



March 22, 2021

Chair Smith Warner and Members of the Committee,

For the record, my name is Kent Thornburg. I am a professor of medicine in the Knight Cardiovascular Institute at Oregon Health & Science University where I direct the Center for Developmental Health. I direct the OHSU Bob and Charlee Moore Institute for Nutrition & Wellness at OHSU, and have been continuously funded by the National Institutes of Health over my career to study maternal effects on fetal heart development, early life influences on human aging, how the western diet affects fetal outcomes, and the regulation of human placental growth and nutrient transport. I write today to urge your support for **HB 2337**.

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.

One of the most difficult barriers to improving community health is the discrimination and social harm caused by racism. Too many Americans are exposed to racism on a daily basis and it has led to enormous health and financial inequities in this country.

The OHSU Bob and Charlee Moore Institute for Nutrition & Wellness works to improve community health across Oregon, the U.S. and beyond. Our work is grounded in medical science that clearly shows how exposure to frequent and prolonged stressors, like racism, that occur during adolescence, pregnancy and in the first years of life lead to physical changes that manifest as compromised emotional and physical health in adulthood. These stressors underlie the well-documented declining health of people in the U.S., and especially in communities of color.

Racism is causing major harm to populations of color, including Black, Latino/Latinx, Native American and Alaska Native communities. From subtle acts of prejudice to egregious acts of discrimination, racism is built into the very systems that are meant to keep us safe and healthy: health care, policing, education, farming, politics and more.

We know that more Black and Native American women are dying during labor and delivery than women in other racial and ethnic groups. The food insecurity rate for Black and Latino/Latinx households is twice the rate for non-Hispanic white households, and a disproportionate number of Black Americans are incarcerated and dying from law enforcement.

Downstream health outcomes such as obesity, diabetes, hypertension and heart disease are more prevalent in Black, Latino/Latinx, Native American and Alaska Native communities. The current COVID-19 pandemic is hitting communities of color harder than white communities.

The severity of COVID-19 is associated with preexisting, underlying conditions. In addition to old age, the Centers for Disease Control (CDC) lists cancer, chronic kidney disease, chronic lung disease, weakened immune system, obesity, serious heart conditions, type 2 diabetes and sickle cell anemia as the most important underlying conditions that portend a severe infection. This list of chronic conditions is highly important for two reasons:

1) It explains the disparity in severity of illness and death among different ethnic groups. American Indian, Alaska Native, Black or African American, Hispanic and Latinx all have COVID-19 hospitalization rates that are nearly five times higher than in whites and mortality is nearly twice as high among Black Americans. Why? These groups have much higher rates of the underlying conditions outlined by the CDC.

2) The underlying conditions that predispose severe COVID-19 cases are known to have their roots in early life development. Recent data show that in addition to the lungs, COVID-19 can lead to organ damage in the heart, brain and gastrointestinal tract. These organs are already weakened in people who were exposed to stressful conditions in their early life.

As of this writing, COVID-19 has caused over 540,000 deaths in the U.S. in just one year. Vaccines will likely extinguish the pandemic in the next 12 months. However, chronic diseases will keep killing people unnecessarily. Currently, in the U.S., cancer causes about 600,000 deaths per year and cardiovascular disease some 850,000. These deaths are due to vulnerabilities set in early life.

Racism is the silent culprit in the current epidemic of chronic disease that affects people of color more than others. Social stress is carried from one generation to the next through the mother. During pregnancy, high levels of the stress hormone, cortisol, cross the placenta where it slows the growth of the baby and leads to epigenetic changes in the brain that underlie psychiatric disorders, low cognitive function and poor performance in schools. Such babies have below average weight at birth and are at high risk for acquiring the conditions that have become underlying for COVID-19.

Racism is a public health issue that leads to populations of people who suffer. If we are ever to reverse the persistent upward trends of obesity, type 2 diabetes, dementias and heart disease in Oregon, addressing racism as a public health issue is required.

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 we strongly support their six initial strategies as a starting point to respond 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

At the Moore Institute, we have been asking the question, “When will we as Oregonians decide to end chronic disease?” If never, the epidemic of chronic disease will continue unabated and

communities of color will continue to be disproportionately impacted by poor health and reduced life spans. A better tack is to acknowledge that racism is pervasive in our communities and develop strategies for its elimination. I urge you to support HB 2337.

Thank you for the consideration and your service.

Sincerely,

A handwritten signature in blue ink that reads "Kent L. Thornburg". The signature is written in a cursive style with a large, sweeping initial "K".

Kent L. Thornburg

M. Lowell Edwards Endowed Chair

Professor of Medicine

Director, Center for Developmental Health, Knight Cardiovascular Institute

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