

# Health Department

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February 2, 2022

House Committee on Health Care  
900 Court St. NE - Remote D  
Salem, Oregon 97301

Re: HB4052 - Racism as a Public Health Crisis

Chair Prusak, Vice-Chairs Hayden and Salinas, and members of the Committee, thank you for the opportunity to provide support for HB4052.

First and foremost, we commend the legislature for passing House Resolution 6, which declared Racism a Public Health Crisis, during the 2021 legislative session. However, we have more work to do. It is imperative that we pass legislation with funding for short and long term strategies to put action and accountability behind House Resolution 6. House Bill 4052 is a step in the right direction to do just that.

We cannot begin to address the impacts of racism and the healing needed from generations of ongoing colonization and structural racism until we call them out. The naming of Oregon's systemic acts of violence is important. Oregon was built on the stolen and occupied land of many Indigenous sovereign nations. Oregon, in its state constitution, also explicitly excluded African Americans from settling here. Indigenous, Black, and other People of Color have been subject to continued racist policies, laws, and discrimination in our institutions within Oregon and this country. Oregon's current policies, laws, and practices continue to disproportionately impact the health and wellbeing of BIPOC communities. Racism is the underlying driver of all racial health disparities and it must be acknowledged and addressed in meaningful ways.

House Bill 4052 begins to address the tremendous work required to undo racism and the enduring impact racism, colonization, and genocide has had on our lives and institutions. The COVID-19 pandemic, which has disproportionately impacted our communities of color, has laid bare what we have known for a long time but have failed to effectively act on: that racism is one of the biggest threats to the lives of the communities we live in and love. Historically, our most marginalized people of color have been mistreated, undertreated, underdiagnosed, and had diminished access to quality medical care; especially when facing barriers related to transportation, family care responsibilities, job/food/housing insecurity, amid concerns around safety and basic dignity due to racism and discrimination.

HB 4052 would also be critical in bringing services to communities of color who need services the most. It would also help elevate stories, expertise, and knowledge of BIPOC communities. Our work during the pandemic has shown that meeting communities where they are and building authentic relationships is critical to addressing the impact of structural racism on health. We worked in partnership with communities to perform community outreach and education to address vaccine hesitancy and misconceptions about COVID-19, both issues impacted and shaped by histories of racist experiences with health care and the ensuing lack of trust. It is time for us to put our house in order. Many of the hospitalizations and deaths due to COVID-19 could have been prevented if our health care and public health systems had prioritized fighting racism and using an equity based lens a long time ago.

Meaningfully and intentionally investing in community engagement to identify future strategies is a must. Disrupting policies and laws from maintaining racist outcomes is imperative. Your commitment and accountability to investing in meaningful community engagement is needed now more than ever. Removing barriers to increase access and quality of care in BIPOC communities by creating and assessing a pilot mobile health program will create a sustainable, culturally responsive model to increase access to care, informing a collaboratively-developed statewide plan. It could also trigger interest and participation in public health topics among the historically marginalized communities.

We have a responsibility to actively and aggressively respond to historical and systematic decades of cross- generational racism by removing barriers, mending relationships, and restoring trust to amend for past disparities. Access to health care is a basic human right and the mobile health program is one practical step towards amendment. Through visible community engagement and commitment by public health authorities, this critical public health step could be tenable.

Thank you for your time and dedication to this very important bill.

Thank you,

Jessica Guernsey, MPH  
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Multnomah County Health Department