

RESOLUTION OF THE NYC BOARD OF HEALTH DECLARING RACISM A PUBLIC HEALTH CRISIS

WHEREAS, the mission of the New York City (NYC) Department of Health and Mental Hygiene (Health Department) is to protect and promote the health of all New Yorkers and its vision is a city where all New Yorkers can realize their full health potential, regardless of who they are, where they are from, or where they live; and

WHEREAS, there is a long history of structural racism impacting services and care across all institutions within our society; and

WHEREAS, Black, Indigenous, and People of Color (BIPOC) New Yorkers have suffered from disproportionately high rates of COVID-19 infection and death, including a disproportionate drop in life expectancy for Black and Latino New Yorkers,^{1, 2} and Black and Latino New Yorkers have inequitably low rates of COVID-19 vaccination;³ and

WHEREAS, the NYC Health Department has extensively documented racial inequities in rates of HIV, tuberculosis, maternal mortality, infant mortality, mental health conditions, chronic disease prevalence and mortality, gun violence and other forms of physical violence, premature mortality, among others⁴ that existed prior to the COVID-19 pandemic; and

WHEREAS, our country has a long history of anti-Asian violence including the Page Exclusion Act, the Chinese Exclusion Act, and Japanese internment, which created some of the conditions for current rising anti-Asian discrimination;⁵ and

WHEREAS, involvement with law enforcement has grown markedly in the US in recent decades,⁶ and studies have shown these interactions are associated with poorer health outcomes, including injuries and fatalities;⁷ and

WHEREAS, NYC's investments have reduced the jail population and reformed law enforcement practices in communities;⁸ and

WHEREAS, structural racism systematically excludes, marginalizes, and harms BIPOC across NYC through discriminatory housing, employment, education, healthcare, criminal legal, and other systems, all of which result in avoidable and unjust health outcomes (health inequities);⁹ and

¹ 1692919 The "Land of the Blacks" was located north of the palisade. Lionel Pincus and Princess Firyal Map Division, The New York Public Library. The New York Public Library Digital Collections.

² <https://www.cdc.gov/nchs/data/vsrr/VSRR10-508.pdf>

³ <https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page>

⁴ <https://www1.nyc.gov/site/doh/data/data-publications/profiles.page>

⁵ <https://news.harvard.edu/gazette/story/2021/03/a-long-history-of-bigotry-against-asian-americans/>

⁶ <https://ccrjustice.org/sites/default/files/attach/2015/08/the-human-impact-report.pdf>

⁷ <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief109.pdf>

⁸ https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2021/how_is_nyc_doing.pdf

⁹ Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017 Apr 8;389(10077):1453-1463.

WHEREAS, NYC aims to address structural racism and longstanding inequities and seeks to build upon existing efforts such as the annual Social Indicators Report and Standard Equity Metrics created by Executive Order No. 45 (dated May 8, 2019), and the establishment of the City’s Taskforce on Racial Inclusion and Equity created by Executive Order No. 80 (dated September 13, 2021), to address the disparate impact of COVID-19 in BIPOC communities; and

WHEREAS, the first declaration of racism as a public health crisis was developed in 2018 by a Black woman, Ms. Lilliann Paine, while she was Director At Large of the Wisconsin Public Health Association, and more than 200 similar declarations¹⁰ have been made across the country since, including from the Centers for Disease Control and Prevention,^{11, 12, 13} and

WHEREAS, in 2016, the NYC Health Department launched Race to Justice to build the Health Department’s capacity to address structural racism and health inequities, and has committed to uprooting white supremacy and its impact on health and wellbeing while shifting resources and power to the communities that bear the greatest burden of marginalization, racism, and health inequities;¹⁴ and

WHEREAS, the NYC Health Department initially declared racism a public health crisis on June 8, 2020¹⁵ and now seeks to expand on this declaration through direct actions across the Health Department; and

WHEREAS, Take Care New York is a comprehensive health plan for NYC that lays out the Health Department’s priorities to advance anti-racism public health practice, reduce health inequities, and strengthen NYC's collective approach to ensuring that all New Yorkers can realize their full health potential, regardless of who they are, where they are from, or where they live; and

WHEREAS, settler colonialism, indigenous genocide, and enslavement of Africans are part of the history of our nation;^{16, 17} and

WHEREAS, the City of New York is situated on Lenape, Rockaway, and Canarsie land; and

WHEREAS, these original injustices have been without comprehensive restitution or redress;¹⁸ and

WHEREAS, race is a social and political construct, based on the social interpretation of how one’s identity is perceived, with no biological or genetic basis;¹⁹ and

¹⁰ <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>

¹¹ <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>

¹² <https://urbanmilwaukee.com/pressrelease/lilliann-paines-ideas-led-to-a-seismic-shift-in-public-health-policy-in-milwaukee-and-nationwide/>

¹³ <https://time.com/5953200/exclusive-cdc-director-rochelle-walensky-racism-health-initiative/>

¹⁴ <https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page>

¹⁵ <https://twitter.com/nycHealthy/status/1270046521879379968?s=20>

¹⁶ Thompson CN, Baumgartner J, Pichardo C, et al. COVID-19 Outbreak — New York City, February 29–June 1, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1725–1729. DOI: [http://dx.doi.org/10.15585/mmwr.mm6946a2external icon](http://dx.doi.org/10.15585/mmwr.mm6946a2external%20icon)

¹⁷ <https://www.nytimes.com/interactive/2019/08/14/magazine/black-history-american-democracy.html>

¹⁸ <https://rooseveltinstitute.org/publications/resurrecting-the-promise-of-40-acres-the-imperative-of-reparations-for-black-americans/>

¹⁹ Yudell M, Roberts D, DeSalle R, Tishkoff S. SCIENCE AND SOCIETY. Taking race out of human genetics. Science. 2016 Feb 5;351(6273):564-5. doi: 10.1126/science.aac4951. PMID: 26912690.

WHEREAS, racism is a system of structuring opportunity and assigning value based on how one’s appearance is perceived, which unfairly advantages some individuals and communities, unfairly disadvantages other individuals and communities, and saps the strength of the whole society;²⁰ and

WHEREAS, racism is a race-explicit system and anti-racism requires race-explicit strategies; and

WHEREAS, BIPOC-led organizations and communities have been fighting racism for generations and making sacrifices to ensure progress toward a racially just future; and

WHEREAS, intersectionality, which acknowledges the unique impact and experience of oppression when a person or community holds multiple marginalized identities, is a critical strategy to fight the public health crisis of racism, is a central tenet of critical race theory,²¹ and is a key framework for data analysis; and

WHEREAS the crisis of racism in this country is longstanding and our nation’s response will need to span generations; and

WHEREAS, the work of undoing racism is grounded in love, as well as science and civic duty. This love is not sentimental, rather it is what James Baldwin called “the tough and universal sense of quest and daring and growth.”

NOW THEREFORE, BE IT RESOLVED that the NYC Board of Health (BOH):

1. Declares that racism is a public health crisis;
2. Acknowledges the work done to date to address the health impacts of racism in NYC including but not limited to launching Race to Justice and improve reporting of race and ethnicity data during and after COVID-19 and requests that the NYC Health Department expand that work to develop priorities and next steps for a racially just recovery from COVID-19 and other actions – including resource allocation - to address this public health crisis in the short and long-term;
3. Requests that the NYC Health Department research, clarify, and acknowledge examples of its historic role in divesting and underinvesting in critical community-led health programs, and participate in a truth and reconciliation process with communities harmed by these actions when possible;
4. Requests that the NYC Health Department establish a Data for Equity internal working group to ensure the Health Department apply an intersectional, anti-racism equity lens to public health data and provide annual guidance to other NYC Mayoral agencies on

²⁰ Jones CP. Levels of Racism: A Theoretic Framework and a Gardener’s Tale. *American Journal of Public Health*. 2000; 90(8): 1212-1215.

²¹ Crenshaw, Kimberle () "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum*: Vol. 1989: Iss. 1, Article 8.

best practices to collect and make available to the Health Department relevant data to track and improve health equity;

5. Requests that the NYC Health Department make recommendations on anti-racism, health-related NYC Charter revisions to the Mayoral Racial Justice Commission to strengthen NYC's effort to combat racism;
6. Requests that the NYC Health Department continue collaborations with sister agencies to report on fatalities, injuries, health conditions, by race, gender, and other demographics, to improve data quality and care;
7. Requests that the NYC Health Department, in consultation with relevant community organizations, perform an anti-racism review of the NYC Health Code to identify any existing provisions that support systemic and structural racism and bias and recommend new provisions to dismantle systemic and structural racism and bias;
8. Requests that the NYC Health Department partner with NYC agencies and relevant organizations, consistent with Local Law 174 (dated October 13, 2019) and Executive Order 45 (dated May 8, 2019), to advise on assessments of structural racism within policies, plans and budgets related to all determinants of health (transportation, education, housing, land-use and siting, economic opportunities, civic participation and healthcare delivery contexts) and make recommendations to mitigate harm due to the cumulative impacts of these determinants within a public health context; and
9. Requests that the NYC Health Department report twice per year to the BOH to promote the work associated with this resolution and to ensure NYC Health Department accountability on progress.

Dated: October 18, 2021