



Testimony In Support of S.B. No. 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

“The worst part, though, is knowing all of this—that “toxic stress” kills and ruins lives—but never being able to say it definitively, because the science isn’t that finely tuned yet. Racism kills. Literally.”

~Issac J. Bailey, Davidson College professor & Harvard Nieman Fellow¹

Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee

My name is Robert Goodrich, I am the Executive Director of RACCE, a Waterbury-based education advocacy organization that fights for racial justice in our schools. We believe our education systems sit at the intersection of all the systems of oppression, including our systems of healthcare. Racism is a public health crisis. Declaring it so is a meaningful act that shows our legislature clearly acknowledges the current social context, the history of racism as a social determinant of health in Connecticut, and the need for Anti-Racist policy frameworks to remediate the harms of hundreds of years of policy decisions and process steeped in White Supremacy. A policy brief prepared by Project Hope states:

- **“Race strongly influences** other socioeconomic factors, including income: Black Americans continue to have both lower incomes and shorter life expectancies than white Americans do. There are many reasons for racial health disparities, but the literature suggests that a central role is played by chronic financial hardship caused by centuries of exploitation and segregation, as well as **the direct toxic effects of discrimination on mental and physical health.**”²
- “The **relationship between race**, income, and health persists both within and across races. Low-income black Americans live shorter lives than high-income black Americans, and affluent blacks die earlier...”³
- “Policy initiatives that supplement income and **improve educational opportunities**, housing prospects, and social mobility—particularly in childhood—can reduce poverty and **lead to downstream health effects** not only for low-income people but also for those in the middle class...[t]he complex **relationship between low educational attainment**, low income, and higher risk of disease and early death has likely grown stronger in an increasingly global and information-driven economy.”⁴

¹ <https://lithub.com/white-supremacy-is-americas-chronic-nervous-disorder/>

² “Health, Income, And Poverty: Where We Are And What Could Help,” Health Affairs Health Policy Brief, October 4, 2018. DOI: 10.1377/hpb20180817.901935.

³ Ibid

⁴ Ibid

Nationally the narrative is shifting. Here in Connecticut we move more slowly but our local experts, Health Equity Solutions (HES) make it clear that racism meets all three criteria of a Public Health Crisis:

- 1) It affects large numbers of people;
- 2) It threatens health over the long-term, and
- 3) It requires the adoption of large-scale solutions.

And,

“systemic racism is a social determinant of health itself, and also produces inequities across all social determinants of health. From disproportionately high Black maternity and infant death rates, inequities in cancer, asthma, heart and lung diseases, weathering deteriorating mental and physical health, to police brutality, environmental racism, and unequal access to health care...”

I urge this committee to take the bold measure and have Connecticut recognize racism as the public health crisis it is and address the problem by changing the way our state government works by embedding Anti-Racist principles in our policy-making processes.

Respectfully,

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