

Senate Committee on Health, Education, Labor and Pensions

Full Committee Hearing – *“What Can Congress Do to Address the Shortage of Minority Health Care Professionals and the Maternal Health Crisis?”*

Thursday, May 2nd, 2024

TESTIMONY

Honorable Laphonza Butler
United States Senator, California

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Thank you, Chairman Sanders and Ranking Member Cassidy, for inviting me to today’s important hearing. It is an honor to sit before the Committee today, to bring critical attention to the lack of diversity within our nation’s health care system, and the worsening maternal health crisis.

Before I begin my testimony – I’d like to submit a statement for the record on behalf of Representative Lauren Underwood who has long worked to champion these issues. I would also like to thank Senator Booker and Representative Alma Adams for their leadership in elevating the devastating Black maternal health crisis.

As leaders of the Black Maternal Health Caucus and the Black Maternal Health Momnibus Act – they have made it their mission to thoughtfully address maternal health disparities. I also want to recognize Vice President Kamala Harris, who introduced the first version of the Momnibus, while serving in the Senate. She continues to lead the Biden-Harris Administration’s efforts to improve maternal health outcomes.

Thank you to all of these champions for your unwavering commitment. I am proud to stand alongside each of you in this effort.

I also want to take a moment to highlight Dr. Michael Galvez, who is a witness in today’s hearing and is also one of my constituents. Dr. Galvez is a Board-certified plastic and reconstructive surgeon specializing in Pediatric Hand Surgery in Valley Children’s Hospital in Madera, California. He co-created National Latino Physician Day to bring attention to the fact that while Latinos make up 19 percent of the population, they account for only 6-7 percent of the physician workforce. Thank you for being here today, Dr. Galvez.

Our health care system and the state of maternal health in this country is at an inflection point that requires the urgent attention of this Committee. The numbers should alarm us all: The United States has the highest rate of maternal mortality among high-income nations. Within recent years, thousands of women have lost their lives due to pregnancy-related causes. And over the past decade, while the birth rate in this country has declined by roughly 20 percent, maternal mortality rates have steadily risen.

This crisis is exacerbated in communities grappling with a lack of access to essential maternal health care. According to a report produced by the March of Dimes, one-third of counties in the United States are considered maternity care deserts, meaning there are no hospitals providing obstetric care, no birth centers, and no obstetric providers. Think about that – imagine your loved one preparing to give birth and bring new life into your family, and having no choice but to drive hours away from home to seek care.

We know from the numbers that this crisis that has not been felt equally. Among Black and Native Indigenous communities, maternal mortality rates are two to four times higher compared to those of White communities. Let me repeat that – Black and Native American women are two to four times more likely to die a pregnancy-related death.

While Black and Brown communities experience the highest rates of maternal mortality and morbidity, these populations also remain starkly underrepresented within the health care field. While an estimated 13 percent of our country's population identifies as Black, only about 6 percent of physicians in the United States are Black.

Research suggests that under the care of Black physicians, the mortality rate for newborns decreases by over 50 percent, which is why I applaud and urge the Committee's continued efforts to not only bolster the health care workforce, but to use every tool to ensure this workforce is diverse and equipped to provide unbiased, culturally competent care. Only then can we begin to change the course of our nation's current health care system.

This must not mean focusing exclusively on physicians. For families, mothers, and babies, this means doulas, nurse midwives, nutritionists, and the full spectrum of reproductive health care professionals that contribute to their health, well-being, and birthing experience. Having access to a comprehensive care team can make a world of a difference for families. For example, in my home state of California, the Martin Luther King Community Hospital in Los Angeles has reimagined the birthing experience for women within its service community. When I visited the hospital, I saw firsthand how doulas and nurse midwives are integrated into their overall maternal health care model to ensure that birthing mothers receive the highest quality, most comprehensive care. The leadership of Dr. Elaine Batchlor has made an indispensable difference.

And even as we have existing models and as we consider other proposed solutions to these crises, I implore this Committee to advance the Black Maternal Health Momnibus Act led by Sen. Booker. The Momnibus is comprised of thirteen individual bills that would combat the

Black Maternal Health crisis and make historic investments to comprehensively address every driver of maternal mortality, morbidity, and disparities in the United States. This legislation is not just about the life and death of Black women—it's enactment will improve birthing outcomes for all women.

The Momnibus includes bills such as the Kira Johnson Act, which would make necessary investments in community-based organizations that are leading the charge to protect mothers – and support culturally competent training within maternity care settings. The bill is named after Kira Johnson – a Black mother who, in 2016, checked into a hospital with her husband Charles to give birth to their second child, Langston. Despite being in excellent health, Kira died from a hemorrhage in the hours after delivering Langston. Kira should still be here today. The lives of her husband and sons have been forever changed. The Johnson family's tragic experience, and that of so many other families, should be a wake up call for us to act with urgency to address the need for unbiased patient-centered care.

Today's hearing is an important step in the right direction. I urge this Committee to hold additional sessions – focused on the Black maternal health crisis and the important legislation that my colleagues and other advocates have introduced and researched. This Committee, which holds primary jurisdiction of the Black Maternal Health Momnibus and so many maternal health policy solutions, has not held a recent hearing on the topic.

Last month, during Black Maternal Health Week, I convened a roundtable of prominent maternal health leaders and experts for a discussion on how we can work together to combat the Black Maternal Health crisis. We discussed the hurdles that lie ahead in advancing the Momnibus and similar legislation.

Those advocates shared with me that they believed that they would have to remove the word “Black” from the title of the Momnibus. They believe that only then would the legislation be more likely to gain the necessary support and passage. After spending time with my colleagues in the Senate, spending time with many of you, I don't believe that to be true. I know this Committee is filled with Senators, public servants, who represent Black women living in each of their states. I know that this body is resolved to ensure that the Black women they serve can count on you to hear their experiences and take action to save their lives. I am here to show every American watching that I stand with the leaders on this Committee as we, together, demonstrate our commitment to the Black and Brown women and their families who suffer the most in our health care system.

We have solutions at the ready – and I know that anti-Black sentiment will not continue to serve as a barrier toward progress. While I serve in this chamber, I will continue to stand with all of you—loudly and proudly—ensuring we deliver the investments required to meet this moment for caregivers, health care personnel, and the mothers and families in California and throughout the nation. I look forward to working with the Committee, and my colleagues in both chambers to

advance comprehensive solutions and utilize every lever to prevent maternal deaths in this country.

Thank You.