



March 23, 2021

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

For the record, my name is Jeanine Morales. On behalf of NARAL Pro-Choice Oregon, we would like to respectfully request your support for **House Bill 2337**.

NARAL Pro-Choice Oregon is dedicated to building and sustaining a movement that uses the political process to guarantee every individual the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, raising healthy families, and choosing legal abortion.

We recognize that racism is often a root cause of harm, trauma, illness, and death disproportionately impacting Black, Indigenous, and people of color (BIPOC) in Oregon. Communities of color have long experienced the greatest disparities, inequities and barriers that prevent many from accessing quality care—including **reproductive and maternal health care**. The impact of racism on public health is not a new phenomenon—but due to the current pandemic, the stakes could not be higher.

Oregon's roots of racism run deep and 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; real estate red-lining that drove down values and reduced home ownership in Black communities.

We support House Bill 2337, in declaring racism as a public health crisis, as a critical first step in acknowledging Oregon's racist history and the policies that continue to echo into our present-day systems and institutions. According to a growing body of research **“discrimination is itself a social determinant of health, as a type of stressor experienced by communities of color...It is also a determinant of access to other important social determinants of health. The direct and indirect health impacts of discrimination are harmful not just to the targets but to their families, loved ones, and communities. The impacts of racial discrimination on health is far-reaching and contributes to a multitude of health inequities.”**<sup>1</sup>

As advocates for public health, we assert that this issue is not about politics; this is about people's lives. Black women who are pregnant are “subject to a public health crisis that's been hiding in plain sight for the last 30 years. Following decades of decline, maternal deaths began to rise in the United States around 1990—a significant departure from the world's other affluent countries. By 2013, rates had more than doubled. More than half of these deaths and near deaths are from preventable causes, and a disproportionate number of the women

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<sup>1</sup> “Discrimination: A Social Determinant Of Health Inequities,” Health Affairs Blog, February 25, 2020.  
DOI: 10.1377/hblog20200220.518458 <https://www.healthaffairs.org/doi/10.1377/hblog20200220.518458/full/>



suffering are black.” **When accounting other factors such as age, social and economic class, Black women are three to four times more likely to die from pregnancy-related complications, as compared to white women.**<sup>2</sup> Until recently, Oregon lacked state data regarding race and maternal morbidity and mortality and very few culturally-specific resources exist to address the needs and concerns of Black women.

Communities of color are also the most likely to be uninsured<sup>3</sup> and COVID-19 has hit them hardest. In Oregon, Latinos represent nearly 40% of COVID-19 cases, despite the fact that they only comprise about 13% of the population.<sup>4</sup>

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 six initial strategies that are responsive to the specific needs of their communities to reduce racial and ethnic health disparities. These important strategies include:

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

Dismantling systemic racism will take many years, numerous legislative efforts, successful implementation of new policies, continuous action and commitment from all of us. We support HB 2337 as important legislation we believe will help keep us all accountable to the communities that must be centered in these critical conversations.

Thank you for your consideration.

Sincerely,

Jeanine Morales  
Deputy Director  
NARAL Pro-Choice Oregon

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<sup>2</sup> <https://powertodecide.org/news/dying-give-birth>

<sup>3</sup> Oregon Health Insurance Survey, 2016

<sup>4</sup> Oregon Health Authority, 2020. COVID-19 Weekly Report: October 14, 2020