

Advisory Committee on Infant and Maternal Mortality (ACIMM)
5600 Fishers Lane
Room 18N84
Rockville, Maryland 20857
<https://www.hrsa.gov/advisory-committees/infant-mortality/index.html>

December 15, 2022

The Honorable Xavier Becerra
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra:

When you joined the meeting of your Advisory Committee on Infant and Maternal Mortality (ACIMM) on September 13, 2022, you challenged us: *“Never do mild when it comes to making a difference.”* Members of ACIMM clearly heard and are heeding your call to action.

We fully agree that we cannot and will not *“do mild”* in fulfilling our duty to promote and protect all women and infants, including American Indian/Alaska Native (AI/AN) mothers, infants, and families. Data on AI/AN birth outcomes alone compel us not to do mild but to take robust action. Rates of AI/AN infant and maternal mortality, which have persisted for decades at levels 2 to 4 times that experienced by white mothers and infants, are unacceptable and require immediate attention, action, and accountability.

First-hand stories from AI/AN leaders, providers, and families from across our country, especially those heard at our September meeting on the Tribal lands of the Shakopee Mdewakanton Sioux Community in Minnesota (the first ACIMM meeting ever convened outside of Rockville, MD), made an even stronger case for bold action – now.

Speaker after speaker told us of the devastating and persistent impact of land theft, treaty violations, data erasure, and neglectful and/or toxic Federal policies and practices on the health and safety of their families and their communities. Every presenter reminded us that these are not just historical events, but cumulative and compounding factors that continue to plague AI/AN communities to this day and will persist into future generations. As Marisa Miakonda Cummings from the Minnesota Indian Women’s Resource Center testified:

“The lack of resources infused into our communities is a continuation of genocide. Hundreds of years of federal Indian policy has had a direct horrific effect on our health and well-being. We are taught to have a scarcity mindset, and that there are never enough resources. In reality, we live a country of extreme wealth, and the hoarding of this wealth is both unethical and immoral when our people are literally dying. The hoarding of resources directly impacts our people's health, wellness, and the quality of life.”

Over several days of testimony, we gained insight of the Federal government's Trust responsibilities, and how that "sacred trust" has been continuously abrogated, thereby perpetuating harm to AI/AN mothers and infants. Nowhere is that abrogation more obvious than in the promise that the United States government made to American Indians and Alaska Natives to provide comprehensive health care through the Indian Health Service (IHS). Chronically underfunded and understaffed, the IHS continues to fail in meeting the health and healthcare needs of AI/AN families and communities. In reflecting on her personal experience interacting with the IHS, Rhonda Swaney, past Tribal Council Chair for Confederated Salish and Kootenai Tribes, stated, "*So what has changed over the past 45 years? Not much.*" Nearly every speaker confirmed that assessment and lamented the failure of IHS to meet its obligations to AI/AN communities. The Federal government's ongoing disclaimers of lack of resources ring hollow and are unacceptable. As Stacy Bohlen, CEO of the National Indian Health Board, testified:

"American Indians are entitled to health care, because we do have the world's first prepaid health care system, which we paid for with our land - the gold, the iron ore, the oil, the trees, the water, everything that the land has provided to the robust riches of the United States. Those were all our lands. We forfeited those. ... We negotiated ... And what we have is a result of negotiations that were entered into, and the Supreme Court of the United States has repeatedly said that the treaties are the supreme law of the land. So, our people have the right to that health care."

As Secretary of the U.S. Department of Health and Human Services, which has responsibility for many of the services and resources the United States government is obligated to provide to Tribes, we urge you to heed the powerful stories we had the honor of hearing at our September 2022 meeting, following your opening remarks. These stories illustrate what empiric data and research quantify – the damaging impact of longstanding U.S. policies and underinvestment on AI/AN birth outcomes and maternal and infant well-being. They breathe life into a comprehensive set of strategic recommendations we have prepared for your consideration.

The Biden Administration's recent efforts to strengthen and improve its Nation-to-Nation relationships with Tribes include important and long-overdue measures that are vital to improving the lives of AI/AN people and communities in our country. Yet, as you know, more and bolder actions are required. Assuring the health and safety of AI/AN women and infants should be of highest priority in deciding what essential actions must be taken first. With that in mind and in fulfillment of our charge as your Advisory Committee on Infant and Maternal Mortality, we hereby submit to you "***Making Amends: Recommended Strategies to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants.***"

We believe these recommendations can pave the way for bold next steps in meeting our Nation's sacred obligation to the American Indian and Alaska Native mothers and infants. We look forward to your timely response, so that we can report back to our Tribal hosts, partners, and colleagues, who tirelessly "*never do mild*" in their continuing work of "*making a greater difference*," together.

Sincerely,



Edward P. Ehlinger, MD, MSPH
Acting Chair, ACIMM



Janelle Palacios, PhD, CNM (Salish & Kootenai)
ACIMM Member
Co-Lead, Health Equity Workgroup

Enclosure:

ACIMM report to Secretary Becerra on birth outcomes of AI - AN mothers and infants

On behalf of current members of ACIMM:

Sherri L. Alderman, MD, MPH, IMH-E, FAAP

Steve Calvin, MD, Lead, Access and Quality of Care Workgroup

Charlene H. Collier, MD, MPH, MHS, FACOG

Tara S. Lee, PhD

Colleen A. Malloy, MD

M. Kathryn Menard, MD, MPH

Joy M. Neyhart, DO, FAAP

Magda Peck, ScD, Lead, ACIMM Data to Action Workgroup

Belinda Pettiford, MPH, BS, BA, Co-Lead, ACIMM Health Equity Workgroup

Marie-Elizabeth Ramas, MD, FAAFP

Phyllis W. Sharps, PhD, RN, FAAN

ShaRhonda Thompson

Jacob C. Warren, PhD, MBA, CRA