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 Harini Ushasri and I am here to testify in support of Senate Concurrent Resolution 14 (SCR 14) declaring that racism is a public health crisis.

I am a current third year medical student at The Ohio State University College of Medicine. Throughout medical school, I have learned first hand how structural racism creates major public health issues for communities of color, specifically Black communities. Nearly every chronic disease we learn about in medical school has race listed as a risk factor. However, in these cases, there is no biological or genetic basis for race, leaving structural racism, a social determinant of health, as the primary reason that racial minorities, again particularly Black communities, face worse health outcomes across the spectrum.

The ongoing COVID-19 pandemic has devastated our world and exposed many flaws in our public health response. Over 110,000 people are known to have died from COVID-19 in the United States alone, more than enough to fill the bleachers in Ohio stadium.[1] That is a huge number and does not include the number of people who may have died unreported due to undertesting and still limited knowledge about the presentation of the disease. However, we have seen in the news in the past several months that not all Americans are facing the same outcomes from this virus. Black people and Black communities are suffering far more from COVID than the rest of the population, as is unfortunately the case in many other diseases. Recently a CDC report showed that 33% of hospitalized COVID patients were Black, while Black people represent 18% of the population. That same report showed that the fatality rate for Blacks (92.3 deaths per 100,000) is much higher than that of Whites (45.2 deaths per 100,000).[2]

As our U.S. Surgeon General, Jerome Adams, said, there is no biological predisposition for SARS-CoV-2, the virus that causes COVID-19. Viruses do not discriminate by race. Therefore, the disproportionate number of cases and resulting fatalities we are seeing in the Black population are not because of a genetic susceptibility to the virus, they are because of structures and institutions that have been put in place to prevent Black communities from accessing adequate health care. These structures are rooted in racism, such as “redlining”, and therefore the lack of access is rooted in racism.

One of the many reasons that COVID-19 is disproportionately affecting racial minorities is due to the generally higher rates of chronic diseases in these populations, including hypertension, heart disease and diabetes.[3]

Another reason is due to environmental health issues which are related to racist policies such as “redlining”. Throughout the 20th century, zoning laws were used in the United States to prevent minority communities, especially Black communities from living in certain areas, resulting in racial segregation of cities. As these explicit racial zoning laws were outlawed, more insidious, implicit policies were enacted, such as “redlining”. Housing and real estate companies drew up maps of cities that broke down communities and neighborhood by colors, such as blue, green, yellow and red. Factors for categorizing these regions included race, socioeconomic status, and other factors, all rooted in an implicit fear of Black and immigrant communities. Red areas, which were composed predominantly of racial minorities, received absolutely no federal insurance for mortgages, while blue and green communities, which were mostly white, received up to 80% in federal insurance for mortgages. These maps were used for decades by banks to deny home mortgages to Black communities in red areas, a practice known as “redlining”. While the practice is not explicitly used today post the Civil Rights Movement of the 1960s, the systemic

effects of these maps continue to pervade our society, leaving predominantly Black communities with very little access to resources.[4]

These maps were also used by industries for determining locations for their factories and processing plants. Industrial plants are consistently built in communities of color, subjecting these communities to respiratory toxins, water toxins and other toxins that cause significant health issues, including but not limited to asthma, allergies and more. History of chronic respiratory diseases are a risk factor for COVID-19, and the increased exposure to air pollution in Black communities is a direct precursor to poor outcomes from the coronavirus.[5]

Another reason that COVID is disproportionately affecting these communities is the high percentage of Black Americans and racial minorities who work in essential jobs.[6] These folks do not have the luxury of staying at home that so many Americans, particularly White Americans, do. Every day, Black people risk their lives to continue their jobs in grocery stores, in health care, in public transportation, in so many other public service roles, so that they can continue making a living and paying their bills. However, Black people are the least likely to have access to health care services, and Black women in particular have some of the highest rates of unmet health care needs[7]. So while these communities are forced to risk their lives to keep our society running, our society continues to push them down by denying access to care. What does this say about our society when we do not protect the very people essential to keeping us going?

These health disparities are the result of structural racism, not the result of biology or genetics, (as there is no biological basis for race), not the result of solely poverty, and certainly not the result of any sort of failing of the part of Black people. Structural racism is the root of our society, and has in so many ways pervaded our health care system and public health. COVID-19, an infectious disease that biologically should affect our society proportionally, is disproportionately hitting Black and Brown communities. If anything, this is undeniable evidence that racism affects every aspect of life for racial minorities, from encounters with law enforcement to risk of infection and death in a global pandemic. We need to stop allowing Black lives to die in this manner. Black lives and our Black patients matter.

In conclusion, I urge our lawmakers here today to support SCR-14 and further our movement to address racism as a public health crisis. I would like to thank the sponsors of this resolution, Sen. Sandra Williams and Sen. Hearcel Craig. Thank you for proposing this resolution.

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