



National Black Nurses Association, Inc.
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Immediate Release

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National Black Nurses Association (NBNA) - Position Statement on the Treatment of Karrie Jones at Dallas Regional Medical Center (Mesquite, TX) and Ongoing Failures in the Care of Black Birthing People Such as Mercedes Wells

Silver Spring, MD - The National Black Nurses Association (NBNA) is deeply disturbed by the widely circulated video showing **Ms. Karrie Jones**, in visible and escalating labor distress, seated in a waiting area while intake procedures continued. Family accounts report she waited more than 30 minutes, and she delivered her baby minutes after finally being taken back. The hospital has said it is conducting an internal review.

Background

- Black patients are consistently treated less aggressively for pain and are more likely to have their symptoms minimized or attributed to non-clinical causes.
- Black birthing people in the United States face a maternal mortality rate more than three times that of White women, even when controlling for socioeconomic status, education, and insurance.
- Research has shown that implicit bias, false biological assumptions about pain tolerance, and structural racism contribute to slower triage, delayed analgesia, and inadequate emergency response for Black patients.

Ms. Jones's experience echoes countless stories of Black birthing people across the country including **Mercedes Wells**, an Illinois mother who was told by hospital staff in Indiana that she was "not in active labor," only to give birth on the side of the road while trying to seek help at another hospital. These cases illuminate a devastating and patterned reality: Black women and birthing people are often not believed, not listened to, and not triaged appropriately when reporting pain or signs of labor.

A Pattern of Dismissal and Delay

Black patients consistently receive inferior pain assessment and delayed responses during medical emergencies. They do not receive the basic standards of clinical care when someone presents in active labor. Black birthing people experience disproportionate maternal morbidity and mortality, even when controlling for income, education, and access to care. These inequities stem from systemic racism, implicit bias, and harmful myths about Black pain tolerance that continue to shape clinical decision-making.



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NBNA Position

The NBNA demands immediate corrective action at Dallas Regional Medical Center and calls for national accountability across all U.S. hospitals. Specifically, we urge:

1. A full, independent, transparent review of the events involving Ms. Jones, with clear findings and corrective actions.
2. Enforcement of rapid obstetric triage protocols, ensuring that no one in active labor is made to wait due to administrative processes.
3. Mandatory anti-racism and implicit-bias training for all clinical and intake staff, with a focus on obstetrics and emergency pain assessment.
4. Public reporting of maternal safety and equity metrics, including triage times, complaint resolution, and maternal outcomes.
5. Immediate support resources for Ms. Jones, her family, and families like the Wells family, who have experienced harmful delays in care.

Statements from Leaders & Experts

Dr. Sheldon D. Fields, President, National Black Nurses Association

“NBNA stands with Ms. Karrie Jones, Ms. Mercedes Wells, and every Black woman whose cries for help have been minimized or ignored. The situations we see across the country are not accidents, they are symptoms of systemic failures in maternal care. Respectful, timely, lifesaving maternity care is non-negotiable. Hospitals must not only investigate these incidents; they must change. NBNA will continue to demand accountability, transparency, and the complete eradication of racist practices in healthcare.”

Black Maternal Health Equity Committee (Collective Statement)

“As nurses, midwives, and nurse practitioners we know birth cannot wait. When a birthing person reports pain, pressure, or signs of imminent labor, immediate assessment is essential. No one should be forced to give birth in a waiting room, a hallway, or on the side of the road because their concerns were dismissed or ignored. Failing to respond to symptoms of active labor is a violation of basic clinical standards and an avoidable threat to maternal and newborn safety. We stand with Ms. Jones, Ms. Wells, and the communities harmed by disrespectful and inequitable maternity care. Their experiences are unacceptable, and they demand accountability, action, and change.”



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Dr. Lucinda Canty, NBNA Black Maternal Health Equity Chair and a certified nurse-midwife, has seen firsthand the harm caused when laboring women do not receive timely and necessary care. *“The experiences of Ms. Jones and Ms. Wells are not exceptions, they are part of a long and painful history in the care of Black birthing people: being ignored, being disrespected, and being forced to wait. These delays are not harmless. They cost lives. Hospitals must act immediately to ensure dignified, responsive, and safe maternity care.”*

“These cases reflect a systemic issue in our healthcare institutions: prioritizing administrative procedure over urgent clinical needs. Black women continue to face the consequences of a health system not built with them in mind,” said midwife, **Dr. Janet Williams**.

Health Policy Committee Leaders

Dr. Vivienne Pierce McDaniel, NBNA Health Policy Chair, sees maternal healthcare inequities as a policy issue. She feels without mandated triage standards, accountability for delays, and equity reporting requirements, these preventable tragedies will continue. **NBNA Health Policy Co-chair Dr. Celia McIntosh** agrees. She also added that research has long shown that Black patients are more likely to have their pain minimized or dismissed and that these biases are costing lives so *“we must push for evidence-based, equity-centered, action-driven reforms in every hospital.”*

NBNA Commitment

NBNA pledges to:

- Work with Dallas Regional Medical Center and regulatory agencies to improve triage, labor assessment, and pain-management protocols.
- Advocate for federal and state policy reforms requiring transparent equity metrics and real accountability for hospitals.
- Support maternal health programs rooted in community voice, cultural humility, and reproductive justice.
- Provide training, advocacy, and research guidance to institutions committed to eliminating black maternal health disparities.

Call to Action

NBNA urges healthcare leaders, lawmakers, and regulatory bodies to treat these cases not as isolated incidents but as part of a national maternal health crisis. Black mothers and their infants would not experience preventable harm due to inadequate or delayed care in a healthcare system



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designed to ensure equity and safety. Addressing these inequities requires coordinated, collective action. Immediate structural change is required to save lives and restore trust.

About the National Black Nurses Association

Founded in 1971, the National Black Nurses Association (NBNA) represents approximately 308,000 Black registered nurses, licensed vocational/practical nurses, and nursing students in 115 chapters across the United States, the Eastern Caribbean, and Africa. NBNA's mission is to serve as the voice for Black nurses and diverse populations, promoting equity in healthcare and advancing the professional and educational development of nurses worldwide.

For more information, visit www.nbna.org