March 22, 2021

Chair Smith Warner and Members of the Committee,

For the record, my name is Phil Gordon Cuellar. I am a healthcare management professional at Oregon Health & Science University in Portland. As a concerned citizen and a member of the BIPOC community, 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.

It pains me, and everyone who believes in human dignity and the potential of our state, to continue to see and experience overt as well as subtle enactments of racism. The most recent reminder happened prior to COVID as my family and I were walking into a restaurant when a middle-aged white man interrupted our conversation (which was bilingual) to hatefully tell us to "speak English or get the f#ck out of here". Life is stressful enough; no one needs added hate and trauma in our lives. How does a person in this century still feel they are entitle enact racist behaviors?

- As public health professionals, we assert that this issue is not about politics. This issue is about people's lives and their health, and the fact that people are dying far earlier than they should, and that we must do a much better job of preventing that.
- In Oregon African Americans and American Indians and Alaska Natives experienced more years of potential life lost (YPLL) than any other race and ethnicity in the state (Oregon Death Certificate Data, 2016).
- 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).
- Racism in Oregon and nationwide has created a situation that is untenable and where immediate action must be taken to mitigate further harm and violence against BIPOC Oregonians and Tribes.
- Racial justice requires the formation and purposeful reinforcement of policies, practices, ideologies and behaviors that create equitable power, access, opportunity, treatment, and outcomes for all people regardless of race and redistribute resources to invest where inequities are greatest

- Racism in Oregon has left a legacy of trauma from one generation to the next, impacting Oregon Tribes and BIPOC communities through a cumulative effect
- Oregon has deep roots of racism to include 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 Oregonian's ability to be healthy and well to the fullest potential.
- Incidents of racism consistently experienced by Black, Indigenous, and people of color (BIPOC) communities and Tribes create racial disparities in social, health, economic, legal, and academic outcomes
- White supremacy was institutionalized through the development of policies and systems that ensure power, privilege and resources remain in the hands of white men
- 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)
- Racial disparities in health among nonpoor African Americans and Hispanics: The role of acute and chronic discrimination. Social Science and Medicine, 199 (February 2018), p.167-180.
- Racism is the reason why COVID-19 has hit communities of color harder. In Oregon, Latinos represent nearly 40% of COVID-19 cases, despite the fact that they only comprise about 13% of the population. (Oregon Health Authority, 2020. COVID-19 Weekly Report: October 14, 2020).
- Black and brown people are stopped, searched, arrested, prosecuted, and experience more force and are killed by police at higher rates nationally. (APHA, 2018, Addressing law enforcement violence as a public health issue).
- As public health professionals we know that chronic stress, trauma, and violence not only impact physical wellbeing, but also has psychological implications. Studies have shown that discriminatory police stops are associated with negative mental health outcomes such as anxiety, depression, and posttraumatic stress disorder. (APHA, 2018, Addressing law enforcement violence as a public health issue).
- Health inequities are preventable issues that when addressed provide significant cost savings not only to health systems, but also other systems related to the social determinants of health. More importantly, addressing these issues of racism improves the health and quality of life for all Oregonians.
- This effort will look like many similar ones out there. Racism didn't happen overnight and with one action and dismantling systematic racism will take many years, multiple legislative concepts, policies, and community pushes.

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 several initial strategies that are responsive to the specific needs of our communities to reduce racial and ethnic health disparities.

1. Meaningfully invest in recruiting and retaining BIPOC healthcare professionals[1]
2. Invest in the development and use of health equity performance measures[2]
3. Collaborate with local and federal authorities incentivize the reduction of health disparities and achievement of health equity
4. Expand and support the collection of REAL-D data
5. Health Equity Policy Analyst to disrupt policy from maintaining racist outcomes
6. Increase health equity through language access
7. Increase community voice in the legislative process
8. 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,
Phil Gordon Cuellar
Oregon Health & Science University

Reference:

[1]Alsan, Marcella, Owen Garrick, and Grant Graziani. "Does Diversity Matter for Health? Experimental Evidence from Oakland." *American Economic Review* 109.12 (December 2019): 4071-4111.

[2]Anderson, Andrew et al. "Promoting Health Equity And Eliminating Disparities Through Performance Measurement And Payment" *Health Affairs* VOL. 37, NO. 3: Advancing Health Equity (March 2018).