



Councilmember Kenyan R. McDuffie

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A PROPOSED RESOLUTION

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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12 To declare the sense of the Council to declare racism a public health crisis in the District of  
13 Columbia.

14 RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution  
15 may be cited as the “Sense of the Council to Declare Racism A Public Health Crisis in  
16 the District of Columbia Resolution of 2020”.

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Sec. 2. The Council finds that:

19 (1) Racism is a social caste system with multiple dimensions: individual racism  
20 that is interpersonal and or internalized; systemic racism that is institutional or structural and is a  
21 system of structuring opportunity and assigning value based on the social interpretation of how  
22 one looks.

23 (2) structural racism has resulted in race being identified as a social determinant  
24 of health, with persistent racial disparities in our criminal justice system, housing, education,  
25 healthcare, employment, worker protections, climate, food access, and technology. Equitable  
26 distribution of assets remains a serious concern in the District with race, income level and  
27 residence in specific Wards adversely impacting life expectancy (87.6 years in Ward 3 compared

28 to 72 years in Ward 8); infant mortality rates (7.1 per 1,000 live births which exceed the DC  
29 Healthy People 2020 target of 6.0 per 1,000 live births); maternal mortality rates among black  
30 women in the District (71 deaths per 100, 000 live births exceed the national average of 26  
31 deaths per 100, 000 live births); and high asthma rates (Wards 5, 7 & 8) partly attributed to  
32 housing conditions.

33 (3) The collective prosperity and wellbeing of minorities in the District depends  
34 upon equitable access to opportunity for every resident regardless of the color of their skin.

35 (4) Racism and racial discrimination threaten the advancement of minorities in the  
36 District because of the obstacles which they pose to the fulfillment to basic human rights to  
37 survival, security, development, and social participation.

38 (5) Racism, racial discrimination, xenophobia, and related intolerance have been  
39 shown to be attitudes and behaviors that are learned.

40 (6) Racism unfairly disadvantages specific individuals and communities while  
41 unfairly giving advantages to other individuals and communities and saps the strength of the  
42 whole society through the waste of human resources.

43 (7) Racism is a root cause of poverty and constricts economic mobility.

44 (8) Racism and segregation have exacerbated a health divide resulting in  
45 communities of color in the District bearing a disproportionate burden of illness and mortality  
46 including COVID-19 infection and death, heart disease, diabetes, and maternal and infant  
47 mortality

48 (9) The COVID-19 pandemic is just the latest example where minority  
49 populations are disproportionately harmed.

50 (10) Numerous studies have linked racism to worse health outcomes; Including

51 research supporting that the cumulative experience of racism throughout one's life can induce  
52 chronic stress making Black populations particularly susceptible to chronic health conditions that  
53 lead to otherwise preventable deaths

54 (11) Black, Native American, Asian and Latino residents are more likely to  
55 experience poor health outcomes because of inequities in economic stability, education, physical  
56 environment, food, and access to health care and these inequities are, themselves, a result of  
57 racism.

58 (12) The police brutality and murders against Black citizens across the United  
59 States, including victims George Floyd, Ahmaud Arbery, Breonna Taylor and countless others  
60 have contributed to an environment that is persistently unsafe for our Black communities,  
61 serving to uphold both systemic inequities and psychological burdens that worsened this public  
62 health crisis

63 (13) With ongoing and collective support from all residents, community partners  
64 and public health institutions, it is the District's responsibility to infuse a lens of racial equity and  
65 capacity building directly in its work, programming and policies to address racial inequity, social  
66 injustice, and end this public health crisis affecting countless District residents.

67 Sec. 3. It is the sense of the Council that:

68 (1) Racism in all its forms are denounced and declares racism as a public health  
69 crisis.

70 (2) The District promotes a lens of racial equity through all policies approved by  
71 the District of Columbia Council and enhance educational efforts aimed at understanding,  
72 addressing and dismantling racism and how it affects the delivery of human and social services,  
73 economic development and public safety.

74                   (3) The District improve the quality of racial equity data our city collects and the  
75 analysis of that data, as it is not enough to assume that an initiative is producing its intended  
76 outcome, qualitative and quantitative data should be used to assess inequities in impact and  
77 continuously improve.

78                   (4) The District supports community efforts to amplify issues of racism and  
79 engage actively and authentically with communities of color wherever they live.

80                   Sec. 4. The Council shall transmit a copy of this resolution, upon its adoption, to the  
81 Mayor.

82                   Sec.5. This resolution shall take effect immediately upon the first date of publication in  
83 the District of Columbia Register.