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If could turn back the clock and bring Shalon back, I would literally do anything. I would happily give everything if I could see her smiling face once again. But sadly, even if Shalon were here, it would not change the fact that between 700 to 800 women die each year in America from pregnancy- and childbirth-related complications. The choice to have a child should never equate to a death sentence.

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The rate of maternal deaths in America is utterly appalling. In 2017, NPR and ProPublica reported that the United States has the highest rate of maternal mortality of any developed country in the world. And the United States is the only country where that rate is steadily rising.

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Black mothers like Shalon remain the primary group for maternal mortality. It is truly reprehensible that Black women die at a rate of three to four times that of white women. It is absolutely shameful that 60 percent of those deaths are totally preventable, as was my daughter's. And here's a shocking fact: according to the report by Health Resources and Services Administration, the difference in risk has been steadily unchanged for the past six decades. Six decades. Clearly, current efforts to address maternal mortality rates and the racial and health disparities in that area remain woefully inadequate. Only when race stops being the precursor to how Black women are treated or not treated in the health care system, then outcomes will be drastically different.

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I want to be abundantly clear now. The medical community is failing Black mothers in America. For decades, Black women have been dismissed, ignored, disregarded, or at the very least, they have been not taken seriously in their interactions with the health care system.

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It's not uncommon for Black women to experience racism and discrimination by medical providers. That racism can be blatantly overt or covertly subtle, but make no mistake -- it is there. It didn't matter that Shalon had a dual PhD in Sociology and Gerontology; it didn't even matter that Shalon had two master's degrees, one of them a Master's in Public Health from Johns Hopkins. It made no difference that Shalon was a lieutenant commander in the US Public Health Service, an alumnus of the world-renowned Epidemic Intelligence Service, a highly respected epidemiologist at the Centers for Disease Control and president of her own diversity company.

She was still a Black woman. A Black woman accessing a system that saw her as a stereotype and responded to her as such.

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During the three weeks after her child was born, Shalon went to her health care providers again and again in distress. Obviously, with her education and training, she could and she did articulate her concerns very clearly. Yet her cries for help were minimized and dismissed by the covert bias of her medical provider. That very bias, fueled by structural racism, is the root cause of disparities in health care. That very bias impacted Shalon's outcome. That very bias caused my daughter to be among the statistics for 2017.

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As a result, I lost my beautiful little girl. My baby girl. I lost my confidant, I lost my best friend, I lost my whole world.

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Shalon's daughter lost her mother and all of the relationship possibilities that could have existed between the two of them. The society may have suffered the greater loss. Who knows how many medical advancements or social-justice contributions Shalon may have made if only her medical provider had listened to her and heeded her cries for help. We will never know.

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But this much, we do know. Behind every one of those 700 to 800 women who die is a family and a whole social network of loved ones, including the children left behind, like Soleil. Shalon's daughter Soleil is three years old now. She has a quick smile -- every bit as brilliant as her mother's was. Soleil is fearless. She's determined and she's so opinionated,

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(Laughter)

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so smart. Soleil constantly amazes me at how confidently she is navigating her world. But Soleil only knows her mother through photographs and the cherished memories that I have and share

with her every day. Yet Soleil loves her mommy, who was with her for only three short weeks. She tells me so each day. My heart aches each time Soleil cries for her mommy. It is during those times Soleil has said to me, "Nana, I want to go to heaven, so I can be with my mommy." It should not be that way. It doesn't have to be that way. It can really no longer continue to be that way.

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When I said earlier that the medical community is failing Black mothers, some may have wondered if I'm painting with too broad a brush. After all, it's individuals who are to blame here, right? Or perhaps we should say that a relative handful of hospitals, which happen to be the ones that are largely used by Black women and other minorities, are at the epicenter of maternal mortality in America. But I would argue that focusing on a handful of individuals or a handful of hospitals is defining the problem way too narrowly. The problem behavior isn't about the actions of specific individuals or hospitals -- it's much more systemic than that. What's more, the prevalence of the problem is deeply entrenched -- embedded in the very foundation of our health care system.

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It is this broad-based failure that continues to allow disparities in maternal health and death, which result in Black women, just like Shalon, dying at rates 300 percent higher than white women. It's been well documented, year after year, decade after decade, generation after generation, and nothing effective has been done to fix it.

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How do we fix it? Is there a definitive answer to eradicating disparities in maternal mortality? Well, improvements in data accuracy are critical but not nearly enough. Algorithms, checklists, apps -- they all play an important role, but they're no panacea either. And I really can't emphasize enough that implicit bias training without explicit, explicit measures of accountability will make absolutely no difference at all. It is time -- it is long past time that leaders in the medical community take steps to transform the health care system status quo.

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The first step must be acknowledging that the inherent problem in the health care system is more than a problem; it's a failure. The next step requires taking responsibility and owning that failure. But the most important step is actively taking the necessary actions to right the wrongs created by that failure.

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A wise woman once told me, "If you want something different, you have to do something different." My daughter was committed to doing something different. Shalon was known as a woman of great integrity and high moral values. When asked about her driving principles in life, she would respond, "I see inequity wherever it exists. I'm not afraid to call it by name, and I work hard to eliminate it. I vow to create a better earth." Shalon put those words into action every day of her life. Former Surgeon General David Satcher once said, "Leaders must care enough, leaders must know enough, leaders must be willing to do enough and leaders must be willing to persist until the work is done." Shalon was such a leader.

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Though there will never be another leader like Shalon, we can each persist until the work is done. Here's what I'm doing to persist until the work to save Black mothers is done. To get things started, I joined forces with several of Shalon's friends and CDC colleagues. We founded a nonprofit. We're working hard to eliminate preventable deaths among Black mothers. And here's how we're doing it: with action, action and more action. We're engaging stakeholders at every point of the public health and health care spectrum. We're actively working with the legislative office. We're promoting accountability measures and postpartum bills, and we want them enshrined in the law. We're embarking upon a community-based research project which will redefine quality of medical care for Black women. Ultimately, we will tilt more power into the hands of Black women. How are we going to do that? By empowering Black women and their birthing partners to effectively counteract the bias and racism they experience at any given point during pregnancy, childbirth and postpartum.

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Look around you. Each one of us in this room has a circle of influence. I invite you to consider how powerful an impact we could make if we focused that collective influence on this problem, on making a difference. What if we, like Shalon, acknowledged inequity wherever it existed in our communities and we weren't afraid to call it by name? What if we were each committed and passionate about using the full range of our resources to eliminate that inequity? Could we change things? Could we really overturn centuries of prejudice and decades of bad practice? I know we could. I know we could, if we were focused on that issue, if we focused that collective energy.

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To quote Nelson Mandela, "When people are determined they can overcome anything." But "action without vision -- it's only passing time. Vision without action is merely daydreaming. But vision with action can truly change the world." Shalon's life was the perfect embodiment of the

vision. Shalon's death is our call to action. So today, let each of us vow to do whatever we can. Let us vow to right this wrong. Let us vow to be a part of the solution until Black women are no longer marginalized and dying needlessly in the health care system. And like my daughter, (Voice breaking) Dr. Shalon MauRene Irving, let us each vow to create a better earth.

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Thank you. (Applause)