



THE ANTI-RACISM IN PUBLIC HEALTH ACT OF 2021

Rep. Ayanna Pressley (D-MA-07), Sen. Elizabeth Warren (D-MA), and Rep. Barbara Lee (D-CA-13)

For centuries, structural racism in the United States has harmed Black and brown communities and served as a major barrier to health equity. Racial disparities in health outcomes exist at alarming rates and can be seen in the prevalence of chronic health conditions, such as diabetes, asthma, and hypertension;¹ infant mortality; maternal mortality and morbidity; and police brutality. Furthermore, unequal access to quality health care disproportionately burdens communities of color and exacerbates racial disparities. The COVID-19 pandemic has unveiled these inequities and made it impossible to ignore structural racism.

Comprehensive research on the public health impacts of structural racism is needed to confront and dismantle the racist systems and practices that create racial disparities and to develop race-conscious public health approaches to reverse the existing disparities that have plagued our nation for too long. This point has been underscored by the federal government's failure to adequately collect race and ethnicity data on COVID-19 testing, hospitalization, and deaths.

To help expand research and investment in the public health impacts of structural racism, and to require the federal government to begin actively developing anti-racist health policy, Congresswoman Pressley, Senator Warren, and Congresswoman Lee have introduced the Anti-Racism in Public Health Act, which would:

- **Create a “National Center for Anti-Racism” at the Centers for Disease Control and Prevention (CDC)** to declare racism as the public health crisis that it is and further develop the research base and knowledge of the science and practice of anti-racism. The Center would be responsible for:
 - Conducting research, collecting data, awarding grants, and providing leadership and coordination on the science and practice of anti-racism in the provision of health care, the public health impacts of systemic racism, and the effectiveness of interventions to address these impacts;
 - Creating at least three regional centers of excellence in anti-racism;
 - Educating the public on the public health impacts of structural racism and anti-racist public health interventions;
 - Consulting with other Centers at the CDC to ensure that scientific and programmatic activities initiated by the agency consider structural racism in their designs, conceptualizations, and executions; and

- **Create a Law Enforcement Violence Prevention Program within the National Center for Injury Prevention and Control at the CDC.** Physical and psychological violence perpetuated by law enforcement results in deaths, injuries, trauma, and stress, and disproportionately affects marginalized populations. This bill would take a public health approach to combatting police brutality and violence by creating a dedicated law enforcement violence prevention program at the CDC.

¹ Sofia Carratala & Connor Maxwell, *Fact Sheet: Health Disparities by Race and Ethnicity*, CTR. FOR AM. PROGRESS (May 7, 2020), <https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/>.

Structural Racism and Public Health:

- Due to our nation's failure to provide universal access to health care, people of color and immigrants are less likely to be insured, have access to health care providers and have access to routine and preventive medical care which exacerbates racial disparities and the prevalence of chronic health conditions.²
- Black and brown people are three times more likely than white people to contract COVID-19 and are two times more likely to die from the disease.³
- Black, American Indian, and Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women.⁴
- Police brutality and violence has robbed our communities of countless Black and brown lives. 1 in 1,000 Black men and boys will be killed by police, making the police the sixth leading cause of death for young Black men.⁵

Disparities in Massachusetts' 7th Congressional District:

- During the current pandemic, Black and Latinx people represent 65% of COVID-19 cases despite making up only about 44% of the city's population.⁶
- From Cambridge to Roxbury, life expectancy drops by 30 years and median household income by \$50,000.⁷
- The infant mortality rate for Black babies in Boston is nearly 5 times higher than the rate for white babies, with infants born in Dorchester and Mattapan having a lower birthweight than other areas in the city.⁸
- Due to decades of racist public policy, communities of color and immigrant communities residing in areas like Chinatown are forced to breathe some of the most toxic air—increasing asthma rates and other chronic health conditions.⁹

ENDORISING ORGANIZATIONS

Attleboro Council on Human Rights; Attleboro Mayor Paul Heroux; Boston Medical Center; Center for Policing Equity; Center for Popular Democracy; Center for Reproductive Rights; Center for the Study of Racism, Social Justice & Health at UCLA; Community Catalyst; Conference of Boston Teaching Hospitals; Friends of the 7 Acts of Change; Hispanic Federation; Institute for Healing Justice and Equity; Justice in Aging; Lawyers' Committee for Civil Rights Under Law; Leadership Conference on Civil Rights; NAACP; National Birth Equity Collaborative; National Medical Association; National Partnership for Women and Families; National Urban League; National Women's Law Center; People's Action; Physicians for a National Health Program; PolicyLink; Poverty and Race Research Action Council; Public Citizen; Social Security Works; UCLA's Covid-19 Task Force on Racism and Equity; UnidosUS; Union for Reform Judaism; We Must Count Coalition; WhattoExpect and Young Invincibles.

² Samantha Artiga et al., *Changes in Health Coverage by Race and Ethnicity Since the ACA, 2010-2018*, Kaiser Family Found. (Mar. 5, 2020), <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>.

³ Tiffany Ford et al., *Race gaps in COVID-19 deaths are even bigger than they appear*, BROOKINGS INST. (June 16, 2020), <https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/>.

⁴ *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*, CTR. FOR DISEASE CONTROL AND PREVENTION (Sept. 5, 2019), <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

⁵ Osagie K. Obasogie., *Police killing lack people is a pandemic, too*, WASH. POST (June 5, 2020), https://www.washingtonpost.com/outlook/police-violence-pandemic/2020/06/05/e1a2a1b0-a669-11ea-b619-3f9133bbb482_story.html.

⁶ *Racial Data on Boston Resident COVID-19 Cases*, CITY OF BOSTON (Aug. 27, 2020), <https://www.boston.gov/departments/mayors-office/racial-data-boston-resident-covid-19-cases>.

⁷ Marina Renton, *Roxbury Center Targets Health Disparities in Boston's Poorest Neighborhoods* (July 24, 2015), <https://www.wbur.org/commonhealth/2015/07/24/boston-health-disparities>.

⁸ *Health of Boston 2016-2017*, BOSTON PUB. HEALTH COMM'N, <https://analytics.boston.gov/app/health-of-boston-2017>.

⁹ Ling-Mei Wong, *Boston Chinatown's children hurt by highway pollution and rising temperatures*, SAMPAN (Jan. 27, 2017), <https://sampan.org/boston-chinatowns-children-hurt-by-highway-pollution-and-rising-temperatures/>.