

February 1, 2021

Chair Prusak, Vice Chairs Hayden and Salinas, and Members of the Committee,

My name is Pari Mazhar. I am a clinical social worker, and I have practiced clinical work for over 25 years in Portland, Oregon. I have practiced as a therapist and as a clinical director for child and family, youth and refugee, and immigrant services in Cascadia Behavioral Healthcare for seven years -- and the last three years as Senior Director of Equity, Diversity, and Inclusion at Cascadia.

On behalf of Cascadia Behavioral Healthcare, I am writing to request your support for **HB 4052**. Racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color (BIPOC) Oregonians.

With the passage of [House Resolution \(HR\) 6](#) in the 2021 session, the Oregon legislature has declared racism a public health crisis, but we need to go beyond a declaration. We need to identify and fund specific strategies to begin addressing the crisis. In the 2021 session, the Oregon Health Equity Task Force, composed of leaders and community-based organizations representing BIPOC, tribal, as well as immigrant and refugee communities, worked with Representative Salinas and many supporters to attempt to get HB 2337 passed, but in the final days of the session it wasn't possible to move forward with funding. However, the House did pass HR 6 declaring racism a public health crisis.

The Oregon Health Equity Task Force worked with Representative Salinas to come back in the 2022 session to identify and fund two initial strategies through HB 4052 that begin to address both immediate needs of their communities to reduce racial and ethnic health inequities, as well as creating a pathway for future strategies to address structural racism in the future. The two strategies seek to:

1. Remove barriers to increase access and quality of care in BIPOC communities through culturally and linguistically appropriate mobile health units.
 - a. The Oregon Health Authority (OHA) will offer grants to one or more entities to pilot two mobile health units using a culturally and linguistically appropriate model to specifically serve BIPOC communities. Lessons learned from these pilots will be integrated into future plans to assess the feasibility of developing a statewide mobile health unit system, which will be developed by the Oregon Health Authority (OHA).
 - b. The Oregon Health Authority (OHA) will explore the feasibility of expansion of a statewide mobile health system through several assessments.
 - c. An advisory committee will be convened and staffed by OHA to help guide these plans and ensure a focus on addressing structural racism.

2. Meaningfully invest in community engagement to identify future strategies through support of statewide affinity groups: This would include funding to support the Oregon Advocacy Commissions (OACs) in convening BIPOC leaders to recommend future strategies to continue working to address structural racism through policy and systems change, long-term.

During my career and my 36 years of my living in United States, I have experienced my own challenges in dealing with racism, both professionally and personally. I also have been honored to hear the stories of many clients – expressions of trauma and moral injuries that were inflicted due to covert and overt racism in everyday life. Many health issues and medical conditions are due to chronic trauma of racism, and this has put us in a greater risk of developing mental, physical, emotional and behavioral responses and conditions that

further marginalized, disempowered, and have made us more and more invisible.

I was lucky to have a support system in my community to help overcome and adapt to some of the everyday personal and system challenges. However, the impacts of racism still is play a major role in my overall health. I have dealt with racism by pursuing my education, employment, developing my leadership skills and contributing these skills to our community. Yes, I have been resilient, but resiliency has a cost on overall health. We should not rely on resiliency to achieve our highest potential in our lives. Initiatives like HB 4052 can help reduce racial and other forms of trauma and create a system that is better equipped to address the health of marginalized people -- who continue being pushed to the corner, being further marginalized.

There have been many research studies about how racism impacts people's health. Dr. David Williams presents scientific, research experiential evidence on how really racism makes the BIPOC community sick and disturb the health balance for everyone in society. (*How Racism Makes Us Sick: Public Talk that Matters Essay* ; <https://ivypanda.com/essays/how-racism-makes-us-sick-public-talk-that-matters/>.) Dr. Williams explains how every seven minutes a Black person dies prematurely. I am confident that current pandemic compromises the health of Black and other marginalized communities and it has put these populations in further risk.

I am hoping that experiences like mine do not continue as the normal experience for future generations. While I am thankful that I have been able to seek refuge in United States and contribute in a meaningful way to making my second home a better place, I am asking the State to help people like me to live less traumatized lives and create healthier opportunities so that we can continue to serve our communities and our country.

- 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
- 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
- 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 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.
- 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).
- 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.

Thank you for the consideration and for your service. I urge you to support H 4052.

Sincerely,

Pari Mazhar
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Cascadia Behavioral Healthcare
Portland Oregon