

# Surge Reproductive Justice

<https://surgereprojustice.org>

## AI Generated (GLT Reviewed) Summary

Surge Reproductive Justice (SRJ) focuses on addressing systemic health inequities faced by Black women and gender diverse people of Color in King County, particularly in perinatal health and mental well-being. By engaging the community in organizing and participatory research, SRJ co-creates culturally responsive healthcare solutions and advocates for policy changes that improve health outcomes and reduce maternal mortality rates. Their initiatives, such as the Black Perinatal Health Campaign and the Doulas For All Coalition, empower individuals to navigate healthcare systems and challenge medical racism, fostering a future of equitable and dignified care.

### Q1: What does your organization do?

Surge Reproductive Justice (SRJ) works to transform systemic challenges impacting Black women and gender diverse people of Color in King County, particularly in the areas of perinatal health and mental well-being. Our communities face significant barriers to quality healthcare, including medical racism and sexism, economic inequities, and a lack of access to culturally responsive care. The compounded effects of these challenges lead to disproportionate maternal mortality rates, increased mental health stress, and gaps in perinatal support.

Through community organizing and power analysis with our community members, Surge co-creates policy and systems change solutions to the barriers to quality and culturally affirming health care. Programs like the Black Perinatal Health Campaign provide healing spaces for Black birthing people to share experiences, access support, and develop solutions to maternal medical harm. The solutions developed by the Perinatal Health Campaign shapes our advocacy and programming work.

The Doulas For All Coalition ensures equitable access to culturally affirming, full-spectrum BIPOC doulas, whose care reduces maternal mortality, medical trauma, and postpartum mental health challenges. Our Liberated Health Literacy training program supports our communities in navigating healthcare systems, advocating for their needs, and challenging medical racism and sexism. As of 2025, these trainings are shared at holistic health fairs, healing justice circles, and through Surge's network of doulas and healthcare providers, ensuring that individuals have the knowledge and confidence to demand dignified, equitable care.

We envision a future in which QT/BIPOC femmes and birthing people have access to affordable holistic, dignified, and culturally responsive health care. Through addressing both systemic barriers and individual needs for care, Surge Reproductive Justice creates a transformative model for care that improves health outcomes through policy and systems change while co-creating community infrastructure for holistic care.

## Q2: What communities does your organization serve and how does your staff, leadership, advisors and board reflect these communities?

We serve Black women, women of color, queer people of color, and transwomen of color. Our team comprises of queer Black women, queer women of color, and trans women of color, who share the lived experiences of the communities we serve. From navigating Black motherhood and accessing doulas, to confronting medical racism and sexism, securing abortion care, and seeking trans-affirming healthcare, these shared realities build trust with our community. This trust allows us to prioritize issues that resonate deeply with the people we serve, rather than imposing external agendas. We develop our priorities based on conversations and community driven research with our members. For example, our Black Perinatal Health campaign was born out of conversations between our Executive Director and community members. With participatory action research methodologies, our community members worked with us to produce a recent publication on [Black Perinatal Health](#), which demonstrates the lived realities of Black birthing people in our region. This research shapes our policy agenda and shapes our programs: how we deliver our liberated health toolkit, our holistic health fairs, and informs how we hold our healing circles for Black birthing people.

Our team of community organizers are not only deeply grounded in the lived experiences of our members, but with our members as co-leaders, we forged strong local and national coalitions, amplifying our work's reach and impact. Over the past five years, we've united doulas across Washington State into a coalition that identifies their needs and champions systemic changes. This work directly improves birth outcomes for Black and Indigenous birthing people, creating a sustainable model for equitable, community-centered care. By bridging lived experience and strategic action our staff continues to drive meaningful, lasting change in reproductive justice.

Our staff members, in addition to the work they do at SRJ, are also a part of grassroots organizing spaces that are a part of their personal organizing both locally and nationally. For example our Executive Director and Policy Director are a part of local Black homeownership organizing to address gentrification and displacement while organizing with Black parents on education access issues. We have staff members who organize with trans-youth across the country for safety and community building. Our staff members are embedded in the community they serve and go beyond the work of the organization to build authentic relationships within our community.

## Q3: How is your organization addressing root causes of inequities to drive change?

Surge Reproductive Justice (SRJ) addresses systemic health inequities by combining grassroots experience with evidence-based strategies and transforming our health care system through policy and systems change. Research shows that Black women face pervasive bias in medical settings [1], and that self-advocacy and culturally affirming care improve outcomes [1, 2]. Notably, having Black doctors reduces maternal mortality by half [3].

Through our Black Perinatal Health participatory action research, we centered the experiences of Black birthing people and birth workers in King County, Washington. We worked with community members, building their capacity as researchers and data analysts to conduct interviews and analyze the findings of the research. Due to the experience of secondary trauma, in which people who listen to the traumatic events of others can experience a form of trauma, we also made sure that our community researchers had access to holistic, culturally affirming therapists. Surge compensated our community research team and paid for all therapy services for our community researchers. Interviews with community members revealed some of the following key needs: reducing financial barriers to care, expanding childcare and domestic assistance, addressing healthcare discrimination, and increasing access to Black-led, community-led health solutions.

Our work with the Doulas for All Coalition aligns with these policy and system change solutions recommended in the Black Perinatal Health research by creating pathways to affordable, culturally affirming care for Black women and birthing

people. We built a coalition of doula leaders who advocated and advised the State Legislature, the Healthcare Authority and the Department of Health on the needs and experiences of doulas and birthing people. As a result of our work together, we achieved the highest Medicaid reimbursement rate in the nation for doula services (\$3,500 per client), enabling economic sustainability for BIPOC doulas while increasing access to vital perinatal support. This work directly reduces maternal mortality, medical trauma, and postpartum mental health challenges. Additionally, our role in developing one of the country's most accessible and culturally affirming doula certification processes has expanded the number of doulas who reflect the lived experiences of the communities they serve.

To further address barriers like medical mistrust and discrimination, our Liberated Health Literacy toolkits are a capacity building training made for individuals who experience medical racism and sexism to navigate complex healthcare systems, advocate for themselves, and connect with trusted, culturally relevant care. Rooted in findings from our Black Perinatal Health report, these toolkits foster trust, dignity, and improved health outcomes for Black birthing people. In addition to our staff, our community leaders and Doula leaders offers this training at community events, health fairs, and one-on-one.

[1] Surge Reproductive Justice. (2023, June). Black perinatal health. Retrieved from <https://www.canva.com/design/DAFiEjQxRcc/Y8Wu7kdMprwmVghH7SwWqA/edit>

[2] Washington, A., & Randal, J. (2022). "We're not taken seriously": Describing the experiences of perceived discrimination in medical settings for Black women. *Journal of Racial and Ethnic Health Disparities*, 10(2), 883–891. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC8893054/#:~:text=High%20levels%20of%20perceived%20discrimination,encounters%20that%20Black%20women%20experience>

[3] ]Schumacher, S., Hill, (2024, May 7). Five facts about Black women's experiences in health care. Retrieved from [https://www.kff.org/racial-equity-and-health-policy/issue-brief/five-facts-about-black-womens-experiences-in-health-care/#:~:text=About%20one%20in%20three%20\(34,in%20the%20past%203%20years\)](https://www.kff.org/racial-equity-and-health-policy/issue-brief/five-facts-about-black-womens-experiences-in-health-care/#:~:text=About%20one%20in%20three%20(34,in%20the%20past%203%20years))

[4] Greenwood, B. N., (2020, August). Physician-patient racial concordance and disparities in birthing mortality for newborns. *Proceedings of the National Academy of Sciences*, 117(35), 21194–21200. Retrieved from <https://www.pnas.org/doi/10.1073/pnas.1913405117>

## Q4: How would this award impact your organization and the communities served?

Through our engagement with our community members, we have heard several proposals to address the impacts of medical racism and structural oppression on their health. Some of those proposals include specific changes to policy at the state level, but also include building infrastructure to culturally supportive care. We believe in honoring and resourcing community members for their time and expertise and we would leverage this funding to fully fund our existing programs with more flexibility and with a broader reach.

For example, this funding could support us in acting on some of those community proposals in real time and would allow us to pilot the community-led solutions that have been proposed to address the impacts of medical racism, systemic oppression, and sexism on maternal health and access to health care for BIPOC communities.

An example of what this has looked like in the past: instead of participating in traditional lobby days, in 2024 we held a maternal health radical work session and invited local elected officials to meet our doulas, birthing people, and community members in their own context. In this context, our doulas and member leaders were more confident and comfortable, and instead of focusing on participating in lobbying activities, we invited local leaders to understand our community members' lived experiences.

Additional funding gives us the flexibility to host our own events, produce our own communications materials, and expand our capacity to engage with, listen to, and build up the leadership of our community members.

This funding would help sustain the long-term wellness and leadership of our community in driving policy and systems change to combat medical racism and the Black maternal health crisis. Specifically, it would expand access to alternative health care and wellness models that better serve our communities. For example, we would build on our work with Black therapists to develop collective empowerment-based approaches to postpartum mental health care—moving beyond traditional Western therapy models. This support would allow more Black birthing people to participate in shaping this innovative, community-driven approach to postpartum mental health services.

We would also use the funding to support BIPOC community members to contribute to our Liberated Health Literacy Toolkit. The toolkit is a resource that community members and health care providers have created from their lived experiences to support BIPOC communities in navigating medical racism in the health care system. It is a living document that we facilitate our community members and leaders through a process of a power analysis on the health care system in order to create self-advocacy resources to disrupt the impacts of medical racism.

## **Q5: Does your organization partner (or plan to partner) with other organizations?**

We bring Black women, women of color, and gender-diverse people of color together to identify what they need from healthcare systems in order to navigate medical racism, systemic oppression, and reduce inequities in the social determinants of health. By creating spaces for dialogue and collective analysis, our communities define the resources and systemic changes necessary to achieve equitable, self-determined healthcare.

Within the broader healthcare ecosystem, we collaborate with organizations committed to dismantling systemic oppression and medical racism within their institutions. We share insights from our community, foster accountability networks, and support these organizations in implementing meaningful change. We also partner with Black, Indigenous, and people of color (BIPOC) healthcare providers, holistic practitioners, and traditional healers to co-create innovative models of care that prioritize liberation, cultural relevance, and community well-being.

In addition, we build coalitions with BIPOC health advocacy organizations to raise awareness about health inequities and collectively advocate for systemic transformation. Our work strengthens community power by developing accessible, community-informed knowledge that drives larger systems change efforts. We create processes of accountability between impacted communities and institutions working to address inequities in the medical system.

Through these efforts, we have elevated the role of holistic practitioners and traditional healers, raising awareness about these alternatives and connecting our community to culturally relevant care options. By bridging the gap between communities and institutions, we help shape a healthcare system that is equitable, accountable, and rooted in the needs of those most impacted.

# Q6: Is there anything you'd like to tell us that we haven't asked?

At SRJ we have developed two participatory action research campaigns that have developed skills within our community to identify policy and system change solutions to undo racism and sexism in our medical system and within social determinants of health in BIPOC communities. Our work is a form of praxis that takes theory and solutions that are community-led and pilot them in real time to test innovative models of health care that the community can experience. This process has been effective for us to support the communities most impacted by medical racism to develop, test, evaluate, and modify new forms of health and wellness.

What is critical about our work is that we are building the foundation and infrastructure for the community to sustain the policy and system change solutions that we create as a collective. Solutions that center Black women, women of Color, and queer and trans people of Color. Solutions that undo racism and sexism in our medical system and within social determinants of health in BIPOC communities.

## Reviewer Notes

How does this organization build community power?	-
How does this organization build individual capacity?	-
How is this organization altering systemic structures and behaviors	-
Other Notes	Very strong advance for me
Your Rating	<div>Advance</div>

Update Notes

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