

Hello, and thank you for your consideration of my testimony. My name is Sara Schulwolf, and I am a first year medical student at the University of Connecticut. I am writing to express my strong support for S.B. No 1: An Act Equalizing Access to Mental, Behavioral and Physical Healthcare in Response to the Pandemic. All opinions and views expressed, in my testimony are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, residents/fellows or students in the SOM at UConn. Neither the SOM nor UConn have approved the material contained in this testimony. I take sole responsibility for this content.

Even in the short time that I have been a medical student – as well as the my years spent pursuing a career in medicine during undergrad and post-grad – it has become alarmingly clear that not only are there stark racial disparities that exist in healthcare access and outcomes, but also that racism itself represents a grave public health issue and threat to patient wellbeing. Going into medical school, I was already aware that in the state of Connecticut, Latinx individuals under 65 are 4x more likely to be uninsured than their white counterparts, that maternal mortality rates in the United States amongst Black mothers with a collegiate education or higher is 1.6x higher than that of white women without high school diplomas, and that BIPOC individuals are more likely to face many chronic physical, mental, and social health conditions, such as asthma or hypertension. On their own, all of these facts speak to a need for a comprehensive public health response and reform within the healthcare system – inclusive of a thorough examination of physician bias and the historical mistreatment of BIPOC by the medical establishment. Since entering medical school; however, I also learned more about the ways in which the daily experience of racism – systemic, institutional, and personally-mediated – is itself a contributor to adverse health outcomes. The “weathering” hypothesis, put forward by public health professional Arline Geronimus posit that persistent racial stressors (ranging from micro-aggressions, to outright discrimination, to the discomfort of being the only POC in a predominately white setting) result in chronically increased levels of Cortisol, a stress hormones within the body. This condition of one’s body being “chronically stressed” can, through epigenetic mechanisms such as gene methylation pathways (i.e., activation or inactivation of certain genes), lead to a generally increased vulnerability and susceptibility to health problems. That may have been a lot of science jargon, but as a future physician, I can boil it down to this: racism is quite literally making my patients sick.

To adequately address this grave injustice, we need a commitment and a public health response proportional to the scale of the issue. Formally recognizing racism for the public health problem that it is, as is proposed in S.B. 1 through the establishment of a Truth and Reconciliation committee to study the impact of institutional and systemic racism on public health, is an integral first step. Many of the other elements outlined in this bill offering potential policies to remove barriers to healthy living -- for instance, those that will increase access to and reimbursement for community health services or increase screening for trauma and mental health support for schoolchildren -- will also contribute to a healthier, and more equitable state. I applaud the many towns and cities in Connecticut, including my hometown of West Hartford, that have already adopted resolutions declaring racism as a public health crisis. It is now absolutely critical that you do the same and make it clear that this issue is a priority for the entire state of Connecticut. As a future physician, I cannot emphasize the importance enough. Thank you for your time.