

Thank you Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Ohio Senate Health, Human Services, and Medicaid Committee. My name is Aliyah Bennett and I am writing to testify in support of Senate Concurrent Resolution 14 (SCR14) declaring that racism is a public health crisis.

I am a MD/PhD student at the Ohio State University College of Medicine and this privileged position has allowed me to see firsthand how the effects of racism have played a damaging role in the health of my patients. But my experiences with racism in the medical and scientific community starts even earlier than that, beginning around my dining room table in my childhood home as soon as I was old enough to read the big words in my mother's medical journals. While not a dermatologist herself, my mother is a physician and received multiple dermatology medical journals every month. I remember grabbing them out of the mail every month and poring over the pictures of skin conditions with names that I could barely pronounce, amazed at all the possible gross things that could happen to people, particularly the skin cancers found in Caucasian patients. I naively thought myself lucky as a little black girl that I would never have to deal with skin cancer because I never saw an image of skin cancer on anything other than Caucasian skin in those journals and so I concluded that that was because we simply couldn't get skin cancer. I have since learned better but I believe that the lack of inclusion of pathology images featuring people of color in scientific journals is of grave concern as well as a reflection of our biases that continue to lead to poor patient experiences and poorer patient outcomes in populations of color than white populations.

According to data collected by the CDC, black patients with a diagnosed melanoma of the skin have a 5-year survival rate of 66.9% by comparison to white patients' 5-year survival rate of 89.2%. This is despite black people having an overall lower risk of skin cancer than white people. Part of this disparity can be attributed to the medical training that we receive as students and the continuing education that physicians participate in over their careers being biased towards images and examples of white skin. A study by the Washington Cancer Institute found that in its study of 649 patients with melanoma 32% of black patients were first diagnosed in Stage III/IV by comparison to only 13% of white patients. Identifying skin cancers in later stages results in poorer outcomes and it is reasonable to suggest that our tendency to miss skin cancer in black patients until it has invaded other parts of their bodies has contributed to lower survival rates. This is a public health crisis.

I am suggesting that part of the reason that we miss skin cancer goes back to what I recognized at my dining room table. Our education is biased towards white images and examples and this primes the medical community's minds to look for white bodies and white signs and symptoms when trying to identify certain conditions. Medical journals are not alone in this bias. My medical training has often lacked examples of black and non-black people of color when discussing conditions with skin manifestations and I do not feel adequately prepared to recognize these things in my future patients and am genuinely worried that I will also contribute to this system that puts our black patients at such a stark disadvantage. Skin cancer is not an exclusively white disease but by using primarily images of white cancers we perpetuate a racist bias in our clinicians that a small blemish in black patients is nothing more than a benign imperfection whereas white patients will be referred for further work up and potentially identify cancer at an earlier stage. To conclude, racism is a public health crisis and reflected in our inadequate education of physicians to reliably recognize skin cancer on non-white bodies. We need active efforts to increase representation of black skin in the pathology images we use to teach our

clinicians so that they will be better equipped to reduce health inequities. One of the first steps for that is by declaring racism a public health crisis.

I would like to thank the committee and the sponsors of this resolution, Senator Sandra Williams and Senator Hearcel Craig.