Formerly Pro-Choice Ohio
ABORTION FORWARD

Jaime Miracle, Deputy Director
Testimony in Opposition to Senate Bill 1
March 11, 2025

Chair Young, Vice Chair Ritter, Ranking Member Piccolantonio, and members of the House Workforce and Higher Education committee, thank you for accepting my testimony in opposition to Senate Bill 1. My name is Jaime Miracle, and I am the deputy director for Abortion Forward, formerly Pro-Choice Ohio, a statewide organization that champions policy changes and mobilizes activists to protect abortion rights and bodily autonomy and am submitting this testimony on behalf of all of our staff, volunteers, and supporters across the state. Before I begin, I want to thank my Policy Fellow Milena Wood for her assistance with drafting this testimony I'm presenting today. Abortion Forward stands firm in our opposition to this bill and our belief that the language and provisions housed in Senate Bill 1 will not promote a well-rounded higher education system for Ohioans and will further contribute to inequality in academia.

Among the many things in this bill is the required development of a three credit-hour American Civic Liberty course with the goal of providing students of all academic backgrounds an understanding of some of the core documents this country was built on. Included in the mandatory reading for these courses is *Letter from Birmingham Jail* by Martin Luther King, Jr. It is considered by many to be not only one of the core documents of the Civil Rights Movement but also an example of rhetorical appeals used to their best ability. It's a document already read by most high school students and in some college level courses, and for good reason: it does, indeed, give a good account of the social, political, and cultural climate King and the rest of America found itself in at the height of the Civil Rights Movement. But for those who aren't familiar with the arguments King made, I'd like to focus on one of the particularly important ones: King's definition of an unjust law.

King makes a legal argument against segregation on the basis of it being the outcome of an unjust law. The law doesn't need to be perfect in order for it to be just. However, if laws aren't meeting certain baseline conditions, then those laws should be challenged out of respect for the legal system. Specifically, King found unjust laws to be ones that lack impartiality and limit who gets a voice. Just laws equally uplift everyone, while unjust laws exclude and prevent a genuine sense of positive peace from being established. Only when we have positive peace, which is not just the absence of negative forces but the presence of positive ones, and the absence of unjust laws can we then foster a genuine sense of relational equality between all groups of people.

In understanding how King defines an unjust law, it is baffling to me how this bill mandates the reading of this text yet simultaneously contains language that will itself produce an unjust law. Expulsion of DEI principles in higher education will actively harm individuals. The principles of diversity, equity, and inclusion exist to expand the pool of qualified candidates and make room

for conversations that benefit people from all walks of life to create a level playing field. Most importantly, it serves to solidify the importance of recognizing and celebrating the differences between us that contribute to our intellectually diverse social fabric. An education system without DEI does not equally uplift all individuals, it closes the doors to opportunity for some and reduces the substantive quality of education as a whole for everyone else. One piece of this that Abortion Forward is particularly concerned with is the impact this will have on the education of our future medical professionals. The absence of DEI principles will have detrimental consequences in healthcare, especially in light of the long history of medical racism, systemic inequalities, and disregard for the wellbeing of minority groups that all modern medicine is based upon. When we consider the very racist foundations of most fields of medicine—especially gynecology which find its roots in unethical experimentation and the systemic dehumanization of black women—a medical education that refuses to acknowledge race and gender in an effort to be "colorblind" is bad for all parties involved.

There are concerns from certain sponsors of this bill that DEI practices do not foster positive racial relations and do not actually bring about equality or fairness, but there is evidence to support quite the contrary. The desire for colorblind practices often stems from the idea that by not acknowledging differences, discrimination will not have the opportunity to emerge. In practice, however, colorblind approaches to medicine often yield poor outcomes for both the relationship between medical professionals and their patients as well as general health outcomes. Research has found that non-Black physicians who consider themselves non-prejudiced and color-blind "often harbor strong unconscious racial biases toward minority patients, and are more likely to negatively evaluate Black patients" and these evaluations "can negatively impact treatment decisions, treatment adherence [and] undermine patients' role in the medical interaction…and lead physicians to have a lower positive emotional tone in visits"[1]. Trying to appear more unprejudiced by acting as if we don't notice race, despite automatically seeing race, makes white practitioners appear more uncomfortable, anxious, and less friendly when working with patients of a different race than them[2]. Not only this, but colorblind interactions with white providers are shown to be cognitively taxing for minorities because "those Whites appeared more prejudiced…more offensive, and devaluing the importance of racial issues.[3]" All of this contributes to worse interactions and relationships between medical providers and their patients, and it also makes minority patients less likely to trust and consequently listen to their medical providers. Colorblind approaches make it impossible for individuals to see where their own biases come into play and even more impossible to see when race is an important component to be considered.

Colorblind approaches to healthcare do not promote equity, genuine understanding, or cultural competency. When we consider the egregious discrepancies in health outcomes for black women, ignoring the background conditions that inform these poorer health outcomes is just plain bad medical practice. One study shows that black women are almost four times more likely to die while giving birth than white women, and black infants are two to three times more

[1] West TV, Schoenthaler A. Color-Blind and Multicultural Strategies in Medical Settings. Soc Issues Policy Rev. 2017 Jan;11(1):124-158. doi: 10.1111/sipr.12029. Epub 2017 Jan 13. PMID: 39359747; PMCID: PMC11445782.
[2] West TV, Schoenthaler A.
[3] West TV, Schoenthaler A.

likely to die within their first year of life than white newborns in the U.S.[4] Not only that, but many of these deaths and other health complications that disproportionately affect black and minority women are preventable if we were dedicating the proper attention needed to the unique needs of these groups. The same study shows that most of the disparities are rooted in modifiable factors like maternal health behaviors, physical and social environments, and inadequate healthcare access or quality.[5] This means that these are outcomes that can be addressed by conscious efforts to understand the background conditions that inform why these different groups have these drastically different health outcomes. In other words, a colorblind approach that would be taught in the absence of DEI structures will literally continue to cost us the lives and health of individuals are around the state. Ensuring that our medical schools help students focus on diversity, equity, and inclusion frameworks rather than be blind to them make our healthcare professionals better healthcare professionals.

Considering all of the above, colorblind approaches to medicine cannot adequately address the various concerns and disparities that exist amongst minority women. Different groups of people face certain patterns of risk, some being higher than others. A colorblind approach would surely miss critical differences in outcomes in these different groups by assuming that a white person's experience is the baseline for everyone in society, that minorities fundamentally face the same obstacles, in an attempt to appear unprejudiced. The intent to appear unprejudiced means nothing if those actions actively produce inequality.

Promoting genuine equality and making healthcare better and safer for everyone starts with the education our healthcare providers receive. Withholding potentially life-saving information, strategies, and approaches to medicine for the sake of avoiding the imaginary "horrors" of DEI is bad practice and unjust. Ohio's students deserve to have a well-founded, robust education that will make them the best they can possibly be in their respective fields. We need the presence of positive forces like diversity, equity, and inclusion to give us the foundations for true relational equality, and this bill actively keeps us from accomplishing that goal.

[4] Bryant AS, Worjoloh A, Caughey AB, Washington AE. Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. Am J Obstet Gynecol. 2010 Apr;202(4):335-43. doi: 10.1016/j.ajog.2009.10.864. Epub 2010 Jan 12. PMID: 20060513; PMCID: PMC2847630.
[5] Bryant AS, Worjoloh A, Caughey AB, Washington AE.