March 23, 2021

Chair Smith Warner, Vice-Chairs Drazan and Holvey, and Members of the Committee:

On behalf of the American Association of University Women (AAUW) of Oregon, we express our support for House Bill 2337.

Systemic racism has plagued and continues to plague our health care system. It has been said that "being a person of color in America – whatever your economic status – is bad for your health."[1] AAUW of OR's vision is Equity for All and this bill clearly advances that goal.

It is shameful that "researchers use term – 'excess deaths' – to explain the sad fact that if blacks and whites had the same mortality rate, nearly 100,000 fewer black people would die each year in the United States. Even educated African Americans are sicker and die younger than their educated white peers. A black person will live on average about three fewer years than a white person with the same income."[2]

The COVID-19 epidemic has highlighted these disparities. According to the Centers for Disease Control and Prevention (CDC), an analysis of approximately 1,500 hospitalizations across 14 states found that African Americans comprised a third of the hospitalizations, despite accounting for only 18% of the population in the areas studied and 13% of the US population.[3]

We also applaud the convening of task forces by the Oregon Advocacy Commissions Office. We believe that these task forces will add important context to simple geographic aggregations. When viewed in a vacuum, health care demographic data has historically been used to perpetuate myths and justify racism rather than remedy it.

Health care experts have concluded that without appropriate contextualization, aggregate health care data can give rise to erroneous biologic explanations for racial health disparities and reinforce racial stereotypes about behavioral patterns. The reasons for racial disparities in health care should instead be directed to factors such as the existence of socio-economic challenges, lack of housing, stress associated with trauma, a long history of the lack of adequate medical care and so on.

As an egregious example of the misuse of geographic data took place during the tuberculosis

---

[1] Risa Lavizzo-Mourey and David Williams, Being Black is Bad for Your Health, US News and World Report, 14 April 2016, file:///Users/patriciagarner/Desktop/1 Legislature 2020:1/HB 2337/Racial Health Disparities and Covid-19 — Caution and Context | NEJM.webarchive.

[2] Cited above.

[3] Regina Kullar, et al., *Racial Disparity of Coronavirus Disease in African American Communities*, Journal Infectious Disease, 20 June 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7337812/

outbreaks in early 20th century urban South, black people as a group were frequently described by public officials as hopelessly "'incorrigible' — that is, they disavowed hygienic guidelines and were vice-ridden and therefore were more prone to behaving in ways that made them more likely to contract disease."[4] This history should not be repeated.

Comprehensive data about the racial disparities in Oregon's health care delivery system will enable us to develop strategies to make much needed investments in communities which need it the most. Coordination with the Legislative Equity Office on future legislative measure will also ensure these considerations are recognized and undertaken.

We appreciate that this legislation will carry a fiscal impact which has yet to be fully determined, but the goal of working to reverse the impact of racism in our health care system cannot be put off any longer.

Respectfully submitted,

Trish Garner, JD, MSW
State Public Policy Chair
American Association of University Women of Oregon

[4] Merlin Chowkwanyun and Adolph J Reed, Jr, Racial Health Disparities and COVID-19 Caution and Context, The New England Journal of Medicine, 16 July 2020.