Written Testimony for SB 458/HB 783: Health Occupations - Structural Racism Training - Please **VOTE NO** on this bill.

Dear Finance and Health & Government Operations Committee Members:

This bill reads "...FOR the purpose of requiring applicants for renewal of certain licenses and certain certificates issued by certain health occupation boards to attest that the applicant completed an implicit bias and structural racism training program…"

The following definitions are included in the bill:

"Implicit bias" means a bias in judgment that results from subtle cognitive processes, including the following prejudices and stereotypes that often operate at a level below conscious awareness and without intentional control: (1) Prejudicial negative feelings or beliefs about a group that an individual holds without being aware of the feelings or beliefs; and (2) Unconscious attributions of particular qualities to a member of a specific social group that are influenced by experience and based on learned associations between various qualities and social categories, including race and gender..."

"STRUCTURAL RACISM" MEANS A SYSTEM OF INHERITED INSTITUTIONAL SETTINGS THAT PROVIDE DIFFERENTIAL OPPORTUNITIES FOR HEALTH CARE, EDUCATION, HOUSING, EMPLOYMENT, AND THE ENVIRONMENT TO AN INDIVIDUAL BASED ON THE INDIVIDUAL'S RACE..."

""Health care professional" includes a physician, nurse, dentist, social worker, psychologist, pharmacist, health educator, or other allied health professional."

I understand and appreciate the intention of this bill. I agree that we should treat everyone fairly, equally and with respect, not just in general but in a medical capacity as well. In this bill, people are seeking medical or dental care, whether routinely or in a more acute manner, and should all be treated fairly, equally and respectfully. There should be no question or issue about this.

However, we should also take into consideration that some medical conditions are inherently suffered by people of various races or ethnicities. Genetics has been proven to be a strong predictor for common diseases such as cancer, cardiovascular disease (CVD), diabetes, autoimmune disorders, and psychiatric illnesses. Some diseases are more prevalent in some populations identified as races due to their common ancestry. Thus, people of African and Mediterranean descent are found to be more susceptible to

sickle-cell disease while cystic fibrosis and hemochromatosis are more common among European populations. (Jorde LB, Wooding SP (November 2004). "Genetic variation, classification and 'race'". *Nature Genetics*. **36** (11 Suppl): S28–33. doi:10.1038/ng1435. PMID 15508000.). Also, Tay-Sachs disease, which is more likely to occur among people of Ashkenazi (eastern and central European) Jewish or French Canadian ancestry. Multiple sclerosis is typically associated with people of European descent, but due to admixture African Americans have elevated levels of the disorder relative to Africans. (Cree BA, Khan O, Bourdette D, Goodin DS, Cohen JA, Marrie RA, et al. (December 2004). "Clinical characteristics of African Americans vs Caucasian Americans with multiple sclerosis". *Neurology*. **63** (11): 2039–45. doi:10.1212/01.WNL.0000145762.60562.5D. PMID 15596747.). The same gene variant, or group of gene variants, may produce different effects in different populations depending on differences in the gene variants, or groups of gene variants, they interact with. One example is the rate of progression to AIDS and death in HIV–infected patients. In whites and Hispanics, HHC haplotypes were associated with disease retardation, particularly a delayed progression to death, while for African Americans, possession of HHC haplotypes was associated with disease acceleration. In contrast, while the disease-retarding effects of the CCR2-641 allele were found in African Americans, they were not found in whites. (Gonzalez E, Bamshad M, Sato N, Mummidi S, Dhanda R, Catano G, et al. (October 1999). "Race-specific HIV-1 disease-modifying effects associated with CCR5 haplotypes". *Proceedings of the National Academy of Sciences of the United States of America*. **96** (21): 12004–9. Bibcode:1999PNAS...9612004G. doi:10.1073/pnas.96.21.12004. PMC 18402. PMID 10518566.).

These are just a few examples of how race or ethnicity may contribute to diseases found in various populations and how diseases may progress in various populations. This information should not be ignored when treating patients of different races or ethnicities. However, this does **not** mean that health care professionals who may treat these populations are **racist** or have **implicit bias**. In fact, paying specific attention to the race or ethnicity of a patient may contribute to the success of treating that particular patient.

For these reasons, I request that you all **VOTE NO** on this bill.

Thank you for your courtesy, attention and cooperation.

Respectfully,

Trudy Tibbals
A Very Concerned Mother of 3 and Maryland Resident