Good afternoon and thank you for this opportunity to offer testimony. My name is Asteir Bey. I am the Co-Director for Village Birth international and the Co-Founder of the Sankofa Reproductive Health and Healing Center in Syracuse NY.

Before I get into the specifics of my testimony today, I want to talk about the state of the reproductive injustice families are experiencing, who those families are and why community-based doula care needs to be central to this conversation of doula Medicaid reimbursement. I also want to acknowledge and recognize the people and communities, particularly the black birthing folks and their caregivers, known as community-based doulas across the state who are not here today. These are the folks that I know are missing from this conversation. When talking about the life affirming, culturally grounded doula care for Medicaid reimbursement, these are the folks we should be talking about and centering. We must uplift models of training, doula engagement, and reimbursement structures that reflect their work. Too often the work of these community doulas and their expertise gets marginalized. All of them are working in their own communities. Many are experiencing the same reproductive injustice as the families they work with. They see their clients at their doula appointments, but they also see them at church, at the grocery store, their kids' school, at cookouts or neighborhood events. These are black women, like me, who have seen up close, the ways in which preventable death and illness unfolds in pregnancy and leaves entire communities paralyzed. Our work is not housed in hospital affiliated centers, clinics, health departments or heavily funded non-profit organizations. Our work is in collective spaces, donated offices, community centers, libraries, homeless shelters and even our own homes. These formal and informal collectives do not receive government funding or state allocated grants because traditionally these reimbursement sources have minimized the scope of our work while creating barriers, overburdensome paperwork, delays, and red tape in reimbursement.

We have an opportunity to do better this time. Please listen and write policy that reflects what is needed by folks most impacted by this legislation. Chanel Porchia-Albert of Ancient Song, a community-based doula organization, has come to every legislative table for years stating that doula Medicaid legislation must allow for doulas to practice their profession within the scope and standard of care that make community-based doula models successful. This includes providing community-based organizations with the necessary infrastructure, administrative support and funding to do the billing and reporting so that doulas can be doulas not billers. This creates the sustainability, protection, and equitable payment structures we need.

I know that other community-based doulas wanted to be here today and submit testimony but could not because they have families and clients to care for. They are working side jobs to supplement their community-based doula care, or they were on call and not able to commit to the time. Some Black community-based doulas in my area and across the state have walked away from this process because new legislation continues to exclude and deny our experience and the needs of our families. I am here today for them.

We are here because NY state, like the entire nation, has desperate and horrendous maternal health outcomes particularly for Black families. This is a problem across the state. In Onondaga county, hospital-based reproductive health care is the only choice for most Black, Latinx and Indigenous families. Birth centers, home births and private reproductive choice are largely unavailable. Our maternal mortality rate has also increased over the last 5 years. Over 85% of the children in our Syracuse city school district qualify for free lunch and about 40% of Syracuse city residents are Medicaid insured. I just want to start from there, because a lot of times when we are talking about policy, we leave out the people. I have worked in Syracuse in maternal health since 2010. Through Village Birth International I have trained, mentored and supported community-based doulas since 2012. Those doulas and I serve families on the Southside of Syracuse for Black, Latinx and Indigenous families and the northside of Syracuse for African refugee and immigrant families. Together, we created the Sankofa Reproductive Health and Healing Center. We are collective of community-based doulas. Community-based doulas are birth workers serving families in their own communities.

Community-based doula care centers those most at risk for death, illness, disrespect and mistreatment in birth. At Sankofa, community -based doula care is family care. This is not an entrepreneurial model or what would be called a "traditional" doula model of care. Community based doula care is a peer driven, intuitive model of care that is responsive to the whole birth experience. It is not an individual outreach. Collectivity ensures that everyone benefits, and no one, not even the doula, is left without support. Most of our families receive Medicaid. Some are uninsured or undocumented. All of them are facing the full range of racial and gender-based inequality in healthcare and throughout their daily lives. We know that the elements of community-based doula care must be fully understood and implemented at the state level.

Current legislation seeking to register and regulate doulas does not speak to the ways families engage and connect with community-based doulas in their community. Regulation and registration of individual doulas could also be a barrier, especially for doulas with English as a second language, and a deterrent for communities prioritizing safety when historically state surveillance is experienced as criminalization. At Sankofa, doulas offer weekly clothing closets, free diapers, and essential items for families. These are trusted communal spaces of information and care. People share their hopes and dreams for pregnancy and parenting, and we are able to witness and support families organically. Many of our referrals for doula care come from these

spaces. Recently we had a mother show up to get essential items and diapers for her children. We noticed she was not well, sometimes missing her pick up appointments. We discovered she was not only pregnant but had multiple medical comorbidities, housing issues and a host of other reproductive health concerns that had not been addressed despite being fully connected to local agencies and healthcare systems. We were able to offer her full spectrum doula care and connections to the resources she needed. Local organizations and hospitals refer to us because we are known and trusted by people who are mostly likely to be marginalized and mistreated in healthcare. Most of our families are not looking for doula care online. They are not googling us. They find us because we exist where they are. We must have a broader understanding of ways doula care exists and what this can look like under state Medicaid systems.

Families also come to community-based doula care at different points of their pregnancy and parenting journey. This timeline matters. Some families need only prenatal doula support. Others may have no one to attend their birth because of other children, working partners and family out of town. They are looking for birth support only. Others may need postpartum care only. Perhaps they didn't know community-based doula care existed until they went to the hospital to deliver and came home with unexpected complications. Others may experience miscarriage, stillbirth or decide to terminate their pregnancy and will go home to experience the physical physiological and emotional realities of postpartum but the loss of not having a child. Community based doulas serve in all those spaces. Medicaid reimbursement must account for all the ways that doula services are delivered. That means reimbursement structures that support all doula engagements, not just birth.

So much of the legislation coming up over the last few years is a copy of the requirements and programmatic efforts outlined in the 2018 NYS Pilot Program. Community-based doulas across the state rejected this legislation. Since then, most of us have felt like we are on the defensive end of the legislative process- having to respond to individual bills that pop up while not being fully engaged or listen to in their creation. Not only were reimbursement rates disrespectfully low in 2018, but requirements for doulas did not meet the essential core competencies for doulas serving families with complex needs. In an effort to create state-led certification models, the pilot program lacked basic standards of care, hours of training, mentorship models and ongoing support needed for doulas to be in community and sustain their practice. Community-based doula organizations are successfully training and certifying doulas across the state. VBI has trained, mentored, and certified community-based doulas in Central New York for over 10 years. This training is over 50 hours of education, mentorship, supportive care, and orientation to collective engagement. Again, we need to broaden this discussion and center the work of organizations already training and certifying community-based doulas. It is only then that we create legislation from their recommendations.

Lastly, I would like to acknowledge Senator Brouk's effort to create a working group in NYS Senate bill 8967. This bill proposes a statewide doula advisory to create policy for this effort. It is our hope that NYS Doula Medicaid legislation, including creation and implementation, can move forward from here. While there has been a lot of feedback from individual doulas and a coalition across the state, we are still missing many pieces to this puzzle. We must have community-based doulas and community-based doula organizations from communities at table. Centering families and doulas with the greatest risk to reproductive injustice will ensure better outcomes for all.

I am here today asking for direct and sustainable collaboration. It is our hope that creating and implementing policy together can reflect sustainable models that improve outcomes while uplifting a workforce of community-based doulas.

Asteir Bey, RN, IBCLC
Co-Director, Village Birth International
www.villagebirthinternational.org
asteir@villagebirthinternational.org
Co-Founder, Chair-Board of Directors
Director of Community Education and Policy
Sankofa Reproductive Health & Healing Center
www.sankofaheals.com
asteir@sankofaheals.com