

Dear Senator Abrams, Representative Steinberg, and esteemed members of the Public Health Committee,

My name is Katharine Morris and I am testifying as a well known Scholar-Activist throughout Connecticut, a graduate-student of Public Policy at UConn, the founder of UConn Collaborative Organizing, a steering committee member for CT Equity Now, and the daughter of Jamaican immigrants trying my best to live a healthy and prosperous life. My research and work focuses on intersectional environmental justice, systemic racism, and health equity.

I'm testifying in support of SB1 because we must declare racism a public health crisis and address racism as a fundamental cause of health inequities. Examples of this include, but unfortunately are not limited to:

- In Connecticut (CT), there are over 600 pollution sources (20% of the state's pollution) in Bridgeport, Hartford, Waterbury, New Haven, and Stamford – the five cities which are home to 71% of the state's people of color (CT-GOV, 2021).
- In CT, Black and Latinx teens/children have disproportionately high rates of emergency room visits; and there are approximately 168 deaths/year due to air pollution with the highest death rates in New Haven County, Fairfield County, and Hartford County (Hladky, 2016).
- In CT, Black infants (>3x) and Latino infants (>2x) are more likely to die in their first year of life than White infants (CTHF, 2017)
- Medical debt disproportionately harms African-Americans, Hispanics and income patients. From 2011-2016 small claims lawsuits in CT totaled at \$110,029,350 (Villagra et. al, 2019)
- Across the U.S, Black and Latinx men and women are killed by police at disproportionate rates while Black children are about 4x more likely to be arrested than white children in CT, facilitating the school to prison pipeline (Tate et al, 2021; CDF, 2009).
- COVID-19 Pandemic Data analysis shows higher rates of detected cases and deaths among Black and Latino residents than other groups in Connecticut and the U.S (DataHaven, 2021)

We must mitigate racism in housing and the natural and built environment, addressing the lack of affordable healthcare and excess of biased providers, ending over policing in neighborhoods and schools, closing the racial wealth gap and achievement gaps in education, increasing food security, and strengthening community governance.

Now is the time for us to commit to the work of rectifying the past and healing our wounds.

Now is the time to choose people and equity, once and for all.

Please consider the following recommendations per Section of SB1:

Section 6 and 15:

- With this declaration and in tandem with the study, I believe it is necessary to administer the immediate distribution of essential health resources, supporting community mutual aid networks, and canceling rent debt and alleviating homelessness across the State.
- Clearly define racism, systemic and institutional racism, public health crisis for the State.
- Establish a commission to create and maintain a Health Equity in All Policies Council that will develop and implement a comprehensive, cross-sectoral strategic plan to eliminate health disparities and inequities and to improve the efficiency, cost-effectiveness and collaborative nature of state government via intersectoral collaboration. Require community participation in the Health Equity in All Policies process with diverse racial, ethnic, sexual orientation, gender identity, and disability status groups who experience inequities in health.

Section 7 and 12:

- To inform these recommendations, any/all commission(s) will engage with a diverse range of community members, including people of color who identify as members of diverse racial, ethnic, sexual orientation, gender identity, and disability status groups who experience inequities in health. Work towards community ownership of solution building by ensuring community engagement entails consistent inclusion rather than occasional participation and tokenization. Bottom up collaborative approaches with existing grassroots organizers will build the most stable foundation for systemic and culture change as those closest to the problem are also closest to the solution.
- Require state agencies to analyze and public existing data on disparities and recommend policies to address them.
- The General Assembly should commit to reviewing existing policies and processes, including hiring and contracting, for opportunities to advance equity.⁴

Section 11:

- Expand this bias training mandate to all medical professionals including EMTs and Mental Health care providers.
- Ensure medical school curriculums address and represent racial disparities and differential disease presentation, as well as historical and present racism in the field.

Thank you.

Contact me at Katharine.Morris@uconn.edu to answer any questions or for additional resources.