

MARY L. WASHINGTON, PH.D
Legislative District 43
Baltimore City

Education, Health, and
Environmental Affairs Committee

Chair

Joint Committee on Ending
Homelessness

Chair

Joint Committee on Children,
Youth, and Families



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 102
Annapolis, Maryland 21401
410-841-3145 · 301-858-3145
800-492-7122 Ext. 3145
Mary.Washington@senate.state.md.us

TESTIMONY IN SUPPORT OF SB52
Maryland Commission on Health Equity (The Shirley Nathan-Pulliam
Health Equity Act of 2021)

Health and Government Operations Committee

March 23, 2021

Chair Pendergrass, Vice-Chair Pena-Melnyk and Members of the Committee,

SB52 is being introduced to address racial injustice and health disparity issues, many of which have worsened due to the COVID-19 crisis.

Maryland, much like the rest of this country, has long failed to address racism and its many detrimental effects. Racism is firmly and deeply rooted in America, from slavery, to the Jim Crow era, and the war on drugs. Racism is the root cause of persistent discrimination in many areas including, but not limited to, housing, education, employment, criminal justice, family stability, economic opportunity, and access to health care. More than 100 studies have linked racism to worse health outcomes. Black, Hispanic and Native Americans have a significantly greater risk of many severe conditions including heart disease, strokes, cancer, infant mortality, and maternal mortality. The American Public Health Association, National Association of County and City Health Officials and the American Academy of Pediatrics have all declared racism a public health crisis.

As a Black Senator whose district contains a very large Black and Brown population, I can personally testify to the impact systemic racism has had on both myself, and many members of my community. Our policies *must* acknowledge racism as a public health issue. This bill creates a state-designated data exchange within the Maryland Health Care Commission to begin tackling these issues.

The commission's members will include multiple officials from Maryland state government, including at least one Senate and one House member. The commission will meet no less than four times per year. During each meeting session the commission's members will utilize a public health equity framework and formulate policies to implement plans for state and local agencies. These policies will address racial gaps in multiple areas such as housing, education and employment. These implemented plans

may include implicit bias training, reducing health inequities and bolstering communication and coordination between state and local governments. The framework developed by the commission will be a foundation for stronger and more specific policies dedicated to reducing racial inequities.

COVID-19 has laid bare enormous racial inequities and their impact on the health of minorities, not just in Maryland but throughout the country. The State of Maryland must initiate a public health equity framework to evaluate future policies and start closing the gaps in health care.

For these reasons, I ask you for a favorable report on SB52.

In partnership,

A handwritten signature in blue ink, appearing to read "Mary Washington". The signature is fluid and cursive, with a large loop at the end.

Senator Mary Washington, District 43, Baltimore City