that all of my partners have been trans or masculine of center people of color. So for 20 plus years the first service I have done is in my own intimate life and I think that really is an important piece of this conversation because when I'm trying to train other birth workers who are perhaps straight or cis in their identity, they can't really understand why I can so easily interact with trans and masculine of center folks' bodies without needing to have an lot of explanation given to me as a midwife. But that has already been taught to me as a lover of trans and masculine of center peoples' bodies- that I don't have automatic access to parts of their bodies. I mean nobody should. There should always be consent. But those of us who know what it is to love a trans or masculine of center person, know that there is even another set of conversations that are important in an ongoing sort of way that I'm already fluent in. And so I've served, you know my intimate partners and then the community that I've been blessed to be in for 20 plus years. Just literally by answering questions, by helping create imagery, by smuggling testosterone in my own cleavage across the U.S./ Mexico border to get testosterone for a former now before T was accessible through the medical industrial complex. So service for me is much bigger than just showing up and having a client / midwife relationship. But I began having a client midwife relationship- well I began to have a nurse-patient relationship with trans folks in San Francisco about 15 years ago when the first transman I had ever cared for came into UCSF and had a baby, with his husband and with his midwife and I was very inspired to care for him. And I dropped my whole patient assignment that I had and I went to my charge nurse and was like you need to change my assignment, I need to care for him. And I did. And he had a baby and I hope they're doing well. And that left an impression on me because it was the first transman I had served. And that was when I was a labor and delivery nurse.

[00:52:02] - Sara Flores Boudreaux

And then from that time forward I continued, I think probably because of living in San Francisco, to have fairly regular contact with transmen coming into UCSF having babies like I don't know, a couple times a year at least. You know it certainly wasn't totally never happening. And then as a midwife, it

purposefully made my website reflect my politics and have images of trans and masculine of center folks on my website, with language describing my place in the world around being on it and not just an ally but in my opinion an accomplice to trans and masculine people's liberation and my practice for midwifery it's called RECLAIM- and RECLAIM stands for Resisting Colonial Legacy and its Impact on Medicine. And I describe that very much on my website so people could google transbirth, transmidwife, masculine of center midwife- I, I plugged those terms into the search engine purposefully, and people found very them very quickly. And so as a midwife I have the honor to serve, I'd say approximately 50 trans or masculine of center birthing parents. And more than that in terms of folks who were non-gestational parents or partners. And, that brings me kind of to my current status as a midwife where I still find the opportunity to serve trans and masculine of center folks even though my website is now not up because my RECLAIM practice is in a state of hibernation while I work within a hospital system. But people still find me and know my work and I'm super honored by that. And even within the Kaiser system which is in each of them a large system in California I'm have had transmen come and seek my care as pregnant men.

[00:54:22] - GWB  
Yeah. Yeah.

[00:54:24] - Sara Flores Boudreaux

And I feel really honored, I want to just say that because I feel like one of the places of privilege that I get to carry is I get to feel really lucky to be positioned in a place where I have been of service to trans and masculine of center folks and one of my intentions in this world is to help others cis queers heal, so that they can have space to love masculinity- because I love masculinity and probably I have a lot of privilege to love masculinity because I don't have to deal with very many cismen. And so I'm not burdened by the patriarchy of cismen and I get to really experience the charm and the attractiveness and the good naturedness and the bravery of masculine of center people all the time- in my personal life and my professional life. And so I celebrate when folks come to me and I actively want to make sure that masculine of center and trans folks know that I actually believe that they are carrying a sacred medicine in their ways and I have a lot to learn and it's not just them seeking me and them being quote unquote lucky to find me. It's in fact the opposite of that and i'm the fortunate person to be of service.

[00:56:05] - GWB

Yeah but they are lucky to find you! (G and SF laughing). As a masculine of center person who was pregnant when you were pregnant and got a very short list of other people I could work with.

[00:56:19] - GWB

Thank you for listening to Masculine Birth Ritual. The show notes for the show will include links to the Freeing Ourselves health guide as well as the images that Sara referenced. Show notes can be found at [masculinebirthritual.com](http://masculinebirthritual.com). If you are Black, Brown, or Indigenous masculine of center person and would like a copy of the Freeing Ourselves health guide, and are unable to find a copy through your networks or the library because the book is out of print- please go to our website and send me a message. I will try to crowdsource it through our networks because you deserve access to representation and medical resources made for you, by your communities.

[00:56:58] - GWB

This interview was recorded on occupied Ohlone territory. Thank you for listening. Make you feel all the other listeners of the show snugly alongside you as you move through your day. You are a blessing to us all.