

September 15, 2023

Please accept this testimony submitted to the Office of the New York State Attorney General on the subject of the proposed closure of Burdett Birth Center, the only labor and delivery facility in Rensselaer County.

Submitted by the United Way of the Greater Capital Region:

- Peter Gannon, President & CEO
- Claire Reid, Chief Impact Officer
- Heather Senecal, Director Learning & Evaluation

Testimony:

A decision to save Burdett is a decision to uphold the right of every person to birth safely. It is a decision to respect birthing women's and people's autonomy. It is a decision to save lives.

St Peter's Health Partners and its parent Trinity Health Care System's decision to do otherwise, to close the only birthing center in Rensselaer County and the only midwife drive care model in the Capital Region, is by contrast a decision to support profit over people, so-called efficiency over quality care.

I. What will be the impact of the closure? The closure will accelerate an already worsening maternal mortality crisis.

This closure will adversely impact a number of the people in our community who are already identified as underserved as per the New York State Health Equity Law. Women, expectant mothers and birthing people, and in particular those who are low-income and who are Black, Brown, Indigenous and Latina are disproportionately impacted by this proposed closure.

With slightly more than half of its patients eligible for Medicaid, Burdett has been a lifeline for many of the most underserved members of our community. In a community where access to care is already limited, this would halt years of progress toward building a more equitable healthcare system in the Capital Region.

This attempted closure comes at a time when we are already facing a worsening maternal mortality crisis. Maternal deaths have been on the rise across the US. 1 in 6 women report experiencing mistreatment during childbirth and 32% of deliveries are cesarean section, a major abdominal surgery. While it is a life-saving procedure, its overuse is well documented with drastic consequences for mom and baby. Black and Brown mothers experience worse outcomes than any other race, irrespective of income and education levels. Black mothers have higher rates of preterm births. Prematurity is a leading cause of infant mortality and has been linked to lifelong conditions like behavioral development issues, learning difficulties, and chronic disease. Black and brown women are more likely to have a baby with a low birth weight and have the highest rates of cesarean births. All of these facts significantly impact the morbidity of mother and baby. Black women in NYS are nine times more likely to die from a pregnancy-related death compared to white New Yorkers, and about five times more likely on average nationally, according to the CDC.

II. Closing Burdett does not make financial sense, for the entire community

St. Peter's Health Partners' reason for closing the health center is financial. Keeping the birth center *open* also has strong financial reasons. Given that almost half of all pregnancies in the United States are unintended, it is frequently difficult for people to anticipate and build sufficient savings to cover maternal health-related costs. The Federal Reserve noted in 2021 that nearly 40 percent of people in the United States could not cover an unexpected \$400 expense (a percentage that has almost certainly grown as a result of the current economic crisis). (Fields Allsbrook & Ahmed, 2021) There is a financial burden placed on families when they have to travel farther to access care. These costs continue to compound when you think about the extra distance, time, and difficulty of accessing care during your pregnancy, birthing your baby and then follow-up visits for both the mother and child. What does this mean? Maybe you miss a few prenatal visits because the health center is too far away or overburdened and you can't get an appointment at a time that works for your schedule, maybe you don't have access to a personal vehicle and the taxi cost is too high for you? Maybe all the extra costs associated with going farther away to birth your baby means that you don't have enough money for food, diapers, or fall behind on rent or utilities. That's if the birth goes smoothly and there are no complications for either the mother or the child.

These aren't just hypotheticals; we know from our research on dignified living standards (ALICE Research project) that in Rensselaer County 39% of households (~25,908) do not have sufficient resources to meet their basic needs on a regular basis, including costs associated with housing, utilities, food, childcare, healthcare, and transportation. Approximately 13% of these households are in poverty but double that (26%) are above the Federal Poverty Level, unable to access additional resources (public assistance programs) because they are above the income thresholds.

Not surprisingly, people living in poverty are less likely to have a car to drive to a different hospital. In Troy, for example, 22% of the households have no car. In the more rural communities, this is also a challenge. In Hoosick, for example, 12% of households have no car.

It can surely not be a reasonable expectation that person in labor take public transit. With no direct route, never mind the very obvious reasons for why no birthing person would want this, the trip could take 1-2 hours.

That leaves the option of hiring a ride service or taxi. From Downtown Troy to St Peters in Albany or to Bellevue, a one-way trip would run approximately \$40. More if it's the middle of the night. To Saratoga, the cost would be \$72. From Hoosick Falls to St Peter's, \$100. This cost will be a significant barrier to women accessing pre-natal care, postnatal care, and birthing safely.

Med Cab Corp is not an option as they clearly state they will NOT drive people in labor.

That leaves ambulances. The President of Firefighters Local 86- which has 4 ambulances- clearly stated at the August 23rd public forum held in support of Burdett: "There is not enough staff or ambulances to take on this additional burden of adding drive time to Albany or surrounding areas. We have been short-staffed for years. It puts us at risk and the communities we serve at risk. It creates longer wait times for patients, delay care, longer response times (and wait times in the ambulance outside the hospital.)"

What is the cost to the community if Burdett closes? Besides all the midwives, clinicians and health care workers no longer being employed or being transferred to locations much farther away, it also means the surrounding community feels the lack. The American Hospital Association (of which Trinity Health is a

member) states that “Hospitals are Economic Anchors in their Community” and that the goods and services hospitals purchase from other businesses create additional economic value for the community. With these “ripple effects” included, each hospital job supports about two additional jobs, and every dollar spent by a hospital supports roughly \$2.30 of additional business activity. (Hospitals are Economic Anchors in their Communities, 2017). We are not suggesting that it is the Attorney General’s job to ensure the economies of local communities, however, we highlight this attempted closure as part of a trend we are seeing across the country; a systematic approach to under or dis-invest in low income urban and rural communities where many patients do not have private insurance.

III. Burdett offers a unique and prized approach

Should Burdett Birth Center close, there will be NO birthing space at all in three counties in the Capital Region- Columbia, Greene, and Rensselaer. This attempted closure is part of a wider trend that has seen the number of hospitals with labor and delivery in Columbia, Greene and Rensselaer drop from its high of 5 in the 1980s to possibly none in 2023. That is unacceptable.

Further, the closure of BBC means that there will be NO access in the entire region to the *particular* type of labor and delivery care that evidence attests has the best possible health outcomes for mom, baby and family. In other words, *closing Burdett Birth Center means that there are NO alternative services for labor and delivery that offer comparable quality and access.*

In 2022 alone, over 800 babies were born at Burdett Birth Center. Burdett offers a unique collaborative care model between midwives and OB-GYNs. Women can choose between catching their own baby in a natural water birth or have a c-section should that be required. Midwife driven care is not just about having a midwife present at birth but provides a whole continuum of care from prenatal through delivery to post-partum that centers the woman or birthing person’s agency, celebrates their strengths as whole people, and honors their choices.

In the Capital Region, in NYS, and nation-wide there is great demand for midwifery driven care. It is a model that avoids unnecessary medical interventions. Abundant research indicates that the use of midwives is associated with fewer cesarean sections, lower preterm birth rates, lower episiotomy rates, higher breastfeeding rates, significantly lower adverse neonatal outcomes, and a greater sense of respect and autonomy for the patient. For example, data illustrates that c-section rates are twice as high at St. Peter’s than at Burdett for Black patients.

The birthing model offered at Burdett is one that centers a trusting relationship between the birthing mother/ person and their caregivers. This is a key health equity concern, given the kinds of experiences repeatedly reported by Black and Brown pregnant women. In spring of this year, the NYS Maternal Mortality Review Board and Maternal Mortality and Morbidity Advisory Council held listening sessions statewide with women and persons who had recently given birth, specifically persons of color, and people who had negative outcomes. The Medical Director of NYS Health Department’s Family Health Division, Dr. Marilyn Kacica, shared that “From that, we learned... people don’t feel heard, they don’t feel like they’re part of their decisions, that they’re not taken seriously.” Midwifery driven care, in contrast, centers a trusting relationship and the birthing woman/ person’s choices and

autonomy in the birthing experience. Likewise, LGBTQIA+ people seek affirming caregivers at the time of birth. The Pride Center of the Capital Region consistently refers community members to Burdett.

Closing Burdett is a decision to close the only birthing center that offers this kind of care and boasts such outcomes. Its closure would mean that not a single women/ birthing person in the Capital Region would have access to a safe place to give birth that offers both midwifery driven care alongside emergency surgical options should the need arise.

IV. This closure is at direct odds with St Peter's mission to serve the poor and most vulnerable

Rensselaer County is home to many individuals and families who are low-income and living in poverty. 39% overall; 35% of families with children are not financially secure; 67% of Black households, 45% Latina Households, 29% Asian households are struggling financially.

More than half the births at Burdett are to Medicaid-insured patients, compared to 33% for St. Peter's deliveries. These are the low-income folks specified as medically-underserved in the health equity law. Because of limited resources, they have the least ability to go to alternative sources of care.

V. Conclusion

We have shared the integral role that Burdett has played in the health, wellbeing and vitality of our community. The solution cannot be to close Burdett because Trinity Health and St. Peter's claim that there is no profit in keeping it open. The solution cannot be that substandard care is given in order to cut costs. The solution cannot be that underserved communities become even more underserved. The solution cannot be that healthy pregnancies and healthy birth outcomes are a luxury only few can afford.

All the evidence and data tells us that we need more places like Burdett Birth Center, not less. The United States is already the worst place to be pregnant in the industrialized world and by closing Burdett we will continue to support this dismal distinction. If healthcare and health outcomes are strictly decided on a for profit basis by the private sector and government alike, then we need to re-examine our priorities. Otherwise, more women, pregnant people and babies will continue to suffer the consequences of our collective greed.