

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 Amara Ndumele, a second year medical school 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.

In 1951, Henrietta Lacks visited The Johns Hopkins Hospital complaining of vaginal bleeding. Upon examination, it was discovered that she had a large malignant tumor on her cervix. Today, “HeLa” cells have an enormous contribution to scientific discovery. However, it is difficult to celebrate these achievements when many women who look like her, are disproportionately dying from this preventable disease. In a 2017 study published by experts at JHU, it was reported that cervical cancer deaths in the US are actually higher than previously thought and that the risk of dying is greater among black women. But why? Were these women not screened, was there no follow-up, was the treatment ineffective? This is a health challenge not only because it integrates the study of both infectious and chronic disease, but also because there is an overwhelming racial and geographic disparity that needs to be addressed.

Cancer health disparities plague many populations in the state of Ohio from rural Appalachia to the urban streets of Columbus, OH, we see some of the highest rates of HPV infection and cervical cancer. Even with highly cost-effective methods of prevention and early treatment, women are still diagnosed late and lack access to treatment. In a local clinic in Ohio, I interviewed a local woman who at first, was reluctant to receive cervical cancer screening. I asked her about her beliefs, and she told me that **cancer is a death sentence**. After sending her to a women’s health class and informing her about the risks and benefits of the screen and treat method, she consented. She presented with an abnormal screening test and the doctor then followed up with cryotherapy treatment. I cannot predict that she would have gotten cervical cancer without this intervention, but having access to **1) education, 2) screening 3) early detection and treatment** significantly reduced her risk.

I am still burdened by the questions of what happens when she leaves this clinic, where will she find patient navigation support, what other economic, social, and political barriers will affect her ability to obtain high quality health care? One health education program will not solve these problems. And I am demanding that we find the solution to these problems.

As a student doctor, I am challenged to ensure that **all girls globally are vaccinated against HPV** and that every woman over 30 is screened and treated. This call to action is not only specific to cervical cancer. African Americans are more than twice as likely as whites to die of prostate cancer and nearly twice as likely to die of stomach cancer. Colorectal cancer incidence is higher in African Americans than in whites. It is my hope that we make the commitment to support the eliminate of systematic racism that prevents the proper prevention, diagnosis, and treatment of cancer through research, clinical practice, public health, and policy.

Amara Ndumele
MD Candidate, 2023
The Ohio State University College of Medicine