Testimony for March 7th public hearing:

I am an obstetrician-gynecologist at NYC Health and Hospitals/Elmhurst Hospital, a researcher at Mount Sinai, and a mother of twin boys living in Queens. I am a member of the New York Coalition for Doula Access. I am speaking today as an individual, not on behalf of an institution.

In building the HoPE doula program for patients receiving care in the public system in Queens, I have had the privilege of seeing our maternal healthcare system with new eyes. To give you an example, I will share the story of a doula, who I will call Tracy, and her client, who I will call Lisa, to protect their identities. Tracy, a doula who has supported births at numerous hospitals for over a decade, called me upset about the care of her young client, Lisa. Lisa had a hard time with vaginal exams. She hadn't shared this with her doctors, but Tracy had learned during prenatal care that she had experienced sexual violence several years earlier. When Lisa was admitted to the hospital for a labor induction she was told she would need a foley balloon, a procedure requiring a prolonged vaginal exam. When Lisa declined, her doctor told her that she had no other options to move her induction forward. She felt that she had "no choice" in her process of giving birth. Tracy, her doula, spoke up and advocated for Lisa's wish to have pain control for the procedure, making it a bit more tolerable. Later, when it was time to push, a doctor standing near the foot of the bed instructed Lisa to lie on her back and be still so that she could assist with the birth of Lisa's baby. Another doctor at the foot of the bed started shouting at Lisa to stay still and stay on her back, that she had "no choice" for having a safe birth.

As I listened to Tracy, I had flashbacks of so many births I had attended as a trainee and as a physician. There were times that I had counseled someone so strongly on one option that it probably seemed like she had no other choice, times when I did not bother to offer pain control for procedures, times when I insisted on a certain position during birth, and times when I met my patient for the first time during labor and did not recognize their history of trauma or violence, an experience that is far too common in our society. Lisa's birth resulted in a so-called "healthy" outcome- there was no morbidity or mortality. I told you this story without revealing Lisa's race, or that of her care team. However, if I share with you now that Lisa is Black, perhaps through Tracy's eyes it is possible to see the thousands of constraints, details, and factors that accumulated during her birth, to leave her feeling devalued in a way that would have been less likely if she was White. Physicians like me, even as a physician of color, have to understand that *this* is what we are talking about when we use the term "institutional racism."

Our doulas are true advocates—they accompany birthing people through the journey of pregnancy, birth and postpartum, get to know them, their histories, hopes and wishes, keenly observe their experiences in the community and in healthcare settings, and then speak up. We have set up systems for our doulas to provide feedback, both real-time and reflective, on their observations. Through these conversations and through the presence of doula advocates, we are slowly changing the culture of our healthcare delivery—learning about a patient's prior trauma, placing social service referrals, listening to patients' needs and preferences and participating in shared decision making, explaining procedures and practicing informed consent.

In building the HoPE doula program, I have come to recognize several key components of successful integration of doulas into our maternal healthcare system: training a local and diverse workforce of doulas that can serve their own communities, ensuring that doula care is free of

cost to low-income birthing people, providing fair and adequate compensation to doulas, and creating a culture within the healthcare system of mutual respect, where listening to patients and doulas and adapting is possible. Medicaid coverage for doula services will allow programs like ours to sustain this crucial strategy for addressing our maternal health crisis. I urge the legislators here today to support the NY State budget proposal to expand coverage for doula services, to support Bill S8967 to establish a working group to set fair Medicaid reimbursement rates, Bill S1867 to create a directory of doulas serving Medicaid patients, Bill S4173 to extend the Medicaid doula pilot program, and Bill S1190 to include doulas as medical service providers for Medicaid recipients.