



**Proponent testimony submitted to the
Ohio Senate Health, Human Services, and Medicaid Committee
Senate Concurrent Resolution Number 14
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Chair Burke, Vice Chair Huffman, Ranking Member Antonio and Members of the Ohio Senate Health, Human Services, and Medicaid Committee, thank you for the opportunity to provide testimony supporting Senate Concurrent Resolution Number 14. As Ohio’s statewide coalition, the Ohio Alliance to End Sexual Violence (OAESV) advocates for comprehensive responses and rape crisis services for survivors and empowers communities to prevent sexual violence.

I have served the Ohio Alliance to End Sexual Violence, our member rape crisis programs, and survivors across 88 counties for over seven years. I choose to do this work with an understanding in every fiber of my being that we cannot end sexual violence or any form of violence without ending racism. All oppressions are inextricably linked - sexual violence is linked to other forms of violence. We cannot continue to pick sides, to choose which battles to fight, when to embrace the voices of those experiencing violence, when to look the other way.

OAESV has convened Ohio’s statewide Anti-Oppression Committee since 2014. This committee’s mission is to advocate for leaders and people of color in anti-violence work through actively addressing individual and institutional oppression. From our own lives, our daily work, and long-term initiatives, our members know with the utmost certainty that racism is a public health crisis. We know that Black Ohioans are impacted by overt and covert racism, by explicit and implicit¹ bias in every sector. We know, that as this resolution declares:

- Racism is a driving force of the social determinants of health;

¹ See, e.g., Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Normal Oliver, *Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites*, Proceedings of the National Academy of Sciences of the United States of America (April 4, 2016), available at <https://www.pnas.org/content/113/16/4296/tab-article-info>; Marianne Bertrand, Dolly Chugh, Sendhil Mullainathan The American Economic Review, Vol. 95, No. 2, Papers and Proceedings of the One Hundred Seventeenth Annual Meeting of the American Economic Association, available at http://pages.stern.nyu.edu/~dchugh/articles/2005_AER.pdf; see, e.g., Khiara M. Bridges, *Implicit Bias and Racial Disparities in Health Care*, American Bar Association, Vol. 43, No. 3 The State of Healthcare in the United States (“For example, one study of 400 hospitals in the United States showed that black patients with heart disease received older, cheaper, and more conservative treatments than their white counterparts. Black patients were less likely to receive coronary bypass operations and angiography. After surgery, they are discharged earlier from the hospital than white patients—at a stage when discharge is inappropriate.”).

- Negative repercussions of historical racism impact current access to nutritious food, economic security, and educational achievement;
- Racism reduces life expectancy, increases maternal morbidity and infant mortality, increases the risk of death from heart disease, cancer, stroke and diabetes;
- The poverty rate for Black Ohioans is more than twice the poverty rate for white Ohioans;
- Fifty-six percent of youth incarcerated in Ohio black, despite only representing sixteen percent of minors in Ohio;

I need not repeat the full declaration to convey the severity of each truth therein. Racism is this country's original sin. It is the cancer that eats away at the body of our republic. In anti-sexual violence specifically, racism is a threat to the work of those who serve survivors in rape crisis centers. Survivors of rape, their families, and our communities cannot get the justice we call for when the justice system was created to oppress. Much less can they receive healing or any sense of safety as they navigate through their traumatic experiences if we are unable to call things as they are and if we refuse to create spaces that are truly culturally sensitive and genuine for people of color to receive what they need.

OAESV has re-energized its strategic plan, opened up and reviewed our employee handbook, analyzed our trainings and programs, and focused on our mission and values with an equity lens. We have actively urged our member rape crisis programs to do the same, and are providing vigorous support to that end. We know we are not the only sector that needs to actively change to dismantle racism. Our state government must heed the strategies outlined in this proposed resolution. To dismantle anti-Black racism and oppression in all its forms, change must take place from government offices, to state agencies, to non-profit programs, education institutions and the for-profit sector.

OAESV knows that S.C.R. No. 14 and its companion in the House are the only way forward. We know that numerous lawmakers have attempted each of these strategies in bills that died in committee or failed on the floor. Ohio must not continue to knowingly fail. Leadership matters – the Legislative Black Caucus is leading now and we urge you listen, acknowledge, and pass this resolution expeditiously.

Thank you for the opportunity to testify. In addition to my written testimony, I am available for any questions from committee members at rbeltre@oaesv.org.