

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 Deborah Fadoju. I am a medical student at The Ohio State University College of Medicine. I am writing to testify in support of Senate Concurrent Resolution 14 (SCR14) declaring that racism is a public health crisis.

Columbus is a city segregated into separate and unequal opportunities, which I feel, particularly in the realm of the education system. Unequal access to adequate education is a proven social determinant of health which can permeate through every facet of life. Housing, zoning, and school assignment policies in Columbus are built on the backs of systemic racism. They consign low-income students to high-poverty schools where they tend to perform worse. As I grew up in a low income neighborhood, the quality of my education was negatively impacted. Research has shown that beyond education-related deficiencies, low-income children can experience disparities regarding access to healthcare and to key resources that help ensure success.. These are the glaring results of not uprooting policies grounded in systemic and institutional racism.

Racism is without a doubt a public health crisis. In understanding racism, it is essential to emphasize that there is no biological basis to race. It is entirely a social construct. There is no gene or cluster of genes common to all Blacks or all Whites, or all Asians. If race was real, in a genetic sense, how we as a society classify race would be the same across all boundaries. But, as genetics have shown us, who we may identify as Black in the United States of America, could be considered White in Iceland, or colored in South Africa by the very basis of their DNA.

Racial identity, much like race can be fluid. How one chooses to identify what race they are can shift with time, influenced by their background, their family, and their network. That being said, the political, economic, and social meanings that we ascribe to race are not fluid. They are rigid, unmoving, and painfully apparent to many marginalized communities who classify as non-white.

Systemic racism has infiltrated every facet of society, health care being no exception. Because the world sees me as a Black woman, I am less likely to receive optimal care, optimal pain management, optimal time spent with my physician. Because the world sees me as a Black woman, health outcomes are different for me. The data supports this. In the early 2000's the Institute of Medicine reviewed 600 studies and assessed the quality of healthcare for various racial and ethnic groups. They found discrepancies in cardiovascular disease treatment, diabetes management, amputation, cancer treatment,

HIV treatment, pain management, referrals for clinical tests, and physician communication behaviors.

I firmly believe that declaring racism a public health crisis is the first step towards building an equitable future, and eliminating health disparities. In conclusion, I would like to thank the committee and the sponsors of this resolution, Sen. Sandra Williams and Sen. Hearcel Craig.