



TESTIMONY OF ERIN O. CROSBY, DIRECTOR OF WOMEN'S EMPOWERMENT AND RACIAL JUSTICE  
OF YWCA GREENWICH, ON BEHALF OF THE BOARD OF DIRECTORS OF YWCA GREENWICH

TO THE CONNECTICUT GENERAL ASSEMBLY  
PUBLIC HEALTH COMMITTEE

March 23, 2021

Senator Daugherty Abrams (Co-Chair), Representative Steinberg (Co-Chair) and Members of the Public Health Committee of the Connecticut General Assembly:

Thank you for your consideration of S.B. 1. My name is Erin O. Crosby, Director of Women's Empowerment and Racial Justice for the YWCA Greenwich, and I live in Norwalk, Connecticut. I stand in support of **S.B. 1-An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic. More specifically, YWCA Greenwich supports Sections 6 and 7 to declare racism as a public health crisis in the state and establish a commission to study the impact of institutional racism on public health.**

Declaring racism as a public health crisis moves our state toward evaluating health and quality of life outcomes through the lens of racism, not just race. Doing so allows us to create systems, policies, and practices that dismantle racism and benefit every resident.

Communities of color have long been sounding an alarm about disparate treatment, access, and quality within the healthcare system. Dr. Juliet Mushi, an expert in maternal and fetal medicine at Greenwich Hospital, recently shared during a YWCA Greenwich event on racial health disparities that Black women often experience diagnostic lapses; neglect, dismissiveness, or disrespect; no acknowledgment of pain; and coercion from reproductive health care providers. It is no wonder, when coupled with lack of access to quality health care options, that babies born to Black mothers in Connecticut are more than four times as likely to die before their first birthday than babies born to white mothers, regardless of income and education levels.

We see deeply concerning disparities in several other health outcomes in Connecticut. Pregnancy-related deaths are higher for Black women. Black and Latinx children are 5 ½ and 4 ½ times more likely to go to the emergency room because of asthma, respectively, than their White peers. Black residents are more than twice as likely to die from diabetes, and food insecurity is twice as high in communities of color compared to White communities.

Systemic and structural racism play a large role in these outcomes because they determine the conditions in which people are born, grow, work, live, and age. Racism affects people's access to quality housing, education, food, transportation, political power, and other social determinants of health. Racism also has negative mental and physical health consequences such as depression, anxiety, hypertension, preterm birth, shortened life span, and poor quality of life. Understanding and addressing racism from this public health perspective is crucial to eliminating racial and ethnic inequities, and to improving opportunity and well-being across communities.

This declaration and commission mean every town and city in Connecticut can begin to understand and address racism from this public health perspective. Greenwich is not excluded from this examination and



move toward justice. While Greenwich remains predominantly White, 28.1% of its residents are People of Color. However, we see disparities between these racial and ethnic groups that we must interrogate.

The per capita income of White households in Greenwich is \$105,336, which is significantly higher than that of Black (\$39,825) and Latinx (\$68,131) households. We know many residents of color in Greenwich are concentrated in specific areas. Byram, Chickahominy, and South Center are three such communities, and a higher percentage of households in these areas live near or below the federal poverty line compared to other places in Greenwich. This kind of financial burden means these Greenwich residents have less money for food, utilities, healthcare, and opportunity—all factors that determine health outcomes. If zoning restrictions have created housing and health disparities, we need to know that and we must find remedies.

I stand with the Connecticut Campaign to Address Racism as a Public Health Crisis and ask that the following recommendations also be considered in this bill.

- The name of the commission be changed to “The Connecticut Commission on Racial Impact and Reconciliation,” a name reflective of its work.
- A commitment that 2 members of the proposed commission be Persons of Color, residing in a major city of Connecticut with an annual income of less than \$65,000.
- Expand racial/ethnic data collection to expose disparities in communities.
- A review and reform of the legislative process to improve public accessibility and set in place mechanisms to determine the impact of proposed legislation on race.
- Training for OLR and OFA to create racial and ethnic impact assessments.
- Establishing a clear racial equity approach in policies set forth by the executive branch.

In closing, I urge you to support **S.B. 1 An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**. S.B. 1 is an opportunity for our state to lead the pursuit for racial justice with action.

Thank you for your consideration.

Erin O. Crosby