

Testimony of Cara Jacob, MD  
Before the House Workforce and Higher Education Committee  
Representative Tom Young, Chair  
March 9, 2025

Dear Chair Young, Vice Chair Ritter, Ranking Member Piccolantonio and members of the House Workforce and Higher Education Committee,

My name is Cara Jacob. I am a neurologist in Cincinnati, Ohio and I am writing to express my strong opposition to SB 1 and its companion bill HB 6. As a physician, I would like to address the critical importance of Diversity, Equity, and Inclusion (DEI) practices in higher education, particularly as they relate to patient care. Specifically, I want to emphasize how implicit bias and the lack of diversity among healthcare providers continue to negatively impact the care of minority and marginalized patient populations. SB 1 will block crucial initiatives aimed at addressing these issues.

Data consistently shows that healthcare providers hold implicit biases shaped by their own cultural backgrounds, upbringings, and the pervasive societal and institutional biases that exist. These biases can lead to misguided assumptions, ultimately resulting in poorer care for communities of color and other marginalized groups, including the LGBTQ+ community. DEI initiatives, such as bias recognition and cultural competence training, help healthcare providers identify and confront these biases. This ensures that care is more culturally informed and leads to better patient outcomes. However, SB 1 seeks to restrict DEI efforts and prevent critical conversations about institutional racism. Banning discussions and training on these essential topics does not eliminate biases; rather, it allows them to persist and continue harming patient care.

Moreover, harmful myths, such as the belief that Black individuals experience less pain than White individuals or that Black skin is thicker than White skin, still exist within the medical community. These misconceptions contribute to disparities in care and must be actively challenged through education and open dialogue.

One effective way to provide culturally competent healthcare and reduce implicit bias is by building a healthcare workforce that better reflects the diversity of the population. This is especially important in the field of medicine, where physician representation plays a significant role in patient trust and satisfaction. Research has shown that when patients are treated by healthcare providers who share their racial or cultural background, their satisfaction and health outcomes improve. Increasing representation of marginalized groups in healthcare can be achieved by providing scholarships and other support to underrepresented students in higher education. By banning DEI scholarships, SB 1 would impose additional barriers to entry for marginalized students who face financial challenges, further restricting their access to medical careers.

In conclusion, I strongly urge members of the House Workforce and Higher Education Committee to vote against SB 1. True intellectual diversity cannot exist in an environment where conversations about racism, discrimination, and implicit bias are prohibited. We must continue to address these issues if we are to improve both the education of healthcare professionals and the quality of care provided to all patients.

Sincerely,

Cara Jacob, MD  
Adjunct Assistant Professor of Neurology  
University of Cincinnati