



"Access to safe, high-quality care before, during and after pregnancy is basic community infrastructure that is lacking for too many Native families. And as access to maternity care continues to decline, while risks for maternal morbidity and mortality rise, it is essential to take action to address both new and longstanding barriers to care. I was honored to collaborate on this report, which provides a comprehensive compilation of evidence and experience, and highlights the necessary steps forward to ensure the beauty, joy, and celebration of safe and healthy births for American Indian, Alaska Native, and Native Hawaiian families," **said Katy Kozhimanni, PhD, MPA, University of Minnesota School of Public Health.**

"Native mothers are dying at alarming rates, and the crisis is compounded by the lack of reliable data to fully understand and address it," **said Lannesse Baker (Anishinaabe), Public Health Associate Officer for Urban Indian Health Institute.** "Systemic data issues like racial misclassification and the refusal to acknowledge the rights of Tribal Epidemiology Centers have created dangerous blind spots in understanding this issue. With better data and meaningful investments in tribal and urban Indian organizations, we can find real solutions."

"It is not often enough that Native Hawaiian maternal health is examined - but especially alongside the other indigenous peoples of the United States. By examining the disparities faced by Native Hawaiians, American Indians, and Alaska Native communities alongside each other, we can see that these disparities are not isolated or coincidental - but rather they are parallel consequences of the same systemic inequities. By recognizing these shared patterns, this report paves a roadmap for policymakers to support indigenous solutions and models of care that have the power to transform maternal health outcomes across all three populations for generations to come," **said Morea Mendoza, Director, Leadership & Operations, Pacific Birth Collective.**

"We are deeply honored to have contributed to the development of Workforce Equity in Maternal Health: Tribal and Native Community-Led Solutions. This brief reflects a powerful shift toward recognizing and centering the strengths, leadership, and knowledge held within Tribal and Native communities. Our hope is that this set of

reports helps reshape the national conversation, moving all of us toward approaches that honor sovereignty, elevate community-led solutions, and strengthen the workforce in ways that truly meet the needs of American Indian, Alaskan Native, and Native Hawaiian families and future generations,” **said Cassaundra Jah, Executive Director, National Association of Certified Professional Midwives.**

“Maternal and child health is the future of our Tribal Nations. Without healthy mothers and babies, our tribes cannot thrive, and in many ways, cannot exist. These findings remind us that every birth is a continuation of our ancestors and an investment in generations yet to come,” **said Amanda Roedl, MSN, RNC-OB.**

“Enhancing Indigenous data sovereignty is a critical pathway towards improving Native American, Alaska Native, and Native Hawaiian maternal health at the local, regional, and national levels. Prior to the recent disappearance of federal survey and public health surveillance data resources, our communities already faced significant data access issues stemming from a lack of inclusion in data collection and reporting efforts and a lack of partnership with Tribal public health entities and other Indigenous health research organizations. Therefore, as we as a nation look ahead to rebuilding and strengthening our national maternal health data landscape, there is an opportunity to center Indigenous communities and the important perspectives we have to offer in regards to ensuring that future data collection reflects our people, priorities, and data governance rights. I look forward to the day when we have ample access to data about our maternal health needs and strengths, as well as an abundance of resources dedicated to addressing data-driven recommendations for improving the many unacceptable disparities we see in Indigenous maternal health today,” **said Tess Abrahamson-Richards, MPH, Director of Data Sovereignty, Hummingbird Indigenous Family Services.**

“Addressing Indigenous maternal health disparities isn't just a health issue, it's a call for justice, requiring culturally-centered care, dismantling systemic barriers like racism, and empowering our Tribal nations as AI/AN women face double the risk of pregnancy-related death compared to white women, with most deaths preventable by integrating traditional knowledge with modern medicine,” **said Janet Johnson, New Mexico Department of Health, Tribal Liaison.**

"Native families too often encounter a fragmented maternal health care system with limited access to culturally grounded, Indigenous-designed care, conditions driven by sustained choices about what is funded, who is funded, and how funding is structured. While the dollars are necessary, the duration, flexibility, and administrative demands of funding determine whether systems are strengthened or strained. We are proud to have

contributed to this effort to elevate the urgency of chronic underfunding in American Indian, Alaska Native, and Native Hawaiian maternal health systems, while outlining the pathways needed to ensure safe, respectful, and equitable care for every mother in these communities,” **said Divya Sooryakumar, Vice President, Programs & Impact, Every Mother Counts.**

“Traditional midwifery and cultural practices should be a standard of care available and accessible to all Native and Indigenous communities. This policy brief is an exceptional advance towards creating more space for these sentiments to echo into the political arena. Such a strong community and nationwide response to the call to collaborate in this brief is indicative of the necessary role of traditional cultural medicines in indigenous health, and we are clearly ready to take the next steps forward,” **said Angela Cruz, Traditional Cultural Practitioner.**

“Maternal mortality is one of the most urgent crises facing Indian Country today—and one thing is clear: it’s preventable,” **said Abigail Echo-Hawk (Pawnee), Executive Vice President of Seattle Indian Health Board and Director of its research division, Urban Indian Health Institute.** “We have the expertise to save Native mothers’ lives, but we are denied the support needed to fully fund tribal and urban Indian health programs. We cannot wait any longer. We refuse to keep burying our matriarchs who carry our cultures and identities.”

“Building community-led systems that nurture our families and create generational impacts is critical to the livelihood of our Tribal Nations,” **said Jessica Whitehawk, MPH, Executive Director, Ttawaxt Birth Justice Center.**