



**Testimony of Maine Public Health Association in Support of:  
LD 294: An Act to Include a Tribal Member in the Baxter State Park Authority**

Joint Standing Committee on Agriculture, Conservation and Forestry  
Room 214, Cross State Office Building  
Monday, February 13, 2023

Dear Senator Ingwersen, Representative Pluecker, and distinguished members of the Joint Standing Committee on Agriculture, Conservation and Forestry. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities, and we take that responsibility seriously.

MPHA is in support of LD 294: “An Act to Include a Tribal Member in the Baxter State Park Authority.”

Historical and intergenerational discrimination and systemic racism<sup>a</sup> are intricately intertwined in Maine public policies that influence determinants of tribal members’ health and wellbeing. These structural inequities<sup>b</sup> are pervasive and cross-cutting, leading to differential health outcomes for tribal communities in Maine, and restricting their power and efficacy to influence determinants of their health and ability to practice cultural traditions. To further underscore these unjust systems and structures, the American Public Health Association’s [Tribal Public and Environmental Health Think Tank 2018 report](#) states: “...the unique history of forced relocation, intolerance of cultural norms and practices, and discriminatory state and federal policies enacted over several generations has resulted in historical trauma, adverse childhood experiences, distrust, and societal alienation.”<sup>1</sup>

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<sup>a</sup> The “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.” See Jones CP. 2018. Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethnicity & Disease*; 28(Suppl 1): 231–234.

<sup>b</sup> The “personal, interpersonal, institutional, and systemic drivers—such as, racism, sexism, classism, able-ism, xenophobia, and homophobia—that make those identities salient to the fair distribution of health opportunities and outcomes. Policies that foster inequities at all levels (from organization to community to county, state, and nation) are critical drivers of structural inequities.” See National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. *Communities in action: Pathways to health equity*. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, [The Root Causes of Health Inequity](#).

[According to the World Health Organization](#), “health” is a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” The ability to care for and spend time in sacred places and practice cultural traditions – like Wabanaki peoples’ spiritual relationship to Mount Katahdin – is a component of good health. Furthermore, from a public health perspective, the inclusion of a tribal member in the Baxter State Park Authority is an example of a contemporary action that can address historic and systemic barriers to whole health – barriers that have adversely impacted Wabanaki communities’ ability to influence decisions that impact their health and wellbeing – and change for the better.

Maine Public Health Association recognizes that the tribes in Maine are sovereign nations with inherent rights. We support education and policy efforts that strengthen the recognition of sovereignty of Wabanaki nations. We believe LD 294 is one such policy action; as such, we respectfully request you to vote LD 294 “Ought to Pass.” Thank you for your consideration.

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<sup>1</sup>Tribal Public and Environmental Health Think Tank. [Priorities in Tribal Public and Environmental Health](#). American Public Health Association. 2018.