CITY OF BERKELEY

Cheryl Davila
Councilmember
District 2

ACTION CALENDAR
January 19, 2021

To: Honorable Mayor and Members of the City Council

From: Councilmembers Cheryl Davila (Author) and Ben Bartlett (Co-Sponsor)

Subject: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City
           of Berkeley

RECOMMENDATION
Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and
commit to eliminate all socioeconomic barriers to health equity. In addition:
1. Declare the resolution an emergency measure for the immediate preservation of public
    peace, property, health, or safety, especially during the COVID-19 pandemic and it shall
    take effect and be in force immediately upon its adoption.
2. Budget Referral to convene a series of town hall sessions for all community members,
    City workers, and small business owners to discuss the concerns of people of color and
    marginalized community members, and develop strategies and programs (especially
    Mental Health Programs for the unhoused stay housed) for greater inclusivity,
    understanding, empathy, compassion, and unity. The purpose of these meetings should
    be to strengthen anti-racist capacity building and commitments within the city. This can
    be done by discussing the current quantitative and qualitative reality of racial justice and
    injustice, racism and non-racism in all areas of city life toward developing measures to
    ensure the achievement racial equity in Berkeley. These town halls, strategies and
    programs could include: the definition and lived experience of racism in systemic and
    institutional forms the effects and trauma caused by them, and provide resources to
    combat implicit bias on all levels. Community partners to consider to facilitate such
    workshops include Beyond Diversity: Courageous Conversations About Race and
    Showing Up for Racial Justice (SURJ).
3. City Council will establish a working group to promote racial equity as well as the
    development of programs to address racial equity in this City.
4. Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity
    and to explore greater health disparities that have emerged as a result of this crisis.
5. Direct the City Manager or his/her designee to hold several fundraisers at town hall
    sessions for black-owned small businesses, research of state and federal RFPs for the
    purpose of grants acquisitions for program development in the City of Berkeley that have
    been affected by Covid-19 and/or recent protests.
6. Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance
    (see attached City of Richmond Ordinance) for Council review and adoption, critically
    evaluating the public health impact of all legislative and budgetary proposals, especially
    upon people of color and marginalized community members.

7. Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and

8. Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.

9. Direct the City Manager or his/her designee to have an antiracism dashboard that delineates and tracks progress towards specific antiracist goals. This would involve: 1) tracking and measuring specific data that shows the extent to which racism has become a public health crisis; which would in turn enable 2) the City and the Community to dramatically reduce instances of racism, if not totally eliminate some of them; and 3) demonstrate to constituents that the other recommendations have made, and must continue to make, a tangible difference. The dashboard shall include: analyzing hospital infant mortality by race; tracking food insecurity among Berkeley residents, and correlation to racial demographics; analyzing the effects of biological weathering and resultant mental health challenges on immune strength for black individuals, and studying mental health resource availability and outreach targeting at-risk black communities; analyzing the administration of medications and health therapies by race, in an attempt to understand Berkeley health providers position vis a vis the systemic under-prescription and under-treatment of Black patients pain; tracking violent incidents targeting queer Black residents, and studying the availability of mental health resources and culturally competent healthcare for queer Black patients; identifying the largest sources of corporate environmental or carcinogenic pollution in Berkeley, and the racial demographics of people with prolonged exposure to those regions (i.e. workers and residents within range of toxic substances); identifying the locations of city waste storage/processing and the racial demographics of those most closely exposed; examining property taxes by neighborhood, and correlation to school resources and student racial demographics; examining the availability of stable and affordable Internet access, as necessary for all possible student activities offered and required by Berkeley public schools;

10. Collaborate with the Berkeley Unified School District and the Vision 2020 to see how this is correlated to household racial demographics; analyzing students' realistic access to extracurricular activities such as arts and athletics; race-based differential access means that some students have less access to educational opportunities that help with physical and mental health; identifying the levels of lead and other toxins in public school buildings, and correlation to resource allocation and racial demographics among schools.

11. Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

POLICY COMMITTEE RECOMMENDATION
On November 23, 2020, the Health, Life Enrichment, Equity & Community Committee made a qualified positive recommendation (M/S/C Bartlett/Hahn) for the City Council to take the following action:
1. Make the following statement:
    Declare Racism as a public health crisis and a threat and safety issue for the City of Berkeley, and commit the City of Berkeley to eliminating all racial and socioeconomic barriers to health equity.
2. Recommend that City Councilmembers consider working together or independently to convene a public session or sessions in their districts on racism as a public health crisis and threat and safety issue, to further public knowledge and input on these

important matters and help create a movement to address racial disparities in Berkeley.

3. Refer to the Mayor and City Manager to discuss how to incorporate programs and policies to address racial equity in the work of the City of Berkeley.
4. Refer to the City Manager and Office of Economic Development to consider how the City of Berkeley can support women and minority owned businesses through the COVID crisis and recovery period.
5. Refer to the City Manager to adapt the Richmond Health in All Policies Ordinance and return to Council a version for the City Council to consider adopting, or any other recommendation related to the proposed Ordinance.
6. Refer to the City Manager to consider requiring and providing antiracism, implicit bias, cultural sensitivity and cultural humility training for all City of Berkeley employees, and the City Council, and to consider ways to make such training accessible to the public via online or other training opportunities.
7. Refer to the City Manager to include an Anti-Racism dashboard on the City of Berkeley's new website, to consolidate information about racial disparities across all City of Berkeley services and initiatives.
8. Recommit to continuing the City of Berkeley's work with Berkeley Unified School District through the 2020 Vision process, and recommend adding a focus on extracurricular activities and access to enrichment and support outside of the classroom.

Vote: Ayes – Bartlett, Hahn; Noes – None; Abstain – None; Absent – Kesarwani.

BACKGROUND

There is clear data that proves racism negatively impacts the lives of people of color in the City of Berkeley and throughout the County and Nation.

Almost all 400 years of African American's experience was under enslavement and Jim Crow laws and upheld White Supremacy that provided preferential opportunity to some, while at the same time subjected people of color, especially African Americans to hardship and disadvantages in all areas of life.

Racism – not race - causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans in this country.

Racism acts on systemic, institutional, and interpersonal levels, all of which operate throughout time and across generations.

Racism is an organized social system in which a dominant group categorizes and ranks people into social groups, "races", and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups classified as inferior. Racism can act in multiple domains, including structural/institutional, cultural, and individual-level discrimination, reinforcing ideologies of inferiority and hierarchy in media images, laws, interpersonal interactions, and opportunities. Structural or institutional racism embeds racism into policies and practices in society that provide advantages for racial groups deemed superior, while oppressing, disadvantaging, or neglecting racial groups viewed as inferior. Structural racism results in differential access to housing, employment, education, healthy food, clean air and drinking water, and exposure to violence, thus has a significant impact on public health.

Structural racism has profound public health impacts. Now, in this critical moment of a global pandemic caused by COVID-19, previous health disparities are being exacerbated by the lack of infrastructure and provisions of basic resources afforded to marginalized communities. While coronavirus does not seem to discriminate against whom it infects, it does have differential

impacts on people who were already in a compromised position in society, due to socioeconomic factors, access to healthcare and housing, and suffering from a compromised immune system due to the effects of stress, the trauma experience of discrimination and the impacts of living in communities that are disproportionally impacted by environmental injustice.

Reports are emerging, highlighting the disparity in the rates of COVID-19 outcomes for communities of color. Cities like Milwaukee, Washington DC, Detroit, Chicago, and New Orleans have experienced a disproportionate morbidity and mortality for black residents due to Coronavirus. The Congressional Black Caucus has called for all states to track public health data regarding coronavirus by race and ethnicity[1]. To this point, Representative Robin Kelly, Chair of the Congressional Black Caucus Healthcare Braintrust, stated: "the reason more Blacks are dying from COVID-19 is a result of a history of structural racism, environmental injustice, income inequality, and the lack of resources in Black communities, which have led to the prominence of health-related risk factors such as diabetes and hypertension." According to data from the Centers for Disease Control, almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population. Additionally, an analysis done by the Associated Press found that nearly one-third of those who passed due to COVID-19 across the country are black.

Racism Forms Defined:
- **Racism** - Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another.[1][2][3][4] It may also mean prejudice, discrimination, or antagonism directed against other people because they are of a different race or ethnicity.[2][3] Modern variants of racism are often based in social perceptions of biological differences between peoples. These views can take the form of social actions, practices or beliefs, or political systems in which different races are ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities.[2][3][5]
- **Environmental racism -** Environmental racism is a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.[1] In a national context, environmental racism criticizes inequalities between urban and exurban areas after white flight. Charges of environmental racism can also prompt usages of civil rights legislation like the Civil Rights Act of 1964 to prosecute environmental crimes in the areas in which racialized people live. Internationally, environmental racism can refer to the effects of the global waste trade, like the negative health impact of the export of electronic waste to China from developed countries.
- **Institutional/systemic racism** - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power, and education, among other factors. The term "institutional racism" was coined by Stokely Carmichael and Charles V. Hamilton. Carmichael and Hamilton wrote that while individual racism is often identifiable because of its overt nature, institutional racism is less perceptible because of its "less overt, far more subtle" nature. Institutional racism "originates in the operation of established and respected forces in the society, and thus receives far less public condemnation than [individual racism]".[2]
- **Interpersonal racism -** Interpersonal racism is a component of individual-level racism and has been defined as "directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals" (Krieger, 1999, p. 301). Interpersonal racism includes maltreatment that the targeted

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1 https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174

individual attributes, at least in part, to conscious or unconscious racial/ethnic bias on the part of the perpetrator of the maltreatment.

- **Internalized racism** - Internalized racism is a form of internalized oppression, defined by sociologist Karen D. Pyke as the "internalization of racial oppression by the racially subordinated."[1] In her study *The Psychology of Racism,* Robin Nicole Johnson emphasizes that internalized racism involves both "conscious and unconscious acceptance of a racial hierarchy in which whites are consistently ranked above people of color."[2] These definitions encompass a wide range of instances, including, but not limited to, belief in negative racial stereotypes, adaptations to white cultural standards, and thinking that supports the status quo (i.e. denying that racism exists).[3]
- **Structural racism -** Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege, and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab, and other racially oppressed people.
- **Prejudice -** Prejudice[1] is an affective feeling towards a person based on their perceived group membership. The word is often used to refer to a preconceived, usually unfavorable, evaluation of another person based on that person's political affiliation, sex, gender, beliefs, values, social class, age, disability, religion, sexuality, race/ethnicity, language, nationality, beauty, occupation, education, criminality, sport team affiliation or other personal characteristics.[2]
- **Discrimination** - In human social behavior, discrimination is prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong. These include age, caste, criminal record, height, disability, family status, gender identity, gender expression, generation, genetic characteristics, marital status, nationality, color, race and ethnicity, religion, sex and sex characteristics, sexual orientation, social class, species, as well as other categories. Discrimination consists of treatment of an individual or group, based on their actual or perceived membership in a certain group or social category, "in a way that is worse than the way people are usually treated".[1] It involves the group's initial reaction or interaction going on to influence the individual's actual behavior towards the group leader or the group, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on illogical or irrational decision making.[2]
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- **Systemic Racism:** Systemic racism today is composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color. Developed by sociologist Joe Feagin, systemic racism is a popular way of explaining, within the social sciences and humanities, the significance of race and racism both historically and in today's world. Feagin describes the concept and the realities attached to it in his well-researched and readable book, *Racist America: Roots, Current Realities, & Future Reparations*. In it, Feagin uses historical evidence and demographic statistics to create a theory that asserts that the United States was founded in racism since the Constitution classified black people as the property of whites. Feagin illustrates that the legal recognition of racialized slavery is a cornerstone of a racist social system in which resources and rights were and are unjustly given to white people and unjustly denied to people of color. (thoughtco.com)
  - ◦ The effects of systemic racism are pervasive in Indigenous communities. The causal pathways driving racism and its negative effects are complex, intertwined, and deeply embedded in diverse systems, including economic, political, and psychosocial. Below are some examples of how systemic racism leads to health

inequities that are reflective of the broad disadvantage that Indigenous communities face:

- ◦ Colonial policies: Mandatory residential schools, the outlawing of Indigenous gatherings and ceremonies, forced community dislocations, and discriminatory child welfare legislation have had lasting and intergenerational effects on mental health, family relationships, and Indigenous language and culture.
- ◦ Limited healthy food choices: Dispossession of traditional lands has interfered with traditional economies and access to traditional foods; urban, rural, and remote Indigenous peoples often have inadequate access to affordable healthy and nutritious foods.
- ◦ Inadequate living conditions: Indigenous peoples living in cities and rural and remote communities are faced with inadequate housing and living conditions. For example, the peoples of Inuit Nunangat experience overcrowding and poor respiratory health from low-quality housing stock, leading to elevated rates of TB infection. There is also increased overcrowding in housing.
- ◦ Substandard health care: In addition to the differential access to acute cardiac imaging and intervention, studies describe high levels of perceived interpersonal racism toward Indigenous patients from health care providers across health care settings. Experiences of racism, including unfair treatment as a result of racism, have been reported in multiple Indigenous survey studies, across geographic settings, with prevalence rates ranging from 39 percent to 78 per cent. In some cases, this is so severe that Indigenous patients strategized on how to manage racism before seeking care in the emergency room.

- **Islamophobia -** Islamophobia is the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.
- **Xenophobia -** Xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.
- Anti-semitism - Anti-semitism is hostility to, prejudice, or discrimination against Jews.[1][2][3] A person who holds such positions is called an anti-semite. Anti-semitism is generally considered to be a form of racism. Anti-semitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized by mobs, state police, or even military attacks on entire Jewish communities. Anti-zionism is notÂ anti-semitism
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- **Intersectionality** - Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination. It aims to broaden the agenda of the first waves of feminism, which largely focused on the experiences of white, middle-class women. The broad agenda means that intersectionality is used to find combinations of injustices that are felt by members of society. For example, a black woman might face discrimination from a company that is not distinctly due to her race (because the company does not discriminate against black men) nor her gender (because the company does not discriminate against white women), but by a unique combination of the two. Intersectional feminism aims to separate itself from white feminism by acknowledging the fact that all women have different experiences and identities.[1] It is a qualitative analytic framework that identifies how interlocking systems of power affect those who are most marginalized in society.[2]

- **Zionism -** Zionism ~~is~~ is a political ideology, a form of Jewish nationalism. Zionism is a set of beliefs that drove the founding of the State of Israel in Palestine. Also defined as the nationalist movement of the Jewish people that espouses the re-establishment of and support for a Jewish state in the territory defined as the historic Land of Israel (roughly corresponding to Canaan, the Holy Land, or the region of Palestine). Anti-Zionism is not anti-semitism, it is the opposition to Zionism, the racist, apartheid policies of the Israeli state. Anti-Zionism is Anti Racist.
- **"ISM"** - a system of oppression based on target identity (race, sex, etc)

Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected.

Beyond this, the COVID-19 (Coronavirus) Pandemic has unleashed an increased amount of racism in this country. There have been a number of documented instances of harassment and physical violence targeting Asian people since the outbreak of the coronavirus, as well as the use of stigmatizing terms like "Chinese Virus" to denote COVID-19. The President of the United States has continued to spew hate, racism, xenophobia, and Islamophobia since he began campaigning for office. COVID-19 has exacerbated the President's racism towards our commUNITY members, and throughout the world, as a number of violent attacks have been made towards Asian Americans.

The World Health Organization defines "public health" as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" and those efforts "aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health."

The United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes.

The negative repercussions of historical racism, including but not limited to, discriminatory lending practices of the 20th century known as "redlining," impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, and infant mortality.

Research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children.

Statistics show a national disparity between black and white infant mortality rates, and the State consistently ranks among the worst states concerning black infant mortality rates.

The rates of chronic diseases, including asthma, diabetes, and hypertension, are significantly higher in predominantly black neighborhoods.

The Department of Health and Human Services defines the social determinants of health as conditions in the environments in which people are born, live, learn, work, play, worship, and age, which affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health include access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Beyond genetic predispositions or individual life choices, the World Health Organization notes that the social determinants of health predict a

person's life expectancy. By these means, structural racism threatens public health by hindering equitable access to the social determinants of health.

Utilizing an intersectional framework, it is clear that discrimination based on race can be linked to disadvantages for a number of people with marginalized identities, in particular the poor or unhoused, queer and trans, disabled, Muslim, immigrant, and Indigenous communities.JP Massar 'because higher levels of discrimination are associated with an elevated risk to a broad range of diseases, for instance, contraction of heart disease, cancer, and HIV. And everyday over 200 Black people die prematurely due to health inequities between Whites and Blacks.

Like many cities in the United States, the City of Berkeley has a long history of racism. Studies conducted on Berkeley's employment practices and modes of policing have demonstrated

structural racism and discrimination at the core of the City's functions. Waves of racial housing segregation, codified by redlining in the past, and currently operating through gentrification and displacement, is a major factor influencing racial/ethnic disparities in health outcomes. The 2018 Berkeley Health Status Report demonstrated that within the City of Berkeley, African Americans and other People of Color die prematurely and are more likely to experience a wide variety of adverse health conditions throughout their lives. Specifically, Black people make up a

disproportionately high percentage of the city's homeless population, are less likely to attain higher education, are more likely to live in poverty, and have poorer health outcomes, morbidity, and mortality from cardiovascular disease, heart disease, cancers, and birth complications.

The Alameda County Department of Public Health has demonstrated racial/ethnic health disparity in our community, noting a 17-year difference in life expectancy between a child born in West Oakland and the Oakland Hills. Supervisor Keith Carson has begun a process of trying to address health inequities through the launch of the Health Matters Initiative.

Additionally, the City of Richmond also views racism as a major threat to public health and has adopted a Health in all Policies Ordinance in order to rectify health inequities. Other cities throughout the United States, like Kansas City, Milwaukee, Pittsburgh, and Cleveland, have also come to view racism as a public health crisis, passing legislation to turn the tide and ensure everyone (regardless of their race or ethnicity) has the opportunity to live healthy, fulfilling lives.

On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away.

The City of Berkeley should follow the example of other cities that have declared racism as a threat to public health. We should adopt a Health in All Policies Ordinance, and take all necessary legislative steps to ensure health equity in our city. Minimally this will involve the curation of a number of town hall sessions to hear the concerns of marginalized community members and with careful collaborations, develop a strategic plan for health equity. Additionally, the City should provide training on ways to reduce implicit bias for City employees and interested members of the community. This will allow us to critically evaluate our prejudices and take the initiative to reduce bias and remove racist barriers to the social determinants of health.

The City must recognize that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society.

The time is *now* to declare racism as a public health threat in our community. The time has come to change business as usual. We must confront the systemic racism that has permeated society throughout our lifetime. Because in the words of Ibram X. Kendi, "the only way to undo racism is to consistently identify and describe it - and then to dismantle it."

The City Council should support the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood.

California Government Code 54956.5 states: "An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body."

With multiple crises to contend with (COVID-19 pandemic, racism, etc), and all the reasons stated earlier, it is the utmost urgency to declare racism as a nuisance and a crisis to public health and safety in the City of Berkeley, as well as adopt it as an emergency measure for the immediate preservation of public peace, property, health or safety.

FISCAL IMPACTS OF RECOMMENDATION
It is estimated $50,000 for hiring of facilitators and the coordination of 3-5 town hall sessions.

ENVIRONMENTAL SUSTAINABILITY

With a focus on health equity and the adoption of a 'Health in All Policies 'ordinance, a number of environmental benefits should result in the City, including reduced air pollution, cleaner waterways, and reduced greenhouse gas emissions by being proactive about ending environmental racism.

CONTACT PERSON
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ATTACHMENTS:
1. Resolution
2. Racism - Public Health Crisis, published on May 5, 2017
    Leslie Gregory, Founder and Director of Right to Health in Portland, Oregon
    https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title
3. City of Richmond Health in All Policies Ordinance:
http://www.ci.richmond.ca.us/ArchiveCenter/ViewFile/Item/6999

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2. Smedley, Audrey, and Brian D. Smedley. "Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race." *American Psychologist* 60.1 (2005): 16.

3. Paradies, Yin, et al. "Racism as a determinant of health: a systematic review and meta-analysis." *PloS one* 10.9 (2015): e0138511.

4. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

5. http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP

6. http://www.euro.who.int/__data/assets/pdf_file/0003/109146/E89260.pdf

7. http://www.ci.richmond.ca.us/DocumentCenter/View/27173/Tool-Kit-DRAFT-52813-v3?bidId=

8. https://triblive.com/local/pittsburgh-allegheny/pittsburgh-councilmen-want-racism-to-be-treated-as-a-public-health-crisis/

9. https://ips-dc.org/racism-is-a-public-health-crisis/

10. https://www.kansascity.com/opinion/editorials/article234471712.html

11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945449/

12. https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/health-status-summary-report-2018.pdf

13. https://www.berkeleyside.com/2018/09/20/redlining-the-history-of-berkeleys-segregated-neighborhoods

14. https://www.urbandisplacement.org/sites/default/files/images/urban_displacement_project_-_executive_summary.pdf

15. https://www.urbandisplacement.org/rentchangemap

16. https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm

17. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Mason%20Tillman%20Associates%20Report%20051614.pdf

18. https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf

19. http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

20. http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias

21. https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf

22. https://www.nationalgeographic.com/history/2020/04/coronavirus-disproportionately-impacts-african-americans/#close

23. https://societyforhealthpsychology.org/resources/research-advocacy/diversity-racism/interpersonal/

24. https://www.racialequitytools.org/resourcefiles/Definitions-of%20Racism.pdf

25. https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174

RESOLUTION NO. ##,###-N.S.

A RESOLUTION OF THE CITY COUNCIL FOR THE CITY OF BERKELEY TO DECLARE RACISM AS A PUBLIC HEALTH CRISIS, A THREAT AND SAFETY ISSUE IN THE CITY OF BERKELEY

WHEREAS, Racism is defined as "an organized social system in which the dominant racial group categorizes and ranks people into social groups called "races" and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior"[2]; and

WHEREAS, Racism can take on many principal domains, including structural/institutional, cultural, and individual-level discrimination; and

WHEREAS, Racism Forms are defined as:
- **Racism** - Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another.[1][2][3][4] It may also mean prejudice, discrimination, or antagonism directed against other people because they are of a different race or ethnicity.[2][3] Modern variants of racism are often based in social perceptions of biological differences between peoples. These views can take the form of social actions, practices or beliefs, or political systems in which different races are ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities.[2][3][5]
- **Environmental racism -** Environmental racism is a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.[1] In a national context, environmental racism criticizes inequalities between urban and exurban areas after white flight. Charges of environmental racism can also prompt usages of civil rights legislation like the Civil Rights Act of 1964 to prosecute environmental crimes in the areas in which racialized people live. Internationally, environmental racism can refer to the effects of the global waste trade, like the negative health impact of the export of electronic waste to China from developed countries.
- **Institutional/systemic racism** - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power, and education, among other factors. The term "institutional racism" was coined by Stokely Carmichael and Charles V. Hamilton. Carmichael and Hamilton wrote that while individual racism is often identifiable because of its overt nature, institutional racism is less perceptible because of its "less overt, far more subtle" nature. Institutional racism "originates in the operation of established and respected forces in the society, and thus receives far less public condemnation than [individual racism]".[2]

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[2] Williams, David R., Jourdyn A. Lawrence, and Brigette A. Davis. "Racism and health: evidence and needed research." *Annual review of public health* 40 (2019): 105-125.

- **Interpersonal racism -** Interpersonal racism is a component of individual-level racism and has been defined as "directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals" (Krieger, 1999, p. 301). Interpersonal racism includes maltreatment that the targeted individual attributes, at least in part, to conscious or unconscious racial/ethnic bias on the part of the perpetrator of the maltreatment.
- **Internalized racism** - Internalized racism is a form of internalized oppression, defined by sociologist Karen D. Pyke as the "internalization of racial oppression by the racially subordinated."[1] In her study *The Psychology of Racism,* Robin Nicole Johnson emphasizes that internalized racism involves both "conscious and unconscious acceptance of a racial hierarchy in which whites are consistently ranked above people of color."[2] These definitions encompass a wide range of instances, including, but not limited to, belief in negative racial stereotypes, adaptations to white cultural standards, and thinking that supports the status quo (i.e. denying that racism exists).[3]
- **Structural racism -** Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege, and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab, and other racially oppressed people.
- **Prejudice -** Prejudice[1] is an affective feeling towards a person based on their perceived group membership. The word is often used to refer to a preconceived, usually unfavorable, evaluation of another person based on that person's political affiliation, sex, gender, beliefs, values, social class, age, disability, religion, sexuality, race/ethnicity, language, nationality, beauty, occupation, education, criminality, sport team affiliation or other personal characteristics.[2]
- **Discrimination** - In human social behavior, discrimination is prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong. These include age, caste, criminal record, height, disability, family status, gender identity, gender expression, generation, genetic characteristics, marital status, nationality, color, race and ethnicity, religion, sex and sex characteristics, sexual orientation, social class, species, as well as other categories. Discrimination consists of treatment of an individual or group, based on their actual or perceived membership in a certain group or social category, "in a way that is worse than the way people are usually treated".[1] It involves the group's initial reaction or interaction going on to influence the individual's actual behavior towards the group leader or the group, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on illogical or irrational decision making.[2]
- **Systemic Racism:** Systemic racism today is composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color. Developed by sociologist Joe Feagin, systemic racism is a popular way of explaining, within the social sciences and humanities, the significance of race and racism both historically and in today's world. Feagin describes the concept and the realities attached to it in his well-researched and readable book, *Racist America: Roots, Current Realities, & Future Reparations*. In it, Feagin uses historical evidence and demographic statistics to create a theory that asserts that the United States was founded in racism since the Constitution classified black people as the property of whites. Feagin illustrates that the legal recognition of racialized slavery is a cornerstone of a racist social system in which resources and rights were and are unjustly given to white people and unjustly denied to people of color. (thoughtco.com)

- ◦ The effects of systemic racism are pervasive in Indigenous communities. The causal pathways driving racism and its negative effects are complex, intertwined, and deeply embedded in diverse systems, including economic, political, and psychosocial. Below are some examples of how systemic racism leads to health inequities that are reflective of the broad disadvantage that Indigenous communities face:
    - ◦ Colonial policies: Mandatory residential schools, the outlawing of Indigenous gatherings and ceremonies, forced community dislocations, and discriminatory child welfare legislation have had lasting and intergenerational effects on mental health, family relationships, and Indigenous language and culture.
    - ◦ Limited healthy food choices: Dispossession of traditional lands has interfered with traditional economies and access to traditional foods; urban, rural, and remote Indigenous peoples often have inadequate access to affordable healthy and nutritious foods.
    - ◦ Inadequate living conditions: Indigenous peoples living in cities and rural and remote communities are faced with inadequate housing and living conditions. For example, the peoples of Inuit Nunangat experience overcrowding and poor respiratory health from low-quality housing stock, leading to elevated rates of TB infection. There is also increased overcrowding in housing.
    - ◦ Substandard health care: In addition to the differential access to acute cardiac imaging and intervention, studies describe high levels of perceived interpersonal racism toward Indigenous patients from health care providers across health care settings. Experiences of racism, including unfair treatment as a result of racism, have been reported in multiple Indigenous survey studies, across geographic settings, with prevalence rates ranging from 39 percent to 78 per cent. In some cases, this is so severe that Indigenous patients strategized on how to manage racism before seeking care in the emergency room.
- **Islamophobia -** Islamophobia is the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.
- **Xenophobia -** Xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.
- Anti-semitism - Anti-semitism is hostility to, prejudice, or discrimination against Jews.[1][2][3] A person who holds such positions is called an anti-semite. Anti-semitism is generally considered to be a form of racism. Anti-semitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized by mobs, state police, or even military attacks on entire Jewish communities. Anti-zionism is notÂ anti-semitism
- **Intersectionality** - Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination. It aims to broaden the agenda of the first waves of feminism, which largely focused on the experiences of white, middle-class women. The broad agenda means that intersectionality is used to find combinations of injustices that are felt by members of society. For example, a black woman might face discrimination from a company that is not distinctly due to her race (because the company does not discriminate against black men) nor her gender (because the company does not discriminate against white women), but by a unique combination of the two. Intersectional feminism aims to separate itself from white feminism by acknowledging the fact that all women have

different experiences and identities.[1] It is a qualitative analytic framework that identifies how interlocking systems of power affect those who are most marginalized in society.[2]

- **Zionism -** Zionism ~~is~~ is a political ideology, a form of Jewish nationalism. Zionism is a set of beliefs that drove the founding of the State of Israel in Palestine. Also defined as the nationalist movement of the Jewish people that espouses the re-establishment of and support for a Jewish state in the territory defined as the historic Land of Israel (roughly corresponding to Canaan, the Holy Land, or the region of Palestine). Anti-Zionism is not anti-semitism, it is the opposition to Zionism, the racist, apartheid policies of the Israeli state. Anti-Zionism is Anti Racist.

- **"ISM"** - a system of oppression based on target identity (race, sex, etc)

WHEREAS, Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected; and

WHEREAS, Structural racism is supported by and reinforced in multiple societal systems, including the housing, labor, and credit markets, as well as education, criminal justice, the economy, and health care systems; and

WHEREAS, Sequencing the human genome has revealed that racial groups are not genetically discrete, reliably measured, or scientifically meaningful, and thus "race" is a social construction, not a biological category[3]; and

WHEREAS, A number of epidemiological studies have demonstrated the negative impacts of racism on both physical and mental health[4], with racism acting through a number of pathways to increase stress and allostatic load, which have been associated with chronic disease and mortality, diminish participation in healthy behaviors, and result in greater exposure to physical violence; and

WHEREAS, almost all of the 400 years of Black American's experience under slavery and Jim Crow laws has allowed preferential opportunity to some while at the same time subjected people of color to hardship and disadvantage in all areas of life; and

WHEREAS, still now, racism – not race- causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans; and

WHEREAS, racism acts on systemic, institutional,interpersonal level and psychological levels, all of which operate throughout time and across generations; and

WHEREAS, this Council believes that the time is now to declare racism a public health crisis in our community; and

WHEREAS, the World Health Organization defines "public health" as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of

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[3] Smedley, Audrey, and Brian D. Smedley. "Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race." *American Psychologist* 60.1 (2005): 16.

[4] Paradies, Yin, et al. "Racism as a determinant of health: a systematic review and meta-analysis." *PloS one* 10.9 (2015): e0138511.

society" and those efforts "aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health"; and

WHEREAS, the United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes; and

WHEREAS, the Social Determinants of Health – the social and material factors that influence health outcomes - impact life-long outcomes beginning even before birth; and

WHEREAS, the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as "redlining," impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, wealth accumulation, and infant mortality; and

WHEREAS, research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children; and

WHEREAS, The United States Department of Health and Human Services defines social determinants of health as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks," and has highlighted access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins as major foci for community health promotion[5]; and

WHEREAS, Principally racism works to compromise public health by hindering equitable access to housing, employment, education, and safety, which are social determinants of health; and

WHEREAS, On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away; and

WHEREAS, The Alameda County Public Health Department has stated their vision for health equity in our county, declaring that "every resident – no matter who you are, where you live, how much money you make, or the color of your skin – should have the opportunity to lead a healthy, fulfilling, and productive life"; and

WHEREAS, The neighboring City of Richmond has established a Health Equity Partnership with the goal of addressing "avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices (such as racism)"[6] and adopted a Health in All Policies Ordinance; and

WHEREAS, Health in All Policies is a healthcare framework proposed by the World Health Organization, also known as "healthy public policy," which acknowledges health begins in the places that people live, work, learn, worship, and play, and more so than individual choices,

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[5] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[6] http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP

health is influenced by a plethora of societal factors, such as policies related to agriculture, education, the environment, fiscal planning, housing, and transport[7]; and

WHEREAS, The City of Richmond has developed a toolkit for implementation of Health in All Policies and views this ordinance as an "integrated and comprehensive approach to bring health, well-being, and equity considerations into the development and implementation of policies, programs, and services of traditionally non-health related government systems or agencies"[8]

WHEREAS, Other cities in the country have introduced legislation declaring racism a threat to public health, for instance, Pittsburgh, PA,[9] proposed a trio of bills that would declare racism a public health crisis in the City, establish a leadership forum, and invest in a fund to eliminate racial inequalities and barriers; and

WHEREAS, Milwaukee, WI,[10] passed legislation declaring racism a public health crisis and is undergoing a process to advocate for policies that improve health for communities of color and will train city employees to understand how racism impacts residents; and

WHEREAS, Kansas City, MI,[11] introduced a resolution likewise declaring racism a public health crisis, tasking the city manager to establish a comprehensive plan to address inequities that leave black men and other people of color vulnerable to early death; and

WHEREAS, Cleveland, OH, passed a resolution also declaring racism to be a public health crisis, creating a working group to promote racial equity in their City that seeks solutions to reshape the discourse and actively engage all citizens in racial justice work; continues to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continues to promote racially equitable economic and workforce development; continues to promote racially equitable hiring and promotion of all employees including City employees; and advocates and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

WHEREAS, Increasing opportunities for good health requires investment in the municipality and community infrastructure by facilitating access to parks, safe walkable streets, grocery stores, quality housing, public transportation, good jobs, strong local business, and financial institutions, as well as clean air and water; and

WHEREAS, The Alameda County Place Matters Initiative[12], spearheaded by Supervisor Keith Carson, was successful in its attempts to address and analyze social determinants of health, including criminal justice, economics, education, housing, land-use, and transportation; and

WHEREAS, The City of Berkeley's Strategic Plan includes goals to 'Champion and demonstrate social and racial equity 'and 'Be a global leader in… advancing environmental justice'; and

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[7] http://www.euro.who.int/__data/assets/pdf_file/0003/109146/E89260.pdf

[8] http://www.ci.richmond.ca.us/DocumentCenter/View/27173/Tool-Kit-DRAFT-52813-v3?bidId=

[9] https://triblive.com/local/pittsburgh-allegheny/pittsburgh-councilmen-want-racism-to-be-treated-as-a-public-health-crisis/

[10] https://ips-dc.org/racism-is-a-public-health-crisis/

[11] https://www.kansascity.com/opinion/editorials/article234471712.html

[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945449/

WHEREAS, The City of Berkeley Health Status Report of 2018[13] demonstrated that in Berkeley, African Americans and other People of Color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives; and

WHEREAS, The Health Status Report specifically highlights how African Americans make up a disproportionately high percentage of Berkeley's homeless population (50%), earn 3.4x less than White families, are 2.8x less likely to have a college degree, and have a 9x higher teenage birth rate than White families, and additionally, at every life-stage African Americans have poorer health outcomes, including lower birth weight, cardiovascular disease, heart disease, cancer, asthma, and hypertension; and

WHEREAS, Berkeley's historical legacy of redlining (the process by which mortgage lenders determined the value of neighborhoods and whether to provide loans in those areas according to the racial composition and socioeconomic status of residents) has had a lingering impact of racial/ethnic segregation and the ability of Black families to build intergenerational wealth through home-ownership, particularly in South Berkeley and District 2[14]; and

WHEREAS, Gentrification, the process by which the influx of capital and higher-income, higher educated residents, move into working-class neighborhoods, has strongly impacted the Bay Area and has resulted in displacement (forced movement attributable to changes in housing conditions) in 48% of neighborhoods[15]; and

WHEREAS, Between the years 2000-2015, Berkeley (specifically District 2), has experienced a change in median rent over 50%, resulting in displacement of low-income communities of color[16]; and

WHEREAS, The Center for Disease Control has linked gentrification with negative health outcomes for women, children, the elderly, and racial/ethnic minorities, through processes which trigger stress, and increase exposure to injury, violence and crime, mental health disorders, and social and environmental hazards[17]; and

WHEREAS, The City of Berkeley as an employer has come under scrutiny for the way it has discriminated against Black employees, warranting investigations by an outside consulting firm (Mason Tillman)[18] to assess the response to labor grievances raised by people of color; and

WHEREAS, An investigative study by the Center for Policing Equity also demonstrated discimation by Berkeley Police in their detainment and treatment of people color, noting that Black people were 6.5x more likely to be stopped by BPD than White people while driving, and 4.5x more likely to be stopped on foot, and additionally Black people were 4x more likely to be searched compared to Whites[19]; and

WHEREAS, In addition to struggling with racism, the City of Berkeley is confronted with issues of Islamophobia, xenophobia, transphobia, and the dehumanization of homeless people; and

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[13] https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/health-status-summary-report-2018.pdf

[14] https://www.berkeleyside.com/2018/09/20/redlining-the-history-of-berkeleys-segregated-neighborhoods

[15] https://www.urbandisplacement.org/sites/default/files/images/urban_displacement_project_-_executive_summary.pdf

[16] https://www.urbandisplacement.org/rentchangemap

[17] https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm

[18] https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Mason%20Tillman%20Associates%20Report%20051614.pdf

[19] https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf

WHEREAS, Implicit bias is defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in a subconscious manner, encompassing both favorable and unfavorable assessments that cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, gender, and appearance[20]; and

WHEREAS, A number of tools, programs, and trainings exist to help individuals and organizations reduce their implicit bias, with strategies involving stereotype replacement, counter-stereotypic imaging, individuation, perspective taking, increasing opportunities for contact with individuals from different groups, and partnership building[21]; and

WHEREAS, The Congressional Black Caucus sent a letter to the Center of Disease Control asking for states to report statistics of COVID-19 morbidity and mortality by race and ethnicity, and data emerged that Black people in Milwaukee and Illinois are dying of coronavirus at disproportionately high rates[22]; and

WHEREAS, The Centers for Disease Control finds that almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population; nearly one-third of those who passed due to COVID-19 across the country are black; and

WHEREAS, this Council recognizes that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society; and

WHEREAS, this Council supports the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development in the city; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

NOW, THEREFORE BE IT RESOLVED that the City Council of the City of Berkeley declare racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity;

BE IT FURTHER RESOLVED, Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.

BE IT FURTHER RESOLVED, A Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement

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[20] http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

[21] http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias

[22] https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf

racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).

BE IT FURTHER RESOLVED, City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached City of Richmond Ordinance) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.
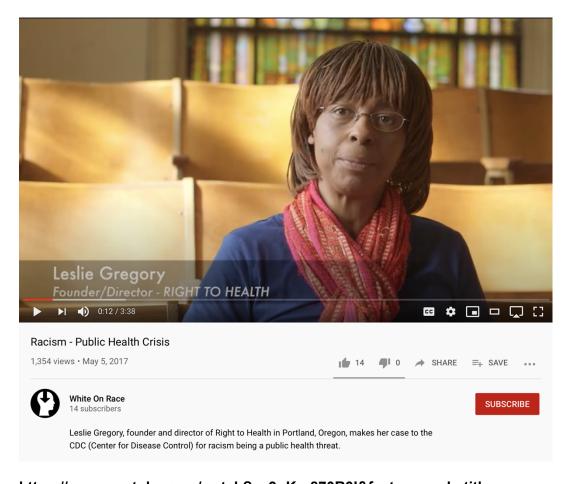
BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to have an antiracism dashboard that delineates and tracks progress towards specific antiracist goals. This would involve: 1) tracking and measuring specific data that shows the extent to which racism has become a public health crisis; which would in turn enable 2) the City and the Community to dramatically reduce instances of racism, if not totally eliminate some of them; and 3) demonstrate to constituents that the other recommendations have made, and must continue to make, a tangible difference. The dashboard shall include: analyzing hospital infant mortality by race; tracking food insecurity among Berkeley residents, and correlation to racial demographics; analyzing the effects of biological weathering and resultant mental health challenges on immune strength for black individuals, and studying mental health resource availability and outreach targeting at-risk black communities; analyzing the administration of medications and health therapies by race, in an attempt to understand Berkeley health providers position vis a vis the systemic under-prescription and under-treatment of Black patients pain; tracking violent incidents targeting queer Black residents, and studying the availability of mental health resources and culturally competent healthcare for queer Black patients; identifying the largest sources of corporate environmental or carcinogenic pollution in Berkeley, and the racial demographics of people with prolonged exposure to those regions (i.e. workers and residents within range of toxic substances); identifying the locations of city waste storage/processing and the racial demographics of those most closely exposed; examining property taxes by

neighborhood, and correlation to school resources and student racial demographics; examining the availability of stable and affordable Internet access, as necessary for all possible student activities offered and required by Berkeley public schools;

BE IT FURTHER RESOLVED, Collaborate with the Berkeley Unified School District and the Vision 2020 to see how this is correlated to household racial demographics; analyzing students' realistic access to extracurricular activities such as arts and athletics; race-based differential access means that some students have less access to educational opportunities that help with physical and mental health; identifying the levels of lead and other toxins in public school buildings, and correlation to resource allocation and racial demographics among schools.

BE IT FURTHER RESOLVED, Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

Racism - Public Health Crisis

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White On Race
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Leslie Gregory, founder and director of Right to Health in Portland, Oregon, makes her case to the CDC (Center for Disease Control) for racism being a public health threat.

https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title

<u>**ORDINANCE NO. 27-15 N.S.**</u>

AN ORDINANCE OF THE COUNCIL OF THE CITY OF RICHMOND AMENDING ARTICLE IX OF THE MUNICIPAL CODE OF THE CITY OF RICHMOND. THIS ORDINANCE AMENDS THE HEALTH IN ALL POLICIES ORDINANCE.

The Council of the City of Richmond do ordain as follows:

Section I.   <u>Amendment of Chapter 9.15</u>. Chapter 9.15 of the Municipal Code of the City of Richmond is hereby amended to read as follows:

CHAPTER 9.15

HEALTH IN ALL POLICIES

Sections:

9.15.010 Findings
9.15.020 Definitions
9.15.030 Health in All Policies Implementation
9.15.010 Findings.

(a) Health starts where we live, learn, work and play, and everyday decisions within the City of Richmond can promote greater health and equity.

(b) All Richmond residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, ethnic background or religion.

(c) Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.

(d) In the City of Richmond, those at greatest risk for poor health outcomes are low-income residents of color, especially African Americans residents, who have a shorter life expectancy than other county residents.

(e) In comparison to other cities in Contra Costa County, Richmond residents experience the highest proportion of deaths from diabetes, a higher than average rate of children requiring hospitalization due to asthma, and the second highest number of hospitalizations for mental health disorders and substance abuse.

(f) Richmond residents are also disproportionately affected by heart disease, cancer and stroke.

(g) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health outcomes, the City has developed and defined public health broadly in the Community Health and Wellness Element of the General Plan 2030.

(h) Health in All Policies is an approach to operationalizing the vision of health laid out in the Richmond General Plan 2030 and to creating institutional change by prioritizing health and health equity in all policies.

(i) Health in All Policies is fundamentally about creating systems-level change both within City departments and in the community.

(j) In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not just about providing more services.

(k) It is also about how services are developed, prioritized and delivered.

(l) The Health in All Policies strategy guides the City of Richmond on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.

(m) The City of Richmond's Health in All Policies is designed to be consistent with the State of California's Health in All Policies Plan and the California Health and Safety Code Section 131019.5.

9.15.020 Definitions.

The definitions in this section apply throughout this ordinance unless the context clearly requires otherwise:

(a) "Health in All Policies" (HiAP) is both a process and a goal.

(1) The goal of HiAP is to address inequities at the systems, policy and structural levels to eliminate the resulting health disparities.

(2) At the root of the HiAP is an approach to improving health of all people by incorporating health considerations into collaborative decision-making across sectors, agencies, and departments. HiAP brings city departments and community groups together to identify ways in which all policies can take health outcomes into consideration. The HiAP process places health at the center of all work, and through discussion and compromise, gains stakeholder buy-in from all agencies, groups, and departments.

(3) Health in All Policies works to create a new policy and organizing framework within city government and beyond in the community. It emphasizes the consequences of public policies, plans, and programs on health determinants, and aims to improve health outcomes at all levels of government within the city and those agencies responsible for serving Richmond residents.

(4) Robust stakeholder engagement is essential for ensuring that Health in All Policies is responsive to community needs. Community-based knowledge provides important information about opportunities and barriers for health and insight into the ways in which policies may impede or promote health.

(b) "Health" is not simply the absence of disease, but the state of complete physical, mental, cultural and social well-being. HiAP is based on the premise that good health is fundamental for a strong economy and vibrant society, and that health outcomes are largely dependent on the social determinants of health, which in turn are shaped by decisions made within the health sector and internally and externally outside of the health sector.

(c) "Health equity" refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, while respecting differences that include but are not limited to culture, language, race, gender, sexuality, economic status, citizenship, ability, age and religion.

(1) Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

(2) These communities include, but are not limited to women, people of color, low-income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health

conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA) communities, or combinations of these populations.

(d) "Health disparities" are differences of presence of disease, health outcomes, or access to care among distinct segments of the population, including differences that occur by race or ethnicity, gender identity, sexual orientation, education or income, immigration status, age, disability or functional impairment, or geographic location, or the combination of any of these factors.

(e) "Health inequities" are health disparities resulting from factors that are systemic and avoidable and, therefore, considered unjust or unfair.

(f) Determinants of health equity include the social, economic, geographic, political, institutional and physical environmental conditions that lead to the creation of a fair and just society.

(g) "Social determinants of health" refer to everything outside of direct health care services, such as the conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The social determinants of health include but are not limited to:

(1) The availability of resources to meet our daily needs (e.g. safe housing, access to healthy and affordable food).

(2) Access to educational, economic, and job opportunities that lead to sustainable employment.

(3) Neighborhood safety and communities free of crime, violence, and social disorder (e.g. presence of trash and other forms of blight); and

(4) Accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.

(5) Social norms and attitudes (e.g. discrimination and racism), socioeconomic conditions (e.g. concentrated poverty and the chronically stressful conditions that accompany it).

(h) "Toxic stress" refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood. Contributing factors include but are not limited to racial profiling, poor air quality, residential segregation and economic insecurity. Toxic stress has known physical and mental health impacts and contributes to a host of chronic conditions such as heart disease and diabetes. Toxic stress has also been shown to have negative intergenerational health effects. Toxic stress does not refer to individual stressful events, but rather the unrelieved accumulation of these events over one's life.

9.15.030 Health in All Policies Implementation.

To effectively implement and maintain Health in All Policies the City shall:

(a) Apply health equity and social justice foundational practices to City actions and endeavor to integrate these practices into the city's strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and neighborhoods;

(b) Use the Health in All Policies Strategy Document as the guiding plan for implementing Health in All Policies in the City. The strategy document will outline the vision, mission and goals, and identify a timeline as well as the process to reach these goals. The strategy document will be a living plan that is designed to grow over time as progress is made and the needs of the community and City change;

(c) Establish the Interdepartmental Health in All Policies Team. The Interdepartmental team will be comprised of representatives from each department within the City and are responsible for:

    (1) Selecting health and health equity indicators for each department to track as a way of prioritizing goals and measuring progress aligned with existing City guiding documents (General Plan, 5 Year Strategic Business Plan, etc.);

    (2) Attending regularly scheduled Interdepartmental Team meetings chaired by the City Manager's office;

    (3) Reporting to the Interdepartmental Team on progress and challenges from his or her respective department;

    (4) Working with his or her respective department to integrate and track health equity indicators for his or her department;

    (5) Committing to attending ongoing health equity training, such as health equity impact assessments; and

    (6) Assisting with the writing of the Tri-Annual HiAP Report and provide a report with the adoption of the City budget.

(d) Design and publish a tri-annual report on the status of health and health equity in the City of Richmond and progress of HiAP implementation for the City Council, city staff, community organizations, residents, businesses, and other governmental agencies within the City.

    (1) Implementation will be measured based on health and health equity indicators selected by the Interdepartmental HiAP Team.

    (2) In addition to reporting on indicators, the Tri-Annual Report will include any updates to the HiAP strategy document.

(e) Develop and implement an ongoing community engagement plan to work directly with stakeholders throughout the process of the HiAP Strategy development and implementation to ensure that perspectives are consistently understood, considered, and reflected in decisions. The goal is to partner with stakeholders in each aspect of decision making in order to develop and implement collaborative solutions.

Section II. Severability.

    If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section III. Effective Date.

This Ordinance becomes effective 30 days after its final passage and adoption.

First read at a regular meeting of the Council of the City of Richmond held on November 24, 2015, and finally passed and adopted at a regular meeting thereof held on December 15, 2015, by the following vote:

AYES: Councilmembers Bates, Beckles, Martinez, McLaughlin, Pimplé, Vice Mayor Myrick, and Mayor Butt.

NOES: None.

ABSTENTIONS: None.

ABSENT: None.

PAMELA CHRISTIAN
CLERK OF THE CITY OF RICHMOND
(SEAL)

Approved:

TOM BUTT
Mayor
Approved as to form:

BRUCE GOODMILLER
City Attorney

State of California   }
County of Contra Costa   : ss.
City of Richmond   }

I certify that the foregoing is a true copy of **Ordinance No. 27-15 N.S.**, passed and adopted by the City Council of the City of Richmond at a regular meeting held on December 15, 2015.

Pamela Christian, City Clerk of the City of Richmond