



July 19th, 2020

Testimony in support of HR1 a resolution declaring racism a public health crisis

Dear Members of the Minnesota House of Representatives,

In the 2014 MDH report to the Minnesota Legislature, Advancing Health Equity in Minnesota, it is noted that “health is created in the community through social, economic and environmental factors as well as individual behaviors and biology. When groups face serious social, economic and environmental disadvantages, such as structural racism and a widespread lack of economic and educational opportunities, health inequities are the result.”

As medical professionals, we see firsthand the effects of racism that have led to conditions in which Black, Indigenous and other people of color do not have the same opportunity as White people in Minnesota to live healthy lives. The same disparities that were cited in that 2014 report were present decades prior and continue to this day. In Minnesota Black and American Indian babies are more likely to not live to see their 1st birthday than White babies. Rates of Asthma, COPD, Heart Disease, Stroke and Diabetes remain notably higher for Black and American Indian communities, while the percent of individuals with health insurance in these communities is notably lower. COVID-19 is disproportionately infecting, killing, and disrupting the lives of Black, Indigenous, Hispanic and Asian communities.

These disparities exist beyond a lack of access to health care. Whether it be access to housing, education, employment, or exposure to environmental toxins and police violence, Black and Indigenous populations have been intentionally and systematically disadvantaged throughout the history of our state. This is why HR1 is a crucial step toward undoing the structural racism in our state government.

Dr. Ibram X. Kendi defines racist policy as “any measure that produces or sustains racial inequity between racial groups,” and an antiracist policy as “any measure that produces or sustains racial equity between racial groups.” HR1 is not the first nor should it be the last policy that aims to be antiracist that passes out of the Minnesota House. Passage of HR1 will act as a reminder for the Minnesota House that health equity should be considered in all policies, and that the House’s work can not contribute to maintaining structural racism or the loss of



opportunity and potential that structural racism saps from our great state. We, the listed signatory physician organizations representing more than 10,000 Minnesota physicians and physicians-in-training, fully support HR1 and urge every member of the Minnesota House to do the same.

Supporting Minnesota Medical Society Signatories:

Minnesota Doctors for Health Equity
Minnesota Association of African American Physicians
Minnesota Medical Association
Twin Cities Medical Society
Zumbro Valley Medical Society
Minnesota Academy of Family Physicians
Minnesota Chapter of the American Academy of Pediatrics
Minnesota Psychiatric Society
Minnesota Chapter of the American College of Physicians