



**Girls for Gender Equity Testimony for the New York City Council  
Committee on Women and Committee on Health**

**Delivered by: Brittany Brathwaite, MPH, MSW  
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Good afternoon Chairperson Rosenthal, Chairperson Levine, and committee members. My name is Brittany Brathwaite and I am the Organizing and Innovation Manager at Girls for Gender Equity (GGE). GGE is a youth development and advocacy organization committed to the physical, psychological, social and economic development of girls and women. GGE challenges structural forces, including racism, sexism, transphobia, homophobia, and economic inequity, which constrict the freedom, full expression, and rights of transgender and cisgender girls and women of color, and gender non-conforming people of color.

Thank you for calling attention to the pertinent issue of maternal mortality and inequitable reproductive health outcomes especially among communities of color. GGE envisions a city where people of all ages and genders and their partners (if applicable) are empowered during pregnancy, labor, and postpartum to make healthy decisions for themselves, their children, their families, and their communities,

With regard to Council Member and Women's Issues Committee Chair Helen Rosenthal's bill Intro 0931, studies have shown that access to doula care improves maternal health outcomes by providing people-centered care and reduces the likelihood of surgical interventions such as cesarean deliveries. We recommend that the City Council require the DOHMH to include community-based and culturally relevant organizations such as Ancient Song Doula Services, an organization that has been actively spearheading the fight against disparities in maternal mortality and morbidity, particularly for Black women over the last decade. Ancient Song Doula Services has also trained over 300 doulas locally and nationally. Black women have led and continue to lead a movement to improve the maternal health and well being of their own children and families, and should be valued decision-makers in healthcare spaces.

Black women and TGNC people face discrimination in medical systems at different intersections of their identities. For example, Black women in the US are vulnerable to anti-Black racism and gender oppression. In April 2018, a New York Times exposé showed that even when we control for factors that might lead to lower quality healthcare such as income and health insurance, Black women still have disproportionately negative outcomes when it comes to childbirth and postpartum care. In fact, poor white women have better outcomes than educated, degreed Black women. Race is the only defining factor that



differentiates care received and health outcomes. We must ensure that all health providers receive training on implicit bias, class and gender bias, anti-racism and human rights in the practice of health care.

We also recommend that you support full spectrum doula work - which supports people during all phases of pregnancy, including abortion, miscarriage, birth and adoption --as well as a discussion on how issues like race, class, immigration, gender, age, and sexuality impact and affect doula care.

**As you know, GGE's work focuses on young people.** To that end, all people should receive safe, respectful, affordable, quality health care where they live, throughout the course of their lives - especially young people.

Access to full-spectrum doula care should be accessible to pregnant and parenting students. In 2016, GGE conducted a participatory action research project where we engaged over 100 young people attending New York City public schools to better understand the specific experiences that cis and trans girls of color and gender non-conforming students face. The product of this process resulted in a report with 45 recommendations for the city of New York entitled, *The School Girls Deserve*. As GGE has previously articulated in *The Schools Girls Deserve* report, pregnant and parenting young people experience particular obstacles that impact their ability to complete their education.

In addition to young people receiving access to full spectrum doula care, we recommend that each DOE school assign the role of a pregnant and parenting student liaison (PPSL) to a school staff person who embodies and upholds social justice, social work practice, and a human rights approach in advocating for the needs of pregnant and parenting students at their school. Access to more comprehensive support will give young pregnant and parenting students the choice and the resources they need to complete their education at their home school, and ensuring New York City school's compliance with federal law, specifically, Title IX. We know that positive pregnancy and birthing experiences can be beneficially transformative for young parents with long-lasting implications for their children.

We applaud the advancement of Intro 0914. Data is a crucial tool to understanding the problem. Many experts believe that maternal deaths, injuries, and illnesses are significantly underreported. In order to understand the true nature and magnitude of the maternal health disparities in New York City, we need to develop the ability to collect accurate, complete data on a range of relevant variables (many of which you have provided). We are particularly glad to see that this bill requires disaggregated data by race, gender, geography and other demographic factors that can help paint a better picture of needs in New York City. Any data collection should include both quantitative and qualitative methods, including community-based participatory data, in order to understand the impact of race, gender, and socio-economic inequality on Black and TGNC people's health.



DOHMH might consider participatory research models which acknowledge community-based perspectives on care that can be used to set future research agendas. The city should engage reproductive justice organizations and other community-based groups and stakeholders to conduct this type of research.

Finally, the city should cross-reference the National Violent Death Reporting system (NVDRS) data maintained by the CDC with all maternal mortality and morbidity data collection. The NVDRS which contains information on violent deaths is important data tool for Black women in particular, because violence is a significant health risk for many Black women, in some states homicide is one of the leading causes of death among pregnant women. As one of the 32 states participating in the NVDRS, we have access to data that will help us identify maternal deaths that may be missed through other case identification methods.

We applaud the city on the bills being advanced today. We also urge the city to take more responsibility to directly confront racial inequities in maternal health. Reporting bills and access to doula care cannot remedy this decades-old disparity as they solely focusing on medical interventions or individual behavior modification. Instead, we must acknowledge the root causes and social determinants of maternal health problems, proactively remove barriers that put Black women and TGNC people at risk, and prioritize policies that advance health equity overall. Policymakers have a great influence on the structural conditions in which women and GNC people live, work and grow -- and in turn, these conditions influence maternal health.

We must continue to make transformative investments in the health and well-being of Black women and girls and TGNC people throughout the life course, including in the areas of housing, nutrition, transportation, violence, environmental health, and economic justice.

Thank you for your work to advance the bills being heard today.

Sources:

Center for Reproductive Rights (2018). *Black Mamas Matter - Advancing the human right to safe and respectful maternal health care*. New York, NY: Center for Reproductive Rights.

Brathwaite, B., & Hudson, K. (2017). *The school girls deserve: Youth driven solutions for creating safe, holistic, and affirming New York City public schools*. New York, NY: Girls for Gender Equity.