Friday, November 13, 2020

U.S. Commission on Civil Rights
OCRE/Public Comments
ATTN: Maternal Health
1331 Pennsylvania Ave, NW, Suite 1150
Washington, D.C. 20425

RE: BMMA Written Statement to the U.S. Commission on Civil Rights

Dear Commissioners,

Good morning to the Commissioners, the staff of the U.S. Commission on Civil Rights, and my fellow panelists. My name is Angela Doyinsola Aina and I am the co-founding executive director of the **Black Mamas Matter Alliance**. The **alliance** is a national network of black women-led organizations and multi-disciplinary professionals, whose work is deeply rooted in reproductive justice, birth justice, and the human rights framework, in order to ensure that all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. BMMA uses the phrase "BLACK MAMAS" to represent the full diversity of our lived experiences that includes birthing persons *(cis women, trans folks, and gender nonconforming individuals)* and all people of African descent across the diaspora *(Afro-Latinx, African American, Afro-Caribbean, Black, and African Immigrant)*.

We are all aware that the United States is facing a maternal health crisis. Global data trends have shown that the maternal mortality rate declined in many countries around the world in the last 30 years, but during this same time period, the U.S. maternal mortality rate rose significantly[1]. Even more disturbing, the maternal mortality rate for Black women is 3 to 5 times greater than that of white women[2]. Ironically, in the U.S., we spend about $111 billion annually on maternal and newborn care[3]. A recently published March of Dimes report indicated that 54% of U.S. counties have limited or no access to maternity care and 35% of those counties are considered maternity care deserts, meaning, within several area across the U.S. there is limited or absent skilled maternity care provider within their county[4].

Presenting raw data alone does not explain the full story of why these maternal health disparities exist in the U.S. - we must take a deeper dive into the root causes of these issues. Black women and girls in the U.S. have been dehumanized and subjected to violence, including enslavement, segregated health care, and medical experimentation that entailed sexual and reproductive abuses[5]. Lack of accountability for preventable pregnancy related deaths in hospital settings, mistreatment of pregnant and birthing people, limitations to

[1] World Health Organization. (2018). Maternal mortality. Retrieved from https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality

[2] Hoyert, D. L., & Miniño, A. M. (2020). Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. *National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System*, *69*(2), 1–18.

[3] Greiner, K. S., Hersh, A. R., Hersh, S. R., Remer, J. M., Gallagher, A. C., Caughey, A. B. and Tilden, E. L. (2019), *The Cost-Effectiveness of Professional Doula Care for a Woman's First Two Births: A Decision Analysis Model*. Journal of Midwifery & Women's Health, 64: 410-420. doi:10.1111/jmwh.12972

[4] March of Dimes. (2018). Nowhere to Go: Maternity Care Deserts Across the U.S. Retrieved from https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf

[5] Black Mamas Matter Alliance and the Center for Reproductive Rights. *Joint Submission to the Special Rapporteur on Violence against Women: OHCHR-UNOG*. Submitted May 2019. Retrieved from https://www.ohchr.org/Documents/Issues/Women/SR/ReproductiveHealthCare/Black%20Mamas%20Matter%20Alliance%20and%20the%20Center%20for%20Reproductive%20Rights.pdf

quality healthcare and telehealth services, pervasive acts of reproductive coercion, and neglect during labor in hospital settings, are all contributors of maternal health inequities experienced by Black women and birthing people[5]. Al of these issues are still an under-acknowledged problem in the U.S., and more research is needed to better understand the nature and prevalence of this discrimination. And now, under the pressure of a pandemic, these inequities have been further exacerbated.

Over the past few years, there have been various legal and legislative actions spearheaded by grassroot organizations, elected officials, and advocates that lay a matrix of remedies to address pregnancy-related deaths. In 2018 the Prevent Maternal Deaths Act was signed into federal law expanding the Safe Motherhood Initiative, including authorizing support for State and tribal Maternal Mortality Review Committees (MMRC) allowing states to collect demographic and health condition specific data on pregnancy related deaths. Though other acts exist to protect pregnant women, such as the Pregnancy Discrimination Act of 1978, mechanisms for filing complaints on the basis of discrimination are not timely to the pregnancy process and claims based on racial discrimination require higher threshold of proof. Additionally, federal and state laws do little to provide adequate reimbursement for midwives, doulas, and other birth workers who are not physicians that fit a standardized insurance system. This creates further gaps within the maternity care workforce. **New legislation** is needed to discontinue the piecemeal approach to eliminating inequities in maternal health outcomes.

To see significant positive change, we believe **a holistic approach is needed** to increase maternity care workers of color through equitable pay structures, provide holistic quality care to pregnant and birthing people, protections for the disenfranchised, incarcerated, and detained birthing people by upholding their human rights. **Data collection** must also be a priority in new legislation to account for real-time maternal outcomes that offer detailed data useful for clinicians, healthcare and public health systems, organizations, legislators, and academia. A recommendation for federal government officials to help in the fight to end preventable maternal deaths in the U.S. is by supporting the Momnibus Act of 2020. If passed, the act has the potential to be transformative for maternal health because it goes beyond addressing maternal death and helps to advance maternal health equity through investments in holistic and community-based models of care, expanding research, and improving technological initiatives to expand access to maternity services.

While there is still more work to do to expand the opportunities to increase and invest in maternity care providers of color in the U.S., the Momnibus Act contains a few bills that serve as a first step, such as The Kira Johnson Act and The Perinatal Workforce Act. H.R. 6144 - The Kira Johnson Act calls for investments in Black women-led community-based organizations who work to advance maternal health equity. Of note, this bill will help support local programs that provide Doulas and other perinatal health workers to women throughout pregnancy and up to one year after birth. H.R. 6164 - The Perinatal Workforce Act will establish grant programs to increase the number of maternity care providers and other perinatal health workers, like doulas, lactation consultants, and peer supporters, who offer **culturally congruent** care, and are from the communities most impacted by the maternal health crisis.

Thank you, again, to the entire U.S. Commission on Civil Rights for allowing us, the Black Mamas Matter Alliance, the opportunity to provide a statement for today's briefing on racial disparities in maternal health.

Sincerely,

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