

Rep. Robin Kelly's Questions and Remarks
Ways and Means Committee
Health Subcommittee
“Overcoming Racial Disparities and Social Determinants
In the Maternal Mortality Crisis”

1100 Longworth House Office Building
Thursday, May 16, 2019
10:00am

Good morning, everyone.

Chairman Neal, my colleague and friend, I extend my deepest appreciation to you for granting me time to testify today. Ranking Member Brady, I thank you as well for having me as a guest. To all my colleagues of the Ways and Means Health Subcommittee, thank you for allowing me to join you this morning as we unpack the significant, yet extraordinarily complex issue of naming solutions to drivers of maternal mortality.

In other words, we are here to critically and unabashedly talk about battling stress on the body at the intersection of race and gender. We are here to discuss the impact of gendered racism on the bodies of Black and Brown women, and subsequently, on the babies they bear, the families they raise, the communities they lead, the schools and careers they occupy, the economy they impact, and the nation in which we all live, play, worship, and age. But not the one in which we all thrive.

In terms of maternal health, the United States suffers from an alarming rate of maternal mortality. 700 to 900 American mothers die every year. More than in any other developed nation, women in the United States stand the risk of death during their pregnancies and childbirths. America is the only developed nation where the rates of women dying during childbirth is rising.

And, women of color bear the brunt of burden across myriad health outcomes, especially with respect to maternal wellness. Black and Native American mommas die due to birthing complications at higher rates than any other mommas; they are 300 to 400 percent **more** likely to die from childbirth or pregnancy related complications than white mothers. Mommas like Kira Johnson, the daughter-in-law of Judge Glenda Hatchett, a momma who raced cars, flew planes, and spoke five languages, still died soon after giving birth to her second son, Langston. Mommas like Dr. Shalon Irving, a lieutenant commander in the Public Health Services Corp—an epidemiologist who dedicated her career to studying the stresses associated with racism. She died only weeks after giving birth to her daughter, Soleil. Preventable conditions, such as hemorrhaging, preeclampsia, and other acute conditions stunted these bright lives and that of others.

Threats to the Black woman's health are not just physiological. They are also deeply psychological and touch all the people and spaces women of color occupy. The health of the Black woman and the Brown woman is integral to this nation's labor force and economy. According to the Bureau of Labor Statistics, Black women make up 53 percent of the entire Black labor force, a higher rate than all working women

overall.¹ Without addressing the factors that insidiously take away their livelihood is veritably an economic security threat to our nation. Our policies, programs, and appropriations ought to reflect this understanding, with urgency.

So, what do we do to answer the call of this hearing? What do we do to overcome racial disparities and social determinants in maternal mortality?

I have had the pleasure of working alongside many of you in this room to put forth a legislative remedy to protect the health of women who desire to become mommas. These efforts are strong and I believe it will change the course of maternal care inside and outside of clinical settings.

However, the hard truth is that no laws can legislate away racism. No laws can change the hearts and minds of people who operate on, deliver care to, or just look at, people of color from the lens of unconscious bias. That is heart work. That is hard work. That is the work we must each do before we step into these Congressional buildings. Each one of us in this room must look themselves in the mirror, ask themselves the hard question, “where do my biases exist and how does it impact the way I provide care, interact with others, and even write laws?”

But, our laws CAN change how care is delivered within our hospitals by equipping our providers with standardized emergency obstetrical protocols. Our laws CAN support providers across their training continuum with tools that help them become more reflexive about how their own biases play out in the care they provide to women of color. Our laws CAN extend care to mothers who are Medicaid beneficiaries throughout the entire post-partum period. Our laws CAN support full collection of consistent data about who dies on the way to motherhood and why.

And what we do within these walls of Congress is head work to change behaviors, to ascribe policies that redress ills of old. What we can do together is utterly transformational. But we must first be willing to call it like it is. Racism is real. It may be uncomfortable for us all to admit to ourselves and to each other that racism is real. It lives under the skin and biologically triggers Black women in unique ways. This is not just a Black woman’s problem or a Native American woman’s problem. Maternal mortality and morbidity are not issues Black and Brown women can overcome alone. This is a problem that affects White men and women with whom we work, associate, build relationships with, do business with, teach, and so on. This is a women’s health issue - women from all backgrounds, walks of life, classes, education levels and races are dying but as with all health disparities, women of color, especially Black women are more impacted due to the significant, yet extraordinarily complex issue of stress at the intersection of race and gender. We can only do the very hard, collaborative, thoughtful work of making sure that every legislative intervention that we collectively consider critically addresses the role of racism, and its impact of Black and Brown bodies.

I know that individual health behaviors matter. I know that whether one exercises, eats the right foods, and go to the doctor’s matters for one’s health. But individual health behaviors are only a part of what influences one’s health outcomes. Social determinants such as where I live and what I experience matters.

¹ U.S. Bureau of Labor and Statistics. 2018. “Black Women Made Up 53 Percent of the Black Labor Force in 2018.” TED: The Economics Daily. Accessed online, <https://www.bls.gov/opub/ted/2019/black-women-made-up-53-percent-of-the-black-labor-force-in-2018.htm>. 15 May 2019.

Access matters. But, at the root of disparate access is a history of healthcare systems denials of people of color in this nation until the desegregation of hospitals with the passing of Medicare and Medicaid legislation in the 1960s. More recently, provisions of the Affordable Care Act extended health insurance to people who had never experienced consistent healthcare coverage.

Maternal nutrition matters. But at the root of this is the history of segregated neighborhoods, of food deserts, and now, of what the March of Dimes calls maternity care deserts. Policies that created programs like SNAP and WIC are the saving grace of food insecure families, many of which are headed by a matriarch.

As a Black woman, I know the stress of taking care of everyone, but not always entering spaces where we are well-regarded as somebody's sister, daughter, co-worker, patient, or mother. As somebody. Yet we often push on with the heaviness of what Dr. Tamara LaFontant (LAH-FAWN-TAHNT) calls the "strong Black woman" archetype. The stress associated with being a woman and a person of color in this world matters.

As Chairwoman of the Congressional Black Caucus Health Braintrust and co-chair of the Congressional Caucus on Black Women and Girls, of prime importance to me is equitable healthcare access and delivery, and the healthcare system's impact on those who, before the ACA, historically experienced barriers to care, whether due to cost, geographic isolation, insurance coverage, or even due to egregious forms of exclusion, such as race, and the residuals of racism. In the words of Dr. Shalon Irving, "I see inequity whenever it exists, call it by name, and work to eliminate it."²

In closing, I wish Happy belated Mother's Day to all the mommas in the room, and to those who are with us in spirit. As a momma, my heart goes out to those families who have lost their momma. Starting or growing one's family shouldn't cost a mother of color her life. All mommas deserve a chance to be a momma. Together, we can make sure this is always the case for Black and Brown women.

I yield back.

² Irving, Shalon (@shalonirvingphd). "I see see inequity whenever it exists, call it by name, and work to eliminate it." August 2015. Tweet.