

Racism – Public Health Emergency

BOR YANG, EXECUTIVE DIRECTOR

VERMONT HUMAN RIGHTS COMMISSION



What is a Public Health Emergency?

A public health crisis is something that impedes individuals and communities from being healthy.

“There’s never been a time, not a single year, where the [U.S.] population of African descent hasn’t been sicker or died younger than whites...Racism contributes to shorter life expectancy, poorer overall health...”

– Dr. Mary Basset, Professor of the Practice of Health and Human Rights at Harvard.

Who has declared racism a public health crisis?

- **The City of Burlington, Vermont**
- **More than 170 local and state leaders and public health entities have declared racism a public health crisis or emergency.** The American Public Health Association.
- **April 12, 2021 – The CDC last week declared racism a serious public health threat and outlined steps it will take to address it.**
- **A similar bill at the national level is looking to formally identify systemic racism as a public health crisis in the U.S. and it would mean committing resources to the Centers for Disease Control and Prevent to develop health policies that specifically address racial disparities.**

Declaring Racism a Public Health Emergency

Declaring racism a public health emergency requires two fundamental beliefs:

- 1) Racism exists; and
- 2) Racism is prevalent.

Individual Racism vs. Systemic Racism

Individual racism refers to an individual's racist assumptions, beliefs or behaviors and is "a form of racial discrimination that stems from conscious and unconscious, personal prejudice" (Henry & Tator, 2006, p. 329).

Individual racism is connected to/learned from broader socio-economic histories and processes and is supported and reinforced by systemic racism.

Systemic racism refers to inequalities rooted in system-wide operation of a society. It includes policies and practices entrenched in established institutions that exclude groups.

How do we know systemic racism is real?

Disparities

- **People from ethnic and racial minority groups are at greater risk of getting COVID-19 and of dying from it. As of late July, Black people, who make up just 13% of the U.S. population, accounted for a quarter of COVID-19 deaths, according to an article in the Autumn 2020 issue of Harvard Medicine.**
- **Harvard medical school researchers found that health care workers of color were more likely to care for patients with suspected or confirmed COVID-19, more likely to report using inadequate protective gear, and nearly twice as likely as white colleagues to test positive for the virus.**
- **According to 2018 CDC data, there was a 16 percent difference in the mortality rates of Blacks vs. Whites across all ages and causes of death. In real-world terms, the disparities can mean Black Americans in some cases have more than a decade shorter life expectancy than Whites. In places such as Milwaukee, a Black resident's life expectancy was, on average, 14 years shorter than a White residents'.**
- **Racial and Ethnic minorities throughout the U.S. experience higher rates of illness and death across health conditions such as diabetes, hypertension, asthma, heart disease, obesity, when compared to their white counterparts.**

An Example of Systemic Racism: Denial of Housing

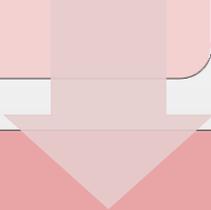
- Housing providers generally disfavor African American renters, renters of foreign origin, renters with children, and renters with disabilities.”
- In 44% of the tests, housing providers demonstrated either preferential treatment or the housing providers evince unambiguous discrimination.
- National origin discrimination occurred most frequently, 48% of the time.
- Discrimination was subtle, with housing providers displaying polite and courteous demeanor.
- Housing providers shared information with the White tester of U.S. origin about other available units within the tester’s price range if the unit was no longer available but failed to share any information or shared only information about units outside the tester’s price range to subject testers.

An Example of Systemic Racism: Denial of Housing

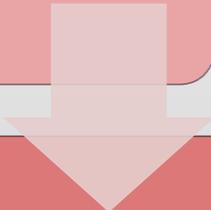
- **Housing providers were more likely to follow up with control testers than subject testers even when subject testers called to share that they were still interested in the units.**
- **Many of the subject testers believed the units had been rented and no discrimination had occurred when in fact the units were still available and offered to control testers.**
- **Similarly, African American subject testers were less likely to be told about other available units and were asked questions about household composition and their employment more often compared to their White control testers.**

Bias Persists in Housing

Civilian public housing programs demolished integrated housing to develop segregated housing.



Federal Government subsidized suburban housing development on condition that homes be sold to White people only and deeds prohibited resale to Black people.



Zoning laws: Black parts of towns became zoned for industrial plants, waste, toxic use. The same was not true of white neighborhoods.

Bias Persists in Housing

Black neighborhoods became “slums.”

A large, semi-transparent red arrow pointing downwards, indicating a flow from the first box to the second.

White people then developed the belief that Black people did not care for their homes and communities.

A large, semi-transparent red arrow pointing downwards, indicating a flow from the second box to the third.

Today: Real estate agents and rental housing providers show fewer available homes and apartments to Black people.

Bias Persists in Housing

The Fair Housing Act did not address past discrimination.



Homes with restrictive covenants continued to be sold to white families for generations thereafter. Those homes increased substantially in value and equity.



Black income is approximately 60% of white income but Black wealth is only 5-7% of white wealth.

Why?

- Because in Vermont, people rent and sell through word of mouth and homeowners are still predominantly white and more affluent.
- Because affordable housing is scarce and there is tough competition for housing. People are more likely to tolerate discrimination and less likely to report housing discrimination for fear of losing their housing.
- Because the standard for proving and winning a discrimination case is high – as set by a court system that has been predominantly white.
- Because implicit and explicit biases persists.

THE ROAD MAP TO ERADICATING RACISM LOOKS LIKE THIS...

“At the end of the day, [racism] impacts your health. Poor housing, lead exposure, injury, poor schools. We know that high school graduation is a determinant of health. We know that women who have a higher education – their children are much more likely to live beyond their first year of life. A range of things from the social determinants of health that make an enormous difference.”

- Dr. Georges Benjamin, Executive Director of the American Public Health Association



Treating Racism like Smoking

The results of declaring smoking a public health crisis:

- We know how many people smoke, by sex, race, gender, age.
- We know how many people have diseases and die from smoking.
- We know the health care costs associated with smoking.
- We can test how effective our strategies are in addressing it.
- Current smoking has declined from 20.9% (nearly 21 of every 100 adults) in 2005 to 14.0% (14 of every 100 adults) in 2019, and the proportion of ever smokers who have quit has increased.²
- Today, no one would deny that smoking causes cancer and that it's bad for your health.
- We all agree that it should not glamorized or advertised to children.
- There is consensus that as members of the public, we have the right to know when something impacts our health.
- Smokers' rights were balanced against the public's right to clean air in restaurants, airplanes and public spaces.
- The tobacco industry was taxed to cover the real health costs of smoking. We insisted that its right to profits did not entitle it to ignore that burden.

Why Declare Racism a Public Health Emergency?

It recognizes the harm to people of color.

It makes it the work of health advocates and health experts in addressing racial disparities in their field.

It commits resources to data collection, analysis and reporting and ultimately eradicating discrimination.

It informs the public and shifts culture and climate around issues of race.

It saves lives.