

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

**Annie McGovern
Student at Wesleyan University
Intern at NARAL Pro-Choice CT
233 Williams Street
Middletown, CT 06457**

**S.B. 1 AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL,
BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC.**

Senator Abrams, Representative Steinberg, and distinguished members of the Public Health Committee,

My name is Annie McGovern and I am a student at Wesleyan University as well as an intern at NARAL Pro-Choice CT. I'm testifying today in strong support of SB 1 An Act Equalizing Comprehensive Access to Mental, Behavioral, and Physical Health Care in Response to the Pandemic. There are four essential aspects to this bill: declaring racism a public health crisis, defining the doula profession, REL data collection, and tying community benefit spending to needs identified by communities. My testimony today will primarily focus on the importance of declaring racism a public health crisis and defining the doula profession.

A public health crisis is any phenomenon that affects a large number of people, threatens health over the long term, and requires the adoption of large-scale solutions. Racism undoubtedly fits this description and we must add Connecticut to the list of states that have acknowledged this. The impacts of discrimination are vast and interlocking. Due to phenomena such as zoning laws and wage gaps, for example, marginalized individuals often struggle to find safe, affordable housing and may be reduced to living in areas with environmental hazards or food deficits. Many cities and towns in CT have numerous brownfields, former toxic waste dumping sites that have been left unattended due to laws that hold purchasers of that land liable to the effects of the waste on the neighboring area. Such sites are typically located in areas predominated by POC and can have extremely detrimental effects on their health - increased rates of cancer and asthma are common. Living in a food desert, additionally, will lead to things such as malnutrition or obesity. And these are just two examples - racism has also caused POC to work throughout the pandemic, has placed them in residential areas that lack medical services, has exposed them to extreme police brutality, has caused mental health issues, etc. - all things that require medical attention and deserve recognition.

20 municipalities in Connecticut have already declared racism a public health crisis, implying that SB 1 has broad support and can be successfully enacted statewide. Making a public acknowledgement of the continued prevalence of racism by passing SB 1 will validate the experiences of many Connecticut residents and increase accountability for the severe impacts of

racism. This bill also puts forth a number of more tangible initiatives, such as implicit bias training and data collection, that will aid organizations in their fight to reduce racial inequities and will more generally take a significant step towards establishing racial equality.

Secondly, we must codify a definition of the doula profession. Doulas can be described as trained nonmedical professionals who support individuals through significant health-related experiences of but not limited to pregnancy, labor, childbirth, and the postpartum period. The United States has the highest rate of pregnancy- or childbirth-related deaths in the developed world, especially among Black women. Doulas play a crucial role in ensuring the emotional and physical wellbeing of these pregnant people. I myself am a doula and thus know how dedicated doulas are to their job and how much training they undergo to engage in this work.

There are an abundance of reasons why doula work is beneficial. Doulas, as stated previously, help reduce maternal mortality rates, especially amongst WOC, by focusing on every aspect of their wellbeing and empowering them to make choices that center their safety and health. Doulas create an overall more positive experience for pregnant people, which should, ideally, be what we want for all Connecticut citizens. More specific reasons can be found here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>. Further, offering certified doulas through medicaid could not only lessen racial disparities in the health of pregnant people, but could also save money. Cesarean births, which are often reserved for more complicated birthing situations, are much more expensive, and so are premature babies that require additional care. Doulas reduce both these occurrences (<https://www.npr.org/sections/health-shots/2016/01/15/463223250/doula-support-for-pregnant-women-could-improve-care-reduce-costs>).

For these reasons, and many more, doulas should be considered a valuable and essential part of our healthcare system. By establishing a universal definition, CT will legitimize our profession and potentially increase doula accessibility. Plus, defining the doula profession is another step forward in advancing equitable health care.

In closing, I ask the committee to support SB 1 and thank you for your time.

Annie McGovern