

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 Shreekari Tadepalli and I'm here to testify in support of Senate Concurrent Resolution 14 declaring that racism is a public health crisis.

I am a medical student at The Ohio State University College of Medicine. I moved to Columbus because to me, this school and this city valued the principles on which I have built my journey through medicine: justice, equity, opportunity for all. It is time for Ohio to live up to those ideals, and recognize the crisis in front of us. We have failed to do so for too long. Now, naming the problem gives us a chance at solving it before it senselessly takes more lives.

Repeatedly, Ohio has failed black families and black women in particular. At the start of the Covid-19 pandemic, Ohio Attorney General Dave Yost deemed abortion clinics non-essential and required their closure. This is another brick in the wall built by the supposed "pro-life" movement that separates people - particularly Black people - from accessing necessary, life-saving healthcare.

I find myself now in Michigan, working at an abortion clinic in Detroit, one of the cities hardest-hit by Covid-19. I see at least one Ohio resident in our clinic every day, some from as far as Columbus and Cincinnati. All the Ohio patients I have seen have been Black women. Ohio has failed each and every one of them by failing to make abortion care available and accessible, by failing to educate middle and high school students about their own anatomy and options, by failing to address critical issues of maternal mortality. They are crossing state lines, traveling to a city where they are at a significantly increased risk of contracting a deadly respiratory disease, in order to receive healthcare that Ohio has failed to provide them.

We have failed at saving the lives of Black people who become pregnant. According to data collected by the Pregnancy Mortality Surveillance System from the Centers for Disease Control, the number of pregnancy-related deaths has more than doubled in the last 30 years, from 7.2 deaths per 100,000 live births in 1987 to 16.9 deaths per 100,000 live births in 2016. That number is significantly higher for Black women - 42.4 deaths per 100,000 live births, compared 13.0 deaths per 100,000 for white women.^[1] In Ohio, we had our first ever comprehensive report on pregnancy-associated maternal death released less than a year ago. It found that over half of pregnancy-related maternal deaths in Ohio were preventable, and that Black women died at a rate more than two and a half times that of white women.^[2] While the Ohio Department of Health received \$12million in federal funding to address maternal mortality, we need to specifically address racial disparities and the systemic racism that contributes to this inexcusable loss of life.^[2]

Given the dangers associated with continuing a pregnancy, particularly as a Black person in Ohio, access to abortion care is absolutely essential. Bodily autonomy is necessary even in the best of circumstances. When Black women are dying at a rate two and half times that of white women, these are *not* the best of circumstances. Safe birth spacing is a key way to ensure

maternal health and reduce pregnancy-associated mortality, and abortion is often necessary to achieve that. In Ohio, over 60% of abortion patients already had at least one child at home, making it potentially unsafe for them to carry another pregnancy to term.^[3] According to data collected in 2017, 93% of counties in Ohio had no clinics providing abortions, yet over half of the women in Ohio live in these counties.^[4] African-Americans account for 14.3% of Ohio's population and 43.8% of those terminating pregnancies,^[3,5] thus restricting access to abortion disproportionately impacts Black individuals.

Additionally, legislation like TRAP (Targeted Restriction on Abortion Provider) laws or the recent "heartbeat bill," GA 133-SB 23, designed to limit abortions and close clinics, ignores the impact abortion clinics have on every aspect of healthcare. Planned Parenthood clinics provide mammograms and STI testing. Abortion clinics provide birth control options - and are often the first place a patient receives accurate, unbiased information about contraception. By preventing abortion providers and clinic workers from doing their job, and providing essential healthcare, we are targeting Black communities.

As patients come into our clinic in Detroit, they are greeted by the people always standing outside our doors. I do not say protestors, because it is truly unclear if, or what, they are protesting. They constantly shout vague threats and show inaccurate, graphic images to our patients and staff. Patients frequently enter the clinic in tears, feeling unsafe and vulnerable at a time when they need support and care more than ever. At times, the individuals at our doorstep become physical - pushing patients back into their cars, blocking their path into the clinic, threatening partners or parents who accompany patients. This is when we, as staff, call the police. However, time and time again, I have seen the police - people who taxpayers pay to "protect and serve" - vilify and demonize our patients, refuse to assist them when they are being physically and verbally threatened, and support those who use intimidation and assault to achieve their ends.

On one occasion, after witnessing a physical altercation between a Black patient's partner and the white man threatening her, the police arrested the partner, who was Black, despite the incident being initiated by the other party. Introducing police into Black communities clearly does not result in those communities being protected or served, a reality which I see play out every day on the sidewalk in front of our clinic. As we figure out how to tackle systemic racism, it is critical that we examine our policing system and determine how to fundamentally restructure something so rooted in white supremacy. While this seems like a radical political opinion, it is born out of my observations as a healthcare provider.

We overburden our police with roles they should not hold - social worker, EMT, crisis counselor - and fail to hold them accountable when their mistakes cost lives. Ohio is no exception to this. From the brutal murder of Julian Tate, Jr. to the recent violent, militarized response to protests. The Columbus Police Department is an example of what not to do with regards to public safety. This city has the highest rate of police murder in Ohio - more than double the rate in Cleveland.^[6] Nationwide, we boast the highest rate of African-Americans killed by police each

year. It is impossible to talk about race and health without talking about the police, without holding the Columbus Police Department accountable.

It is time for Ohio to prioritize justice, to do right by its citizens - *all* of our citizens. It is time to call racism a public health crisis because it is one. We need to change our state and local budgets so they reflect this priority. Identify, *and fund*, solutions - stop preventable deaths, ensure access to equitable health care, defund the police. These are concrete steps we can take to ensure that we save lives, rather than end them.

In closing, I want to thank the members of the committee and Senators Sandra Williams and Hearcel Craig for sponsoring this resolution. Thank you for taking this important first step to address this crisis.

[1] Centers for Disease Control and Prevention, Pregnancy Mortality Surveillance System; Tucker MJ, Berg CJ, Callaghan WM, Hsia J. The black-white disparity in pregnancy-related mortality from 5 conditions: differences in prevalence and case-fatality rates. *Am J Pub Health*. 2007;97:247-251.

[2] Ohio Department of Health, A Report on Pregnancy-Associated Deaths in Ohio 2008-2016. Ohio Department of Health. 2019.

[3] Ohio Department of Health, Induced Abortions in Ohio. Ohio Department of Health. 2017.

[4] Fuentes L and Jerman J, Distance traveled to obtain clinical abortion care in the United States and reasons for clinical choice, *J Womens Health*, 2019.

[5] Ohio Development Services, Ohio African Americans. Ohio Development Services. 2018.

[6] Fittrakis B, "Columbus is Number One! (in killing black people)". Columbus Free Press. 2017.