

Chair Smith Warner and Members of the Committee,

For the record, my name is Bethany Renata Loberg and I urge you to support HB2337. I currently serve as Co-Chair of the Oregon Fellowship of Reconciliation (OFOR) and on the National Council of the Fellowship of Reconciliation USA, both interfaith organizations which engages the transformative power of nonviolence to work for just and peaceful local, national, and world communities with full freedom and dignity for every human being. I have also worked as Youth Ministries Leader at Salem Mennonite Church and as a Spanish Medical Interpreter at Salem Health in the past.

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. Public health offers important holistic lenses for addressing the complex realities of racism. This bill signals the need for accelerated, intentional actions to heal these injustices and articulates six initial strategies and investments to address health inequities.

Oregon has deep roots of racism, including the Land Donation Act of 1850 that made it legal to steal land from Native American Tribes, the 1887 murder of Chinese miners, Black exclusionary laws with lashing as punishment, Japanese internment camps during WWII, segregation in education, and real estate red-lining that drove down values and reduced home ownership in the Black community. Racism is pervasive and is integrated into every institution and system that is connected to the social determinants of health, and ultimately impacts Oregonians' ability to be healthy and well to their fullest potential. Furthermore, a key part of white supremacy, is that all our systems, including our schools and our healthcare systems, were designed with white people as the norm and the focus. Our mainstream healthcare institutions are best equipped to serve educated, middle-class white people. When I worked as a Spanish Medical Interpreter with the Language Access team at Salem Health, to serve effectively I needed to be attuned to multiple identities and capacities which would affect understanding and accessibility of information and documents provided by medical staff. Patients at the intersections of various identities were likely to face additional barriers to just the Spanish/English language barrier. For example, middle aged and elderly female Latinx immigrants, especially those from rural areas, were less likely to have had access to education, and thus less likely to be literate. Additionally, for many Indigenous Latinx immigrants, Spanish was their second, not their first language. Nurses would sometimes tell me "they speak a dialect of Spanish", when in fact the patient spoke an indigenous language that pre-dated Spanish arriving on the continent. Interpreters play a critical role in bridging systemic and language barriers, and the systems need to change. This bill provides important concrete steps.

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 and support 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.
Bethany Renata Loberg