

Testimony Before the Commission on the 21st Century Economy
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These tax proposals will worsen our states growing income gap, and place an unfair financial burden on California's low-income populations. As the executive director for the California Pan-Ethnic Health Network (CPEHN), I'm here to talk about the profound implications of these proposals on our communities' health. CPEHN is a health advocacy organization that works to improve the health of low-income communities of color.

The wealth and income chasm between the rich and the poor continues to grow. Over the last 25 years, the income of the top earners has increased 81%, while wages for those on the low end of the pay scale have stagnated. This is especially true for communities of color. The median household for African Americans, American Indians/Alaska Natives, and Latinos is roughly two-thirds of the median income of Whites.

And the health consequences of this widening rich-poor gap and rising poverty are apparent. In 1980, the U.S. ranked 14th in the world for life expectancy. In 2007 we ranked 29th, with communities of color disproportionate impacted by obesity, diabetes, and asthma.

Income affects health at every age, from the beginning of life to adulthood and old age. For adults, wealth is tied to neighborhood quality, work conditions, food security, access to medical care, and the availability of buffers against stress. Poorer adults are three times as likely to have a chronic disease that limits their activity; twice as likely to have diabetes, and are nearly 50% as likely to die of heart disease.

For children the impact of poverty is even greater, because the effect on health is cumulative. Children from affluent families are more likely to grow up in a house owned by their parents, and to live in neighborhoods with healthy food, safe places to play, good schools, and libraries. Low income children not only lack these advantages but are more likely to be exposed violence, experience injuries and illness, and experience inadequate or delayed health care.

In addition, studies have found that life expectancy conforms to a pattern called the "social gradient," in which the more income and wealth people have, the more likely they are to live longer, while people with less income and wealth can expect to live comparatively shorter lives. For example, people who live in West Oakland can expect to live on average 10 years less than those who live in the Berkeley Hills.

The bottom line is that these proposals do not make economic, moral, or practical sense. The prosperity of our state and the health of our children relies on a progressive tax system that shrinks rather than grows the inequities between the rich and the poor.