

TESTIMONY
OF
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“BETTER DATA AND BETTER OUTCOMES: REDUCING MATERNAL MORTALITY IN THE
U.S.”

U.S. Committee on Oversight and Reform

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Testimony of Charles Johnson IV, Founder of 4Kira4Moms
in Support of H.R. 1212: Kira Johnson Act

Good Morning Mrs. Chairwoman Maloney and Ranking Member Comer, members of the committee: my name is Charles Johnson the IV. I'd like to thank the committee for inviting me to testify today on H.R. 1212: The Kira Johnson Act. I am both saddened and honored to speak before this committee to share my family's story and the story of other families that have had similar tragedies.

I have just introduced myself to you in my opening statement as Charles Johnson the IV, however, these days I am known as "Charles and Langston's Dad." Following the esteemed title of Dad, is that of "Kira's husband." Getting married to Kira and having our boys are two of the most amazing blessings that I will always be thankful.

I met Kira several times before we connected. Trying to catch Kira's attention was like trying to catch a butterfly. Kira was the most amazing person I have ever met. She spoke four different languages, an entrepreneur and run several companies. Her idea of a relaxing date was skydiving...her idea of a romantic date was drag racing. I was smitten with her zest for life- her enthusiasm- I couldn't wait to see what was going to happen next. We got married in a surprise destination wedding, one which I took pains to make sure I made an impressive impact on my bride, like she made on me every day. It was a dream come true: our wedding, our honeymoon, our new life as a married couple, the start of our new family. We had the rest of our lives in front of us! Nothing could stop us.

On April 12, 2016 my life partner, my best friend and amazing Mom, Kira lost her life after a routine scheduled c-section at Cedars Sinai delivering our 2nd son, Langston Johnson. Kira had delivered our first son, Charles V, via cesarean section, so we were both prepared for the process, procedure and recovery.

After delivering another perfect baby, I was sitting next to Kira by her bedside in the recovery room. That is when I first noticed blood in her catheter. I notified staff immediately. A series of tests were ordered. Along with a CT scan to be performed "STAT". I understood "STAT" to mean the CT scan would be performed immediately. Hours passed and Kira's symptoms escalated throughout the rest of the afternoon and into the evening.

We were told by the medical staff at Cedars Sinai Kira was not a priority and we waited for her CT scan to be done...we waited for the hospital to act so she could begin her recovery. Kira kept telling me, "Charles, I'm so cold; Charles, I don't feel right." She repeated these same words to me for several hours.

After more than 10 hours of waiting. After 10 hours of watching my wife's condition deteriorate. After 10 hours of watching Kira suffer in excruciating pain needlessly. After 10 hours of begging and pleading them to help her.

The medical staff at Cedars Sinai finally took action. As they prepared Kira for surgery, I was holding her hand as we walked down the hall to the operating room. Kira looked at me and said, "Baby, I'm scared." I told her, without doubt, everything was going to be fine.

The doctor told me I would see her in 15 minutes. Kira was wheeled into surgery and it was discovered that she had massive internal bleeding caused by horrible medical negligence that occurred during her routine C-section. She had approximately 3 liters of blood in her abdomen. Kira died at 2:22 a.m. April 17, 2016. Langston was 11 hours old.

As someone who experienced first-hand what it is like to have your spouse die in front of you, I do not have the words to describe the loss my family has suffered. While I no longer have the love of my life; my best friend more tragic is that My boys no longer have their Mother. And I shared with them that Mommy is in heaven, they will never be able to experience the love from the most amazing role model and Mother any boy could ever wish to have.

I vowed that I would take this tragedy and turn it into a mission fueled by the memory of Kira and the passion she brought to life every day. I have taken my grief and found peace by tirelessly working on maternal health and maternal outcomes. I am the founder of 4Kira4Moms. 4Kira4Moms mission to advocate for improved maternal health policies and regulations, to educate the public about the impact of maternal mortality in communities, provide peer support to the victim's family, friends, and promote the idea that maternal mortality should be viewed, and discussed, as a human rights issue.

My Kira lost her life, and I simply could not believe that her death, my family's experience, was not an anomaly. My situation and my family are not unique. The maternal mortality rate is rising in the United States.

According to the Lancet, 26.7 women out of 100,000 die directly as a direct result of maternal mortality. Maternal mortality figures have been rising exponentially in the United States over the past 2 decades. In 1990, the US had 674 recorded maternal mortality deaths per 100K; by 2015, the number had risen to 1063 women per 100K. Women color, regardless of income or education, are dying at a rate of 3 to 4 times higher.

My wife is now a 2017 maternal mortality rate statistic. Each maternal death is equal to approximately 70 mothers experience a "near miss", meaning they almost die. Based on CDC figures, approximately 50K mothers almost died from childbirth as recent as 2014. This has to stop!

I'm here today because the committee wanted to hear my story, Kira's story, Charles and Langston's story.

The importance of passing H.R. 1212: Kira Johnson Act is part of that story.

Right now in the United States, it is both more expensive and more dangerous to give birth than any place else in the industrialized world. Think about that. We spend more money on labor and delivery than any other nation, yet we're losing more mothers. That is shameful.

We put profits over patients first and foremost, especially in labor and delivery. They are all about delivering a baby faster with as many interventions as you can, spending as little time possible. Every time there's an intervention, it's a line item on your bill. An epidural, Pitocin, there are all these things we're doing to bring babies forth faster. It equates to money. And if you look at the cesarean rate in the United States over the last 40 years—the graph shoots straight up. And if you lay a graph of the maternal mortality statistics over top it, it's almost trending identically.

And then there are the very, very, very big racial disparities. I want to be clear that racism is a risk factor. To expound upon that, we're led to believe that African American women are dying because they are older, fatter, sicker or their race is somehow a risk factor.

However, in reality studies show that African American women who have college degrees and postgraduate degrees are dying even more often than Caucasian women living below the poverty line. We have to really look at how race is playing into these women's demise.

This is why it is critical for the Black Maternal Health Momnibus Act of 2021 be passed to address these issues.

The monumental piece of legislation will save lives. This is a bipartisan issue that provides community-based resources to address a systemic problem that if fixed immediately will save money while saving lives.

This is not about just one law, but about a comprehensive package of 12 different bills that will address all the very different aspects of this issue. Everything from supporting incarcerated mothers, to extending medical coverage for six months to a year postpartum.

Also, very importantly is the Kira Johnson Act that I mentioned earlier. It will provide funding for community based, African American women-led organizations to provide implicit bias training, doula care and training for people who want to become certified care providers, the list goes on. It's also going to take important steps toward provider accountability through grant funding. We are working to establish dignified quality of care compliance offices within hospitals that are independent from the hospitals themselves. If you go to a hospital now and you feel that you were treated unfairly, you fill out an incident report and it gets stuffed into a drawer. It's the risk management person's job to manage the exposure of the hospital, not to improve patient care. These independent offices will collect that data and then the federal government will publish it.

These efforts will not only save lives but also save money.

The Black maternal health crisis is the American health crisis, the American maternal health crisis. There is no delineation. Because if we can fix this for Black women, we fix it for everybody. People often say, you're making this about race. I didn't make it about race. The statistics made it about race.