| Submitter:                        | Katie Minich   |
|-----------------------------------|--|
| On Behalf Of:                     |  |
| Committee:                        | Senate Committee On Early Childhood and<br>Behavioral Health |
| Measure, Appointment or<br>Topic: | SB693  |

Chair Reynolds and Vice-Chair Anderson, Members of the Committee,

I wish to express support for HB 693. I have been working as a doula in the state of Oregon for nearly a decade and I have lived the complexities of being a woman, mother while doing this important work. Trust and collaboration between nurses, OBs, and hospital systems can take many years to establish and often hinges on doulas' behavior being a certain way. Because doula work is an unregulated profession, there is not a standardized education or scope of practice and many follow different philosophies about how to work, they are not always seen as experts in their fields. Care work of all types is often devalued, and because doula work has been approached until recently as an individual business entity rather than a collaborative in the community, there is a lot of lateral violence in the field as well as microaggressions from systems and other medical professionals. Doulas need access to their clients and to the spaces they give birth in order to make a difference. There are still CCOs that hesitate to work directly with doulas, and there are still providers and hospitals that are hostile to doulas. Having to fight all of these battles is exhausting and burnout is real. We doulas often waste an enormous amount of our precious energy having to deal with all of these barriers, energy that could be much better spent serving birthing people and children in Oregon. The potential of HB 693 to bring all types of perinatal professionals together is vast.

My experience as an anthropology graduate student has illuminated how complex the study of doula work is. Quantitative data does not show us the whole picture, and there is much value in hearing people's personal experiences doing the work. Sometimes policies aren't practical or are out of touch with the intended purpose when put into practice. As an applied anthropologist and doula, I am acutely aware of the nuance involved in public health research and policy development. Doulas should be at the table during these conversations and be empowered to lead this work (and compensated for their expertise and labor) alongside other professionals within their unique communities.

As the saying goes "nothing about us without us;" doulas need to be part of the larger conversation with other perinatal health professionals, public health officials, researchers and policy makers. I implore you to consider these nuances about doula work that hinder its potential for efficacy. Doulas need benefits, adequate pay and a good work-life balance in order to sustain their practice, but they also have an immense need to be welcomed into spaces and conversations about maternal health

with other professionals. They need opportunities to build community and collaboration, rather than continuously competing for scarce resources. There is space for everyone doing this work, and we desperately need to think about what we can do to support everyone involved equitably. We need to be able to share space with each other, learn from each other and support one another to see the positive outcomes for families and children that we all envision.

I know this bill's passing will be incredibly helpful, enabling professionals and community members from different background to learn and continue building collaboration across all sectors. We need to be able to show others respect and see each other's humanity in order for this to ripple out into our communities and in our state. We are all doing important work!

Thank you for considering passing this bill, and for reading my testimony. Please reach out with any questions you may have.

In service, Katie Minich