



**Testimony for Public Hearing  
Public Health Committee  
March 17, 2021**

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**S.B. No. 1 An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**

Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and honorable members of the Public Health Committee, my name is Liz Gustafson, and I am the State Director of NARAL Pro-Choice Connecticut. I testify in support of S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic, **particularly the following components of the bill:**

**Proposals to Define the Doula Profession in Connecticut**

Additionally, for the purpose of testimony, I do want to note that I will be using the terms “women” and “mothers” to describe people who are pregnant, birthing people, and people who recently experienced pregnancy. These terms align with language in the Social Security Act- but it is crucial to acknowledge that not all people who experience pregnancy identify as women.

**This policy proposal is crucial to doulas in Connecticut.** Title protection is crucial and provides stronger identity and credibility, and prevents misrepresentation of the profession. A doula is a non-medical professional trained in childbirth who provides emotional, physical, and informational support to a person who is expecting, is experiencing labor, or has recently given birth. A doula’s purpose is to help people have safe, memorable, and empowering birthing experiences.

Reproductive freedom includes full autonomy to make a decision if, when, and how an individual chooses to start or grow their family, and for many women there is trouble accessing timely, culturally appropriate care due to systemic & structural inequities throughout our current healthcare system. This is not only a matter of reproductive freedom, but is a critical way to begin addressing ongoing reproductive *injustice*. Among high-income countries, the United States consistently has the highest rate of pregnancy- or childbirth-related deaths, and Black women are three to four times as likely to die during or related to pregnancy than white women, regardless of socioeconomic status. It is well documented that increasing access to doulas would aid in improving health outcomes for both mothers and children in our communities, as studies have shown that access to Doula care reduces the need for

costly interventions such as cesarean births and epidural pain relief, as well as spending on non-beneficial medical procedures, avoidable complications and preventable chronic conditions.<sup>1</sup>

As we continue to navigate & understand the longer-term impacts COVID-19 has had on our communities, existing racial disparities and health inequities have only been further exacerbated by the ongoing public health crisis. The United States is one of only 13 countries in the world where the rate of maternal mortality is now worse than it was 25 years ago<sup>2</sup>, **but sexual and reproductive healthcare needs do not stop during a global pandemic. It is fundamental that we meet this moment, because Black, Brown and Indigenous women and infants cannot wait.**

**Additionally, I respectfully recommend the following:** Lines 204-207 reflect a "doula" means a trained, nonmedical professional who provides physical, emotional, and informational support to a pregnant person before, during, and after birth, in person or virtually. **I commend the efforts of the study** to determine whether the Department of Public Health should establish a state certification process by which a person can be certified as a state doula to ensure no doula be barred from this process.

### **Section 6 & 7: Declaring Racism as a Public Health Crisis & Establishing a Commission to Study the Impact of Institutional Racism on Public Health.**

As mentioned above, our systems as we know them are built upon decades of racism, inequity and white supremacy. Declaring racism as a public health crisis is both a public acknowledgement of such, and a policy-led commitment to begin undoing the harm caused by burdensome barriers and gaps in access. While it is not a final solution, it is a critical step that has been taken at the local level and must be taken at the state level.

20 Connecticut municipalities and the Mashantucket Pequot Tribal Nation have joined 6 states and 182 local/county governments and entities across the U.S. in making this declaration. We join calls for the Connecticut General Assembly to recognize racism as the public health crisis, which will aid in creating structural and procedural changes to embed racial & health equity into government decision-making processes.

S.B. 1 is a clear opportunity for our state to lead the pursuit for racial justice with action. NARAL Pro-Choice Connecticut stands with the Connecticut Campaign to Address Racism as a Public Health Crisis and **respectfully ask that the following recommendations also be considered in this bill:**

- The name of the commission be changed to be reflective of its work ie. "The Connecticut Commission on Racial Impact and Reconciliation"
- When working to address systemic racism, it is essential to ensure meaningful community

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<sup>1</sup> March for Dimes Position Statement: Doulas and Birth Outcomes (<https://www.marchofdimes.org/materials/Doulas%20and%20birth%20outcomes%20position%20statement%20final%20January%2030%20PM.pdf>)

<sup>2</sup> "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*. Only data for 1990, 2000 and 2015 was made available in the journal.

participation. This includes a commitment to ensure participation from diverse racial, ethnic, sexual orientation, gender identity, and disability status groups who disproportionately experience inequities and barriers to access. We echo suggestions for a commitment to ensure 2 members of the proposed Commission be persons of color, residing in a major city of Connecticut with an annual income of less than \$65,000 creating a total of 12 commission members.

- Expand racial/ethnic data collection to expose disparities in communities.
- A review and reform of the legislative process to improve public accessibility and set in place mechanisms, such as a designated staff person, to complete assessments of racial & ethnic impact of proposed legislation.
- Training for OLR and OFA to create racial and ethnic impact assessments
- Establishing a clear racial equity approach in policies set forth by the executive branch.

## **Section 11 & 12**

NARAL Pro-Choice Connecticut supports requiring implicit bias training for hospital staff interacting with pregnant or postpartum individuals (though cultural humility training—an approach to ongoing learning and questions of biases is preferred), as well as studying racial disparities in maternal mortality and morbidity.

**In closing**, Connecticut is positioned to build upon its bipartisan history to protect and expand reproductive freedom, but will only truly begin to do so by ensuring we address ongoing harm caused by systemic racism and institutionalized barriers. While addressing the multiple crises we face is a complex and multifaceted process, acknowledging institutionalized racism and implementing policies & procedures that will begin to undue harm caused by systemic barriers is absolutely essential for our communities and our state's residents.

S.B. 1 is a clear step towards making the future we envision a reality, and provides Connecticut with a comprehensive approach that will allow our state to lead on behalf of racial & health equity. NARAL Pro-Choice Connecticut urges committeemembers and the Connecticut General Assembly to vote favorably on this important bill. If you have any further questions, I can be reached at [liz@prochoicect.org](mailto:liz@prochoicect.org).

Thank you for your time and consideration,

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