

117TH CONGRESS  
1ST SESSION

# S. 162

To amend the Public Health Service Act to provide for public health research and investment into understanding and eliminating structural racism and police violence.

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 2, 2021

Ms. WARREN (for herself, Ms. HIRONO, Mr. MERKLEY, Ms. SMITH, and Mr. MARKEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to provide for public health research and investment into understanding and eliminating structural racism and police violence.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Anti-Racism in Public  
5 Health Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) For centuries, structural racism, defined by  
9 the National Museum of African American History

1 and Culture as an “overarching system of racial bias  
2 across institutions and society”, in the United States  
3 has negatively affected communities of color, espe-  
4 cially Black, Latinx, Asian American, Pacific Is-  
5 lander, and American Indian and Alaska Native peo-  
6 ple, to expand and reinforce White supremacy.

7 (2) Structural racism determines the conditions  
8 in which people are born, grow, work, live, and age  
9 and determine people’s access to quality housing,  
10 education, food, transportation, and political power,  
11 and other social determinants of health.

12 (3) Structural racism serves as a major barrier  
13 to achieving health equity and eliminating racial and  
14 ethnic inequities in health outcomes that exist at  
15 alarming rates and are determined by a wider set of  
16 forces and systems.

17 (4) Due to structural racism in the United  
18 States, people of color are more likely to suffer from  
19 chronic health conditions (such as heart disease, dia-  
20 betes, asthma, hepatitis, and hypertension) and in-  
21 fectionous diseases (such as HIV/AIDS, and COVID-  
22 19) compared to their White counterparts.

23 (5) Due to structural racism in maternal health  
24 care in the United States, Black and American In-  
25 dian and Alaska Native infants are more than twice

1 as likely to die than White infants, Black women are  
2 3 to 4 times more likely to die from pregnancy-re-  
3 lated causes than White women, and American In-  
4 dian and Alaska Native women are 5 times more  
5 likely to die from pregnancy-related causes than  
6 White women. This trend persists even when adjust-  
7 ing for income and education.

8 (6) Due to structural racism in the United  
9 States, Non-Hispanic Black women have the highest  
10 rates for 22 of 25 severe morbidity indicators used  
11 by the Center for Disease Control and Prevention  
12 (CDC).

13 (7) Due to structural racism in the United  
14 States, people of color comprise a disproportionate  
15 percentage of persons with disabilities in the United  
16 States.

17 (8) Due to structural racism in the United  
18 States, Black men are up to three and a half times  
19 as likely to be killed by police as White men, and 1  
20 in every 1,000 Black men will die as a result of po-  
21 lice violence. Policing has adverse effects on mental  
22 health in Black communities.

23 (9) Due to the confluence of structural racism  
24 and factors such as gender, class, and sexual ori-  
25 entation or gender identity, commonly referred to as

1 intersectionality, Black and Latinx transgender  
2 women are more likely to die due to violence and  
3 homicide than their White counterparts.

4 (10) Due to structural racism, inequitable ac-  
5 cess to quality health care and long-term services  
6 and supports also disproportionately burdens com-  
7 munities of color; people of color and immigrants are  
8 less likely to be insured and are more likely to live  
9 in medically underserved areas.

10 (11) Due to structural racism, older adults of  
11 color are also more likely to be admitted to nursing  
12 homes and assisted living facilities and to reside in  
13 those of poor quality, and when older adults of color  
14 do receive home and community based services, Med-  
15 icaid spends less money on their services and they  
16 are more likely to be hospitalized than older White  
17 adults.

18 (12) In addition, the Federal Government's fail-  
19 ure to honor the unique political status of American  
20 Indian and Alaska Native people, to respect the in-  
21 herent sovereignty of Tribal Nations, and to uphold  
22 its trust and treaty obligations to Tribal Nations  
23 and American Indian and Alaska Native people, is  
24 an ongoing and unjust manifestation of centuries of

1 oppression, with the consequence of adverse health  
2 outcomes for Native peoples.

3 (13) The COVID–19 pandemic has exposed the  
4 devastating impact of structural racism on the  
5 United States ability to ensure equitable health out-  
6 comes for people of color, and made these commu-  
7 nities more likely to suffer from severe outcomes due  
8 to the coronavirus infection.

9 (14) Racial and ethnic inequity in public health  
10 is a result of systematic, personally mediated, and  
11 internalized racism and racist public and private  
12 policies and practices, and dismantling structural  
13 racism is integral to addressing public health.

14 **SEC. 3. DEFINITIONS.**

15 In this Act:

16 (1) ANTIRACISM.—The term “antiracism” is a  
17 collection of antiracist policies that lead to racial eq-  
18 uity, and are substantiated by antiracist ideas.

19 (2) ANTIRACIST.—The term “antiracist” is any  
20 measure that produces or sustains racial equity be-  
21 tween racial groups.

1 **SEC. 4. PUBLIC HEALTH RESEARCH AND INVESTMENT IN**  
 2 **DISMANTLING STRUCTURAL RACISM.**

3 Part B of title III of the Public Health Service Act  
 4 (42 U.S.C. 243 et seq.) is amended by adding at the end  
 5 the following:

6 **“SEC. 320B. NATIONAL CENTER ON ANTIRACISM AND**  
 7 **HEALTH.**

8 “(a) IN GENERAL.—

9 “(1) NATIONAL CENTER.—There is established  
 10 within the Centers for Disease Control and Preven-  
 11 tion a center to be known as the ‘National Center  
 12 on Antiracism and Health’ (referred to in this sec-  
 13 tion as the ‘Center’). The Director of the Centers for  
 14 Disease Control and Prevention shall appoint a di-  
 15 rector to head the Center who has experience living  
 16 in and working with racial and ethnic minority com-  
 17 munities. The Center shall promote public health  
 18 by—

19 “(A) declaring racism a public health crisis  
 20 and naming racism as an historical and present  
 21 threat to the physical and mental health and  
 22 well-being of the United States and world;

23 “(B) aiming to develop new knowledge in  
 24 the science and practice of antiracism, including  
 25 by identifying the mechanisms by which racism

1 operates in the provision of health care and in  
2 systems that impact health and well-being;

3 “(C) transferring that knowledge into  
4 practice, including by developing interventions  
5 that dismantle the mechanisms of racism and  
6 replace such mechanisms with equitable struc-  
7 tures, policies, practices, norms, and values so  
8 that a healthy society can be realized; and

9 “(D) contributing to a national and global  
10 conversation regarding the impacts of racism on  
11 the health and well-being of the United States  
12 and world.

13 “(2) GENERAL DUTIES.—The Secretary, acting  
14 through the Center, shall undertake activities to  
15 carry out the mission of the Center as described in  
16 paragraph (1), such as the following:

17 “(A) Conduct research into, collect, ana-  
18 lyze and make publicly available data on, and  
19 provide leadership and coordination for the  
20 science and practice of antiracism, the public  
21 health impacts of structural racism, and the ef-  
22 fectiveness of intervention strategies to address  
23 these impacts. Topics of research and data col-  
24 lection under this subparagraph may include  
25 identifying and understanding—

1                   “(i) policies and practices that have a  
2                   disparate impact on the health and well-  
3                   being of communities of color;

4                   “(ii) the public health impacts of im-  
5                   plicit racial bias, White supremacy, weath-  
6                   ering, xenophobia, discrimination, and  
7                   prejudice;

8                   “(iii) the social determinants of health  
9                   resulting from structural racism, including  
10                  poverty, housing, employment, political  
11                  participation, and environmental factors;  
12                  and

13                  “(iv) the intersection of racism and  
14                  other systems of oppression, including as  
15                  related to age, sexual orientation, gender  
16                  identity, and disability status.

17                  “(B) Award noncompetitive grants and co-  
18                  operative agreements to eligible public and non-  
19                  profit private entities, including State, local,  
20                  territorial, and Tribal health agencies and orga-  
21                  nizations, for the research and collection, anal-  
22                  ysis, and reporting of data on the topics de-  
23                  scribed in subparagraph (A).

24                  “(C) Establish, through grants or coopera-  
25                  tive agreements, at least 3 regional centers of



1 excellence, located in racial and ethnic minority  
2 communities, in antiracism for the purpose of  
3 developing new knowledge in the science and  
4 practice of antiracism in health by researching,  
5 understanding, and identifying the mechanisms  
6 by which racism operates in the health space,  
7 racial and ethnic inequities in health care ac-  
8 cess and outcomes, the history of successful  
9 antiracist movements in health, and other  
10 antiracist public health work.

11 “(D) Establish a clearinghouse within the  
12 Centers for Disease Control and Prevention for  
13 the collection and storage of data generated  
14 under the programs implemented under this  
15 section for which there is not an otherwise ex-  
16 isting surveillance system at the Centers for  
17 Disease Control and Prevention. Such data  
18 shall—

19 “(i) be comprehensive and  
20 disaggregated, to the extent practicable, by  
21 including racial, ethnic, primary language,  
22 sex, gender identity, sexual orientation,  
23 age, socioeconomic status, and disability  
24 disparities;

25 “(ii) be made publicly available;

1           “(iii) protect the privacy of individuals  
2           whose information is included in such data;  
3           and

4           “(iv) comply with privacy protections  
5           under the regulations promulgated under  
6           section 264(c) of the Health Insurance  
7           Portability and Accountability Act of 1996.

8           “(E) Provide information and education to  
9           the public on the public health impacts of struc-  
10          tural racism and on antiracist public health  
11          interventions.

12          “(F) Consult with other Centers and Na-  
13          tional Institutes within the Centers for Disease  
14          Control and Prevention, including the Office of  
15          Minority Health and Health Equity and the  
16          Center for State, Tribal, Local, and Territorial  
17          Support, to ensure that scientific and pro-  
18          grammatic activities initiated by the agency  
19          consider structural racism in their designs,  
20          conceptualizations, and executions, which shall  
21          include—

22                 “(i) putting measures of racism in  
23                 population-based surveys;

24                 “(ii) establishing a Federal Advisory  
25                 Committee on racism and health for the

1 Centers for Disease Control and Preven-  
2 tion;

3 “(iii) developing training programs,  
4 curricula, and seminars for the purposes of  
5 training public health professionals and re-  
6 searchers around issues of race, racism,  
7 and antiracism;

8 “(iv) providing standards and best  
9 practices for programming and grant re-  
10 cipient compliance with Federal data col-  
11 lection standards, including section 4302  
12 of the Patient Protection and Affordable  
13 Care Act; and

14 “(v) establishing leadership and stake-  
15 holder councils with experts and leaders in  
16 racism and public health disparities.

17 “(G) Coordinate with the Indian Health  
18 Service and with the Centers for Disease Con-  
19 trol and Prevention’s Tribal Advisory Com-  
20 mittee to ensure meaningful Tribal consulta-  
21 tion, the gathering of information from Tribal  
22 authorities, and respect for Tribal data sov-  
23 ereignty.



1 by law enforcement, including police brutality and  
2 violence;

3 (2) developing public health interventions and  
4 perspectives for eliminating deaths, injury, trauma,  
5 and negative mental health effects from police pres-  
6 ence and interactions, including police brutality and  
7 violence; and

8 (3) ensuring comprehensive data collection,  
9 analysis, and reporting regarding police violence and  
10 misconduct in consultation with the Department of  
11 Justice and independent researchers.

12 (c) FUNCTIONS.—Under the program under sub-  
13 section (a), the Center shall—

14 (1) summarize and enhance the knowledge of  
15 the distribution, status, and characteristics of law  
16 enforcement-related death, trauma, and injury;

17 (2) conduct research and prepare, with the as-  
18 sistance of State public health departments—

19 (A) statistics on law enforcement-related  
20 death, injury, and brutality;

21 (B) studies of the factors, including legal,  
22 socioeconomic, discrimination, and other factors  
23 that correlate with or influence police brutality;

24 (C) public information about uses of force  
25 by law enforcement, including police brutality

1 and violence, for the practical use of the public  
2 health community, including publications that  
3 synthesize information relevant to the national  
4 goal of understanding police violence and meth-  
5 ods for its control;

6 (D) information to identify socioeconomic  
7 groups, communities, and geographic areas in  
8 need of study, and a strategic plan for research  
9 necessary to comprehend the extent and nature  
10 of police uses of force by law enforcement, in-  
11 cluding police brutality and violence, and deter-  
12 mine what options exist to reduce or eradicate  
13 death and injury that result; and

14 (E) best practices in police violence preven-  
15 tion in other countries;

16 (3) award grants, contracts, and cooperative  
17 agreements to provide for the conduct of epidemio-  
18 logic research on uses of force by law enforcement,  
19 including police brutality and violence, by Federal,  
20 State, local, and private agencies, institutions, orga-  
21 nizations, and individuals;

22 (4) award grants, contracts, and cooperative  
23 agreements to community groups, independent re-  
24 search organizations, academic institutions, and  
25 other entities to support, execute, or conduct re-

1 search on interventions to reduce or eliminate uses  
2 of force by law enforcement, including police bru-  
3 tality and violence;

4 (5) coordinate with the Department of Justice,  
5 and other Federal, State, and local agencies on the  
6 standardization of data collection, storage, and re-  
7 trieval necessary to collect, evaluate, analyze, and  
8 disseminate information about the extent and nature  
9 of uses of force by law enforcement, including police  
10 brutality and violence, as well as options for the  
11 eradication of such practices;

12 (6) submit an annual report to Congress on re-  
13 search findings with recommendations to improve  
14 data collection and standardization and to disrupt  
15 processes in policing that preserve and reinforce rac-  
16 ism and racial disparities in public health;

17 (7) conduct primary research and explore uses  
18 of force by law enforcement, including police bru-  
19 tality and violence, and options for its control; and

20 (8) study alternatives to law enforcement re-  
21 sponse as a method of reducing police violence.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
23 authorized to be appropriated, such sums as may be nec-  
24 essary to carry out this section.

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