

Date: 2/24/2021

Chair Prusak and Members of the Committee,

For the record, my name is Dr. Rosemarie Hemmings. I am a Black mental health care provider in private practice in Beaverton (Washington county). 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.

In my practice, I see a lot of BIPOC professionals of various age groups who are experiencing stress related to racism which manifest itself into various forms (depression, anxiety, physical health issues, etc.). To further add to their distress, there is often little to no options where they can find reprieve as they face daily racist actions in and out of the workplace. I receive calls on a daily basis from BIPOC folks specifically seeking mental health service from a BIPOC therapist because their issues are compounded by racism and they feel that they will be further traumatized by seeing a white therapist. Often, they are in more distress because they are unable to find the help they need from white clinicians and have been unsuccessful in finding a BIPOC clinician.

It is difficult for me to understand why more isn't being done to acknowledge and remedy Oregon's past and current structural racist practices which not only contributes to the poor health outcomes of its BIPOC communities but also does not encourage professional BIPOC folks to remain in the state. The lack of BIPOC professionals in mental health roles negatively contributes to making Oregon a more inclusive state when everyone is able to not just survive but thrive. It can be very isolating when you relocate here to Oregon and you are surrounded by people who do not look like you and also make you feel like an "other". It's the otherness that gets you, built on the gaslighting that follows when you bring up your experiences. It's hard to find a safe space. These factors contribute to poor health outcomes of BIPOC communities.

Racism is everywhere, but the unique liberalism of Portland adds another layer as many in Portland presume to not be exhibiting racist actions/thoughts because they hold liberal ideals. One need not be racist to commit racist acts. To deny investment in addressing structural racism at every level in the state of Oregon is to continue to promote the narrative that whiteness is supreme. We must invest and work to remove barriers to increase access and quality of care in BIPOC communities.

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

Sincerely,
Dr. Rosemarie Hemmings
Beaverton/ Private Practice