Pathways to Universal HealthCare Coverage: House Oversight Committee Testimony,
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Thank you, Chairwoman Maloney, Representatives Bush, Pressley, Talib, Ocasio-Cortez and all of the members of the House Oversight Committee here today.

It's an honor to have been invited to testify on the importance of universal healthcare – a key step toward addressing racial health inequities in our country.

I'm Dr. Uché Blackstock, an emergency medicine physician with over 17 years of clinical experience, a second-generation Black woman physician who has lived experience with injustice, and the founder of an organization dedicated to advancing health equity.

I have worked for years in communities where far too many of my patients were either uninsured or underinsured – mostly Black and brown Americans who have sadly been disregarded by our country.

They are not only dealing with mental and physical health issues, but also with systemic afflictions, like bias and racism, housing insecurity, economic instability, and lack of access to reliable transportation. These are what we refer to as the "social determinants of health" - the factors which influence the health and health outcomes of communities and people. Lack of access to health care is one of the primary social determinants of health.

I've taken care of tens of thousands of patients over the years, many I can never forget:

- **The 40-year-old Black man with a history of high blood pressure who came into my ER unconscious on a stretcher after he collapsed at home.** The paramedics were performing CPR on him. The CAT scan of his head revealed a brain bleed, a complication of untreated high blood pressure. He was unable to afford to pay out-of-pocket for his blood pressure medication since he lost his job a year prior and, as a result, his health insurance.

- **The 55-year-old Latina woman who came into my ER complaining of bleeding and swelling in her left breast for several months.** She explained that she did not have health insurance and did not have a primary care physician.

After we spoke, I examined her and found a foul-smelling mass protruding from her left breast. It was advanced breast cancer.

As Black people and people of color, just living in this country is an act of survival – let alone being able to access quality and culturally-responsive healthcare.

Research shows that the long-term, sustained stress of systemic racism clearly has a negative impact on health.[1] The 'weathering hypothesis'[2] shows that racism and oppression, in ways both large and small, in our surrounding environments, slowly chip away at our physical health in the form of chronic medical problems, like high blood pressure, diabetes, and heart disease.

The ongoing COVID-19 pandemic and the country's presumed "reckoning" with racism has only exposed the deep pre-existing fissures in our healthcare and public health system. Despite significant advances in healthcare innovation and technology over the last 75 years, Black men have the shortest life expectancy. Black women have the highest maternal mortality rate. Black babies have the highest infant mortality rate.

Overall, Black Americans have a six-year life expectancy gap compared to white Americans -- the widest gap since 1998 and widened even more by the pandemic.[3]

This pandemic should have been a wake-up call to help us understand the urgency of identifying a path toward making universal healthcare a reality, among other critical strategies to improve health equity. I have had a front row seat to the tragic loss of Black and brown life from COVID-19 and racism.

During the height of the pandemic in NYC, I noticed my patients' demographics quickly shifted from a racially and socio-economically diverse population to mostly Black and brown patients. Many of them were essential and service workers; some already had underlying medical problems. Others were left with no choice but to use public transportation and live in crowded, multi-generational housing.

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[1] Williams, David R. "Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-Related Stressors." *Journal of Health and Social Behavior* 59, no. 4 (2018): 466–85. https://doi.org/10.1177/0022146518814251.

[2] "'Weathering': The Health Effects of Stress and Discrimination." Medical News Today. MediLexicon International. Accessed March 23, 2022. https://www.medicalnewstoday.com/articles/weathering-what-are-the-health-effects-of-stress-and-discrimination.

[3] "Vital Statistics Rapid Release - Centers for Disease ..." Accessed March 23, 2022. https://www.cdc.gov/nchs/data/vsrr/VSRR10-508.pdf.

I vividly remember an elderly Black man who came into my urgent care with shortness of breath and a fever. He was in a wheelchair and his oxygen level was shockingly low. He lived alone. I was very worried that he had COVID pneumonia and asked if I could call an ambulance to bring him from urgent care to the closest ER. He refused. He didn't want to die in the ER. He told me that he didn't think he would receive good care because he didn't have insurance. He felt safer at home.

For many years, I worked in two ERs: Bellevue Hospital, the oldest public hospital in the country and Tisch Hospital, a private institution that is part of NYU Langone Medical Center – among the wealthiest hospitals in the country that has gotten hundreds of millions of dollars richer after federal bailouts.[4]

At these two ERs, that literally sit next door to each other, I experienced first-hand deep inequities in our healthcare system – one that is separate and unequal. Patients were divided up based on insurance and race. Nationally, at private academic medical centers, Black patients are two to three times less likely than white patients to receive care, while uninsured patients overall are five times less likely than patients with insurance coverage to be treated.[5] In cities across America, the "top-ranked" hospitals do not treat as many patients of color as white patients, even when they are located in a diverse community.

This is the definition of systemic racism. People who look like me are living this every day, but it should not fall solely on us to always have to call out when something is wrong. Now is the time to protect our most vulnerable and underserved communities and identify a pathway to ensuring universal healthcare for all Americans.

We must work to break the cycles of trauma and injustice to foster generational progress for more people, especially those of color. Because it is cruel to talk about an "American Dream" if only a select few live to see it.

Thank you.

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[4] Rau, Jordan, and Christine Spolar. "Some of America's Wealthiest Hospital Systems Ended up Even Richer, Thanks to Federal Bailouts." The Washington Post. WP Company, April 2, 2021. https://www.washingtonpost.com/us-policy/2021/04/01/hospital-systems-cares-act-bailout/.

[5] "New York City's segregated hospital system", Modern Healthcare. Accessed March 23, 2022. https://www.modernhealthcare.com/article/20170203/NEWS/170209962/new-york-city-s-segregated-hospital-system

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