

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Health, Human Services and Medicaid Committee,

Thank you for allowing me to testify today. Before I start, I must preface my speech with a required disclaimer that what I say here today reflects my beliefs and not those of my university. With that being said, my name is Alexa Henderson. I am a fourth year medical student, a member of the International Board of Directors for Medical Students for Choice and a proud voter in the state of Ohio. As a future physician and aspiring Obstetrician-Gynecologist, I would like to tell you why I strongly support SCR14 and why you should as well.

The Ohio Department of Health recently released a report looking at Racial Disparities in Pregnancy-Related Deaths in Ohio from 2008-2016. This report found that, in Ohio, Black people are two and a half times more likely to die from a pregnancy-related cause when compared to white people. Two and a half more times. Some people may try to say that this is due to other contributing factors, such as socioeconomic status, education level, or geographic proximity to medical care. However, studies have shown that when controlling for these factors, Black patients are still more likely to die of a pregnancy-related cause. This is unacceptable. As a soon to be Obstetrician-Gynecologist and as a human being, I believe that every single person has the right to choose to become pregnant without fear of a disproportionate risk of death due to racism.

Black Lives Matter.

Racism impacting health outcomes is not isolated to pregnancy or even to the health care system itself. Racism impacts every aspect of our patient's lives: from the ability to access clean water, healthy foods, and quality education to the ability to walk down the street without fear of being murdered by law enforcement. All of these factors impact a person's ability to lead a healthy and happy life. This is exemplified by looking at the average life expectancy in the United States. In 2014, the CDC showed that Black people live an average of 3 years fewer than white people.

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I cannot tell you the number of times when we learned about a disease in medical school and one of the risk factors was listed as being "Black" or "Native American" or "Hispanic." However, these statements need to be corrected, because race is not the risk factor, racism is the risk factor. Instead of listing "Black" as a risk factor for heart disease, the textbook should read "being Black in the United States." It is on us, those who hold privilege in society, to challenge the oppressive system that is killing our fellow humans. Naming racism a public health crisis is the first step to change. However, it must not stop there. We cannot simply name something and hope that it will go away. A physician does not diagnose a heart attack and then simply walk away and hope their patient miraculously becomes well – first, they diagnose and then, they treat. First, we must continue to pass anti-racist legislation; then, we must actively treat the disease of racism.

I ask you to consider my testimony and to vote in support of SR14. Thank you again for the opportunity to testify and thank you to Senator Sandra Williams and Senator Hearcel Craig for sponsoring this resolution.

Black Lives Matter.

Alexa Henderson