



Monday, April 19, 2021

The Vermont Senate Committee on Health and Welfare

Dear Senator Lyons:

Please find below my testimony from Friday, April 16, 2021, on H.210, an act relating to addressing disparities and promoting equity in the health care system. It was an honor to testify before you on this incredibly important topic. Please be in touch should you or your staff have any questions about my comments or about the perspective of the University of Vermont Health Network on this issue.

Sincerely,

*Marissa Petersen-Coleman*

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My name is Dr. Marissa Coleman. I am a lead staff Psychologist and Senior Equity, Diversity and Inclusion Advisor at the University of Vermont Medical Center. I am here on behalf of the University of Vermont Health Network to express the organization's support for H.210, as well as offer some suggestions on some improvements to the language of the bill.

At the UVM Medical Center, we have established an EDI Steering Committee a few years ago, made-up of staff and leaders focused on launching a body of work to foster a sense of belonging for all staff and employees, and to push forward our inclusion efforts. With the assistance of the Steering Committee, we have hosted 13 racial equity listening sessions. They are hosted monthly, and prioritize voices of staff members who identify as Black, Indigenous, or People of Color. We have also partnered with several community organizations joining with the City of Burlington in declaring racism as a public health emergency, with documented action items that stem from the declaration. We are in the process of finalizing a health equity data dashboard, and are rolling out several educational initiatives for our staff.

Last year, the UVM Health Network, through Dr. John Brumsted, our CEO, made a statement to our patients and communities that the Network is "committed to ongoing, careful and meaningful action in the effort to create a culture that is equitable, diverse and inclusive for our employees, patients and the communities we serve." Each affiliate within the UVM Health Network is engaged in work related to DEI, including the formation of steering committees, employee listening sessions, cultural humility training, quality improvement efforts, board of trustee DEI committees, and many more initiatives. In short, we are working at embedding the learning, training and action at all levels, at all affiliates.

Two things I wanted to share with the Committee, after reviewing H.210, in an effort to improve language:

- Defining BIPOC populations against whiteness is problematic. This is done throughout the bill, but specifically on page 13, item 6. Specifically, BIPOC is defined as non-white. This is not an accurate definition, and centers whiteness as the default human descriptor of race, and makes anyone who is not white a racialized version of a human being. Instead, I would suggest the definition for BIPOC should simply be: "People who identify as Black, Indigenous or People of Color." Additionally, every instance of the term "non-white" should be replaced with BIPOC.
- Evolve the language around cultural competence to cultural humility. Cultural competence denotes that there is an end point to our learning and our growing, and that is simply not the case. It is a lifelong process, and cultural humility indicates that no one is perfect at this, and there simply is not a hierarchy in terms of progress and engagement in learning, and what we are striving for is that people engage in the process of being humble, and recognize where their blind spots are, recognizing where there are areas to grow, and feeling empowered to own mistakes, receive feedback, and know where to reach out for more support. I would suggest changing each instance of the use of the term "cultural competence" or "cultural competency" be changed to "cultural humility."