

Ye Pogue

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Asian Americans for Equal Rights

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March 16th, 2018

Public Health Committee

Legislative Office Building, Room 3000

Hartford, CT 06106

Dear Members of the Public Health Committee:

My name is Ye Pogue, the Director of Research for Asian Americans for Equal Rights. I am a Ph.D. candidate in Social Policy at Brandeis University Heller School, my area of study being serious mental illnesses and trauma. I am also an advocate for immigrants with mental health needs. I am submitting this testimony to **oppose** Raised Senate Bill No. 465, AN ACT CONCERNING DISPARITIES IN THE HEALTH CARE SYSTEM, specifically Subsection (2) Expand race and ethnic categories of Asian, African-American, Hispanic, regardless of race, and Native Hawaiian and other Pacific islander to include subgroup identities present in the state.

I know one of the major arguments supporting ethnic data disaggregation is that immigrants from Southeast Asian countries, such as Cambodians, came to U.S as refugee because of war and political persecution with many traumas and hardships. Advocates sincerely believe that national origin disaggregation can address the health disparity. **However, ethnic data disaggregation is not the solution, and it bring many direct psychological harms to immigrant communities, and it may cause grave long-term consequences, such as immigration restriction and selective deportation.**

I feel very personally connected with the Southeast Asian people who fled their home to safety, because I am a child of a Chinese family who tried very hard, but failed, to leave communist China. During the Cultural Revolution my grandparents were sent to labor camp for 10 years. My father and his two brothers grew up without their parents. My father later tried to come to U.S. but his visa applications were rejected. I grew up in a chaotic family and endured much verbal and physical abuse. My grandmother was very resentful about the Chinese government throughout her life, and she spent a large amount time complaining about the suffering she had endured every day. Even though I was born 10 years after Cultural Revolution, these horrific images and stories were carved in my heart. One of the reasons that I came to the U.S. is because my grandmother urged me to come to the U.S. on her deathbed because she could not rest until some of her offspring left mainland China.

Trauma can carry over for generations, and it leads to adverse health outcomes. I see them manifest in my family. I have loved ones who are disabled because of mental illnesses; one of my uncles committed suicide. Intergenerational trauma's claws have a hold on me and my cousin. **For these very personal reasons, I choose mental health and trauma related Social policy as my field of study, and I oppose this bill today, because my knowledge and conscience urge me to do so.**

First, this bill only asks for national origin information from people of color. Connecticut is a predominantly White state. If a policy is not considered helpful for Whites, then it will only have worse outcomes for people of color. People of color have always suffered from racialized medicine, instead of benefit from it throughout history.

Second, national/ancestral origin cannot and should not be used as a tool to identify any specific health need. For example, not every Cambodian immigrant is a refugee, and not every refugee develops trauma related illnesses. This same logic applies to Chinese, Syrian, Cuban, German Jews, and other immigrants who were exposed to tremendous stress and hardship before they emigrated. Linking a specific ethnicity to a certain illness is very dangerous to that community. It attaches a label of "medical burden" to whole communities, and "healthy" people will start to shame and avoid the people who are sick, because "they" bring the shame to the whole community.

Third, there is no direct pathway between government national origin data collection and helping individuals with mental health needs. Mental health providers conduct intake and screening, and they always asked detailed family history and personal history. If someone is a refugee or child of a refugee either from mainland China, Cambodia, Vietnam, Syria, Rwanda or Cuba, healthcare providers will know. The school counselors will know. People will tell the health care providers and counselors their needs and personal stories because there is a trusting relationship. Many refugees fled home because of their government's harm. Ethnic data collection triggers people who lived through political persecution.

Fourth, many people of color and new immigrants do not trust government as much as Whites and citizens, therefore government national origin data collection brings a psychological burden to these communities. If their healthcare providers were required to ask their national origin on the government's behalf, it may damage the relationship between doctors and clients. Also, government data collection is abusive and coercive because of the huge power the state wields over individuals. The Black community has a long history of distrust for government, and knowing their doctors are collecting their ancestral origin information may lead to the patients either skipping the question if they can, or skipping the treatment appointment entirely.

Fifth, rigorous studies about the disease burden among different refugee populations already exist, there is no need for more massive data collection by the government. Government data collection is carried out by untrained people; therefore having poor data quality that will not yield reliable results. Also, there are academic articles available online about refugee population health outcomes, such as among Cambodian refugees. There is a book on this topic: [PTSD of Cambodian American survivors of the Khmer Rouge genocide: Perceptions of their ongoing posttraumatic stress disorder](#), by Serge Lee. Also, the 2010 census has a breakdown of Asian by ethnicity, so the population of Connecticut Cambodian is already available, which is about 3,000. This existing data is much more accurate than the data to be gathered by the local government. Instead of asking for more data, government should give resources to organizations

that serve Cambodian immigrants, such as Khmer Health Advocates. When immigrants need services, government using “we need more data to help you” as excuse is an act of cruelty.

Last and the most important, the U.S. is having an immigration crisis, with President Trump repeatedly saying he welcomes immigrants from certain countries, like Norway, but not from others. He made a hugely offensive statement about Haitians – that they “all have AIDS”. The President’s comments are especially dangerous because people with certain illnesses, such as AIDS, are indeed inadmissible to U.S. soil. Government reports on disease burden by national origin of people of color (with Whites being exempted) have a risk of being used to justify immigration restrictions or racial profiling. The immigrants can be easily “ranked” based on government reports if this bill passes. It is entirely possible that before any resources are given to immigrants, the government deprives their right to bring their family here.

I urge the committee to strike Subsection (2) completely. One may consider adding Whites into this subsection, to amend it to “all race and ethnicity disaggregation”. However, the bill still has a disparate impact on communities of color, which is racial discrimination. The bill makes it look like that the subgroup divide is a bonus “option” to benefit the non-white population, however, it still defines that people of color are fundamentally different from Whites. It is an ultimate disrespect to the hardship we have endured.

Sincerely,

Ye Pogue