

Date: March 19, 2021

Chair Prusak and Members of the Committee,

For the record, my name is Erin Morse. I am an individual in Corvallis. I am writing to request your support for **HB2337**.

HB 2337 declares racism as a public health crisis in Oregon. Racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color (BIPOC) Oregonians. HB 2337 acknowledges that Oregon's very founding as a state was rooted in racist ideals, and the damaging impact of these and other racist policies continue to exist within our present-day policies and systems. Further, this bill signals the need for accelerated, intentional actions to heal these injustices and articulates six initial strategies and investments to address health inequities.

African American women are three to four times more likely to die from pregnancy-related complications, and people in rural areas of the U.S. are 64% more likely (Amnesty International, 2010). I have closely witnessed this.

In March of 2019, I lost my best friend of twenty-seven years to cancer. She had been experiencing symptoms like inflamed adrenal glands, intense reactions to a casual alcoholic drink and to chemical smells. At the time, though she was fully insured, she was turned away by a series of doctors when she asked to be tested for cancer. We talked at length about her health concerns and whether or not she should continue to seek care.

A few years earlier while she was pregnant and a new mother her physical and mental health was negatively impacted by inattentive care by her white gynecologist and midwife. Not only was she physically assaulted by her doctor when she was close to birth, her midwife neglected to observe the (now obvious to me) stark indications of post-partum psychosis. Years of fearful sleeplessness and permanent damage to her sense of physical safety and psychic peace followed. So, several years later when symptoms of cancer showed up and she was refused care she did not have the will to fight the racism in the intimate space of the physician's office. Instead, as many women do, she continued to focus her attention on her family and finishing her graduate work instead of her own health.

Not only was she a woman of color she was also a rural woman. No group of people should be forced to give up their connection to land to be less likely to die from medical racism. These events caused her to leave behind a loving husband a ten-year-old son. Days after her sudden death, I found a tweet shared from one Black woman to others, urging that when they are refused care to demand that the doctor add that to her chart. For my friend, this advice was too late.

HB 2337 was developed by the Oregon Health Equity Task Force which is composed of leaders and community-based organizations representing BIPOC, Tribal, and Immigrant and Refugee communities and includes six initial strategies that are responsive to the specific needs of their communities to reduce racial and ethnic health disparities.

1. Expand, support and enforce the collection of REAL-D data
2. Meaningfully invest in community engagement to identify future strategies
3. Health Equity Policy Analyst to disrupt policy from maintaining racist outcomes
4. Increase health equity through language access
5. Increase community voice in the legislative process
6. Remove barriers to increase access and quality of care in BIPOC communities

Thank you for the consideration and for your service. I urge you to support HB 2337.

Sincerely,  
Erin Morse  
Corvallis