Hello, and welcome to today's program, Dynamic Dialogues Podcast Recording: Maternal Health Disparities. Our presenters today are Rita Treadwell, diversity, equity, and inclusion manager, who will be providing a welcome and closing remarks; Akiesha Gilcrist Sainvil, GT Miami shareholder, who is our program moderator; and guest speaker Judge Glenda Hatchett, former juvenile court judge, star of Judge Hatchett, and founder of the national law firm The Hatchett Consulting Group. Rita, you're welcome to begin.

Rita Treadwell (01:04):

Thanks so much, Dawn. Welcome to GTDRIVES: Dynamic Dialogues, at Greenberg Traurig Diversity, Equity, and Inclusion podcast. I am your host today, and as you heard, I am a diversity, equity, and inclusion manager. We are so excited to share this content with you, our listeners, today.

(01:22):

Statistics on Black maternal health in the United States underscore serious gaps in care. Black women are three to four times more likely to die from complications surrounding pregnancy and childbirth than white women. For every hundred thousand births, there are 18.2 deaths among Hispanic women, up from 12.69 in 2019. Risk was highest among women 40 and older. Asian American infants are 40% more likely to die from maternal complications as compared to non-Hispanic white mothers. Death rates for infants born to Black Americans with advanced degrees are higher than White Americans who didn't go to high school at all. Data analysis is often restricted to white, non-Hispanic whites, and non-Hispanic Blacks, and Hispanic women because their race and ethnicity are recorded more accurately on death certificates than for groups such as Asian American women. The statistics are just not there, and so when you hear me give these numbers, that's why we don't have the numbers for our Asian American women.

(02:35):

This conversation is held in the backdrop of Black Maternal Health Week, April 11th through 17th. This week-long campaign seeks to build awareness, activism, and community building to amplify the voices, perspectives, and lived experiences of Black birthing mothers. Today we are joined by Glenda Hatchett, as you heard, a former juvenile court judge and star of Judge Hatchett. She currently is the founding member of The Hatchett Consulting Group, which is based in Atlanta. She has dedicated her powerful voice to raising awareness of America's growing mortality rate, which disproportionately affects women of color, after her daughter Kira Dixon Johnson died giving birth in 2016. She will share her wins and works ahead on this important health disparity. Our moderator today is Akiesha Gilcrist Sainvil, she's a litigation shareholder in our GT Miami office. I'm going to hand the mic over to you, Akiesha.

Akiesha Gilcrist Sainvil (03:39):

Akiesha Gilcrist Sainvil (03:49):

Let's go ahead and begin. Judge Hatchett, many people know you from your long-running television show but may not know you for your advocacy, specifically for maternity health equity. Can you tell us about some of your work in this space and your connection to it?

Judge Glenda Hatchett (04:07):

(04:44):

It is true that this has changed my life. It is true. I walked into a hospital with a 19-month-old grandson, my son, Kira's parents. I always refer to her as my daughter, and I'll get into more detail about what happened that day. But just to set the stage, I always refer to her as my daughter, even though technically she is my daughter-in-law, having been married to my son. I never referred to her as my daughter-in-law. I never treated her any differently than her being my daughter. Independent of her being married to my son, she had become my daughter in every way possible.

(05:30):

So we all go in, her mother, her aunt, her cousin who's like a sister, her brother, I mean, we just had this big entourage going into Cedar-Sinai Hospital in Los Angeles, which is deemed to be one of the world-renowned hospitals. She was excellent health. She was a marathon runner. She was a sky diver. She had a pilot's license. She spoke four languages fluently. I say four, we joke and say five because English, but she did. She was this amazing young woman. So I say to all of you today that if I did not know that this was such horrific problem in this country before Kira died, there are so many people who did not as well.

(06:30):

My son Charles said at her funeral, it is important that we turn pain into purpose. And I know we have a lot of questions to get to, so I will make this fairly succinct, but this is an important point. He basically said, "We must turn the pain into purpose." And that's what we've tried to do. So we've set up a website, that you will share I know with the people today. And we were in Washington, I literally was in Washington more since Kira died than I had been all together in my life and I've been in Washington a lot. What the point was, is that there had never been federal legislation dealing with the issue of maternal health and this horrific problem of maternal mortality. Never ever had there been federal legislation. So I met with Republicans and Democrats and liberals and very conservatives and men and women who were just appalled at this story, that this young healthy woman could die in a hospital 12 hours after having given birth through this horrible, horrible medical neglect.

(07:50):

So we were lobbying. We were lobbying for this legislation to be passed. Very interesting. The co-sponsor of the legislation in the House side was a white woman Republican who then later lost her seat, unfortunately, because she got out-trumped, to say the least. That's a whole another story. But what I'm telling you is that this was an issue that crossed party lines, crossed racial lines that people really were like, "This could not be happening in America." So succinctly, I will tell you that it turned out that the chair of the health subcommittee on issues that we needed to deal with the legislation was a conservative white Republican man who was an OB-GYN. He took up the cause, thankfully, and really ran hard to get this legislation done. So that's what we've been doing. We've been doing that on the legislative side, on the federal level, but also states.

(09:00):

Georgia, for instance, where I live, always hovers between 48 and 49. Depending on where you are in the country, some have better outcomes, but all the numbers are bad because nationally, and when you think about all the developed countries in the world, we always, as the United States, we rank bottom. So specifically, what are we doing? Pushing for more federal legislation, frankly, because this first bill was a start but not nearly sufficient. Pushing for state legislatures to really look at this issue because so many of the things that need to be addressed have to be dealt with at the state level.

(09:48):

For instance, what happens in terms of coverage under Medicaid, if you are on that? You have to depend on your state deciding that it should be moved to 12 months. So that's been a big push that

we've been trying to get done. But besides that, we're also trying to connect on the human level of really encouraging people to be knowledgeable. And we have a question, I think, later that we will get to, but this whole thing of education, I can't say enough.

Akiesha Gilcrist Sainvil (11:05):

Are there other stories that you can share here to show just how common and different race-based disparities are in maternity care?

I'll give you a good example of a woman who had gone in to have a baby. She kept saying, "I don't feel good." They pushed her out of the hospital, they loaded her up with pain medicine, and they just kept blowing her off, blowing her off, blowing her off. She then could not take the pain anymore after being home. Her husband took her back to the hospital. It turned out that she had had this serious complication and infection that had developed into sepsis and then she died. There was a woman right here who was a brilliant, brilliant contributor at the Center for Disease Control right here in Atlanta who had a baby, had a little precious little girl. She too was saying, "I'm not okay, I'm just not okay." And went home and went back to the hospital. They sent her back home, and when they sent her back home, she literally died.

(12:27):

There's so many stories like this that keep happening, and we'll talk about what that does to the families that are left, but too many women are dying needlessly. When we're talking about these statistics, we aren't talking about women who may have had cancer, who may have had serious heart conditions and did not survive delivering a child. That's not what we're talking about. And this is very important for us to really zoom in on. We are talking about preventable deaths among women.

(13:56):

Akiesha Gilcrist Sainvil (14:52):

Now, in terms of these disparities in maternity care, how does this happen? Where does this two-tier healthcare system come from?

Judge Glenda Hatchett (15:00):

I'm not going to sugarcoat this. It is based in racism. It is based in the fact that we as Black people have historically, not just on this issue, but historically across the board, we have seen disparities in health care. Now, with this, let's keep it narrow on this topic about maternal deaths and the lack of health care. We can go back. Everybody knows about the Tuskegee experiment. Very few people know that there literally was a doctor who regularly performed hysterectomies on Black women without anesthesia. It goes back even further than that because we were treated as animals during slavery. I mean, let's just call it what it was, that we as Black women gave birth, we knelt down in the fields, squatted in the fields, gave birth, cord was cut, the baby was taken, and we were required to keep working.

(16:31):

So this is not a new issue. This is rooted in history. It is rooted in a system of racism that has been a problem since this country was formed. So we've got to be candid. My theory is simple. You can't fix it unless you acknowledge it, unless you call it what it is. And I'm getting emotional about this, but this is real. It is real that we've been ignored, that people think somehow that we can bear more pain, that we are not the same as a white woman coming in and saying certain things and complaining. So the two-tier system is complicated by a philosophy, an attitude, but it is further complicated because we don't have enough awareness in the system.

(17:34):

I am certainly not saying that every health care provider is racist. That's not what I'm saying. What I'm saying is that there has got to be a difference. We've got to really raise the consciousness of health care providers in this country to look at this in a way because there is bias. And I do believe that some of this is unconscious bias, but I also have seen enough to know that some of this is conscious bias. And until we are willing to address this as a nation, as people, as humans who care about each other, we are going to continue to see these disparities. We don't see them. I mean, we don't see these numbers in any other place in the world.

(18:27):

Kira would've survived had she given birth in the bush in Nigeria. I've told people that story several times. She would've survived. She would've not be dead. But until we understand that there is a disparity, that there is a two-tier system, it is rooted in our history, and that we have got to be super conscious and very committed to eradicate that so that there's an even playing field and that all women, regardless of their race or their socioeconomic status, will get the kind of care that they need and that they so deserve.

Akiesha Gilcrist Sainvil (19:09):

Absolutely. Does trust among Black people and other people of color in our current healthcare system play into the maternal mortality rate, and how so?

Judge Glenda Hatchett (19:21):

Well, I think that there has been historically a distrust, and let's just call it what it is.

(20:28):

So the distress is real. Again, it is also the thing that we've got to do a better job of educating peoples. They need to articulate their concerns. And if they're not responded to, they need to demand responses, or they need if they can. But a lot of our people are going into clinics, and they're at the mercy of whoever sees them that particular day. And that's unfortunate. But yes, the short answer is yes, there is distrust. It's not just in an area of maternal health, but we see it and we have seen that in the historical situation that we face as Black people in this country, or we have faced.

Akiesha Gilcrist Sainvil (21:18):

You previewed some of your advocacy work for us a little earlier. What are some obstacles that you've faced since starting your advocacy work? And what barriers do we face in general in terms of providing quality maternity care for families of color?

Judge Glenda Hatchett (21:36):

I think the biggest obstacle frankly right now is the bureaucracy. I mean, that's just it. The bureaucracy is horrendous in this country. We have got to get... Although the federal legislation that I mentioned earlier is a start, it is not nearly sufficient. And let me tell you why it's not sufficient, because it doesn't really address adequate reporting. I tell you, I've been in Washington so much, I really needed an office up there. I was there in and out. And I guess they said, "When has she going to go home?" But I wasn't going to go home. I was going to keep going back and forth.

(22:09):

And what Senator Booker said to me, and I think makes so much sense, he said, "Judge, until the feds decide that they're going to tie reporting of the maternal death cases to federal funding, we're not going to have an adequate picture nor are we going to know where and how to really target what needs to happen." That makes a lot of sense. So right now, hospitals, health facilities report, and I think probably everybody on this podcast will be shocked, but it's not necessarily mandatory. But if you tie it to the federal funding the hospitals get, then you have a very different picture. And then there has to be the federal legislation in hospitals and what they are doing.

(23:10):

Let me go back. Kira birthed without doing the intervention necessary. We knew that there was a problem. They didn't get her back to the OR, they didn't get her back to the OR until midnight. But hospital then said, had we gotten her back to the OR by six o'clock, she would be alive. So that's not okay. Something went very wrong. And they told my son... I'd left the hospital early to take the toddler back and I carried a lot of guilt because I would've demanded. Anyway. The point is, they told my son, when they said MRI STAT, if they'd done the MRI STAT, they would've seen that she was hemorrhaging from the botched C-section, which was not an emergency. Let's be very clear, it was not an emergency. It was a scheduled C-section. Had they done the MRI at six o'clock when it was ordered, they would've known that she was in crisis, right? Instead, they didn't do it. My son kept asking, I'm learning this later, kept asking, kept asking.

(24:25):

So by the time they realized that she is dying, and she really was dying at that point, they rushed her to the OR at midnight, but the doctor didn't come in to do the incision until 12:23. And she died, I mean, they brought her back, they revived her. But the second time, couldn't save. So needless, so needless. And I was shocked that the head of the department at Cedar-Sinai, when my son and I met with them and with her parents and her brothers, she said, "Had we gotten her back to the OR by 6, 6:30, she would be alive." And they were all just amazed that she lived as long as she did. She's in great shape. She's a great athlete, she'd taken care of herself. And I think it was the sheer determination to live.

(25:29):

So I say all that to say that until there are mandates that are federally imposed and that are tied to funding as well as licensing in this country, we will not see a radical shift in improvement. I don't believe in these numbers. I think that the bureaucracy is horrific. I think that the commitment has not been there. I think that us sounding the alarm has done a lot to raise the consciousness, but there is so much more that has to be done if we are going to see meaningful systemic changes in these systems.

Akiesha Gilcrist Sainvil (26:17):

And what can we be doing on our end to support this mission?

Judge Glenda Hatchett (26:20):

Yes, great question. Actually, the keynote for National Bar Association convention this summer was asking me to come and do that. And I did convention in Philly back in the fall. And I was asked that question. Well, what I think is that there has to be the support of these teams around this legislative piece to really lobby and to really keep the pressure on our legislatures, to write them, to tell them that this is a concern, that they cannot just sit back and tell us how sorry they are that these women keep dying. They can't just say, "Oh, I'm so sorry." That is not sufficient.

Akiesha Gilcrist Sainvil (29:29):

Now, there's another side to this as well, right? The disparate health factors affect not only just mothers, but also infants. What exactly does that look like?

Judge Glenda Hatchett (29:41):

The best way I can frame that conversation for all of you is, Kira, of course, Charles, they were living in Los Angeles. And I said to my son, "You're grown, but you're coming home. You can't be here with a 19-month-old and a brand new baby." So I transformed my home and moved them in. So my bedroom was literally right next door to my older grandson's room. And I always left my door open, I'm a light sleeper, and then next to his room was the nursery. So I heard Charles get up the 19... Well, he was 19 months old when his mother died, who's now two, he wasn't three yet. And I remember this vividly. But very articulate, he started talking very early on, and I got up and I said, "Sweetie, what's wrong?" And he says, "Grandma G," which is what they call me, "Grandma G." And he had a sense of urgency about it, "Grandma G, do you have mommy's cell phone?"

(30:47):

And I kind of took a breath and I said, "No, sweetie, I don't have her phone." And he said to me very clearly, "Grandma G, I need you to find it because I need you to call God and tell Him to let mommy come home because I want mommy here, not in heaven." Now, if you don't think that that didn't knock the daylights out of me, but I couldn't show it in front of him. I just hugged him. How do you explain to a child that his mother is never coming back? Because he's old enough to have remembered her. And the psychologist, my son had the presence of mind, calls his child psychologist the day after Kira died to say, "What do we do?" And her advice was, "Keep her alive." So we had these huge, huge pictures from the funeral and we turned my library into just this wonderful gallery of pictures, and we'd show them videos, and we celebrate her birthday every year. We talk about her, and we keep her very much alive.

(31:51):

(32:57):

The kids are great, and Charles has done a remarkable job. But as my young son said, there will always be an empty seat at the table, whether it's Christmas or Thanksgiving or birthday parties or weddings. There will always be an empty seat.

(33:50):

And there've been too many empty seats. It's not just my grandchildren that my heart bleeds for. It is all of these children who have lost their mothers when they should be here. I have a sweatshirt that just says, "She should be here," with the website on it. These are not statistics, as we talked about the numbers. My sisters and I say, my sister is without regard to race or class or culture, but these are not statistics. These are lives. There are lives that are so affected. I look at her mother, and her mother will never be the same. Her father is still grieving terribly. I said, "Come and go with me to the kids' soccer games and the swim meets or this or the school plays." And he just says, "I can't do it. I just can't do it." And I have to hug him and say, "I understand. I understand." Although I don't completely can ever feel what he's going through. All I can do is just try to be supportive because it's not just the children, the partner, the husband. It's the whole village. It's the whole village.

(35:15):

Judge Glenda Hatchett (36:07):

It's one thing if you lose somebody, and I'm usually more disciplined than this, I guess because we just did the anniversary of her death. But anyway, I'm far more disciplined usually. But what I want to say

though is that, that's what propels me. I really know what this feels like. And that is why I am so committed to this work.

Akiesha Gilcrist Sainvil (40:58):

"Since you began this work, have you seen legislators and others become more receptive to taking strides to make progress towards this effort?"

Judge Glenda Hatchett (41:14):

Yes. The short answer is yes, but not nearly enough. Yes. The answer is yes, because what I have found, what we have found is that people just didn't know. I mean, people were just like, "What do you mean?" And just did not know. So I keep saying education, education, education. And I think, again, that these issues cross party lines, race lines, if we can get people to just pay attention. But the answer succinctly is yes, yes, I have seen shifts because I think that there just been so many people who simply did not know.

Akiesha Gilcrist Sainvil (41:55):

Mm-hmm. And what role do men have in this issue and fight?

Judge Glenda Hatchett (42:03):

Huge, huge role. Huge role. Charles has a great support group, which I think is just wonderful of men. I mean, you don't want to be in this group, but they're all men who have lost, they may not always be their wives, but their partners. And they are really active not only in supporting each other, which I think is so important, but they're also really working to change things. So this is not a women's issue. This is an issue for all of us. Really can't just for Kira or for whoever's family is being affected. It has to be a movement. So I see this as a continuum that has to go on for years, frankly, because this problem is so deep and so systemic that there's not going to be an overnight fix.

Akiesha Gilcrist Sainvil (43:08):

what more can we do to bring this issue to the forefront? "Whenever I talk about this issue, I share your story as I read about it. Beyonce's birth story, Serena Williams' birth story. And you would think that these stories, including high profile celebrity celebrities, would create greater urgency. But it hasn't. What more should we be doing?"

Judge Glenda Hatchett (43:33):

I think we also have to be in a situation too, where we are continuing to have these conversations. As I mentioned earlier, I think that to the point that we have influence, be it medical schools, be it medical associations, be it any of those conversations, we need to be having them and we need to keep having them. When an opportunity to write op-ed pieces, and if there's an opportunity for you to be interviewed on these issues on your local news or TV or radio or even national news, don't sleep it, do it. Because the more people we have speaking about this, the more we're going to raise the level of consciousness. And I'll tell you why.

(44:24):

I don't have his permission to call his name, but let me just say, he is a very high profile political commentator on national news. He basically said, "Hey Judge, if I did not know Kira's story, my wife would've died. My wife would have died." So he's gotten on the train in helping us. And I can't tell you

how many times people will stop me, strangers will say, "Judge, my daughter was in that situation," or somebody told me her roommate would've died had they not known Kira's story. So the more we can talk about this and the more we can raise the level of consciousness and get people to be advocates, we don't want to come across as the mean, evil Black woman. It is not white sound alarm. And again, I carry so much guilt because I left the hospital. I did not know that they ordered an MRI and they hadn't gone. I mean, there's so many people I would've called.

(45:36):

Somebody said to me, actually in a symposium, in a question, "Judge, if they had known that was your daughter, they wouldn't have let her die." And I was like, "No, no, no, no, no, no. Nobody's daughter should have died. Nobody's mother should have died. Nobody's partner should have died." It just made the national platform that my son could use to leverage to be heard. I could write senators, I could write representatives, and they would grant meetings because it was me. So we were in a situation where we could use the fact that I was nationally known. We got to change a whole level of consciousness. So there's a lot of work to be done at so many levels. It's like children's Legos. I tell them, we're going to take your piece and my piece and her piece and his piece. And my thing is, the key is education. The more people know, the more they'll be prepared to ask the questions and advocate themselves.

(46:40):

Let me say one other thing quickly. We have gotten Yelp to start doing ratings and reporting on these incidents in California. We should know, is that that doctor did not miss one day of practicing medicine, which I think is absolutely absurd. The medical board chaired by a Black woman said to my son when he left the hearing, "Tell your mother I have such respect for her." Well, I will not tell you on the podcast my response to that. They did not take his license, he is practicing medicine, and Kira was one of six. Do you hear me? One of six complaints that day just from that one doctor before the board that day. She was the only fatality, but there were five other women with serious complaints. My son went to testify. I didn't think it was going to be an issue because surely I should have been there. And it never occurred to me that there would not be some discipline. He is still practicing medicine still to this day, with only a slap on the wrist and a notation made. Absurd. Absurd.

Rita Treadwell (48:11):

Thank you so much, Judge Hatchett, for joining us today and for sharing your story with us.

Judge Glenda Hatchett (48:16):

It was my pleasure. . I want to thank our audience for joining in and listening today. Stay tuned for future episodes of the GT DE&I podcast GTDRIVES: Dynamic Dialogues. Have a good afternoon, everyone.