H.B. No. 6662: An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health

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Appropriations Committee
Celina E. Fernández-Ayala
March 26, 2021

Dear Senator Osten, Representative Walker, Senator Hartley, Representative Dathan, Representative Nolan, and esteemed members of the Appropriations Committee,

My name is Celina Fernández-Ayala and I live in New Haven, Connecticut. I stand in support of H.B. No. 6662: An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health. I am an MSW candidate at the University of Connecticut.

As a MexiRican, declaring racism a public health crisis is critical and matters to me because 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 systemic intervention. Racism affects BIPOC at every life stage – if we're fortunate enough to grow up at all. According to the Centers for Disease Control Black babies have 2.3 times the infant mortality rate of non-Latinx white babies (Ely & Driscoll, 2019, p.3). Based on a 2019 study by Edwards et. al, the "Risks of being killed by police peaks between the ages of 20 and 35 for men and women and for all racial and ethnic minority groups" (p. 16793). The authors reveal that per 100,000 men, Latinos from ages 25-29 are killed by police at a rate between 1.4 and 2.2 (Edwards et al., 2019, p. 16795). Black men are killed by police at a rate between 2.8 and 4.1 per the same number of men and age range (Edwards et al., 2019, p. 16795). The overall male mortality rate "ranks police use of force as one of the leading causes of death for young men" (Edwards et al., 2019, p. 16795).

Racism ensures that those of us fortunate enough to age past 29 - or 35 in some cases –encounter different ways to suffer or die prematurely. Black, Brown, and Indigenous communities experience disproportionate levels of asthma, diabetes, hypertension, heart disease, certain cancers, and more. These conditions correlate with social determinants of health, such as housing, employment, poverty, access to insurance, to name a few – all areas of extreme inequity. Racism itself is a stressor, which contributes to and exacerbates health conditions, and harms our mental health.

Establishing the Commission on Racial Equity in Public Health would affect my community by complicating the narrative that BIPOC just do not trust the medical system. Mistrust exists, but this single story also blames minoritized people for disparities, instead of questioning if institutions recognize our humanity and treat us accordingly. My uncle – my second father – died from racism. He went to the doctor consistently for a year, complaining of the same symptoms. The doctors kept saying he was just constipated. They found a mass in his colon and did nothing. He went to an urgent care where a nurse had to beg for an ultrasound because no one wanted to give him one. She found lesions on his liver and other organs. He had

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stage 4 colon cancer. He was admitted to the ICU, then sent to hospice on Wednesday during Holy Week. He died midnight on Easter Sunday, 2015. He was 53 years old.

His daughter – my cousin, who is basically my sister –physically suffers from racism. She had abdominal pain for years, only to be told that she was constipated. She finally received an ultrasound, revealing an ovarian cyst that had burst. The pain was from the buildup of fluid in her body. What did her doctor say? "Oops." These stories are about two people from the same nuclear family. Two people from my extended family. Am I next?

I **strongly support** H.B.6662 because it represents a starting point in accountability to people like me.

I respectfully recommend that H.B.6662 include requirements around culturally humility-oriented education or training for established health care professionals. The current language mentions the inclusion of cultural humility education in health care preparation programs, but nothing about a similar intervention for those already in the field. We cannot burden only minoritized people with equity work, and newcomers to healthcare at that. We must think about their future workplaces. Placing more people of color into racist environments does not dismantle racism, and it is unjust to increase the number of healthcare professionals of color because they are more responsive to patients of color. This approach absolves established white healthcare professionals of any responsibility. Instilling cultural humility for this group will hopefully improve treatment for patients of color and make them better peers to their colleagues of color.

The pandemic did not create the deep racial inequities in our state, but it can be an opportunity to address them. This bill takes steps to dismantle components of systemic racism and move Connecticut closer to health equity. Legislators should act on these issues now lest we perpetuate necropolitics, which refers to how systemically, "certain bodies are cultivated for life and (re)production while others are systemically marked for death" (Quinan & Thiele, 2020, p. 3). Between slavery and genocide, the U.S. was founded on the overlap between racism and public health, but Connecticut can lead what this country could and should look like. We must learn from our past and choose to be better.

Thank you for the opportunity to testify in support of **H.B. No. 6662, An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health.**

Sincerely,
Celina Elena Fernández-Ayala

H.B. No. 6662: An Act Declaring Racism as a Public Health Crisis and Establishing the Commission on Racial Equity in Public Health

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