

BIRTH JUSTICE DEMANDS

Every Birth Deserves to be a Just Birth

SISTA Fire is a growing, member-led network of Black, Indigenous, women and nonbinary people of color, fighting for Reproductive Justice and working to get institutions and government alike to address the Black Maternal Health Crisis in Rhode Island. In a state that does not put Black women or women of color first, we believe and trust Black women and will continue to fight for our experiences and leadership to be centered.

For its part, Women and Infants Hospital must address the systemic racism in its institutional policies and practices. Achieving safe birth outcomes for Rhode Island families means ensuring the health and dignity of Black people across pregnancy, birth, *and* postpartum. The community demands accountability and systems change within Women and Infants Hospital. Our demands are laid out below in the areas of:

- Culture and Approach
- Translation and Interpretation
- Workforce
- Doula Engagement
- Independent Community Review Board
- Community Resource Space

These demands have been developed with dozens of members of our community, and most importantly, by those of us who have been directly impacted by the long history and ongoing mistreatment of communities of color by Women and Infants Hospital.

These demands are community-led solutions put forth after 3 years of rigorous participatory action research into medical racism at Women and Infants Hospital. We expect Women and Infants Hospital to meet these demands and to commit to investing in community health in ways that address social determinants of health, address root causes, and recognize the needs and changing conditions of the very community they exist in.

SISTA Fire's goal continues to be holding Women and Infants Hospital accountable for changing policies, practices, and institutional culture to address interpersonal and structural racism within the hospital and to change the birth outcomes for Black women, women of color, and birthing people of color and their children in Rhode Island.

The demands outlined below shall be memorialized into a legally binding Community Benefits Agreement. Furthermore, the CBA shall remain in effect in the event that WIH ownership shall change through sale, merger, trusteeship, or any other successorship.

Culture and Approach

Women and Infants Hospital must recognize the humanity and inherent value of Black women. We are the experts on understanding our bodies, and we deserve to be communicated to by health professionals in a way that honors this and not to be intimidated, confused, or excluded by doctor speech. The patterns of not being listened to or believed about our condition and what we are experiencing at Women and Infants Hospital is rooted in structural racism and anti-blackness, and it is unacceptable. It is our right to decide how and with whom we give birth, and we demand to be treated with dignity and respect.

We want collaborative care and need to be supported in making decisions around our treatment with full understanding of the reasons behind recommendations, risks, benefits, alternatives and other options available to us. Women and Infants Hospital must respect our autonomy as Black women, women of color, and nonbinary people and take immediate action to establish and implement training and protocols around Informed Consent and Trauma Informed Care.

1. Adopt a “culture of care” philosophy as was promised in the Memorial Hospital closing agreement, to respect the dignity and value of every person regardless of their ability to pay, by providing an environment of compassion and sensitivity, where women and trans folks are at the center of decision-making about themselves and their babies.
2. Contract with expert consultants/coaches that can help guide these critical processes of culture and practice change and that you engage SISTA Fire in the selection of those consultants and that those consultants be part of our accountability meetings.
3. Ensure a welcoming and safe environment in the Emergency Department by hiring and training community liaisons/greeters who shall be paid, dedicated local staff who will greet every patient who enters the emergency department, identify needs and preferred language, and help them access translation and interpretation. There shall be sufficient liaisons/greeters to cover every shift.
 - a. Make affirmative acknowledgement of an explanation of the Patient’s Bill of Rights a standard part of the admissions process and posted more visibly, including in the Emergency Department.
 - b. Require and report annual assessments of intake, wait times, and health outcomes in the Emergency Department to the Independent Community Review Board.

4. Require training for all health providers around plain language communication.
 - a. Include and compensate community members for their participation and feedback.
5. All medical professionals must obtain informed consent by ensuring that patients understand the reasons behind exams and procedures, as well as alternatives, before they happen. All patients must know about the care they are entitled to every step of their stay. Additionally, there should be hospital wide training on the Patient Bill of Rights. Educating people about their rights at prenatal visits shall be an additional standard practice.
6. Require all employees to participate in anti-oppression cultural and historical training that shifts practices from the individualistic nature of "*cultural competency*" to the systemic and institutional analysis of "*structural competency*" or "*equity competency*" that is needed to ensure the health and safety of Black women. Training must be done by an outside institution such as the Racial Equity Institute.
7. Integrate and Guarantee Trauma Informed Principles
 - a. This includes standards and protocols for physical exams, including: providers must introduce themselves and state their role in the hospital, providers must explain everything before it is done, and only one provider can do pelvic exams unless clear consent is given in the patient's native language.

Translation & Interpretation

Providence, RI, is home to many rich cultures and communities, with diverse linguistic needs. It is unacceptable that there is not a reliable and consistent system whereby medical interpretation services are available at all times. Being able to express and feel heard about our health and what we are experiencing is fundamental to safe and competent healthcare. We deserve to be communicated with in our own language and to understand information providers are giving to us about our bodies. The lack of infrastructure obstructs informed consent and trauma informed care principles, violating our right to dignified and competent care. We demand that Women and Infants Hospital implement the community solutions laid out below, to move towards restoring dignity and cultural competency within their quality of care.

1. All patients shall be asked at any and all registrations what their preferred language is, and what language is spoken most often at home. In the event that this language is any other than English, the default shall be to provide interpretation. Translation services shall become "opt out" rather than "opt in."

2. Ensure that all text including signs, discharge intake, patient education materials, and resource guide documents are in plain written language in both English and Spanish, vetted by a community advisory group.
3. How to access interpretation services should be explained via clearly marked signs in the hospital in multiple relevant languages, as well as by affiliated providers who need to tell their patients at prenatal visits, “You have the right to an interpreter!”(notwithstanding the new “opt out” standard.) Translation services need to be available from prenatal through postpartum.
4. Invest in translation infrastructure including on-call in-person colloquial interpreters, ipads for when in-person translation is not available (including in triage), and fortifying pipelines with CCRI, RIC and other local organizations who already specialize in medical interpretation, to support expanding your infrastructure.

Workforce

We want health care providers who look like us, who sound like us, who understand us and our cultural histories, who respect and honor our customs, who see us and value us. Ensuring that the workforce at Women and Infants Hospital--from receptionists to physicians, nurses and technicians--reflects our community is a critical part of addressing systemic and medical racism. The racial demographic in RI is 20% people of color state-wide and 45% people of color in Providence. It is unacceptable that Women and Infants Hospital staff does not reflect this. We deserve culturally competent care and providers from our community. We demand that Women and Infants Hospital address their complete lack of representation by adhering to the community solutions laid out below.

1. Hire providers and leadership of color, specifically nurses, physicians, midwives, board of directors, and corporate leadership so that hospital decision-makers are reflective of the communities in Providence. Within 2 years 20% of all new RN hires must be BIPOC, and within 5 years all healthcare workers in each individual classification must be BIPOC. This is based on the current percentage of RI residents who are BIPOC. After the respective 2 and 5 year marks the hospital shall deposit an amount equal to the FTE short fall in hires into an independent training and education fund, with the explicit purpose of providing adequate tuition and loan reimbursement for staff to meet the goals.
2. Report hiring and workforce demographic data on an annual basis to the community review board.

3. Create a workforce pipeline (CCRI, RIC, etc.) for local medical professionals of color. This includes accepting Rhode Islanders with two year nursing degrees with the commitment of completing a four year degree after they are hired/while they are employed.

4. Women and Infants Hospital must develop a Truth Teller Protection Policy. The policy is designed to encourage staff, volunteers and patients to come forward with information on practices that violate policy, specifically race and racism. Women and Infants must lay out what the protections are, the process of protecting the person who is willing to tell the truth and create a safe environment to talk about race and racism. This must be reinforced, especially in incidents involving racial, gender, and class bias.

Doula Engagement

Nationwide, Black women are suffering from long term illnesses and dying at alarming rates from preventable causes during childbirth and pregnancy due to structural racism.¹ Rhode Island is not exempt from these disparities. According to the Rhode Island Department of Health, between 2013 and 2016, black women experienced severe maternal morbidity at nearly twice the rate of white women.² Accessible doula services play a critical role in decreasing birth complications and increasing health and safety during the pregnancy, birth, and postpartum period.

It is unacceptable that Women and Infants Hospital does not have a single paid employee whose job it is to support doula and hospital relations. We demand that Women and Infants Hospital adhere to the community's solution laid out below to move towards more equitable and patient-centered care.

1. Shift institutional practices at WIH to better integrate doulas of color within hospital health teams for the quality prenatal, natal, and postpartum care they provide women of color who choose to deliver at WIH.
 - a. This includes making sure staff know what doulas do during the prenatal period and referring patients to community-doulas.

2. Hire a management level full-time Doula Liaison. Guarantee that all doulas who are asked to advise or consult with the hospital are paid for their time.

¹ <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

² <https://www.providencejournal.com/news/20190427/pregnancy-more-perilous-for-black-women-in-ri>

3. Ensure that patients are always allowed to have a support person as well as an advocate in the room (such as a family member and a doula), regardless of provider preference throughout their care. This must hold even in an emergency situation.

INDEPENDENT COMMUNITY REVIEW BOARD

It is critical that Women and Infants Hospital takes bold action towards shifting power from within their institution back into the community. We need an independent body made up of impacted community members, who have access to information and authority to address issues around discrimination and incidents of malpractice. We demand complete transparency and access to data on patient feedback and satisfaction disaggregated by race. Women and Infants Hospital can begin rebuilding trust with communities of color by implementing the community solutions below.

1. In consultation with SISTA Fire, Women and Infants will establish an independent review board made up of impacted community members who evaluate Women & Infants Hospital's efforts to meet these demands.
2. Introduce and adopt a community-created Patient Bill of Rights.
3. In consultation with SISTA Fire, WIH will establish a third party system for discrimination reporting for community members.
4. Report patient satisfaction data disaggregated by race and community investment data on an annual basis to the community.
5. Additionally complainants that go through the HR and Compliance reporting structure for alleged discrimination, harassment, and other DEI related policy violations shall be informed of their right to appeal HR and Compliance outcomes to the Independent Community Review Board which shall be empowered to hold hearings and determine corrective action.

Community Resource Space

Community is something to be honored and respected. Women and Infants Hospital must recognize that their relationship with the larger Providence community is critical for providing comprehensive and relevant care to communities of color in Rhode Island.

We need health care that prioritizes addressing social determinants of health and invests in our community's access to material safety (which includes food, housing, healthcare, education and freedom from all forms of violence). We need more than a commitment to tend to the consequences of inequality; we demand a commitment to work in partnership with the community, to address root causes and the material conditions that create these consequences. We demand that Women and Infants Hospital implement the community's recommendation laid out below to create better connected, more thorough, dignified, and culturally relevant health services to the residents of Rhode Island, and specifically to the people of color in South Providence.

1. Create an on-site staffed space where interpreters, translated patient-education materials, and information about community resources (i.e. WIC, housing, legal services, food pantry) are available. Ensure that patients know about the space, that it is in an accessible location, and is consistently staffed by a community health worker or resource navigator.