

Date: 3/22/2021

Chair Smith Warner and Members of the Committee,

For the record, my name is Mikaila Smith. I am a behavioral health outreach worker at a large regional health system in the Portland Metro tri-county area. I am writing to request your support for HB2337.

HB 2337 declares racism 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.

Every day, I get to see first-hand the physical harms caused by oppression, stigma and discrimination. These invisible yet tangible forces have direct, very visible impacts on Oregonians- chronic health problems, barriers to accessing care, stigma, and lack of access to essential basic needs. The result of this oppression is not only great human suffering (and resilience of those oppressed), but an increased burden on health systems to try and counteract the damages done by systemic oppression.

- Chronic illness is greater for many communities of color. For example, African Americans (38.9%), Pacific Islanders (36.1%), American Indians and Alaska Natives (33.4%), and Latinos (29.1%) are more likely to experience high blood pressure in this state. (Oregon Behavioral Risk Factor Surveillance System, Preliminary race reporting data file, 2015 – 2016).

- 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).

- Communities of color are more likely to be uninsured (Oregon Health Insurance Survey, 2016).

- Racism is the reason that even when you control for educational attainment and income inequality that people of color still experience higher rates of health inequities and average years of life lost. (Colen, Ramey, Cooksey, Williams. (2018)

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. I urge you to support HB 2337.

Thank you for the consideration and for your service.

Sincerely,
Mikaila Smith
Portland, OR