

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 Bea Carbone and I am writing to testify in support of Senate Concurrent Resolution 14 (SCR14) declaring that racism is a public health crisis.

I am a medical student at The Ohio State University College of Medicine, and I would like to discuss the perspectives I have received over the course of my medical education and the time leading up to it. I would like to discuss a single one of those perspectives on the topic of historic abuse, denial, and neglect of black people in America's healthcare system and how it informs today's medicine.

Historically, medicine has been in the service of white physicians at the cost of black patients. The most well known examples include the theft of biological material from Henrietta Lacks (HeLa cells) and the Tuskegee Syphilis experiment wherein 600 poor and illiterate black men were falsely told they were being treated for syphilis but were in fact being monitored to determine the natural course of the disease (2). The less well known exploitations include "illnesses" listed in the "Antebellum Era Lexicon of 'Negro Diseases'" (1) that attribute inherent facial and dermatologic features of black peoples to chronic leprosy, declare wanting to run away a disease, and blame a difficult parturition of a black mother who had been beaten and forced to do heavy labor on her skin. Black people were seen as a lesser class of human to be experimented on and intellectually and physically dissected to determine their faults for the curiosity of white physicians (1), which amounted to the sum of not being white. There is no part of medicine in the US that has not directly benefited from or exploited black bodies.

What black physicians that existed in the US prior to the 1900's were few and far between, and were actively excluded from participating in medical societies of the day - notably Alexander T. Augusta, Charles B. Purvis, and Alpheus W. Tucker who were denied entirely on the color of their skin from the Medical Society of the District of Columbia in 1869 (3). This exclusion and prejudice meant that historically the faces of most doctors in the US have been white and of high socioeconomic status, and therefore the decision making process was white and of high socioeconomic status.

This is felt to this day in the pressure black medical students experience on matriculation with few doctoral role models to encourage them to attend medical school, the possibility of being the only black person in the class, low access to black physicians for mentorship, poor financial and emotional support, and an implicit expectation to educate classmates on the intricacies of race while also attending and succeeding in medical school (5).

The lack of black physicians is in part a result of distressingly poor access to medical education. On top of increased incidence of socioeconomic and societal disparities, there are few schools that have historically been frontrunners in promoting the presence of black physicians in medicine. Meharry Medical College and Howard University served as the two sole medical schools training black doctors in the US into the 1970's (1), where they represented only 2% of overall physicians well into the 1980's, despite being approximately 10% of the population according to the 1981 US census data, with probable underreporting. Currently there are four schools that train most of the black doctors in the US - Spelman, Howard, Xavier, and Morehouse - and these schools are not intended to, but are expected to bear the burden of educating an entire demographic (5). Out of one hundred and fifty-three MD programs, and thirty-eight DO programs (6), four schools have trained most of today's black physicians.

While the Civil Rights movement momentarily set medicine on a path where the culture could correct past wrongs and move forward, the momentum faded and historical precedent took over due to the overwhelming culture of whiteness in medicine. A friend of mine, a black woman, was told to her face that she didn't look like a physician and as such, would not be getting a recommendation letter for her application to medical school.

All of this is to bring context to my belief that not only have we failed the black community as physicians historically when they were forcibly removed from everything they had ever known and put on ships to die at sea or die working, experimented on black people for our own sick curiosity and stolen the sovereignty of their bodies from them, and then denied black people the right to represent themselves in medicine through explicit exclusion or an overwhelming expectation to overcome impossible odds to meet the barest requirements to attend medical school. Racism is a public health issue and to deny it is to deny the entire history of the United States of America.

- (1) Byrd, W. M., & Clayton, L. A. (2001). Race, medicine, and health care in the United States: a historical survey. *Journal of the National Medical Association*, 93(3 Suppl), 11S–34S.
- (2) “Tuskegee Study - Timeline - CDC - NCHHSTP.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2 Mar. 2020, www.cdc.gov/tuskegee/timeline.htm.
- (3) “The History of African Americans and Organized Medicine.” *American Medical Association*, www.ama-assn.org/about/ama-history/history-african-americans-and-organized-medicine.
- (4) US Census Bureau. “Census.gov Homepage.” *Census.gov*, www.census.gov/en.html.
- (5) Charles, Shamard, and M.d. “The Dearth of Black Men in Medicine Is Worrisome. Here's Why.” *NBCNews.com*, NBCUniversal News Group, 6 May 2019, www.nbcnews.com/health/health-news/why-dearth-black-men-medicine-worrisome-n885851.
- (6) “2019 FACTS: Enrollment, Graduates, and MD-PhD Data.” AAMC, www.aamc.org/data-reports/students-residents/interactive-data/2019-facts-enrollment-graduates-and-md-phd-data.