ACLU Connecticut

Legislative Testimony
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Written Testimony Supporting Senate Bill 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic

Senator Daugherty Abrams, Representative Steinberg, Ranking Members Hwang and Somers, Ranking Member Petit, and distinguished members of the Public Health Committee:

My name is Kelly McConney Moore, and I am the interim senior policy counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am submitting this testimony in support of Senate Bill 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

The ACLU-CT is an organization dedicated to racial equity in civil society. One deeply disturbing way that racism shows up is in the health care people can access and in the health outcomes for people of color, particularly Black people.[1] COVID-19 has highlighted the stark disparity in health outcomes for BIPOC,[2] even when all other factors are equal[3] – a result of deep systemic racism. In Connecticut, for example, Black residents are four times as likely as white residents to have diabetes related lower-extremity amputations, and twice as likely to die from

[1] *See* Timothy Cunningham et al, "Vital Signs: Racial Disparities in Age-Specific Mortality among Blacks or African Americans – United States, 1999-2015." Morbidity and Mortality Weekly Report, May 5, 2017, *available at* https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e1.htm.
[2] Ezekiel J. Emanuel & Risa Lavizzo-Mourey, "5 ways the health-care system can stop amplifying racism." The Atlantic, Sept. 24, 2020, *available at* https://www.theatlantic.com/ideas/archive/2020/09/how-health-care-can-stop-amplifying-racism/616454/.
[3] "Minorities more likely to receive lower-quality health care, regardless of income and insurance coverage," National Academy of Medicine, Mar. 202, 2002, *available at* https://www.nationalacademies.org/news/2002/03/minorities-more-likely-to-receive-lower-quality-health-care-regardless-of-income-and-insurance-coverage.

diabetes.[4] This bill recognizes these effects and makes initial steps to changing them – an important substantive and symbolic move.

Particularly, declaring racism a public health crisis is an essential message to send. As at least 17 municipalities in Connecticut who have made similar declarations[5] agree, making the acknowledgement of the scope of the problem by recognizing "there is physical, emotional and actual trauma happening around racism."[6] The bill does not stop with this important messaging, though, but establishes a truth and reconciliation commission on the racism public health crisis and requires study of maternal outcomes as a result of the racism public health crisis. Finally, Section 17 of the bill provides an essential component to ensuring that racism in healthcare can be properly studied and evaluated. By mandating that state agencies engage in standardized data collection of demographic information, Connecticut will begin to compile information that right now is lacking. Without this kind of standardized and consistent data collection, we will never understand the extent or nature of the racism problem in healthcare. These sections all work together to name the problem and create a path forward to make changes that could begin to reduce racism in healthcare and potentially reverse racially disparate health outcomes.

We also generally support Section 10 of the bill, which is addressed at a study to look into certification processes for doulas. Doulas can improve outcomes for pregnant people, especially for those with the most disproportionately high death rates in childbirth: Black and Indigenous women.[7] Increasing access to doula services, especially in underserved communities, is linked to improved health outcomes for newborns, as well. However, we recommend that the definition of a

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[4] *See* "Create a community without racism," YWCA Hartford, *available at* https://www.ywcahartford.org/advocacy/create-a-community-without-racism.html.
[5] Dominique Moody, "Towns and cities make strides after declaring racism a public health crisis." NBC CT, Oct. 7, 2020, *available at* https://www.nbcconnecticut.com/news/local/towns-and-cities-make-strides-after-declaring-racism-as-a-public-health-crisis/2343184/.
[6] Jenna Carlesso, "Connecticut towns are declaring racism a public health crisis. Advocates want the state to follow." CT Mirror, Jun. 24, 2020, *available at* https://ctmirror.org/2020/06/24/connecticut-towns-are-declaring-racism-a-public-health-crisis-advocates-want-the-state-to-follow/.
[7] *See* "Racial and ethnic disparities continue in pregnancy-related deaths: Black, American Indian/Alaska Native women most affected." Centers for Disease Control and Prevention, Sept. 5, 2019, *available at* https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html.

doula be amended to clarify that a doula can provide services in person or virtually and eliminate the part of the definition where those services must be provided continuously. Making these changes would provide a more accurate definition of doulas and would ensure that people could access all their services to obtain the maximal benefits of doula care.

Finally, Section 34, which fund mobile crisis intervention services statewide, around the clock, is an important step towards ensuring that people in crisis do not face death at the hands of police – another kind of crisis that disproportionately harms people of color. We fully support this funding and the services provided by mobile crisis units.

All in all, Senate Bill 1 is an important acknowledgement of one of the most harmful effects of racism in our health systems. It also has some ways to gain information to make good policy in the future, and a few concrete steps forward. We support it as the first step in a long journey to ending systemic racism in healthcare and health outcomes. We urge this Committee to support it as well.