



## **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 catalyze and authorize data analysis, policy analysis to prevent unintentional injustices, and implementation of policies and actions to dismantle or course-correct problematic systems. In other words, this is one way to hold ourselves and our local and state governments accountable for addressing racism.

**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 cross-sector approaches 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 ordinance and
- 2 recent articles supporting the timeliness of this effort.

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## 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.

## States are calling racism a public health crisis. Here's what that means

> <https://www.cnn.com/2020/08/14/health/states-racism-public-health-crisis-trnd/index.html> <

(CNN) With [Covid-19](#), the US is experiencing its worst public health crisis in a generation. But that same crisis is prompting leaders to take note of another emergency, one that has been ongoing for centuries:

Racism.

[Michigan](#) and [Nevada](#) became the latest states to declare racism a public health crisis earlier this month, joining Wisconsin and local governments in California, Ohio and other states following the [killing of George Floyd](#) in Minneapolis.

Treating racism as a public health issue isn't a new idea. A handful of local governments declared it a crisis last year, and health professionals have [identified racism as a public health issue](#) for well over a decade.



[Racism is a public health issue and 'police brutality must stop,' medical groups say](#)

These latest declarations and resolutions, though, come as the country remains in the midst of a [national reckoning on race](#). Both the Covid-19 pandemic and the recent killings of Black people at the hands of police have brought renewed attention to the ways that systems and institutions disadvantage people of color, especially Black Americans.

Now as communities call on their leaders to address systemic racism, [more governments](#) are considering [similar declarations](#).

"What we're hoping will happen is that by thinking of this through a public health lens, it will help people recognize that racism actually hurts people -- it impacts their health in a negative way," Georges Benjamin, executive director of the American Public Health Association, told CNN. "Then we're hoping that once people recognize that and they take the next step, they will begin to do things to unravel that."

Here's what it means to treat racism as a public health crisis, and why officials believe it's necessary.

How racism and health are tied

When health experts talk about racism as a public health issue, they are referring to the ways that racism affects where people live, where they go to school, the quality of the air they breathe, their income and wealth, their access to food and healthcare and more.

"How does that relate to public health? Because you are where you live," Jeffrey Sánchez, a [public health advocate](#) and former Massachusetts state representative, told CNN.

Racism helps explain why Black and brown patients experience [worse health outcomes](#) than their White counterparts in nearly every category, [even as they move up](#) the socioeconomic ladder.

Black women are [nearly four times](#) as likely to die of pregnancy-related causes than White women. Black men are [more than twice as likely](#) to be killed by police as White men. Black people are more likely than White people to experience high blood pressure, diabetes and stroke. And they're more likely [to die at early ages](#) of all causes.

*Racism has been killing people for a long time.*

**Jeffrey Sánchez, a public health advocate and former Massachusetts state representative.**

The [Covid-19 pandemic](#) perfectly encapsulates how racism manifests in public health.

Black and Latino Americans who get infected are more likely to have pre-existing conditions that increase their risk of severe illness, according to a report from [Johns Hopkins](#). Because they are more likely to be uninsured, they tend to put off seeking treatment and are sicker when they do receive care. On top of that, they tend to receive less aggressive treatment than White Americans, the report states.

At home, crowded housing conditions make it harder for Black and Latino Americans to practice physical distancing, and many of them work in essential jobs that can't be performed remotely.



[Experiencing racism may harm cognitive health, study finds](#)

"Racism has been killing people for a long time, either through benign neglect, aggressive policing, gentrification, or through a healthcare system that doesn't know how to take care of people of color," Sánchez said.

The ongoing protests and national outcry over systemic racism that erupted after the death of George Floyd has put increased pressure on leaders and institutions to address racism in their communities.

The [American Public Health Association](#), the [American Medical Association](#), the [American Academy of Pediatrics](#) and the [American College of Emergency Physicians](#) are among the organizations calling racism a public health crisis.

Increasingly, more state and local leaders are doing the same.

What the declarations do -- and don't -- entail

That states, counties and cities are recognizing the extent to which racism affects people's lives is an encouraging first step, public health experts said.

"They help us define that there is a problem," Benjamin said. "The first part of trying to solve a problem is to identify that it exists.

But many of the declarations are just that -- statements that name the issue and pledge to do better but stop short of outlining a clear plan of action or allocating funds for the problem.

These states say racism is a public health crisis

- **Michigan:** Gov. Gretchen Whitmer issued an executive order on August 5.
- **Nevada:** Gov. Steve Sisolak issued a proclamation on August 5.
- **Wisconsin:** Gov. Tony Evers called racism a public health crisis at a news conference on June 4.
- **Colorado:** The state plans to make a public declaration, the [Denver Post reported](#) in late July.

"Ultimately what does it mean?" asked Sánchez. "Is the state going to figure out how to put more resources into the public health infrastructure that deals with the social determinants of health? Are they going to stratify data on where people are and how they're doing and how sick they are and target them with public health messages?"

Wisconsin Gov. Tony Evers, a Democrat, [called racism a public health crisis](#) at a news conference in June, though the state has not issued a formal declaration.

"Just like we cannot look away from police brutality and the killing of Black men and Black women, we cannot look away from the reality that inaction, indifference and institutional racism has harmed generations of Black and brown Wisconsinites," Evers said in June.



*Demonstrators march along the Strip in Las Vegas on May 29.*

At that same news conference, Evers rattled off statistics highlighting the disparities between the state's Black and White residents. He also called on the state legislature to pass a bill that would limit police use of force.

Nevada's declaration came on August 5 in the form of a [proclamation](#) issued by Democratic Gov. Steve Sisolak. The proclamation offered few specifics, though the governor's office said it builds on work that is already being done by the state's Office of Minority Health and Equity.

"Given Nevada's diverse population as a minority, majority state, this call to action raises awareness so Nevada does not perpetuate poor health outcomes due to systemic racism during and after the pandemic," Sisolak's office said in a [news release](#).



*Michigan Gov. Gretchen Whitmer declares racism a public health crisis in the state on Aug. 5.*

Michigan went further.

Democratic Gov. Gretchen Whitmer signed an [executive order](#) on August 5 directing the state's health department and other state agencies to collect and analyze data on health outcomes by race, develop plans to tackle racial inequities and engage communities in developing solutions to the problem. It also requires state employees to complete implicit bias training on a biannual basis.

Whitmer, a first-term governor, also created an advisory council made up of Black leaders to address issues affecting the state's Black residents.

What these places can learn from Milwaukee

For an example of how to move forward after issuing a declaration, leaders might look to Milwaukee County, Wisconsin.

The county became one of the first local governments to declare racism a public health crisis [in April](#) 2019. About a month later, the county [passed a resolution](#) pledging to address racial disparities.

Then in late April of this year, leaders [passed an ordinance](#) that outlined a framework for improving health outcomes in the community and addressing biases in its government.



*Marchers head down a Milwaukee street during a protest march against the killing of George Floyd.*

The ordinance commits Milwaukee County to ensuring that its leaders reflect its population and evaluating what services it offers and how it spends its budget, among other objectives.

Since then, David Crowley, who was recently sworn in as county executive, said that Milwaukee County has been taking a "deep dive" into the disparities it is perpetuating through its policies, procedures and internal hiring processes.

"For at least the past decade, we've been at the top of many of the worst lists," Crowley told CNN. "... If we want to get off that list, we're going to have to take a hard look at ourselves and take the proper steps to do so."

Crowley said that since last year's declaration, thousands of county employees have undergone racial equity trainings that cover microaggressions, implicit biases and other issues. The county has also created a "racial budgeting tool" that will allow it to assess the impact that budget cuts and investments have on communities of color.

Though the coronavirus pandemic has stalled the county's efforts, Crowley said that the declaration and ordinance have put the county on a path to ensuring racial equity.

What needs to happen next

The growing list of states and localities that are recognizing racism as a public health crisis signals that more people are coming to understand the myriad ways that race shapes a person's outcomes, Benjamin said.

But the true test, he said, will be whether elected officials "walk the talk, not just pass the resolution." And that entails making sure that governments have the data they need to understand disparities and that they think about the impact that the existing and proposed laws will have on their communities.

*The first part of trying to solve a problem is to identify that it exists.*

**Georges Benjamin, executive director of the American Public Health Association.**



"It's going to require proactive action," Benjamin said. "... You actually have to ask for change, and that means you have to measure what you're doing. You have to get the data and look at the impact and understand why you have that impact."

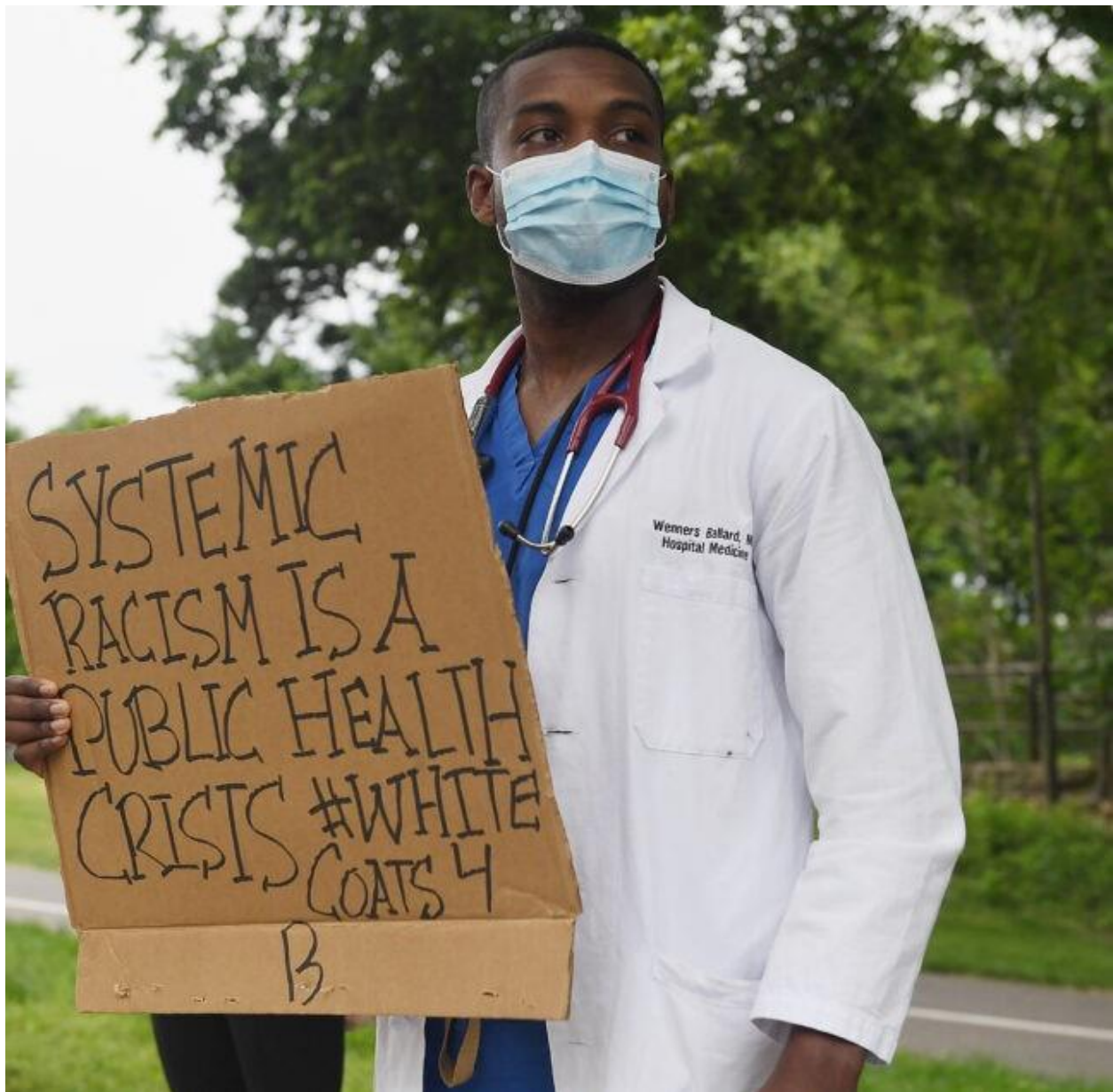
The hope among public health experts now is that the momentum of the racial justice movement continues.

"Our hope is that it doesn't stop, and that this current crop of elected officials don't just let it lay there," Benjamin said.

Because while recognizing the problem is key, what ultimately will make a difference in the lives of people is what leaders do about it.

# ‘The direct result of racism’: Covid-19 lays bare how discrimination drives health disparities among Black people

[https://www.statnews.com/2020/06/09/systemic-racism-black-health-disparities/?utm\\_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm\\_medium=email&\\_hsmi=89202253&\\_hsenc=p2ANqtz--mu1yrvvIb5U0MDuneps\\_D1suiiNa8MoDiRIuoKxyJOJoUCN6ggqXh3mVSRcjge1XwdrDhVIVyuUH6TGAbspxYXNXwsA&utm\\_content=89202253&utm\\_source=hs\\_email](https://www.statnews.com/2020/06/09/systemic-racism-black-health-disparities/?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_medium=email&_hsmi=89202253&_hsenc=p2ANqtz--mu1yrvvIb5U0MDuneps_D1suiiNa8MoDiRIuoKxyJOJoUCN6ggqXh3mVSRcjge1XwdrDhVIVyuUH6TGAbspxYXNXwsA&utm_content=89202253&utm_source=hs_email)



Doctors, nurses, and medical professionals have joined countless others across the country to protest against police brutality and the killing of George Floyd. *Michael B. Thomas/Getty Images*

The disparities have long been documented. Black people are more likely than white people to die from cancer. They are more likely to suffer from chronic pain, diabetes, and depression. Black children report higher levels of stress. Black mothers are more likely to die in childbirth.

Those findings are part of a mountain of research cataloguing the complex and widespread effects that racism has on the health — and the medical care — of Black people in the U.S. Those effects stretch back centuries and take different forms, from discriminatory diagnostics to institutional barriers to care, all of which affect a person's health.

But while the problem has been studied for decades and improvements have been made, many disparities persist unchecked.

The demonstrations sparked by the killing of George Floyd in Minneapolis have prompted a reckoning over racism and police brutality. But, among those in the medical communities, there have also been calls for urgent action to address the role that systemic racism plays in health disparities among Black people.

“Health disparities still exist because nothing has truly changed,” said Ashley McMullen, an assistant professor of internal medicine at University of California, San Francisco.

The Covid-19 pandemic has only made those disparities — and the structural discrimination they are rooted in — all the more apparent. Black Americans have been dying at about 2.4 times the rate of white Americans. As medical anthropologist Clarence Gravlee put it in [Scientific American](#): “If Black people were dying at the same rate as white Americans, at least 13,000 mothers, fathers, daughters, sons and other loved ones would still be alive.”

“People of color right now are more likely to be infected, and we're more likely to die. What we're seeing here is the direct result of racism,” said Camara Phyllis Jones, an epidemiologist who recently served as president of the American Public Health Association. “That's the thing that is slapping us in the face. Actually, it's lashing us like whips.”

The systemic discrimination that has impacted Black health so inordinately dates back to the first ships carrying enslaved Africans that crossed the Atlantic. The colonial narrative of hierarchy and supremacy exists to this day, Jones said, and has translated, centuries later, into gaping health disparities.

Today, Black people in the U.S. are more likely than white people to live in food deserts, with limited access to fresh fruit or vegetables. They are less likely to be able to access green spaces, and more likely to live in areas without clean water or air. Black children are more likely to grow up in high-poverty areas. Black adults are more frequently exposed to greater occupational hazards, often working in frontline jobs across many fields.

The list goes on. All of these factors shape health, and all are shaped by structural racism.

**“The air you breathe, the food you eat, the visual representations of what your future could look like — all are distorted by structural racism.”** Jessica Isom, psychiatrist and researcher

“The air you breathe, the food you eat, the visual representations of what your future could look like — all are distorted by structural racism,” said Jessica Isom, a community psychiatrist in Boston who studies health disparities in the Black community. “Other kids have internalized ideas of white supremacy — and that will have deep effects on a Black child’s psyche and body.”

And Black individuals often face baked-in barriers to accessing the resources that could help offset, even in part, the impacts of those effects, such as high-quality health care.

“The fact that the Black body experiences so much more harm, in so many ways, compared to other bodies — it really explains how racism continues to hurt people,” said Roberto Montenegro, a psychiatrist at Seattle Children’s Hospital who studies how perceived discrimination affects mental health.

Studies have shown that long-term discrimination can lead to a disruption in the stress hormone cortisol, leaving people with less biological energy and more fatigue, said Elizabeth Brondolo, a psychologist at St. John’s University who researches the issue. That type of chronic, sustained stress contributes to health conditions like diabetes, obesity, and depression. It can also take a significant toll on mental health.

“Everyone feels stress, but we forget how many more resources some people have to mitigate stress when they’re not a member of a discriminated group,” Brondolo said.

And structural social and economic disadvantages don’t account completely for health disparities, Montenegro said. One [study](#) compared childbirth outcomes of wealthy, educated Black women against white women with less income and education and found Black women have worse outcomes than white women with fewer resources.

“This is clear evidence that racism, and its biological and social impact, transcend a lot of the things we say we should work on — like education and income and poverty,” Montenegro said. “Black women experience racism; white women do not.”

The American Academy of Pediatrics last year published a [policy statement](#) on how racism is a core cause of health problems in children and adolescents. What wasn’t? Race itself. The paper drove home a crucial point: Racism, not race, affects health, and race shouldn’t be used to explain away disparities caused by racism.

“People think of race as a biological factor in health outcomes, when it is not,” said Jacqueline Dougé, medical director of the Howard County Health Department in Maryland and a co-author of that statement.

But that fact is not always carried over to medical education. In her coursework for medical school, Isom, the psychiatrist and health disparities researcher in Boston, said she was taught about disease risk factors grouped by age, sex, and race. Students weren’t, however, taught about racism itself. It’s a gap in the curriculum that other researchers and students have pointed out before.

“There’s an explicit lack of mentioning that it’s racism, as opposed to race, that is the root cause of vulnerability to disease,” Isom said.

“We were taught that to be Black was a risk factor for these diseases, without any context — because they think the Black body is flawed,” she added.

McMullen, the UCSF internal medicine professor, said her medical education focused on the most well-known examples of racism and mistreatment in medicine — such as the Tuskegee syphilis experiments on Black men or the story of Henrietta Lacks’ cell line — but did not involve a deeper exploration of why such stark health disparities persist today.

The remnants of racist ideology, too, can be found in certain medical devices. Take [the spirometer](#), a tool that measures lung capacity. There’s often a button on it that “corrects” for race. Black people are measured on a different rubric than white people, based on rationale that dates back to when physicians on plantations used the tool to unjustly rationalize why slaves were fit only for field labor. The same settings are still in use today.

“That button came from medical racism,” Isom said. It’s one of a number of medical tools — from [algorithms used in hospital care](#) to [tests for kidney function](#) — that have been inaccurately shaped by racism against Black people and that can harm their health.

**“Racist practices of medicine lead to worse outcomes.”**

Roberto Montenegro, psychiatrist and researcher, Seattle Children's Hospital

“Racist practices of medicine lead to worse outcomes,” Montenegro said.

For that to change, the entire health care field — from medical schools and professional societies to hospitals and medical device manufacturers — needs to work to unravel and address racism within the system.

“I think health care is protected from this broader discourse because the narrative is that we’re all heroes,” said McMullen, who is working on an [audio documentary](#) about the issue. “We don’t

actually address that the structure being perpetuated in health care is the same dynamic that's playing out in the criminal justice system.”

While the effect of racism on health is well-established, progress will take time — and has to occur on a societal level, Dougé said. That has to involve a wide range of actions, including improving wages and closing pay gaps, improving access to health insurance, and ensuring more diversity in the health care system so that practitioners can provide culturally competent care.

“There has to be a systemic change,” Dougé said, “because racism — not race — has a profound impact on our health outcomes.”