Good morning Chairman Neal, Ranking Member Brady, and members of the committee. My name is Allyson Felix and I am Camryn’s mom. That is the title I’m most proud of, but I have also represented our country in four Olympic Games and have won six Olympic Gold Medals. I have stood side by side with President and Mrs Obama in the fight against childhood obesity. I am a proud African-American, the daughter of an elementary school teacher and a minister, but today I am simply Camryn’s mom and I would like to share the story of the two most terrifying days of my life. At the time, I did not realize just how many other women just like me were experiencing those same fears and much worse. My hope is that by sharing my experience with you it will continue a conversation that needs much more attention and support.

Thirty-two weeks into my pregnancy I was going into a routine prenatal appointment and I thought everything was right on track, I thought I was healthy, I thought my daughter was healthy. I noticed swelling in my feet which started about a week prior to my appointment, but swelling is normal, isn’t it? I asked my mother and my aunt, who are both black mothers, one of them had experienced the swelling and one of them had not. Their advice was to just ask the doctor at my next appointment which fortunately was in a few days, but no one seemed too concerned so I wasn’t too concerned either. It was just swelling, after all, and if there was anything to worry about, I trusted my doctors would have told me to look out for I am a professional athlete and had continued to exercise throughout my pregnancy and was in great shape.

When I walked into my appointment I was met with a friendly smile and genuine care and concern about how I was feeling. I really am so fortunate that I had such a thorough doctor. She took a look and checked on Camryn, but then she stepped out of the office for a little while. Those moments sitting in her office alone felt like one of those moments in life that are full of anxious anticipation. One of those moments that people describe as time standing still. Waiting to hear the voice on the other end of the phone tell you exactly why they are calling at 3:24 in the morning. Those few moments lasted an eternity, but the doctor finally came back in and she told me that I would need to go to the hospital for further tests. I didn’t quite understand the seriousness of her request. I said, “Sure, but I have a photo shoot with ESPN after our appointment so I’ll just swing by there and knock that out, then I’ll head to the hospital.” My doctor let me know that would not be an option, I needed to go to the hospital immediately. I walked out of the office in a haze, feeling like I was walking in slow motion. I got in my car without any idea of what was wrong, but knowing that something was wrong. I called my husband, Kenneth, from the car and asked him to meet me as soon as he could, but he was at work. I was scared and I felt alone. Not just because my husband was at work and my family was 1500 miles away. I felt alone because I thought I must have done something wrong, this must have been my fault. I felt like I was one of a very few women that something so unpredictable was happening to.
That morning started like any other day, like every other day, but now I was sitting at the hospital waiting to hear what was going on with my unborn daughter. The news I received was even worse than I was expecting. My doctors told me that not only was my baby at risk, but I was at risk, too. All I cared about in that moment was my daughter surviving, and didn’t fully understand my life was threatened too. Mothers don’t die from childbirth, right? Not in 2019, not professional athletes, not at one of the best hospitals in the country, and certainly not to women who have a birthing plan and a birthing suite lined up. I thought maternal health was solely about fitness, resources and care. If that was true, then why was this happening to me? I was doing everything right. My husband arrived and our doctor told us I would need to be on bedrest for the rest of my pregnancy, which meant staying in the hospital so I could be closely monitored, but not to worry because I was in good hands. The thought of staying in the bed for the next eight weeks was awful, but it would be okay because my baby would be okay. Just as we started settling into our new home, our doctor rushed back into the room and said things were actually getting worse. I had a severe case of preeclampsia and if the doctors didn’t act fast, this could prove fatal. I called my family and asked them to fly in. I asked my doctor if he could wait until my family was here, he said that he would try, but no promises. Ten hours later I was being taken in for an emergency C-Section at 32 weeks. I kissed my husband goodbye not knowing what would happen next.

It all happened so fast, but I heard her cry. I couldn’t see her though, why wouldn’t they let me see her? I strained and reached, but my body didn’t really work - I couldn’t see her and I couldn’t hear her cry anymore. I clenched my husband’s hand tighter and there she was. She was the most beautiful thing I had ever seen. She wasn’t crying, but she was breathing and that’s all I needed. I only saw her for no more than 15 seconds before they rushed her away. I closed my eyes.

The next month was spent in the NICU and I learned that my story was not so uncommon, there were others like me - just like me. Black like me, healthy like me, doing their best - just like me. They faced death like me too, and as I started to talk to more of those women and hear about their experiences, I learned that black women are nearly four times more likely to die from childbirth than white mothers are in the United States and that we suffer severe complications twice as often. The data was teaching me “that [this] risk is equally shared by all black women regardless of income, education or geographical location.” (Scientific American, May 2019 “To Prevent Women from Dying in Childbirth, First Stop Blaming Them”) So all the ways that made me think I was prepared and doing things the right way still are not for black women.

As this committee meets to discuss overcoming the racial disparities in the maternal mortality crisis I ask you to consider writing down a few names and keeping that list somewhere safe. Please write down the name of my friend Serena Williams, Olympia’s mom and tennis champion. Please, write down the name of my friend Andrea McBride, Meursault’s mom and half of the first African-American sister duo to found and establish a wine company. These are
just a couple of names of women who are just like me, even though we may have entirely different backgrounds and lives. Some have more access to resources than others. Some are more healthy than others, but each of us have faced losing our lives and the lives of our unborn children. What I’ve learned is that there is something that we should all be doing about that.

We need to provide women of color with more support during their pregnancies. There is a level of racial bias within our healthcare system that is troubling and will be difficult to tackle, but that does not mean that we should not be tackling it. Racial bias is difficult, because it’s not as easy to spot as outright racism, but examples can be just as devastating. Research shows that racial bias in our maternal healthcare system includes things like: providers spending less time with black mothers, underestimating the pain of their black patients, ignoring symptoms and dismissing complaints. Practical next steps are to look at ways that we can provide women of color with access to doulas and midwives. This not only increases support, but it helps to educate women of color on pregnancy and healthy ways we should be monitoring our bodies during this special and beautiful time. I believe we also must look at how we can support organizations who are committed to the work of lowering minority maternal mortality rates. I have been learning that our current healthcare system is not set up to specifically provide support for these at risk women and the organizations who have taken up this cause are intentional in their work.

I came here to share my story a story that I thought was unique, but quickly learned was not. I am grateful to you Chairman Neal and to this committee for hearing that story and for also encouraging me to learn even more about this very important problem. As a result, I have decided to further lend my voice to organizations who have taken up this work and hope that I can not only share my story, but be intimately involved in this work and fight to make a difference.