

To: Co-Chair Courtney, Co-Chair Kotek, Co-Vice Chair Girod, Co-Vice Chair Drazan and Members of the Joint Committee on the First Special Session of 2020

From: Joan Watson Patko, Executive Director, Oregon Primary Care Association
Mara Gross, Executive Director, Coalition of Community Health Clinics

Date: June 25, 2020

Re: Support for HB 4208 as introduced

The Oregon Primary Care Association (OPCA) and Coalition of Community Health Clinics (CCHC) appreciate the opportunity to provide comments on HB 4208 as introduced.

The Oregon Primary Care Association and Coalition of Community Health Clinics represent a collective network of 42 safety-net community health clinics and Federally Qualified Health Centers that provide primary, behavioral and oral health care services to over 400,000 Oregonians, in over 230 communities statewide. They serve people experiencing homelessness, communities of color, immigrants, LGBTQ+, people with disabilities, and veterans. Our members provide care to Oregon populations made vulnerable, including one in four Medicaid/OHP patients.

Our members support the health and well-being of all community members, and particularly those that have historically lacked access to comprehensive health care. Our work came out of the 1960's civil rights era neighborhood health center movement. Black, Indigenous and people of color (BIPOC) have historically been denied quality health care and thus suffer the most significant health disparities and poorest health outcomes. The demonstrations of the last several weeks have highlighted the health-related impacts of racialized violence, chemical irritants, and traumatic responses to policing policies.

As members of the health care delivery system, we ask our elected leaders to enact changes in policies and practices to support whole person and population health. Failure to address the social determinants of health has caused profound health inequities in our country. They are the manifestation of decades of racialized violence and institutionalized oppression of BIPOC communities. We cannot fully address these issues if our housing, education, public safety, economic, and health care systems continue to perpetuate systemic discrimination. The demonstrations across the nation and the world are calling for radically changing the status quo to begin to correct the structural inequities that have been perpetuated for generations within the United States.

Police should adhere to public health guidance before deploying devices that exacerbate illness, especially in the times of this COVID pandemic

The use of crowd-dispersing chemicals like tear gas and pepper spray cause multiple health effects for every person exposed. These include mucus membrane irritation of the eyes, nose, throat, and airways. Exposure to these agents is physically painful and traumatizing. In heavier exposures, these chemicals cause inflammation in the lungs, damage to the membranes, and constriction of airways.

Repeated exposures have a compounding effect on both chronic and acute respiratory illnesses. These conditions include chronic obstructive pulmonary disease, chronic bronchitis, and acute infections like influenza, bacterial pneumonia and COVID-19. These chemical irritants induce coughing, which releases respiratory droplets, directly creating a higher risk of spreading infectious illnesses, and could accelerate the spread of COVID-19.

Many protesters are responsibly wearing masks as recommended for being out in public where physical distancing is difficult. The choice to use chemical irritants that attack the respiratory system directly counteracts the responsible public health safety steps of demonstrators.

Police should adhere to behavioral health-related guidance to avoid repeat trauma of communities, especially those who are already impacted by past trauma

Trauma informed care requires that we create heightened awareness of events, actions and words that can trigger trauma responses in our patients. The use of crowd control mechanisms like flash bangs is causing distress in the people we care for, including people who are near demonstrations but not actively involved in them. For those that are part of demonstrations, police should be aware that triggering a trauma response makes it extremely difficult for someone to comply with directions, verbal or otherwise. Using crowd control mechanisms that illicit trauma responses increase the risk of harm and breakdowns in communication.

We look forward to supporting our public agencies in improving policies and practices to achieve greater personal and population health for BIPOC communities and all of us.

Sincerely,

Joan Watson-Patko
Executive Director
Oregon Primary Care Association

Mara Gross
Executive Director
Coalition of Community Health Clinics