

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee of the Connecticut General Assembly,

My name is Alix Hunter and I live in New Haven, Connecticut. **I stand in support of [S.B. No. 1](#) AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC.**

This policy proposal is crucial to defining a doula in Connecticut. 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 women have a safe, memorable, and empowering birthing experience.

I support this bill because non-medical health practices historically have not respected and are institutionally excluded from discussions of public health. The exclusion of the doula profession from public recognition is a facet of institutional racism in the medical and healthcare system. Title protection is crucial and provides stronger identity and credibility to the profession and prevents misrepresentation.

In order to address health equity, recognize the difference between the medical and social model of disease/health. Medicine's principal goal is to identify and cure disease. However, birth is not a disease; it can be part of a healthy life. Treating birth like a disease creates a situation stripped of the social and cultural determinants of health. Working on a client's multidisciplinary team, doulas refocus medicine's blind spots: such as racial disparities. Among high-income countries, the United States consistently faces the worst rate of pregnancy/childbirth-related deaths. Connecticut sees substantial and persistent disparities in maternal deaths by race and ethnicity. Black women are three to four times as likely to die during or related to pregnancy than white women, regardless of socioeconomic status. Increasing equitable access to doula care services, especially in under-resourced communities, has been shown to improve outcomes for both mothers and newborns. If we agree that there are social determinants of health, then we must also agree that there are limitations in the ability for medical practices to provide health care. In order to address racial health disparities in birth, doulas first need title protection.

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.

Lastly, **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.

Thank you for the opportunity to submit this testimony regarding the doula profession. In closing, I urge you to support S.B. No 1 to define the doula profession.

Sincerely,

Alix Hunter