Date: 3/22/2021
Chair Smith Warner and Members of the Committee,

For the record, my name is Inge Hindel. I am a White family practice physician who has worked for the Virginia Garcia Clinic for over 20 years. I am writing as a representative of Doctors for Camp Closure (D4CC), a national organization that advocates for the ultimate closure of ICE detention centers and the implementation of more humane, practical, and inexpensive methods of tracking immigrants and refugees. We, at the Oregon Chapter of D4CC, are 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.

As observant and concerned health care workers, we have been witness to countless patients whose health outcomes have been shaped for the worse by racism in this State. I will give you three personal examples as illustration. Please take these as sadly common examples of what all of us who constitute D4CC have seen in our practices.

- When I started working in Oregon, in the late 1990s, many of the agricultural areas of Washington County depended on migrant farm workers to be able to work their fields and harvest their crops. Although always poorly paid, physically taxed, and socially undervalued, these workers were accepted members of the community and not tried as criminals. Since work was seasonal, migratory patterns were a necessary part of survival, and at times of no work, many farm workers moved back and forth across borders. In 1929, White supremacist Senator Blease had managed to get Section 1328 of Title 8 of the US Code passed which criminalized crossing the US Mexico border outside of official border crossings. However, it wasn't until the government of George W Bush, and subsequent administrations, that immigrants have been apprehended and criminally tried. I point this out because I have personally been witness to countless families whose lives have been destroyed by these racists policies. Systemic racism often has hidden under the disguise of "law". But why would it be lawful to treat someone as a dangerous criminal and disregard not only their liberty but the rights of their family members when they have committed no crime, but only came here to work in service industries that desperately seek their labor? I watched a family of 7 be destroyed as the father was violently apprehended in front of his wife and children, treated as a criminal and deported. The father became desperately depressed and committed suicide. His wife, with no previous risk factors and in her early 30s, became diabetic. The oldest son dropped out of school and joined gangs. The youngest son expressed traits more typical of autism. This unnecessary action, born out of long racist policies made much worse in recent years, was an unmitigated disaster for the whole family. It has not righted itself to this day.
- One of my professional duties was to deliver babies at our local hospital, as well as to round on mothers and infants. One time, when I was rounding on a woman who had had a C-section the day prior, I became concerned because she was not recovering in a typical fashion but was rather in a lot of pain and had a fever. I advised the obstetrician on call. He had performed the surgery since he had been on call for the hospital, but he was not a clinic colleague. He took no interest in my concern. The patient in question was a Spanish speaking woman, as were most of our patients at the time. I felt the patient was infected, but I also got an XR due to her abdominal pain. The XR strongly suggested a volvulus (a twisted intestine). As this is a life threatening surgical condition, I again notified the obstetrician. He said it was impossible for her to have a volvulus and again refused to come see the patient, who was getting sicker. I then contacted the general surgeon on call (a friend of the obstetrician) and he also refused to come see the patient. I had heard both of these men make racial slurs and comments in the operating room on various occasions, but I never had expected them to refuse to provide appropriate care. At this point, I was highly distressed on behalf of my patient - she needed surgical care and I am not a surgeon. My only choice was to transfer her to another institution, which was a most irregular move, but necessary. They accepted her on transfer, and when she arrived, they confirmed she had a volvulus and needed to go straight to the OR and then recover in the ICU. I believe she would have died had I not circumvented the obstructionist and racist surgeon and obstetrician at my hospital.
- On another occasion, I was called to a friend's house because he had collapsed at a local sauna, and other friends had taken him home. My friend who was ill is a Black man. When I got to his house, it was clear that he was in cardiovascular shock, with a very fast heart rate, sweaty, and a weak voice, very much convinced he was dying. He was also in extreme pain. I called 911 immediately. The paramedics who arrived were nonchalant and slow, joking as they considered what to do. I urged them to hurry and they got angry at me. They placed an IV and asked my friend to walk out to the ambulance. Outraged, I insisted they bring a

gurney, it was clear my friend was going to collapse again, besides he was in terrible pain. They agreed to take him to the nearest, very reputable, Portland hospital. I followed. When I got there, the nurses and doctor in the ER made no eye contact with my friend and talked to him as if they were talking to a child. They also talked over him constantly. My friend tried to joke with them, his voice was thready and high pitched. He also cried out a lot with any movements they evoked. I knew this meant he was very ill, I had never seen him this way. They treated him like a drug addict who was faking everything, even though they had the vital signs to show how sick he was. They gave him IV fluids and were going to discharge him when the doctor noticed he was actually in a critical state called rhabdomyolysis. At that point he was admitted. I asked if they could give him something for pain, and they said no, he would just have to tough it out. I was extremely shocked by the treatment given my friend, from the paramedics to the hospital staff. He was very sick, in fact he might well have died. He was aware of being in danger. He later told me that one of his survival strategies, as a Black male in this country, is to try to put his White medical team at ease, and thus he was trying to joke with them. His pain was real, and the reason he got so sick was partly due to his carrying the sickle cell trait. His treatment was a manifestation of layers of racism and could easily have cost him his life.

These stories may seem long and tedious, but they are the living reality for people of color in this State. At every turn, racism creates conditions of enormous stress, which increases stress hormones that directly increase the rates of all of our chronic illnesses: hypertension, diabetes, obesity, depression, headaches, digestive complaints, autoimmune conditions and so many more. Racism further jeopardizes the ability of people to find safety and trust when they most need it - when they are sick and vulnerable. Regardless of the reputations our medical institutions might enjoy among our White residents, no Oregon medical institution is safe and trustworthy for people of color, who always have to be on guard. The demeaning treatment that people of color routinely receive is another huge burden on them and their families, creating righteous outrage that can never be equitably resolved. The shame that this visits upon the generations is palpable in the youth.

As public health professionals, we assert that in Oregon, racism directly affects people's lives and their health. People of color are dying far earlier than they should, and 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 loss (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).
- 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 non poor 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, and prosecuted, and they 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; dismantling systemic 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 six initial strategies that are responsive to the specific needs of their communities to reduce racial and ethnic health disparities.

- Expand and support the collection of REAL-D data
- Meaningfully invest in community engagement to identify future strategies
- Health Equity Policy Analyst to disrupt policy from maintaining racist outcomes
- Increase health equity through language access
- Increase community voice in the legislative process
- 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,
Inge Hindel, M.D. Ph.D.
Portland, Doctors for Camp Closure