

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 Noella Cortinas, M.D. and I am writing to testify in support of Senate Concurrent Resolution 14 (SCR 14) declaring that racism is a public health crisis.

I am a recent graduate from the Florida State University College of Medicine, in Tallahassee Florida, and am now a resident physician at the University of Cincinnati Medical Center, in Cincinnati Ohio. During my medical training, I have witnessed many occurrences of racism, and their deleterious effects on patient care and outcomes. While working a shift in the Emergency Department, I witnessed a 50 year old African American woman brought in by police for erratic behavior and public disorderly conduct. My supervising physician neglected to go see the patient for several hours stating "she's just one of those classic Black junkies, let her sit in her room and calm down". She was tied up in soft restraints on the bed, given IV fluids, and Haldol (an antipsychotic medication). After 4 hours, the patient continued to deteriorate. Toxicology screens came back negative, she then obtained an emergency CT of the head and was found to have had a massive stroke. She will live the rest of her life with mental deficiencies from her stroke due to delay in her care; there is no doubt that this example of medical malpractice and neglect was directly due to the prejudged and racist actions by the medical staff. This would not have been the outcome if the patient had been white.

Health disparities amongst people of color can not only be seen by witnessed events, but are backed up with multiple studies across all medical fields. In a 2014 study by the CDC, in the United States, Black adults who are obese were 39%, as compared to 28% of Whites. Adults without health insurance were 16% Black versus 11% White. The death rate for heart disease, per 100000 population were 211 Black compared to 170 White. African Americans have the lowest rate of early prenatal care and consequently higher infant mortality than whites. People of color receive less cholesterol screening, colorectal screening, and breast and cervical cancer screening compared to whites. These are just specific examples, and show nothing but the surface level of the issue. Health disparities amongst these communities is alarming.

Social determinants of health, from economic stability, neighborhood environments, access to education, food insecurities, community and social context, and access to health care all have direct effect on health outcomes. The mortality, morbidity, life expectancy, health status, and functional limitations are all directly influenced by these. Racism can not be seen as a fringe issue- it is the root cause of the health disparities. To remain apathetic to the issue is to refute progress. As Fredrick Douglass stated "Those who profess to favor freedom, and yet depreciate agitation, are men who want crops without plowing up the ground. They want rain without thunder and lightning. They want the ocean without the awful roar of its many waters. This struggle may be a moral one; or it may be a physical one; or it may be both moral and physical; but it must be a struggle. Power concedes nothing without a demand. It never did and it never will". I thus send this testimony to demand change.

As physicians we took an oath to first do no harm. As state representatives, the oath is to support and defend the Constitution- to insure the common welfare and justice for all citizens. Equal access to Health Care is a human right. If racism prevents that, it is our duty to call our system into question and to seek to improve it for all our citizens. We are dealing with a crisis. I implore you to pass this resolution and provide the resources we need to address systemic racism in public health.

I thank the committee for your time, and I thank Senator Williams and Senator Craig for sponsoring this resolution.