

February 1, 2023  
House Committee on Behavioral Health  
Testimony in Support of HB 2949/2651

Chair Nosse (NO-SSE), Vice Chair Nelson, Vice Chair Goodwin and Members of the Committee, my name is Shinjini Bakshi (they/them pronouns) and I am here to testify in support of HB 2651.

I am a second generation, South Asian, Bengali, queer/non-binary, Clinical Social Work Associate (CSWA) in recovery with lived experience as both a provider and consumer of mental health care.

When I was afforded access to Loan Forgiveness, it was the first time I truly envisioned a realistic path towards sustainability and longevity in the behavioral health field in Oregon. It not only validated the knowledge, expertise, and skillset that clinicians of color bring to the field but also affirmed the inherent value of providers who offer compassionate, anti-racist, culturally specific, and linguistically appropriate care. Harsh financial constraints have been so normalized in the field, such as working full-time during graduate school to survive unpaid internships, crippling debt of higher education, and steep licensure costs. Like many other socio-economically marginalized colleagues, I have always known that maintaining this career necessitates finding creative ways to navigate financial burdens, burnout, and race-based trauma.

Providing high quality, identity-affirming, specialized care to children, adolescents, adults and families experiencing co-occurring mental health/substance use challenges, often requires costly specialized training. Loan forgiveness made it more financially feasible for me to pursue deepening my specialized scope of practice with queer/trans+ BIPOC folks with complex intersectional trauma, thereby filling a necessary gap in care. Expanding access to loan forgiveness gives me hope that more queer/trans+, disabled, and BIPOC clinicians can harness the power of their unique lived experiences to end Oregon's current behavioral health crisis and work to drive the country's most innovation in clinical care, right here in Oregon, while also feeling a sense of spaciousness to continue to sustainably build towards more liberatory futures in behavioral health.

In today's socio-political context of the pandemic and Black Lives Matter uprisings, my colleagues and I that labor to create anti-oppressive care that does not replicate the same types of harm that exist within the mental health system or within society, deserve to be acknowledged and financially compensated instead of tokenized. We are doing equity/advocacy work to dismantle the state's oppressive white supremacist health systems *and* identity-affirming care work with our own historically silenced communities that currently face unprecedented violence, trauma, and grief — we want to stay here in Oregon.

I look forward to a future of collective care created “for us, by us” in which clinicians have access to fiscal incentives that embody the knowing that clinicians with intersectional identities are invaluable assets to our communities.

Thank you.

