



**HOUSE OF REPRESENTATIVES**

February 8, 2018

Housing Committee on Healthcare  
Oregon State Legislature  
900 Court St. NE  
Salem, OR 97301

Re: HB 4133

To:  
Chair Rep. Mitch Greenlick;  
Vice-Chair Rep. Cedric Hayden,  
Vice-Chair Rep. Rob Nosse  
Members of the Committee

Childbirth is killing Black women. Black women are three to four times more likely to die of pregnancy or delivery related complications than white women.<sup>1</sup> Although the specific reasons for this disparity are elusive, some “point to differences in socioeconomic status, access to health care, education, insurance coverage, housing, levels of stress and community health among black and white women.”<sup>2</sup> There is evidence, however, that this racial disparity transcends education and income, and may have more nefarious roots.<sup>3</sup>

There are studies that show that Black Non-Latino women with at least a college degree are more likely to suffer a Severe Maternal Morbidity (SMM) than women of other races/ethnicities who never graduated from high school.<sup>4</sup> Indeed, even an elite athlete such as Serena Williams was not immune to such complications, suffering a pulmonary embolism and hematomas during and

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<sup>1</sup> Center for Disease Control and Prevention, *Pregnancy Mortality Surveillance System* (Nov. 9, 2017), available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>.

<sup>2</sup> Jacqueline Howard, *Childbirth is Killing Black Women in the US, and Here's Why*, CNN (Nov. 15, 2017), available at <https://www.cnn.com/2017/11/15/health/black-women-maternal-mortality/index.html>.

<sup>3</sup> Meaghan Winter, *A Matter Of Life & Death: Why Are Black Women In The U.S. More Likely To Die During Or After Childbirth*, Essence (Sept. 26, 2017), available at <https://www.essence.com/news/black-women-mortality-rate-child-deaths-united-states>.

<sup>4</sup> New York City Department of Health and Mental Hygiene (2016), *Severe Maternal Morbidity in New York City, 2008-2012*, 15, available at <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>.

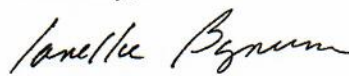


after the recent delivery of her daughter.<sup>5</sup> She had the power to speak up and have her condition immediately attended to. Unfortunately, there are far too many Black women who do not have that luxury.<sup>6</sup>

There are stories of Black women being subjected to birthing procedures, such as cesarean sections, they neither need nor comprehend.<sup>7</sup> Numerous studies show that doctors often disregard or discount complaints of pain by Black patients at much higher levels than they do for white patients.<sup>8</sup> There is also a lack of diversity within the medical profession, that may contribute to patient alienation.<sup>9</sup> Black women are also more likely to be uninsured outside of pregnancy, leading to delayed prenatal care and the premature loss of coverage.<sup>10</sup> They are more likely to give birth at hospitals that were historically segregated, thus, resulting in lower quality services than those provided to white women.<sup>11</sup>

HB 4133 would form a task force that would not only study these barriers, but brainstorm actual solutions to removing them. The Bill calls for a multi-disciplinary, multi-ethnic approach to studying the problem. This will lead to more inclusive and compassionate policies. Such an endeavor is already underway in Texas<sup>12</sup> and California<sup>13</sup>. It is now Oregon's turn to make this next step towards improving outcomes for all, regardless of race. Thank you.

Sincerely,



Janelle Bynum  
House District 51

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<sup>5</sup> Carly Ledbetter, *Serena Williams Talks About the Terrifying Complications She Faced After Giving Birth*, Huffpost (Jan. 10, 2018), available at [https://www.huffingtonpost.com/entry/serena-williams-opens-up-about-her-terrifying-pregnancy-complications\\_us\\_5a5621fce4b0b117f8812c9f](https://www.huffingtonpost.com/entry/serena-williams-opens-up-about-her-terrifying-pregnancy-complications_us_5a5621fce4b0b117f8812c9f).

<sup>6</sup> Elizabeth Dawes Gay, *Serena Williams Could Insist That Doctors Listen to Her. Most Black Women Can't*, The Nation (Jan. 18, 2018), available at <https://www.thenation.com/article/serena-williams-could-insist-that-doctors-listen-to-her-most-black-women-cant/>.

<sup>7</sup> Rebecca Grant, *Pregnant Women's Medical Care Too Often Affected by Race*, Newsweek (July 3, 2016), available at <http://www.newsweek.com/2016/07/15/pregnant-womens-care-affected-race-477087.html>.

<sup>8</sup> Seema Mohapatra, *Black Pain Matters: The Need for a Health Justice Approach to Chronic Pain Management*, SSRN (May 13, 2016), available at [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2617895](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2617895).

<sup>9</sup> Association of American Medical Colleges, *Current Trends in Medical Education*, available at [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2617895](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2617895).

<sup>10</sup> Nina Martin and Renee Montagne, *Nothing Protects Black Women from Dying in Pregnancy and Childbirth*, ProPublica (Dec. 7, 2017), available at <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>.

<sup>11</sup> *Id.*

<sup>12</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services, *Joint Biennial Report* (July 2016), available at <https://dshs.texas.gov/.../legislative/2016Reports/M3TFBiennialReport2016-7-15.pdf>.

<sup>13</sup> See, <https://www.cmqqc.org/research/maternal-mortality-review-ca-pamr/ca-pamr-process-and-publications>.