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TESTIMONY OF ALISON BEYEA, ESQ.

LD 2 - Ought To Pass

JOINT STANDING COMMITTEE ON STATE AND LOCAL GOVERNMENT

February 3, 2021

Good morning Senator Baldacci, Representative Matlack, and members of the Committee on State and Local Government.

My name is Alison Beyea and I am the executive director of the ACLU of Maine, a statewide organization of about 7,000 members. The ACLU is dedicated to the principles of liberty and equality embodied in the U.S. and Maine Constitutions. In furthering those principles, I am here today to urge you to vote "ought to pass" on LD 2.

LD 2 is an important step in our journey to creating a more just and equal Maine. The racial disparities we see in housing, employment, education, health care, wealth, poverty, and interactions with the criminal legal system — and in every aspect of life — are not an accident.

The COVID-19 pandemic has made evident the other — and even more persistent — epidemic of racism. For a time, Maine had the largest racial disparity for COVID-19 infection in the country.[1]

Black, indigenous and other people of color only represent about five percent of the state's population, but last summer, they represented almost one third of those who tested positive for COVID-19.[2] Perhaps this statistic best illustrates the twin epidemics of COVID-19 and of racism.

Racial and ethnic minorities are more susceptible to COVID-19 because they are more likely to work low wage, frontline jobs at places like restaurants and

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[1] Kevin Miller, *Maine has nation's worst COVID-19 racial disparity*, Press Herald (June 21, 2020), https://www.pressherald.com/2020/06/21/maine-has-nations-worst-covid-19-racial-disparity/.

[2] ACLU of Maine analysis of Maine CDC data. Available upon request. Although the racial disparity in COVID-19 infection rates is no longer as large, it still persists. Of those people who tested positive whose race is known, Black, indigenous and other people of color still make up more than 10 percent. *See* Maine Center for Disease Control Division of Disease Surveillance, COVID-19: Maine Data, Covid-19 data by Race, available at https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml (last accessed on February 1, 2021).

grocery stores. Racial and ethnic minorities are more likely to live in substandard or crowded housing, where social distancing and isolating are not options if a household member got sick. And racial and ethnic minorities are more likely to have worse health outcomes because they have less access to preventative and regular health care.[3]

The circumstances I have described were not an accident. They were a result of a complex set of factors. One of these factors is a long history of laws and policies that have created a system designed to result in better outcomes for white people, and worse outcomes for racial and ethnic minorities. This is what we mean by systemic racism.

For the most part, we have moved past lawmaking that specifically targets racial and ethnic minorities for worse treatment. But as our experience with COVID-19 has shown us, it doesn't matter that our laws are "race neutral." All lawmaking interacts with historical racial inequities. Unless legislators are vigilant and intentional about their lawmaking, we will keep cementing these inequities.

To be vigilant and intentional, policy makers need data. You need data in every aspect of your lawmaking. It is why you consider the potential fiscal impacts of every bill that comes before you. You should also know whether a bill is likely to have unequal effects on historically disadvantaged racial and ethnic groups *before* it becomes a law.

Racial impact statements are a tool to get us this data, so you can legislate more fairly, more justly, and more wisely.

I urge you to support LD 2. It is one step in affirming Maine's commitment to ending the epidemic of racism.

Thank you.

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[3] Numerous studies have found that racial disparities in health outcomes are not attributable to "genetic difference." Rather, racial disparities in health outcomes mirror the systemic social inequalities historically disadvantaged racial and ethnic groups have experienced. Additionally, studies have found the experience of racism itself creates worse health outcomes, through exposure to chronic stress and segregated housing in unhealthy environments. *See generally*, Dorothy E. Roberts, "Debating the Cause of Health Disparities: Implications for Bioethics and Racial Equality," 21 CAMBRIDGE Q HEALTHCARE ETHICS 332 (2012), available at https://scholarship.law.upenn.edu/faculty_scholarship/573. *See also*, David R. Williams and Toni D. Rucker, "Understanding and Addressing Racial Disparities in Healthcare," 21 HEALTH CARE FIN. REV. 75 (2000), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/.