

**Senate**  
**Health, Human Services and Medicaid Committee**

Ohio Commission on Minority Health  
S.C.R. – 14

Tuesday, June 9, 2020 at 9:30 am

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Chairman Burke, Ranking Member Antonio, Vice Chairman Huffman and members of the Health, Human Services and Medicaid committee. Thank you for the opportunity to provide proponent testimony for Senate Concurrent Resolution 14 – To declare racism a public health crisis and to establish a working group to promote racial equity in Ohio. My name is Angela Dawson; I am the Executive Director of the Ohio Commission on Minority Health.

The nation’s attention has dramatically shifted from the constant spotlight on the COVID-19 pandemic and its racial disparities to the continual loop of the video image of George Floyd suffering under brutal, unnecessary violence that lead to his death. This unforgettable and all too frequent image sparked overwhelming demonstrations against police violence and racism in our state, nation and around the world. These protests reflected images of both despair and diversity and serve as a visual reminder of how we must stand in solidarity.

In the midst of this turmoil, Commissioners at Franklin County Public Health, Columbus Public Health and the Cleveland City Health Department have led the state in passing resolutions to address racism as a public health crisis. They are to be applauded for their bold and conscious stand to address this systemic issue. A public health issue is something that hurts and kills people or impedes their ability to live a healthy life. Framing racism as a public health issue provides focus for an actionable agenda.

Looking at racism through the lens of public health offers legislators, policy makers, health officials, organizations, businesses and community members a clear way to analyze data and discuss strategies to dismantle and change problematic institutions.

This framework sets the stage to reform systems through the enactment of vetted measures, reliance on community level input, examination of the impact of police violence, prioritization to use data to improve health care access and through the implementation strategies to address systemic issues such healthcare disparities.

The Health Policy Institute of Ohio recently asserted that, the data and research evidence are clear that racism is a systemic and ongoing public health crisis with serious consequences for the health of Ohioans. It is also clear that racism is a crisis with profound and pervasive impacts across all the factors that shape our health. This includes our healthcare, education, housing, food, economic, criminal justice and political systems, among others.<sup>13</sup>

Over the past week, several institutions, organizations and businesses have made it clear that in their eyes, racism is a public health issue.

“Many of those statements—including those from the American Medical Association, American College of Physicians, the American Academy of Pediatrics, and the American Public Health Association—have highlighted the police brutality that disproportionately affects African Americans. But all of them ultimately allude to a more foundational health threat. Health encompasses mental, social, economic, and educational success and stability—all of which are eroded by structural racism. In order for our state, institutions, organizations and business to combat racism like the public health issue it is, we must address not its symptoms, but its underlying structural causes.”<sup>15</sup>

“Racist policies such as slavery, Jim Crow laws and redlining were eliminated years ago, but the long-term impacts of these policies persist. The perpetuation of racism within our society is ongoing and its impact has accumulated and compounded over time. As a result, communities of color, particularly black/African-American Ohioans, experience deeply troubling inequities that lead to large disparities in health outcomes”.<sup>13</sup>

In 2018, the American Public Health Association reported that a disproportionate number of people of color, particularly Black people, are subjected to police violence each year. These collective experiences also impact community well-being which is directly linked to overall health.

According to a recent statement by the American Medical Association, “Police violence is a striking reflection of our American legacy of racism—a system that assigns, values, and structures opportunity while unfairly advantaging some and disadvantaging others based on their skin color. In addition, People of color are also significantly more likely to experience lower-quality healthcare, have less access to resources like education, and to experience prejudice in their professional and personal lives. Racism continually undermines our society and unravels the fabric of humanity.

The Commission is well aware that racism has driven health inequities among historically underserved and marginalized populations nationwide. This is evidenced in the unacceptable disparate death rates in Ohio across many diseases and conditions such as infant mortality, maternal mortality, diabetes, cancer, heart disease, and violence.

The COVID-19 pandemic pulled back the curtain on the underlying systems that dictate resource distribution, determine life expectancy and delineate where one lives. The current COVID-19 pandemic data reveals that nationally blacks are on average two times more likely to die of COVID-19 than the general population. Disproportionately Black counties account for up to 60 percent of COVID-19 deaths in America, Black patients are less likely to receive a COVID-19 test if they need it, and that in most states including Ohio COVID-19 disproportionately affects Black Americans when compared to whites.

The medical community has long acknowledged the ways that racism harms health. However, the problem has gone by a different name – social determinants of health. In Ohio, the use of this term has provided a policy avenue to educate policy makers to the significant impact the

social environment and has on health. This has resulted in legislation that are key foundational steps in the journey to achieve health equity.

The World Health Organization attests that social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. Within this country there are dramatic differences in health that are closely linked with degrees of social disadvantage. These inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.<sup>8</sup> We must name racism as the underlying force that determines how social determinants are distributed. Racism is a driving force of the social determinants of health like housing, education and employment and is a barrier to health equity<sup>16</sup> Social and economic policies have a determining impact on whether a child can grow and develop to its full potential and live a flourishing life, or whether its life will be hindered. The development of a society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health.<sup>17</sup>

Today, we are faced with two viruses, one that is physical, and one that is institutional, both are directly linked and life threatening. “The COVID-19 Pandemic and the brutal death of George Floyd has unfortunately provided a pivotal point in time to not only focus on our safety and physical health but our emotional, mental and spiritual health. We must prioritize the marginalized and those who are suffering and bearing the burden of disease, illness and death. We cannot make the changes needed if we do not acknowledge that racism and injustice exists for African/Black and communities of color.”<sup>18</sup>

Dr. Martin Luther King, Jr. observed, “The ultimate tragedy is not the oppression and cruelty by the bad people but the silence over that by the good people.”

The adoption of Senate Concurrent Resolution 14 provides all General Assembly members the opportunity to demonstrate to Ohioans and the nation that health equity, disparity elimination and the health of all populations is a shared priority.

This resolution is an important first step which must be immediately followed up with actions to examine, identify and dismantle vestiges of structural racism in our policies, procedures and programs with state government leading the way.

Thank you for the opportunity to testify. I would like to inform you that I have a significant hearing loss which will likely require me to ask you to repeat your questions. Thank you in advance for your accommodation. I can answer questions you may have at this time.



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