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 Dr. Andrew Schamess. I am a physician and an Associate Professor in the Division of General Internal Medicine at the Ohio State University. In this testimony, I speak for myself and for the Physicians Action Network. To be clear - I am not here as a representative of the Ohio State University, though I believe many individuals on the medical faculty share my views on this issue.

As a physician who makes home visits, I spend a good deal of my time providing medical care in both predominantly African-American neighborhoods and white in Columbus and environs. Thus, I see first hand the impact of generations of racial inequity on black lives and black communities, and the contrast with the standard of living among white in this city.

The median income for whites in Franklin County in 2018 rose from $69,735 to $70,400. The same year, median income for blacks fell from $38,587 to $37,464. This impoverishment has enormous effects on health and life opportunities for black families.

Most of the black patients I visit live in rented houses or apartments; many poorly maintained by the landlord. Often the only commercial establishment nearby is a corner market or a liquor store. The schools I pass are old, squat and uninviting. On hot days, the windows are open because there is no air conditioning inside. By comparison, the white neighborhoods I visit have spacious owner-occupied homes with large yards; thriving commercial districts; and modern, attractive schools and public spaces.

The simple fact that there are predominantly white versus black neighborhoods speaks to systemic racism.

Few of the white patients I see need to worry about whether they have a working vehicle to get to appointments or to the pharmacy to pick up medications. Few of the white patients struggle to afford the co-payment for blood pressure or asthma medications. Few of the white patients need to borrow money to buy food at the end of the month. Most of my white patients have smart phones and computers that they use to access their medical record and communicate with the doctor. Some of my black patients don't have telephone access at all.

I don't want to stereotype. Certainly, I do see black patients who have achieved a middle class or affluent standard of living, just as I see some white patients who live in poverty. But for blacks in America, the climb to affluence is longer and steeper. African Americans work long and hard to achieve a degree of security for themselves and their families that many whites take for granted.

The impact of race on health outcomes has been well documented in scientific studies. Black Americans have poorer access to health care, enter the medical system at later stages of chronic disease, and have a higher overall burden of disease than whites [1,2]. In the recent COVID19 epidemic, blacks have had higher rates of infection and worse outcomes than whites,

largely because they are more likely to be front-line workers, unable to work from home, and because of more crowded living conditions that facilitate the spread of the virus [3–5].

Another consequence of historical and present-day discrimination is the high prevalence of adverse childhood experiences in the black community [6,7].

Adverse childhood experiences include:

- Experiencing violence or abuse.
- Witnessing violence in the home or community.
- Having a family member die by suicide or homicide.
- Growing up in a household with substance misuse, mental health problems or instability due to an incarcerated or otherwise absent parent.
- Living in unsafe and under-resourced communities.

Sixty-one percent of adults have experienced at least on ACE and one in six has experienced four or more. The burden of ACEs falls most heavily on communities of color, as a result of both historical and contemporary patterns of racial discrimination.

Adverse childhood experiences have a major impact on the present and future health status of affected children. They substantially increase the risk of sexually transmitted infection, teenage pregnancy, involvement in sex trafficking, and of chronic medical diseases including diabetes, cancer and heart disease.

Children subjected to toxic stress can suffer from problems such as poor attention span, severe anxiety, hypervigilance, impulsivity, and post-traumatic stress disorder. These problems often go unrecognized in schools, where children are labeled as having behavior problems and suffer undeserved academic and disciplinary consequences. These problems can have an enormous impact on job and economic opportunities, relationships and life trajectory; and can be passed on to progeny (generational trauma).

The impact of racism on African American health is profound. I strongly support the passage of a resolution declaring it a public health crisis. Thank you for the opportunity to testify.

Yours,
Andrew Schamess, MD, FACP

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