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May 5, 2021

To the Members of the United States House of Representatives Committee on Oversight and Reform:

Thank you for taking time to discuss the healthcare disparities affecting black birthing people in the United States. I am so happy that our Congresswoman, Representative Ocasio-Cortez, is a part of this committee convening today, and that Congresswoman Maloney, representing our neighboring district, is the Chairwoman of this committee.

I am a licensed midwife at Jacobi Medical Center in the Bronx, New York; the only birthing facility in my Congressional District (NY-14) where midwives practice full scope midwifery 24/7. At Jacobi we midwives practice in collaboration with obstetricians, Maternal/Fetal Medicine specialists, physician assistants, nurses and lactation counselors. We train students of every modality and the majority of births are attended by a midwife. Approximately one third of patients who come to Jacobi identify as black.

In the Queens portion of NY-14, where I have lived for 22 years, there is no facility to birth. In fact, the Queens portion of NY-12 that is adjacent to our district also has no facility to birth. This means that in Western Queens, home to the largest public housing developments in the United States, there are no birthing rooms. It is impossible to say that there is any equity in birth access when there is no access to care in one's community. In New York City more birthing rooms have closed over the past 15 years than have opened, and this is especially true in Queens where four hospitals with Labor and Delivery Units have closed since 2005 with no birthing facilities being created to replace those rooms. This past year during the COVID-19 pandemic when the closest hospital to birth in Western Queens, Elmhurst Hospital, was overwhelmed with gravely ill COVID patients, childbearing families were rightfully scared to birth in hospitals that could inadvertently harm them. When Governor Cuomo granted an executive order to open more birth centers to allow a safer space for patients to birth during the pandemic a birth center was opened- but it was opened in Manhattan, which already has the most hospital beds and birthing rooms per capita in the city. Queens, with the least number of hospital beds and birthing rooms in the city, was left out.

In the Bronx part of NY-14 my colleagues and I work tirelessly for our patients, but the community also lacks resources. The Bronx has not had a birth center since 2011. Here at Jacobi we do not have private postpartum rooms for our patients. Oftentimes our hospital is perceived as a training ground and we struggle with retention among staff when providers leave for jobs in private hospitals with higher pay. Lacking patient resources in the community such as

home lactation consultant visits, options such as birth centers are examples of further disparities.

It is no secret that healthcare in New York City is a segregated system of academic hospitals that cater to private insurance and public hospitals that cater to patients with Medicaid. Eliminating tiered insurance by guaranteeing a single payer system health insurance to all would be a meaningful equity builder in our healthcare systems, by eliminating this tiered system of reimbursement. But healthcare disparities are also the direct result of the many other segregated systems that go beyond the healthcare institutions themselves. The quality of the food we have access to, the air we breathe, the schools we attend and the income we are given all affect our healthcare outcomes. Our country's still unreconciled history of enslavement and white supremacy has caused a weathering effect that increases the risk of black maternal morbidity and mortality. White supremacy has directly caused increased risk of hypertension, preeclampsia, and diabetes. This is all to say that if our black patients come to us with inherently higher risk factors than their white counterparts shouldn't they have a higher level of access to resources to ameliorate these risks?

Lastly, it is not lost on me that this hearing is on May 5th, the International Day of the Midwife. While in many parts of the world midwives are the primary healthcare providers for childbearing families, here in the United States we have a long and complicated history with midwives, specifically with the systematic elimination of midwives (most of whom were black, indiginous, and immigrant women) in the beginning of the 20th Century. Midwifery care has been shown by every metric to improve maternal health outcomes across the world. To meaningfully improve morbidity and mortality among black birthing people in the United States we must increase access to midwifery care within these communities. Therefore no solution to the disparities in black maternal health outcomes will ever be complete until our country prioritizes access to education, training and work opportunities for a more diverse and equitable midwifery force.

Thank you again for having this important hearing.

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