

**Written Testimony  
February 20, 2021**

Michelle Silva, Psy.D.  
Assistant Professor  
Connecticut Mental Health Center, Hispanic Clinic  
CT Latino Behavioral Health System  
Yale School of Medicine, Department of Psychiatry

Dear Members of the Committee on Human Services of the Connecticut General Assembly:

My name is Michelle Silva and I am a clinical psychologist in the Department of Psychiatry at the Yale School of Medicine. I am based at the Hispanic Clinic of the Connecticut Mental Health Center in New Haven, CT. I am offering this written testimony in support of **H.B. No. 6334: “An Act Providing Medical Assistance to Low-Income Residents Regardless of Immigration Status,”** and it is representative of my personal views.

Advocating on the need for expanded access to healthcare for all people regardless of immigration status is a privilege and responsibility that merges my professional and personal life experiences. I consider healthcare to be a fundamental human right and believe that no person should face the potential loss of well-being, ability, or life, due to an inability to access care because of their birthplace.

I was born in Connecticut and am the proud daughter of immigrants. From an early age, I witnessed the challenges that accompany the process of moving to a new country and navigating an unfamiliar setting, language, and culture. I have seen the frustration of not being able to communicate with a doctor in one’s primary language. My family’s experience with chronic physical illness was exacerbated by unemployment, and it offered a window into the negative physical and emotional impact of inaccessible medical care and treatment.

As a licensed clinical psychologist in the state of Connecticut since 2007, I continue to see firsthand how limited access to healthcare affects families. I work with Spanish-speaking immigrant adults who often encounter multiple barriers when seeking medical and mental health care. Many of them do not have health insurance and this greatly compromises their ability to receive timely and needed care. As a result of their inability to pay for medical services, they postpone basic preventative interventions and minimize the impact of their symptoms on their quality of life. Often, their only option is safety net clinics that operate on limited schedules and offer limited services. Specialty care is typically unavailable. While the benefit of safety net clinics cannot be underestimated, I have also seen many instances where people face the constraints of inflexible work schedules, and they cannot attend available clinic hours. Therefore, they either do not receive the attention they need, or resort to seeking care in the emergency room. The latter being a costly alternative that neither benefits the patient nor the greater healthcare system.

As a result of these experiences, I am certain that the possibility of expanded access to healthcare would be life-changing for many. It would mean a significant step towards health equity and

ensuring that all people have an opportunity to live and thrive in their communities. Many of the patients I see represent people who have migrated to the United States and now call this country home, families like mine.

Thank you for your time and attention to H.B. No. 6334. I hope the committee will recognize its incredible potential to change the lives of so many people in the state of Connecticut.

Respectfully submitted,

Michelle Silva, Psy.D.