

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

My name is Laurel LaPorte-Grimes. I live in Manchester and am a member of Uniting for a Safe Inclusive Community – Manchester (USIC) and CT Mutual Aid East of the River. 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. I specifically support Section 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; Section 10, to establish a process to study the potential licensure of doulas; and Section 17, to enhance the accuracy of race, ethnicity and language data collection.

The health of our Black, Brown and Indigenous community members are disproportionately negatively impacted by systems created and maintained by white supremacy. These systems create environmental inequities, housing inequities, economic inequities, educational inequities and these all combine to result in cumulative health inequities. I believe that it is morally and ethically imperative that we declare racism a public health crisis, as in Sections 6 and 7. This will give us the ability to direct real energy and resources to dismantling these systems. Some examples of ways in which we could use this law to address the public health effects of systemic racism would be: to change zoning regulations that continue to maintain segregated communities, to invest in mental health services for communities dealing with the trauma of systemic racism, to provide resources to ensure that people impacted by racism are not at increased risk of being unhoused, and to ensure that our state level social programs are being administered through an anti-racist lens, among many others.

In addition, Section 10 takes an important step toward the potential licensure of doulas, a measure which would have a tangible positive impact on maternal mortality rates among all women in CT, and especially among Black women, who are disproportionately impacted by maternal mortality. I'm sure you're aware of the statistics, and I can also speak from personal experience: having had two children, one with a doula and one without, I can firmly state that having a doula dramatically reduced my stress during labor and improved the health outcome for both myself and my child. My birth experience with my first child was extremely stressful involving over 24 hours in the hospital with no progression, finally having to be induced, being in such pain that I could not move around during the resulting extremely quick ramp up in labor intensity, my baby shifting toward being born without anyone realizing it and then her having to be revived after having the umbilical cord tightly around her neck multiple times. My husband and I were unable to navigate these circumstances effectively resulting in extreme stress and ultimately in difficulties with nursing and our baby losing a tremendous amount of weight in her first week of life. With our second child we had a doula for me and for my oldest child, allowing us all to be together in the birthing room. The experience was completely different. We had the support we needed to remain calm and focused, our family was together, and my second child was born in just a few hours and with no complications. Understanding that my experience as a white woman did not even include the documented racism experienced by Black women in labor, I know first-hand that the work of a doula can be life-saving, and is an important step to take in reducing the impact of racism in our state.

Accurately identifying how many of our community members are marginalized is also a necessary step to effectively addressing the impact of systemic racism. One important step to enhancing the accuracy of this data collection is the inclusion of multiple identities. I see the impact of not including multiple identities directly. My children are half Latina/o and every time they fill out a form they have to choose either "Hispanic/Latino" or "non-Hispanic/Latino", neither of which is correct for them. Not only does this mean that the organization asking for this information is not getting accurate data, it also means that my children must deny part of themselves every time they fill out a form and this causes them to feel less valued in society. In addition, accurately identifying the languages spoken in our communities, as well as how many people in our society speak

languages other than English, allows us to effectively address issues of language inequities. In my work with both USIC and CT Mutual Aid East of the River, I have seen first-hand the impact of language inequities in our systems, including our school system, our housing system, and our child protection system, among others. I have walked with community members as they navigate spaces in which the road signs were completely obscured by lack of appropriate interpretation and translation. And when we point out these inequities to those in charge, we are inevitably told that they don't exist, or that they only affect a very small percentage of people and are therefore not worth addressing. This bill would give us the tools we need to create a more equitable path for all residents of CT.

S.B. 1 is an opportunity for our state to lead the pursuit for racial justice with action. 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 be reflective of its work (i.e., "The Connecticut Commission on Racial Impact and Reconciliation")
- A commitment to 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 creating a total of 12 commission members.
- 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 mechanism 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.

I thank you for time and I urge you to take this important step for our state and support S.B. 1 An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

Sincerely,

Laurel LaPorte-Grimes, PhD  
Manchester