

**Testimony in Opposition to HF1930**  
**Anita Cameron, Director of Minority Outreach**  
**Not Dead Yet**  
**January 24, 2024**

Good afternoon. I'm Anita Cameron, Director of Minority Outreach for Not Dead Yet, a national, grassroots disability organization opposed to medical discrimination, healthcare rationing, euthanasia and assisted suicide.

I am testifying in opposition to [HF1930](#) - End-of-life option established for terminally ill adults. Bills like this are dangerous to communities of color.

How do racial disparities in healthcare relate to assisted suicide?

Research has documented Black, Asian, and Hispanic persons [regularly experience barriers](#) to palliative/hospice care utilization. A 2016 [JAMA Internal Medicine study](#) found that hospice patients were less likely to be visited by staff in their last two days of life if they were Black. Even more alarming, California nursing facilities with higher numbers of Black and Latino residents have "[had higher rates of death.](#)" Although Black people and other people of color request assisted suicide less than white people at this point, as the practice is normalized, they are more at risk of pressure to do so. First, racial disparities in healthcare lead to [limited health choices and poorer health outcomes](#) including death. Economic disparities make it less likely that patients can afford life-saving treatment and more likely that doctors will "write off" patients as terminal and thus eligible for assisted suicide.

Research also shows that Black patients are less likely to receive adequate pain treatment due to [false beliefs about biological differences](#) between Blacks and whites, which adds further pressure to seek assisted suicide.

As long as racial disparities in healthcare exist, legislation like HF1930 has no place in Minnesota. Please vote no on all forms of this bill.

Thank you for your attention.