

H.210 Health Equity Bill

Testimony: House Health Care Committee February 22, 2021

Rep. William J Lippert, Jr., Chair

Rep. Anne B. Donahue, Vice Chair

- Rep. Lori Houghton, Ranking Member
- Rep. Alyssa Black
- Rep. Elizabeth Burrows
- Rep. Brian Cina
- Rep. Mari Cordes, Clerk
- Rep. Leslie Goldman
- Rep. Emily Long
- Rep. Woodman Page
- Rep. Arthur Peterson

Dear Vermont House Health Care Committee,

“Take us the foxes, the little foxes, that spoil the vines: for our vines have tender grapes”

(Song of Solomon 2:15 KJV)

After living in the US and working in the healthcare field for many years, I can give testimony on some of the behaviors that are meant to keep BIPOC folks marginalized – out of better paying jobs, giving up on higher education, et cetera. A few of the behaviors I have witnessed are as follows:

1. BIPOC individuals are ignored when they apply for better paying jobs for which they are qualified.
2. They may be allowed to develop a system or a program at work but after that program is developed, it is given to a White person to manage, then the duties of the BIPOC person are curtailed.
3. In Schools: a BIPOC person is accepted but then hurdles are set up to frustrate that person into giving up and not graduating. I have also seen a Non-White student given a lesser grade for the same work submitted by a White student.
4. Also in school: Non-White student given an overall B grade after scoring an A for coursework and 98% in the final examination.

These various individual “micro-aggressions” constitute a system that is meant to ensure that Black, Indigenous People of Color (BIPOC) are kept from attaining their highest potential. Complaints about each one may seem petty. However, in aggregate, they inflict a toll on the persons at the receiving end in terms of their general health and mental equilibrium.

Better health for Black Indigenous People of Color begins with better education which lead to better paying jobs and knowledge regarding self- care. It is heartening to see a bill on health equity and one which contains a proposition for parsing data to identify health inequities that do not show up in larger aggregate data such as core measures. However, based on my lived experience in the United States, I would like to see two aspects of life given more attention. They are support for the marginalized in education and healthcare when infractions against this group of people do not rise to the level of an “act of congress” and also more education and support for the non-marginalized who will continue to use micro- methods equivalent to the “little foxes” to frustrate and suppress the already marginalized because they believe they are losing resources.

Budding BIPOC healthcare workers need support as they attend classes. They also needs lots of support once graduated if the institutions/communities in which they work do not have a large percentage of BIPOC folk. I once met a Black Forensic Pathologist who was considering changing her career path because of the frustrating behavior she encountered from White colleagues. A friend of mine who is a Black woman and a trained ER physician has left working in a hospital to work in the insurance industry because she was similarly treated. I am aware of one Black ER physician (not in Vermont) who currently returns home frequently in a depressed state of mind because of the micro-insults she receives daily from her colleagues.

Studies have shown that marginalized communities are apt to trust physicians who look like them and would be more likely to seek early attention for ailments if they had trust in their doctors. To lose highly trained practitioners in the healthcare field is to take several steps backwards in the march towards equity. Legislation is useful but account must be taken of all the various, small but highly effective ways in which Black, Indigenous People of Color and other non-mainstream individuals are suppressed. Continuing education on cultural competency is a great start and follow-up is needed to ensure compliance. Once implemented, the Director of Health Equity will need to pay careful attention to the general well-being of the healthcare professionals who can be described by any of the categories listed in this bill. I would suggest scrutiny of work practices with a level of detail found in §255 (b) (1) of the bill.

All healthcare employees should be continually trained and exposed to data regarding healthcare inequities and the social determinants which drive those inequities. The reason for ensuring the entire nation is healthy should not be implied but should be adequately elucidated. We must think holistically and pay particular attention to those who may feel overlooked by this new attention on currently marginalized folks. It is only human nature to ask questions such as, “What about me and my feelings?” or “What’s in it for me?” We will need to support and address “both sides” or we will not be able to make the progress towards equity in a reasonable amount of time. The reason we must implement a clear-eyed approach towards equity that takes everyone into account is because “It is the little foxes that spoil the vine”.

Thank you for giving me the opportunity to present this testimony.

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