

**Opponent Testimony for Senate Bill 1**  
**The Higher Education Committee**  
**February 11, 2024**

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**Student National Medical Association (SNMA) and Medical Students for Choice (MSFC)**

Chair Kristina Roegner, Vice Chair Jerry Cirino, Ranking Member Catherine Ingram, and the Higher Education Committee members thank you for the opportunity to testify today in strong opposition to Senate Bill 1.

My name is Maya Dunson. I am a Dayton, Ohio native, a current medical student at the Ohio State University College of Medicine, and one of the few black students in my class of over 200. I am also the Vice President of Medical Students for Choice, Political Action Liaison for the Student National Medical Association, and a part of student leadership at the Columbus Free Clinic. As a minority medical student, one of my primary goals is to advocate for diversity and inclusion within the College of Medicine and throughout Ohio. This is why I am here to oppose Senate Bill 1, particularly the sections that seek to prohibit diversity, equity, and inclusion initiatives within our institution while promoting the idea of “intellectual diversity,” as outlined in the bill.

One of the primary reasons I chose to pursue a career in medicine stems from my family history. My grandfather, an amazing man who grew up on a sharecropper plantation, had a deep mistrust of the medical community due to atrocities perpetrated against people who looked like us during his time. This skepticism led him to avoid seeking medical care until later in life, resulting in inadequate management of his health issues and ultimately contributing to his passing from multiple co-morbidities. I believe that he would still be here if he had sought the proper care, but I also understand the underlying reasons for his reluctance—reasons that resonate within the African American community. Historical atrocities, like the Tuskegee Syphilis Experiment and the forced sterilization of Black women, have perpetuated a distrust that keeps many Black individuals from accessing healthcare. Additionally, broader social determinants of health contribute to the barriers faced by all minorities in seeking medical attention. It is crucial for those in medical school and the healthcare field to understand this history and the reasons behind disparities in minority health. This understanding can be fostered through discussions about racism, sexism, and other forms of discrimination within the medical curriculum.

At Ohio State, there have been significant improvements in discussing racism and disparities in health care, but this momentum needs to continue. However, with the constraints posed by this bill and the lack of solidified positions on “controversial” topics such as these and others like abortion and climate change, my peers would struggle to grasp the need for enhanced support and understanding so that we can receive quality care and fewer people end up like my grandfather. The absence of diversity, equity, and inclusion (DEI) in medical education would

have detrimental effects on the health of the Ohio community. No DEI means a lack of cultural competency and understanding. The Association of American Medical Colleges (AAMC) emphasizes the importance of diversity in medical education and within the physician workforce, noting that it is critical to better patient understanding and improving care. Additionally, Walden University has reported that patient outcomes are improved when diverse teams provide care, enhancing team communication and fostering innovation, further advancing the medical field. This evidence clearly shows that eliminating diversity and inclusion from healthcare and medical school is detrimental.

Along with losing DEI, “intellectual diversity” and being unable to contradict and reshape misinformed thoughts through the curriculum, false rhetoric would predominate within my school and the healthcare field. Without proper training, my peers will struggle to understand the diverse cultures of their patient populations, fail to recognize and address their implicit biases and remain unaware of the issues of medical racism and sexism, all of which will lead to a decline in patient care. A systematic review from NIH has noted the high prevalence of implicit bias towards minority populations and how it leads to adverse outcomes in treatment, diagnosis, and communication for those patients. Furthermore, an article from the New England Journal of Medicine also highlighted how implicit bias and bias-driven practices in healthcare not only negatively affect the patient environment but also the learning environment and training. Losing avenues to discuss implicit biases and racism in medicine could be detrimental to us future physicians, hindering our training and leading to reduced care of patients within the state of Ohio and beyond.

As a medical student, but more importantly as a black, diverse woman, it is my purpose to fight against legislation that seeks to erase my history, the history of my community, and other marginalized groups from the healthcare field. Such bills would only exacerbate disparities and diminish the quality of care for the Ohio community that my peers and I will serve in the future. I urge you to consider my testimony and vote against Senate Bill 1.

Thank you for your attention. I’m happy to answer any questions.

Maya Dunson