

September 25, 2018

TESTIMONY
OF
JOIA CREAR - PERRY, MD
FOUNDER and PRESIDENT
NATIONAL BIRTH EQUITY COLLABORATIVE
ADVISORY BOARD MEMBER
BLACK MAMAS MATTER ALLIANCE
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON ENERGY AND COMMERCE
U.S. HOUSE OF REPRESENTATIVES
“BETTER DATA AND BETTER OUTCOMES: REDUCING
MATERNAL MORTALITY
THE U.S.” 10:00 a.m., FRIDAY, SEPTEMBER 27, 2018

Testimony of Dr. Joia Crear-Perry

Founder National Birth Equity Collaborative

In Support of H.R. 1318: Preventing Maternal Mortality Act of
2017 “BETTER DATA AND BETTER OUTCOMES:
REDUCING MATERNAL MORTALITY IN THE U.S.” U.S.

House Energy and Commerce Subcommittee on Health September
27, 2018

Good Morning Mr. Chairman, Ranking Member Green, members of the House Committee on Energy and Commerce Health Subcommittee for allowing me, Dr. Joia Crear-Perry, to testify at this Better Data and Better Outcomes: Reducing Maternal Mortality in the US hearing representing the National Birth Equity Collaborative and the Black Mamas Matter Alliance.

H.R.1318 will support states in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period. Of vital importance to my reproductive justice peers and I, it will work to eliminate disparities across maternal health outcomes for pregnancy-related and pregnancy-associated deaths. H.R. 1318, working with groups such as ours, will also identify solutions to improve health care quality and health outcomes for mothers.

As you may be aware, the United States is the only developed country in the world where maternal mortality is on the rise. Further, Black women in the U.S. die at 3 to 4 times the rate of their white counterparts. Despite clear evidence of this inequity, policymakers, and as a consequence, government had not, until now, addressed this urgent public health and human rights issue. The Centers for Disease Control defines Pregnancy Related death

as the death of a woman while pregnant or within one year of the end of a pregnancy – regardless of outcome, duration or site of the pregnancy – from any cause related to or aggravated by pregnancy or its management. Based on that definition, the CDC found in their surveillance, 2,726 women died in the United States between 2011 and 2014 and of those 1,010 or 38% were Black. As a Black woman from the Deep South, who is an obstetrician and a mother, my strong desire to end this inequity is amplified every time I look into the faces of my daughter and patients.

As a Black mother, I cannot buy or educate my way out of dying at 3 to 4 times the rate of a white mother in the United States. The inequity in maternal mortality rates persists regardless of our income or education status. A White woman with less than a high school education has a better chance to live in childbirth than a Black woman with a college degree. The legacy of a hierarchy of human value based on the color of our skin continues to cause differences in health outcomes, including maternal mortality. Racism is the risk factor – not Black skin. There is no “Black” gene.

Maternal mortality extends beyond the period of pregnancy or birth. Nine months of prenatal care cannot counter underlying social determinants of health inequities in housing, political participation, transportation, education, food, environmental conditions, and economic security; all of which have racism as their root cause. We have data that shows that a Black woman who initiates prenatal care in the first trimester has a worse outcome in birth than a white woman with late or no prenatal care.

Good maternal health outcomes depend upon implementation of all sexual and reproductive rights, from comprehensive sexual education to access to all forms of birth control. We know that Medicaid Expansion is critical to ensuring that Maternal Mortality rates improve across our great nation. We have data that shows that this investment in states, such as my own great state of Louisiana,

saves money and lives. Even if women are insured, coverage of sexual and reproductive health services is too often not comprehensive. Receiving the full range of reproductive options ensures safe healthy births for moms and babies. Reproductive life planning in schools, health facilities, community organizations and homes, reinforces the tools our future generations need to make healthy choices about when, how and if, they want to have children to optimize their physical, emotional and fiscal health in order to build a stronger, more secure nation.

Closures of hospitals and maternity units create barriers to services and information. This lack of a safety net for poor and rural Americans produces gaps in access along the reproductive life span. This includes closures of rural hospitals from Texas, Kentucky, Michigan, Illinois, Tennessee, Ohio, Washington, New Jersey, Virginia, Florida, Missouri, Indiana, Oklahoma, North Carolina, Georgia, Oregon, New York, California, Maryland, New Mexico, Massachusetts, and Colorado. All of us are impacted when we make choices to defund Critical Access facilities and disinvest in communities that we deem not economically viable. As someone who grew up in rural America, I watched my best friend have her baby in the car on the way to the hospital that was an hour away. That child has severe cerebral palsy. What is the value of these often forgotten communities and families? What are we saying about how we value them in our policy and funding priorities?

I am the founder of the National Birth Equity Collaborative and on the Advisory Committee for the Black Mamas Matter Alliance. The National Birth Equity Collaborative envisions a world where every Black baby lives to their first birthday with their family. The Black Mamas Matter Alliance serves as a national voice and coordinating entity for stakeholders advancing maternal health, rights, and justice, and intentionally centers Black women's leadership. BMMA has a network of organizations with the reach,

relationships and capacity to support an intergenerational movement. BMMA organizes around four core strategies which aim to 1) advance policy that addresses black maternal health inequity 2) cultivate innovative research methods, 3) enhance holistic and comprehensive approaches to the care of black mamas, and 4) shift culture of the narratives of black motherhood by amplifying black women's voices.

The Maternal Mortality Review is a process by which a multidisciplinary committee at the state or local jurisdiction level identifies and reviews cases of maternal death within one year of pregnancy. Review Committees often include representatives from the areas of public health, obstetrics and gynecology, maternal-fetal medicine, nursing, midwifery, forensic pathology, mental health and behavioral health. Review Committees have access to multiple sources of information that provide a deeper understanding of the circumstances surrounding the death and develop action recommendations to prevent future deaths. According to the CDC, currently at least 36 states and 3 Cities have or are forming a Maternal Mortality Review Committee. Very few are fully functioning due to lack of fiscal support.

Data availability and transparency is important. While making the reports available to the Centers for Disease Control ensures data quality and that we are able to look at national trends in maternal mortality and morbidity, state and local level entities and advocacy organizations also need access to data and reports to inform maternal health programs and services. Additionally, timely availability of reports equips these advocates with critical information to influence policy decisions that are impacting their communities directly.

I applaud the expanded focus of the bill to include severe maternal morbidity. While maternal mortality in the U.S. is on the rise, data reflects that severe maternal morbidity is 100 times more

common, impacting even more women and families. To acknowledge women experiencing a severe maternal morbidity is to recognize that there are women suffering, at times, life-long consequences and medical complications as a result of pregnancy and childbirth.

I also applaud the bill's recognition of the value of community engagement and inclusion in the maternal mortality review process. Mandating that by a state's participation in the program, the maternal mortality review committee shall include "individuals and organizations that represent the populations ...most affected by pregnancy-related deaths or pregnancy-associated deaths and lack of access to maternal health care services" is critical. We must hold states accountable to this mandate. The individuals and communities impacted by this issue must have a seat at the table when discussing programs and policies that directly impact their health and access to health care services.

Ultimately, what Black women in the U.S. need is accountability. We need to know that our lives are valued. This accountability may be complicated, but government still has an obligation to act. Racism, classism and gender oppression are killing all of us, from rural to urban America. This is not about intentions. Lack of action is "unintentionally" killing us. It is a human rights imperative. Throughout the bill, there is no mention of race, racism, or racial disparities. The inability to name this as a key focus to reduce RACIAL disparities in maternal mortality and morbidity will continue to exacerbate the problem. We must ensure that prevention efforts and resources are being directed toward the areas of greatest need and be willing to name the problem directly.

Much can be accomplished through improved monitoring and data collection. H.R.1318 is a tremendous step forward in showing that we do recognize...Yes, Black Mamas Matter.