

# National Indian Health Board

May 9, 2022

The Honorable Kamala Harris  
Vice President of the United States of America  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20500

Dear Madam Vice President,

On behalf of the National Indian Health Board (NIHB),<sup>1</sup> and the 574 federally recognized American Indian and Alaska Native (AI/AN) Tribes we serve, we are encouraged by and grateful for your announced Call to Action to Reduce Maternal Mortality and Morbidity. Mothers are the Creator's sacred vessels of life and the carriers of our future, and we stand ready to work with you and the nation to address these critical issues. To that end, we request the opportunity to meet with your office working on the Call to Action.

First, allow us to share some information about the unique challenges AI/AN Mothers and their babies face and why maternal mortality is of particular importance in Indian Country. Adverse maternal health outcomes for American Indian and Alaska Native (AI/AN) women occur at an unacceptably high rate. AI/AN people make up 2.9 percent of the total U.S. population, but AI/AN women have the second highest rate of maternal mortality- and are two to three times more likely to die from a pregnancy-related issue compared to their non-Hispanic white counterparts.<sup>2</sup> Specifically, AI/AN women have a pregnancy-related maternal mortality rate of 28.3 deaths per 100,000 live births, while the rate for non-Hispanic white women is 13.4 deaths per 100,000 live births.<sup>3</sup> Pre- and postnatal care can prevent and address health concerns during a high-risk pregnancy for both the mother and her infant, however this care is not accessible to many AI/AN women. In 2019, AI/AN mothers were almost three times as likely to receive late or no prenatal care compared to non-Hispanic white women.<sup>4</sup> Infants from mothers who do not receive prenatal care are three times more likely to have low-birth weight (5.5 pounds or less)<sup>5</sup> and are five times more likely to die during infancy.<sup>6</sup> Specifically for AI/ANs, the infant mortality rate is two times that of non-Hispanic whites (8.2 deaths per 1,000 live births and 4.6 deaths per 1,000 live births,

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<sup>1</sup> Established in 1972, the National Indian Health Board (NIHB) is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

<sup>2</sup> <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

<sup>3</sup> <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

<sup>4</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=38>

<sup>5</sup> <https://www.who.int/data/nutrition/nlis/info/low-birth-weight>

<sup>6</sup> <https://www.womenshealth.gov/a-z-topics/prenatal-care>

respectively).<sup>7</sup> Increasing AI/AN women's access to prenatal and postnatal care is vital to improving maternal and infant health outcomes.

The impacts of previous actions by the United States government and the historical neglect of the health care of AI/AN populations created and sustains these untenable disparities. The mistreatment of AI/ANs by the United States government through genocide, displacement, cultural erasure, and forced sterilization through the Indian Health Service (IHS) – a practice that ended only 45 years ago<sup>8</sup> - still deeply impacts AI/AN women and families. The chronic underfunding of the IHS has also made effective improvement of child and maternal health extraordinarily difficult. By IHS's own numbers, less than 10% of births occur at IHS facilities.<sup>9</sup> Among the obvious challenges our expectant mothers face is a lack of access to OB/GYNs for pre- and postnatal care and a lack of availability of birthing professionals, such as advance practice nurses specializing in obstetrics and gynecology, doulas and midwives. The impacts of these policies and the lack of attention addressing them are borne out in the data.

The Indian health system is also plagued by chronic underfunding and staffing shortages. In certain circumstances, these factors can culminate in needless trauma and substandard care for AI/AN mothers and their babies, such as in the case of an American Indian mother in premature labor who gave birth to her baby in an IHS emergency department bathroom with no health professionals present in 2015.<sup>10</sup> While this event garnered much media attention, the systemic conditions that led to such an appalling breakdown of care are often left out of the narrative and must be addressed to protect our mothers and babies.

We acknowledge and appreciate that the Administration's commitment to improving the health of AI/ANs is far more than words. Reducing AI/AN maternal mortality is a clear priority of this Administration, as articulated in the President's FY 2023 budget, as is support for workforce development, data collection, research and extended postpartum coverage found in Build Back Better. We noted with some concern that the 2023 Budget Proposal for the Health Resources and Services Administration Budget Justifications noted that only 48 midwife students were supported by the budget – a number that needs to be increased exponentially. These sorts of investments are necessary in addressing AI/AN maternal mortality. To this end, Tribes are ready to share effective practices that are centered on reclaiming Native birth practices. For example, the Alaska Native Medical Center (ANMC) began operating its maternity floor of its Quyana House in 2017 providing housing and access to care for mothers and families from rural locations 4 to 6 weeks prior to the baby's due date.

In the ANMC example, families can enroll in a voluntary home visiting program that provides comprehensive support for parent, child, and family wellness.<sup>11</sup> Nationally, there is also a growing movement to build a culturally sensitive birth workforce, centered on care that meets the holistic needs of AI/AN pregnant and postpartum women. Organizations such as the [Changing Women](#)

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<sup>7</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=38>).

<sup>8</sup> “American Indian and Alaska Native Maternal and Infant Mortality: Challenges and Opportunities,” July 9, 2018, <https://www.americanprogress.org/issues/early-childhood/news/2018/07/09/451344/american-indian-alaska-native-maternal-infant-mortality-challenges-opportunities/>.

<sup>9</sup> [https://www.ihs.gov/sites/dccs/themes/responsive2017/display\\_objects/documents/IHSmaternalmortalityfsfinal.pdf](https://www.ihs.gov/sites/dccs/themes/responsive2017/display_objects/documents/IHSmaternalmortalityfsfinal.pdf)

<sup>10</sup> <https://oig.hhs.gov/oei/reports/oei-06-17-00270.pdf>

<sup>11</sup> <https://www.southcentralfoundation.com/services/home-based-services/#toggle-id-2>

[Initiative](#) and [Hummingbird Indigenous Family Services](#) are making it possible for AI/AN people to reclaim traditional birth experiences and identify models of care that are relevant to and respectful of their lived experiences.

We jointly experience and must jointly face the maternal health crisis facing AI/AN people. Again, we thank you for prioritizing and elevating public attention on the AI/AN women are dying at rates during and following child birth that are unacceptable and we look forward to working with your office on strategies to combat this issue. Please let us know when your office would be available to meet with us on this and we look forward to collaborating with you. You can contact NIHB CEO Stacy A. Bohlen, at (202) 680-2800 or through email at [sbohlen@nihb.org](mailto:sbohlen@nihb.org).

Thank you for your consideration of our comments.

Yours in Health,

A handwritten signature in black ink, appearing to read 'W. Smith', with a stylized flourish at the end.

William Smith (*Valdez Native Tribe*)  
Chairman and Alaska Area Representative  
National Indian Health Board

cc: NIHB Board of Directors  
NIHB CEO  
NIHB Member Organizations