

First, an underlying premise of all of our work is the belief that maternal health is a human right; we agree with Article 25 of the Universal Declaration of Human Rights:

“EVERYONE HAS THE RIGHT TO A STANDARD OF LIVING ADEQUATE FOR THE HEALTH AND WELL-BEING OF HIMSELF AND OF HIS FAMILY, INCLUDING... MEDICAL CARE... MOTHERHOOD AND CHILDHOOD ARE ENTITLED TO SPECIAL CARE AND ASSISTANCE.”

The death of one woman is a personal tragedy. The death of each woman leaves a terrible emptiness for her family and for her community. The death of all the women documented in the recent study issued by the NYCDOHMH is a societal tragedy.

Many years ago, New York City was infamous for its crime, for the decay of some of its neighborhoods, for the malaise of a large urban city. Now we have revitalization at all levels, an urban center without compare in terms of commerce, technology and business. However, notwithstanding this renaissance, the Achilles heel of the New York is its position as one of the most fatal cities in the United States for a woman to have a baby -- something that reveals a historic incapacity to care for underserved and often marginalized communities.

We are familiar with the data and I will not repeat the devastating numbers except to note that it shows that black women are nearly eight times more likely to die during pregnancy or right after childbirth than white mothers.

There's just no reason for 266 pregnancy-related deaths to occur; there is no explanation possible to account for the death of these women, daughters, sisters and mothers as a direct result of complications with the childbirth process. Instead of raising their children and getting to old age, women are dying of injury-related deaths, 44 percent of those due to homicide, and half of that number is linked to violence resulting from intimate-partner relationships.

This is not just a problem in New York City, or in the Bronx or Brooklyn, the two boroughs with the most egregious statistics. A recent Amnesty International study, *Deadly Delivery: The Maternal Health Care Crisis in the USA*, shows that the maternal death rate has shown no improvement in the United States in more than two decades, and in fact, the death rate is going up. This is a scandal. And the rate continues to grow notwithstanding the fact that hospitalization related to pregnancy and childbirth costs some \$86 billion a year — the highest hospitalization costs of any area of medical care. Ultimately, policy is about priority; mothers and infants must be a priority. We must work together to address endemic issues of stress, poverty, discrimination, lack of access to quality health care regardless of ability to pay and immigration status.

With an increasingly difficult economic situation facing the city and state, this already perilous situation of women dying in record numbers may become worse. The IMRI program provides community-based and cost-effective services to the hard to reach and those women and their families most at risk for pregnancy-related issues. The woman who dies as a result of pregnancy-related causes often has a pre-existing condition that worsens over the duration of the pregnancy. Programs such as IMRI provide outreach to inform and engage women. Last year alone, the IMRI providers engaged in 5110 outreach encounters and 8210 educational encounters were conducted. IMRI provides local educational workshops, in the language of preference of the women, in locales close to home, and in a manner that is culturally sensitive and appropriate. This educational intervention is another step in the continuum of engagement that is necessary to ensure that women are empowered. Finally, case management was also provided to almost 400 clients by agencies in the initiative. These intensive encounters engage women in identifying and accessing services (social and health services), and they are referred to programs to address housing, educational needs and training, food and pantry services to ensure food adequacy and to increase the number of women who access health services in a timely manner.

The IMRI model is a holistic approach to caring for women and infants that utilizes funding from the city through a major agency in partnership with community agencies who reach women at risk. It presents an ideal model of coordination, service delivery and care.

New York is in a unique position to lead others in working with women, community-based agencies, and faith-based groups, working with them in recognition of their expertise. Being armed with statistics is one level of the work, but the real work will be in working in partnership, in a manner that is participatory, respectful and cognizant of the assets of community and the women we want to see live through pregnancy and into old age.

I agree with the comments of my esteemed co-panelist, Dr. Ivey Jo Boufford, president of the New York Academy of Medicine.: “Despite the good work being done to reduce maternal mortality, more is needed,” and I would ask that community-based agencies be included in this approach and that the voices of the women who are not here today be considered in the development of any initiatives that are created or expanded to ensure that NYC becomes a safe place for women of color to bear their children.