

Testimony

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The purpose of my testimony is to share, encourage, and empower the Consumer Advisory Committee members and the public about unlimited possibilities of what can be when we examine and explore the tenets of our current healthcare system's practices and policies.

I am a Black African-Native American healthcare consumer with first-hand experience seeking accessible, affordable, appropriate, and quality healthcare services to maintain and sustain an ultimate state of health. I am a recipient of both private and public healthcare insurance plans. I am aware of how incapable and unrealistic our current healthcare system's design is in providing holistic and adequate medical services in an equal and fair manner to those of us most in need. Having specific knowledge, academic background, and lived experience in the healthcare industry's trenches has indeed influenced my worldview. These characteristics justify my subjective thinking and political positioning revolving around social healthcare issues and impacts. These problematic issues include inequitable and unequal treatments and poor health outcomes in a continual growing multi-complex distribution of practices and services throughout the current healthcare system.

And because of these manufactured inconsistencies in healthcare processes, practices, policies, and poor qualities of care services impacting individuals' general well-being and health outcomes; I have accepted our healthcare system as a socially structured institutional establishment. This established institutional healthcare structure was designed to meet society's sociological, public health needs by addressing individual and community health, disease, and illness. As a result, the healthcare system aims to provide necessary medical services based on an economic system of both government and private market employer health insurance-based reimbursement payment activity scale.

However, this method of practice has become more expensive, ineffective, and unsustainable. Therefore, the system must be evaluated and challenged to better meet healthcare consumers' needs by identifying contributing factors to remove or improve the ongoing poor racial-ethnic health outcomes, health disparities, and inequities.

I believe all humans have an inalienable right to healthcare services. No entity including special interest groups or the private market sector must deny you this right regardless of your minority status, racial-ethnic group, gender difference, economic challenge, or any other perceived discriminatory category or unmet social, emotional, physical, or behavioral healthcare needs. It is imperative to receive appropriate, affordable, and timely medical care when needed if any individual should become ill with any disease or sickness, even if self-inflicted. These provisional care measures also apply to natural

disasters originating from earthquakes, floods, tsunamis, and or pandemic diseases such as Ebola and the killer Coronavirus (COVID-19).

A concerted effort, such as a comprehensive, collaborative inspection of our healthcare structures, will help remove socio-economic and other medical care barriers. You will accomplish this feat by recommending ideas to the Task Force members. The purpose is to assist them with identifying and addressing health barriers such as accessibility, quality, and growing healthcare cost issues to provide sufficient and beneficial services. It is your insight, lived experiences, and exposures to an unequal system of practices and policies that will ensure the best ingredients in rebuilding a strong, serviceable, and sustainable system of care model by which we all will benefit.

Therefore, it is through the lens of a sociological framework and Senate Bill (SB) 770 that I would encourage you and the public to consider as you contemplate social factors to secure stability and continuity of a comprehensive healthcare model. This approach will enable us to create a robust single-payer universal healthcare delivery system that will work for all Oregonians.

Respectfully,

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