



March 10th, 2021

Re: Black and Brown United in Action testimony in SUPPORT of SB. 956 and SB. 980

Dear Co-Chair Marilyn Moore, Co-Chair Catherine Abercrombie, and Members of the Human Services Committee,

We are Black and Brown United In Action, a grassroots organization located in New Haven, Connecticut and are testifying in support of SB. 956 and SB. 980. We care about providing healthcare for all, and recognize the healthcare needs for Black, Brown, Indigneous, Asian, disabled and elderly people. Healthcare should be free and accessible to all regardless of immigrant and income status. We urge you to support SB. 956 and SB. 980 so efficient healthcare is accessible and affordable to all, regardless of immigration and income status.

As you are aware, the COVID-19 global healthcare pandemic brought forward many issues which were previously ignored, mostly normalized. The lack of accessibility to affordable healthcare is one of those matters which the pandemic made known. One of the things that was revealed as the pandemic ensued was the exploitation of affordable healthcare, specifically the out of pocket costs paid much of which was unaffordable and only deepened the income gap in Connecticut. The inability to afford healthcare costs many individuals access to medication and resources which may have improved their lives. While the world grappled with handling the COVID-19 global health pandemic, the research and fieldwork neglected the importance of the accessible healthcare to Black, Brown, Indigenuous, Asian, disabled and elderly people which led to many hospitals and healthcare providers utilizing biases measures, including life expectancy tests to decide who received and had access to COVID-19 pre and post treatment, as well as the lack of access to preventative care, the exploitation of out of pocket costs including office visit and medication costs incurred by those who do not have access to affordable healthcare.

Currently Husky A is free it only covers low-income children, their parents and pregnant women, Husky B is subsidized and is not free and only covers children whose caregivers earn above the qualifying amount to receive free healthcare, Husky C provides coverage for disabled and low income elderly people and most of this funding goes to nursing homes and home care and Husky D, the state's newest program covers adults without minor children, notably, neither of these afford healthcare to undocumented immigrants and for those who do not meet the income guideline healthcare can become quite expensive and therefore not accessible.

We urge you to support SB. 956 so undocumented immigrants have access and can afford healthcare. As you know, hospital is not the place to negotiate or enforce immigration policies and while many undocumented immigrants risked their lives to provide essential frontline services during quarantine, many of them were unable to receive the care they needed due to their inability to afford health insurance. Contrary to some views, undocumented immigrants are not the cause of crowding in our emergency department. Today, most emergency rooms are crowded with patients seeking treatment because they do not have access to an ongoing source of primary care (i.e., they have no "medical home). Connecticut is one of the states which has a high rate of people without medical insurance, the majority of whom seek care in our emergency department for urgent, but not necessarily emergent problems. Also, because many counties adjacent to ours do not have public, tax-payer-supported health systems, many out-of-county residents who are U.S. citizens come to us for care. Thus, it is unfair and

inaccurate to place the blame of overcrowding in our health system on the backs of undocumented immigrants. Moreover, despite claims to the contrary, undocumented workers do pay taxes, specifically undocumented immigrants pay sales taxes on purchases, ad valorem taxes through rent or home ownership, and many pay social security, Medicare, and worker's compensation via payroll deductions.

We urge you to reconsider the language for SB. 980 and increase the HUSKY C Income Limits to match at least the income limits for HUSKY D set at 138% of the federal poverty level (versus HUSKY A, which is set higher), currently \$17,616/year. While many scurried to meet their essential needs for quarantine, including buying more groceries, using more utilities and spending more on telecommunications on the same income they had prior to the COVID-19 global health pandemic, there was little left over to attend to another essential cost - healthcare. HUSKY C covers the disabled and elderly, who are NOT able to regularly work. The income limit for a single person on HUSKY C is set at 143% of the Temporary Family Assistance (TFA) cash payment standard for that size family, and the asset limits for HUSKY C are \$1,600 for one person and \$2,400 for a couple and most of this funding goes to nursing homes and home care.

Juneteenth — Emancipation Day 1865 — was supposed to start a new era of black wealth creation. After 12 generations of being subject to slavery's institutionalized theft, 4 million Black people were now free to earn incomes and degrees, hold property, weather hard times and pass down wealth to the next generation. They would surely scramble up the economic ladder, if not in one generation then in a few. Eight generations later, the racial wealth gap is both yawning and growing. The typical black family has just 1/10th the wealth of the typical white one. In 1863, Black people owned one-half of 1 percent of the national wealth. Today it's just over 1.5 percent for roughly the same percentage of the overall population. The cause of that stagnation has largely been invisible, hidden by the assumption of progress after the end of slavery and the achievements of civil rights. But for every gain Black people made, people in power created new bundles of discrimination, largely hidden from sight, that thwarted, again and again, the economic promise of emancipation.

Rural Black people, remaining in the locales in which their ancestors were enslaved, live in precisely those places with the least intergenerational upward mobility in the 21st century. Since the 1940s, African American farmers have been dispossessed of their land with the help of government agencies. Rural Black people have among the worst health outcomes in the nation. This is a reminder of what covert racism looks like - unaffordable health care which does not meet the needs of our communities and one of the many reasons why the income levels to qualify for healthcare must change.

Black and Brown United in Action recognizes racism as a public health crisis and contends that healthcare must be free for all. Given that orientation, we contend that Healthcare is a human right, preventative care will save money, access to health care is an economic issue and people depend on your support. We are asking the Human Services Committee to be consignant of humanity, Black, Brown, Indigenous, Asian, disabled and elderly people and make healthcare accessible and affordable to all regardless of immigration and income status by voting in support of SB. 956 and updating the language of SB. 980 to meet the needs of the community which you represent and serve.

Sincerely,

Black and Brown United in Action