

Submitter: Joanne Mina
On Behalf Of:
Committee: House Committee On Health Care
Measure: HB4052

House Committee on Health Care,

I'm a community organizer with the Interfaith Movement for Immigrant Justice. During 2021 In response to noticing challenges around accessibility and trust in the vaccine rollout strategy in certain subsets of the US population, Together Lab, the Interfaith Movement for Immigrant Justice (IMIrJ), Interfaith Youth Core (IFYC) and Warner Pacific University began to question the role of faith in relational organizing around vaccine accessibility.

I worked with students from Warner Pacific University to practice skills like deep listening and cultural humility as we work to understand how communities are differently impacted.

Their work is featured at <https://www.imirj.org/> under "Faith and the Vaccine - Community Pandemic and Vaccine Stories"

I would like to share with you a few words from the students that participated in this work:

"Hearing these stories was really eye opening for me. I learned that my community cares about each other, especially our elders and children. By keeping our people alive and protected we are also keeping our traditions and stories alive for future generations to learn. " - Lynden Harry

"As we look for common trends, it is evident that many members of the Latino and immigrant community have a hard time taking time off in fear that they may not be able to make ends meet. In the future I hope to see some sort of legislation change that allows immigrants to have an economic safety net to fall back whenever they may not be able to work for a prolonged period of time." - Juan Pedro Nicanor Moreno Olmeda

"During this pandemic many families lost their jobs, were separated from their families, lost family members, and risked their lives by having to work during the worst waves of COVID-19. Each of the stories are sacred as they share with us parts of their lives and vicissitudes during the pandemic." - Jamie Bravo Salas

It's inspiring to see youth clearly articulate the systemic barriers their communities

face while uplifting their communities and their own humanity.

BIPOC and other underserved Oregonians need at the minimum for the Oregon Health Authority to provide grants to operate two culturally and linguistically specific mobile health units, as pilot program, to serve priority populations with histories of poor health or social outcomes.

Strategies for health equity must be directed, informed, and endorsed by BIPOC and other underserved communities to truly create health equity.

Respectfully,

Joanne Mina