



Racism is a Public Health Crisis: Local Resolutions

Declaring racism to be a public health crisis or emergency offers a clear path to intentionally acknowledging and addressing disparities and inequities. Adopting a resolution can lead to data analysis, policy analysis, and implementation of changes that dismantle racism in our systems. In other words, this is one way to hold ourselves and our local and state governments accountable for addressing racism.

Has any town in Connecticut done this? On June 15, Windsor was the first Connecticut town to pass this resolution. By June 24, Hartford, Bloomfield, West Hartford, and New Britain had all done the same. That's 5 towns in 10 days! Other counties, cities, and even states around the U.S. have or are considering joining this movement. Will yours be next?

Why should my city or town take this action? Making a public declaration that racism is a public health crisis is the first step in intentionally embedding health equity in policymaking. This is a way to hold our elected leaders accountable for the changes necessary to move towards equity.

How is racism a public health emergency? As a result of the trauma inflicted by racism and the purposeful disinvestment in their social and economic well-being, people of color live with disproportionately higher cortisol levels, higher rates of chronic stress, higher rates chronic disease, lower infant birth rates, higher rates of COVID-19 infection and death and pay the ultimate price with their lives.

Included below are:

- a sample resolution and
- 2 recent articles supporting the timeliness of this effort.

For more information, contact:

Karen Siegel, MPH

Director of Policy

ksiegel@hesct.org

Sample Resolution

WHEREAS, racism is a social system with multiple dimensions: individual racism that is interpersonal and/or internalized or systemic racism that is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks;

WHEREAS race is a social construct with no biological basis;

WHEREAS racism unfairly disadvantages specific individuals and communities, while unfairly giving advantages to other individuals and communities, and saps the strength of the whole society through the waste of human resources;

WHEREAS racism is a root cause of poverty and constricts economic mobility;

WHEREAS racism causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment, and criminal justice, and is itself a social determinant of health;

WHEREAS racism and segregation have exacerbated a health divide resulting in people of color in Connecticut bearing a disproportionate burden of illness and mortality including COVID-19 infection and death, heart disease, diabetes, and infant mortality;

WHEREAS Black, Native American, Asian and Latino residents are more likely to experience poor health outcomes as a consequence of inequities in economic stability, education, physical environment, food, and access to health care and these inequities are, themselves, a result of racism;

WHEREAS more than 100 studies have linked racism to worse health outcomes; and

WHEREAS the collective prosperity and wellbeing of **CITY/TOWN** depends upon equitable access to opportunity for every resident regardless of the color of their skin:

Now, therefore, be it *Resolved*, That the **City Council/Board of Selectmen/Board of Alders of CITY/TOWN**—

- (1) Assert that racism is a public health crisis affecting our **city/town** and all of Connecticut;
- (2) Work to progress as an equity and justice-oriented organization, by continuing to identify specific activities to enhance diversity and to ensure antiracism principles across our leadership, staffing and contracting;
- (3) Promote equity through all policies approved by the **City Council/Board of Selectmen/Board of Alders** and enhance educational efforts aimed at understanding, addressing and dismantling racism and how it affects the delivery of human and social services, economic development and public safety;

- (4) Improve the quality of the data our town/city collects and the analysis of that data—it is not enough to assume that an initiative is producing its intended outcome, qualitative and quantitative data should be used to assess inequities in impact and continuously improve;
- (5) Continue to advocate locally for relevant policies that improve health in communities of color, and support local, state, regional, and federal initiatives that advance efforts to dismantle systemic racism;
- (6) Further work to solidify alliances and partnerships with other organizations that are confronting racism and encourage other local, state, regional, and national entities to recognize racism as a public health crisis;
- (7) Support community efforts to amplify issues of racism and engage actively and authentically with communities of color wherever they live; and
- (8) Identify clear goals and objectives, including periodic reports to the City Council/Board of Selectmen/Board of Alders, to assess progress and capitalize on opportunities to further advance racial equity.

Officials Seek To Shift Resources Away From Policing To Address Black 'Public Health Crisis'

https://khn.org/news/officials-seek-to-shift-resources-away-from-policing-to-address-black-public-health-crisis/?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&hsmi=90220110&hsenc=p2ANqtz-Q25ofcBi5C0y7a4AmldZFmrjIFaMULHt3CXyAB600tn32LxJx7wkee-Ag_9_tzxd3a507Tr1I2riiqIZ-V1oJ9pgFQ&utm_content=90220110&utm_source=hs_email

Anna Almendrala: June 25, 2020



(Mark Makela/Getty Images)

From Boston to San Bernardino, California, communities across the U.S. are declaring racism a public health crisis.

Fueled by the COVID-19 pandemic's disproportionate impact on communities of color, as well as the killing of George Floyd in the custody of Minneapolis police, cities and counties are calling for more funding for health care and other public services, sometimes at the expense of the police budget.

It's unclear whether the public health crisis declarations, which are mostly symbolic, will result in more money for programs that address health disparities rooted in racism. But officials in a few communities that made the declaration last year say it helped them anticipate the COVID-19 pandemic. Some say the new perspective could expand the role of public health officials in

local government, especially when it comes to reducing police brutality against Black and Latino residents.

The declarations provide officials a chance to decide “whether they are or are not going to be the chief health strategists in their community,” said Dr. Georges Benjamin, executive director of the American Public Health Association.

“I’ve had a firm view [that] what hurts people or kills people is mine,” said Benjamin, a former state health officer in Maryland. “I may not have the authority to change it all by myself, but by being proactive, I can do something about that.”

While health officials have long recognized the impact of racial disparities on health, the surge of public support for the Black Lives Matter movement is spurring calls to move from talk to financial action.

In Boston, Mayor Martin J. Walsh declared racism a [public health crisis on June 12](#) and a few days later submitted a budget that transferred 20% of the Boston Police Department’s overtime budget — \$12 million — to services like public and mental health, housing and homelessness programs. The budget must be approved by the City Council.

In California, the San Bernardino County board on Tuesday unanimously adopted a resolution declaring racism a public health crisis. The board was spurred by [a community coalition](#) that is pushing mental health and substance abuse treatment as [alternatives to incarceration](#). The coalition wants to remove police from schools and reduce the use of a gang database they say is flawed and unfairly affects the Black community.

[The city of Columbus](#) and [Franklin County](#), Ohio, made similar declarations in June and May, respectively, while [Ingham County, Michigan](#), passed a resolution June 9. All three mention the coronavirus pandemic’s disproportionate toll on minority residents.

Those localities follow in the footsteps of Milwaukee County, Wisconsin, which last year became the first jurisdiction in the country to [declare racism a public health crisis](#), citing infant and maternal mortality rates among Blacks. The county’s focus on the issue primed officials to look for racial disparities in COVID-19, said Nicole Brookshire, executive director of the county’s Office on African American Affairs.

Milwaukee County was training employees in racial equity and had launched a long-term plan to reduce disparities in health when the pandemic hit. “It was right on our radar to know that having critical pieces of data would help shape what the story was,” said Brookshire.

She credits this focus for the county’s speedy publication of information showing that Black residents were becoming infected with and dying of COVID-19 at disproportionate rates.

Using data to tell the story of racial disparities “was ingrained” in staff, she said.

On March 27, the county launched an online dashboard containing race and ethnicity data for COVID-19 cases and began to [reach out to minority communities](#) with culturally relevant messaging about stay-at-home and social distancing measures. Los Angeles County and New York City did not publish their first [racial disparity data](#) until nearly [two weeks later](#).

Declaring racism a public health crisis could motivate health officials to demand a seat at the table when municipalities make policing decisions, and eventually lead to greater spending on services for minorities, some public health experts say.

The public is pressuring officials to acknowledge that racism shortens lives, said Natalia Linos, executive director of Harvard's Center for Health and Human Rights. Police are [2½ times as likely](#) to kill a Black man as a white man, and research has shown that such deaths have [ripple effects on mental health](#) in the wider Black community, she said.

"Police brutality is racism and it kills immediately," Linos said. "But racism also kills quietly and insidiously in terms of the higher rates of infant mortality, maternal mortality and higher rates of chronic diseases."

The public health declarations, while symbolic, could help governments see policing in a new light, Linos said. If they treated police-involved killings the way they did COVID-19, health departments would get an automatic notification every time someone died in custody, she said. Currently, no official database tracks these deaths, although news outlets like The [Washington Post](#) and [The Guardian](#) do.

Reliable data would allow local governments to examine how many homeless or mentally ill people would be better served by social or public health workers than armed police, said Linos.

"Even symbolic declarations are important, especially if they're accurately capturing public opinion," said Linos, who is running to represent the 4th Congressional District of Massachusetts on a platform of health and equity. "They're important for communities to feel like they're being listened to, and they're important as a way to begin conversations around budgeting and concrete steps."

Derrell Slaughter, a district commissioner in Ingham County, Michigan, said he hopes his county's declaration will lead to more funding for social and mental health as opposed to additional policing. Slaughter and his colleagues are attempting to create an advisory committee, with community participation, to make budget and policy recommendations to that end, he said.

Columbus City Council members coincidentally [declared racism a public health crisis](#) on May 25, the day Floyd died in Minneapolis. Four months earlier, the mayor had asked health commissioner Dr. Mysheika Roberts for recommendations to address health issues that stem from racism.

The recent protests against police brutality have made Roberts realize that public health officials need to take part in discussions about crowd control tactics like tear gas, pepper spray and wooden bullets, she said. However, she has reservations about giving the appearance that her office sanctions their use.

“That definitely is one of the cons,” she said, “but I think it’s better than not being there at all.”

“Connecticut towns are declaring racism a public health crisis. Advocates want the state to follow” <https://ctmirror.org/2020/06/24/connecticut-towns-are-declaring-racism-a-public-health-crisis-advocates-want-the-state-to-follow/>

Connecticut cities and towns eager for change in the wake of George Floyd’s death are taking the symbolic step of [declaring](#) racism a public health crisis in their communities.

The pronouncements are designed to spur a deeper analysis of systemic issues and ultimately drive policy change. As more municipalities prepare to follow suit, health equity advocates are calling on Gov. Ned Lamont and the legislature to recognize racism as a public health emergency at the state level, laying the foundation for broader change.

“People are galvanizing around it because, I think, they see like we do that the first step in resolving a problem is acknowledging it,” said Tekisha Dwan Everette, executive director of Health Equity Solutions. “This is an opportunity to acknowledge there is physical, emotional and actual [trauma](#) happening around racism. It’s causing health issues.”

Everette’s group, which advocates for equitable health care access, delivery and outcomes, began reaching out to city and town leaders recently, asking them to adopt the declaration and offering guidance.

More than 20 cities and at least three states across the country have [declared racism](#) a public health crisis. Earlier this month, Boston Mayor Marty Walsh [issued an executive order](#) with the declaration and transferred \$3 million from the police budget to the health department. The city council in Lansing, Mich., [voted in favor](#) of the declaration this week, calling out the city’s history of discriminatory business and housing practices.

In Connecticut, the local government in Windsor [was the first to act](#). Last week, council members unanimously backed the measure.

Governing bodies in Hartford and Bloomfield followed Monday night, and the town council in West Hartford [voted](#) in favor on Tuesday.

“These ordinances are an opportunity to say, hey, we have a problem and we need to be intentional about correcting it,” Everette said. “It is our hope that, like most things that start on the local level, this momentum gets the state to take action.”

Everette sent an email to Lamont, top administration officials and Deidre Gifford, the acting commissioner of public health, last week asking them to consider the declaration. Her organization collected more than 570 signatures on a petition calling for “intentional racial equity decision-making by our elected officials.”

Max Reiss, a spokesman for Lamont, said the governor’s ability to take action by executive order is limited.

“The powers granted to the governor when he declares a public health emergency are temporary, and any action he takes during that brief period would terminate after a certain date,” Reiss said. “In the short-term, addressing police accountability is one of the governor’s priorities for the limited special session.”

Senate Democrats [have shared](#) their wish list of topics to address during a special session this summer, which is expected to convene in July. Among them are several [health equity proposals](#), including strengthening data collection on race and ethnicity and supporting community health workers. But it was unclear if they’ll adopt a declaration. Lawmakers said they are considering it.

“In a very literal sense, racism is a public health crisis,” said Sen. Matthew Lesser, a Middletown Democrat who co-chairs the legislature’s Insurance Committee. “We’ve got to address that head on because we’ve seen huge gaps in Connecticut.”

Reiss said Lamont will work with lawmakers on health equity proposals, but more time may be needed to develop them.

“As the governor stated last week, there is more to do to address broader issues concerning racial and economic inequality and those complex and difficult issues need to be addressed in a thoughtful and deliberate manner,” Reiss said. “He looks forward to working with legislators and other stakeholders on those issues during the next regular session.”

The COVID-19 pandemic has brought Connecticut’s racial inequities into sharp focus.

Black residents here are 2 ½ times [more likely to die](#) from a coronavirus infection than whites. The death rate for Hispanics is 67% higher than for white residents.

People of color here are also more likely to work in high-risk, “essential” jobs, such as those in nursing homes, grocery stores and retail, and to live in densely populated communities and have higher rates of pre-existing conditions like diabetes and asthma that are caused or worsened by systemic racism.

During the pandemic, residents in low income, predominantly minority neighborhoods have [faced larger barriers](#) to testing and other services. Until May, two-thirds of the state’s testing sites required a doctor’s note, and many people living in these communities have no insurance or primary care doctor to refer them.

“Declaring racism a public health issue, to me, demands and warrants that there has to be some policy changes,” the Rev. Robyn Anderson, director of the advocacy group Ministerial Health Fellowship, said. “It impedes people’s health, mentally and physically.”

A [study by the Connecticut Health Foundation](#) in January highlighted links between discrimination and “negative physical and mental health consequences” including depression,

anxiety, hypertension, breast cancer, and giving birth preterm or having a low-birthweight baby.

“Research suggests that one way discrimination could lead to poorer health is through repeated activation of the body’s stress response system, which can have negative long-term physiological and psychological effects,” the foundation noted.

Nuchette Black-Burke, a town council member in Windsor, said she raised the local declaration to ignite action in her community. That includes a deeper exploration of inequities in health care, education, law enforcement, housing and economic development.

“Being a Black woman, every day when I go out there is a conversation I have to have with myself: How do I present? What am I doing? Where am I going? If I do this, is it going to be interpreted this way?” she said. “I also have two sons; one is a 14-year-old who is beginning to look more and more like a man.

“I wanted to share this with our town council to help them understand the constant self-talk that Black folks, that people of color have to go through each and every day contributes so much to their levels of stress.”

In Hartford, council members who unanimously backed the local proposal want the city to direct more resources to the health department and schools to tackle inequities.

Thomas Clarke II, the panel’s majority leader, called for more cultural competency training and de-escalation measures within the police department.

“When you talk about the inequity that we have experienced in communities of color ... you can make the strong case that it really is due to racism,” he said. “So this is our way of calling it out, finally addressing it and looking for some reforms.”

More communities are weighing the declaration. Everette said she has been in touch with officials in New Haven, New Britain, Farmington, Glastonbury, Orange, Willimantic, Meriden and Manchester to provide research and guidance.

The local declarations are an important way to address issues that are unique to each town, she said, but she’s also hoping for action at the state level.

“In the best scenario, we’re going to have both,” she said.

Jenna Carlesso is CT Mirror’s Health Reporter, focusing on health access, affordability, quality, equity and disparities, social determinants of health, health system planning, infrastructure, processes, information systems, and other health policy. Before joining CT Mirror Jenna was a reporter at The Hartford Courant for 10 years, where she consistently won statewide and

regional awards. Jenna has a Master of Science degree in Interactive Media from Quinnipiac University and a Bachelor of Arts degree in Journalism from Grand Valley State University.