

**No. R-113. Joint resolution relating to racism as a public health emergency.**

(J.R.H.6)

Offered by: Representatives Cina of Burlington, Austin of Colchester, Bartholomew of Hartland, Bos-Lun of Westminster, Burke of Brattleboro, Burrows of West Windsor, Christie of Hartford, Colburn of Burlington, Colston of Winooski, Cordes of Lincoln, Donnally of Hyde Park, Elder of Starksboro, Lippert of Hinesburg, Morris of Springfield, Mulvaney-Stanak of Burlington, Pugh of South Burlington, Rachelson of Burlington, Sabilia of Dover, Small of Winooski, Surprenant of Barnard, Vyhovsky of Essex, and White of Hartford

Whereas, stark and persistent health inequities exist in the United States based on race and that are caused by systemic racism, and

Whereas, systemic racism is a principal social determinant of individual and public health, impacting economic, employment, education, housing, justice, and health opportunities and outcomes, all of which further adversely impact the health of People of Color, and

Whereas, the COVID-19 pandemic is now exacerbating these inequities, and Black and Latino people in the United States have been nearly three times as likely to die, and

Whereas, these same inequities exist in Vermont, and during the pandemic, though Black residents comprise just over one percent of Vermont's population, they account for approximately 4.8 percent of the total confirmed COVID-19 cases as of December 16, 2020, and

Whereas, research and experience demonstrate that Vermont residents experience barriers to the equal enjoyment of good health based on race and ethnicity, and

Whereas, the incidence rate of COVID-19 for non-White Vermonters is 74.2 versus 26.2 for White Vermonters, and specifically the incidence rate for Black Vermonters is 225.7; the incidence rate for Asian Vermonters is 61; the incidence rate for Hispanic Vermonters is 41.7; and the incidence rate for other races is 20.5, and

Whereas, while there are not statistically significant differences in the rates of preexisting conditions, such as diabetes, lung disease, and cardiovascular disease, among White and non-White Vermonters, there are disparities in the rates of preexisting conditions among Vermonters testing positive for COVID-19, which suggests that non-White Vermonters are at higher risk of exposure to COVID-19 due to their type of employment and living arrangements, and

Whereas, 36 percent of non-White Vermonters had household contact with a confirmed case of COVID-19, as compared to only 20 percent of White Vermonters, and

Whereas, according to the Department of Health's 2018 Behavioral Risk Factor Surveillance System report, non-White Vermonters are: (1) statistically less likely to have a personal doctor; (2) statistically more likely to report poor mental health; (3) more than twice as likely to report rarely or never getting the necessary emotional and social support; (4) significantly more likely to have depression; (5) significantly more likely to have been

worried about having enough food in the past year; and (6) significantly more likely to report no physical activity during leisure time, and

Whereas, non-white Vermonters are disproportionately represented in the total number of patients in the highest level of involuntary hospital beds in the State, comprising 15 percent of the patients admitted to the Vermont Psychiatric Care Hospital between May 1, 2019 and April 30, 2020, and

Whereas, social determinants of health are underlying, contributing factors of the foregoing health inequities, and

Whereas, 21 percent of Black Vermonters own their own homes, while 72 percent of White Vermonters own their own homes, and nationally, 41 percent of Black Americans own their own homes, and

Whereas, the median household income of Black Vermonters is \$41,533.00 while the median household income of White Vermonters is \$58,244.00, and

Whereas, in 2018, 23.8 percent of Black Vermonters were living in poverty while 10.7 percent of White Vermonters lived in poverty, and 57 percent of Black Vermonters earned less than 80 percent of Vermont's median income while 43 percent of White Vermonters earned less than 80 percent of Vermont's median income, and

Whereas, about one in two non-White Vermonters experience "housing problems," which is defined as having homes that lack complete kitchen facilities or plumbing, having overcrowded homes, or paying more than 30 percent of household income towards rent, mortgage payments, and utilities, and

Whereas, Black Vermonters are overrepresented among Vermonters experiencing homelessness, in that they make up six percent of Vermonters experiencing homelessness, while making up approximately one percent of Vermont's population, now therefore be it

Resolved by the Senate and House of Representatives:

That racism constitutes a public health emergency in Vermont, and be it further

Resolved: That this legislative body commits to the sustained and deep work of eradicating systemic racism throughout the State, actively fighting racist practices, and participating in the creation of more just and equitable systems, and be it further

Resolved: That this legislative body commits to coordinating work and participating in ongoing action, grounded in science and data, to eliminate race-based health disparities and eradicate systemic racism, and be it further

Resolved: That the Secretary of State be directed to send a copy of this resolution to the Governor, the Chief Justice of the Vermont Supreme Court, the League of Cities and Towns, all regional planning commissions, and the Vermont Racial Justice Alliance.