The Business Committee of the Thirty-Third General Synod has recommended this proposed resolution be sent to a Plenary of the General Synod.

A RESOLUTION TO DECLARE AND RESPOND TO RACISM AS A PUBLIC HEALTH CRISIS

A Resolution of Witness

Submitted by The Council for Health and Human Service Ministries (CHHSM), UCC, and the Council on Racial and Ethnic Ministries (COREM), UCC

SUMMARY

This Resolution calls the United Church of Christ to declare and respond to racism as a public health crisis.

BIBLICAL & THEOLOGICAL RATIONALE

As followers of Christ, we are called to be co-builders of the City of God, who dismantle all preventable suffering and oppression, are present to the pain that remains, and release the life-force of the resurrection in our collective story and action.

As such, God calls us to repair our world to one of health equity, where everyone has the opportunity—free from barriers—for a life of health and wellbeing. As expressed in Isaiah:

For I am about to create new heavens and a new earth!…no more shall the sound of weeping be heard in it or the cry of distress. No longer will there be in it an infant who lives but a few days, or old people who do not live out their days…at last they will live in the houses they build, and eat the fruit of the vineyard they plant.  

Health equity is holy, in how it is an expression of liberation and a path towards shared abundant life together. As a movement towards wholeness, achieving health equity is the work of the Spirit and reflective of the healing ministry of Christ.

Moreover, its response does not isolate an understanding of care to the compassion of the Good Samaritan, but rather addresses why the road to Jericho was so dangerous to begin with. Most poignantly, the public health concept of health equity names racism as a longstanding and present danger on that road, which has led to avoidable health disparities for People of African Descent, Indigenous Peoples, and other People of Color. Caused by racist policies and power, People of Color experience poorer health outcomes and lower life expectancy at disproportionate rates.

And while God calls each individual person to work for an equitable society, scripture also articulates the charge to change systems and those who influence and condone them:
Woe to you who make unjust policies and draft oppressive legislation, who deprive
the powerless of justice and rob poor people—my people—their rights, who prey
upon the widowed and rob orphans.4

Thus, we are called not only to tend to the travelers in front of us who are “beaten, stripped
naked, and left half-dead,”5 but to transform the road to Jericho itself.

Such transformational work is shared, communal, and inherently interdependent. It also requires
answers that reflect the reality of diverse needs—and not standards of sameness that do not
acknowledge how different, and additional, resources are necessary to achieve equity. This
vision lies at the heart of our tradition, as the Book of Acts illustrates:

The community of believers was one mind and one heart. None of them claimed
anything as their own; rather, everything was held in common…nor was anyone
 needy among them, for those who owned property or houses would sell them and
give money to the apostles. It was then distributed to any members who might be in
need.6

The time is far past due for this vision to remain only a glimmer of what is possible. Further, this
delay is not merely an intellectual or theological exercise for People of Color or others impacted
by health disparities. It speaks to lived reality and to the cry of generations wailing, “our bones
are dry, our hope is gone, and we are doomed.”7

While systemic racism seeks to maintain the mountaintop for a select few and a valley of dry
bones for the global majority, God says to us, “Prophesy to the wind; prophesy mere mortal, and
say to it…breathe on these slain, that they may live.”8 Such prophecy has been spoken by
communities who—in spite of persistent structural failings—provide safety, security, and
support for themselves and in collaboration with others. Know that we are all called to extend
this great exhale of the Spirit, to restore hope and life, and to learn from the rescue breathers
among us.

Finally, as Christians we follow a messiah who preached a message of interconnectedness and
died by state-sanctioned violence for doing so. However, Christ shows us that violence does not
have the final say, and that the way forward is through healing that is justice—through restoring
right relationships with humanity and all creation. So, let us recommit ourselves to the call of the
beloved community, where barriers to wellbeing are broken down and systems are reimagined to
make it so.

HISTORICAL GROUNDING

Since its inception, the United Church of Christ has been committed to social justice and has
dedicated efforts towards racial justice and health justice, specifically. It has advocated for health
care as a human right that is inclusive, accessible, and affordable for everyone and has called for
a commitment to be an antiracist church by examining both historic and contemporary forms of
racism. This is evidenced by numerous ministries of the UCC on the national, congregational,
and affiliated organizational levels, and by multiple General Synod resolutions such as, Calling
the United Church of Christ to be an Anti-racist Church,9 An Urgent Call for Advocacy in
This resolution proposal is consistent with the professed and lived ministry of the UCC and seeks to be another expression of God’s still speaking voice through proclamation and tools for change, such as education, training, and advocacy. As articulated by the COREM’s Racial and Ethnic Health Disparities Task Force, “We are tired of a health system that does not see health care as a basic right and a priority for all people. We are tired of a justice system that seems to condone police brutality with no consequences for their actions. To this end, we call upon our churches and conferences to new and increased levels of attention, commitment and action by intentionally resolving to work on the elimination of racial and ethnic disparities as resolved and pronounced in General Synod 27.” Addressing this injustice is imperative and its immediacy cannot be overstated.

TEXT OF THE MOTION

WHEREAS “racism is a marriage of racist policies and racist ideas that produces and normalizes racial inequities,” in the words of Ibram X. Kendi.

WHEREAS without exception and across generations, racial inequities persist in every system of society—as evidenced through health care access, education, criminal justice, employment, housing, access to food and clean water, services to youth, older adults, and persons with disabilities, organizational leadership, governmental office, voting, and immigration, among many others—and thus a specific anti-racist lens is required for health equity and broader systemic change.

WHEREAS inequities based on race also intersect with other dimensions of identity—such as income, sex, gender, sexuality, citizenship and incarceration status, geographic location and housing status, ability, education, language proficiency, etc.—and thus racial justice is a necessary method from which to respond to other intersecting oppressions impacting health and equity overall.

WHEREAS public health promotes and protects the health of people and the communities and environments in which they live, learn, work and play.

WHEREAS the word crisis, comes from the ancient Greek word that means “turning point,” and comes from the verb meaning “to decide”—thus connoting a call to change and action.

WHEREAS framing racism as an issue of public health rally and compels faith communities, organizations, and the government to address the crisis through systemic change, in the same way other threats to public health have been addressed, such as through policies, practices, enforcement, education, and support services.
WHEREAS for over thirty-five years, research has shown how racism undermines the physical, emotional, spiritual, and relational health and wellbeing of People of African Descent, Indigenous Peoples, and other People of Color, as evidenced by The Report of the Secretary’s Task Force on Black and Minority Health (Heckler Report).22

WHEREAS Healthy People 2020, the federal government’s prevention agenda for building a healthier nation continues to name the achievement of health equity, the elimination of disparities, and the improvement the health of all groups as the nation’s overarching goal.23

WHEREAS social determinants of health—the conditions in which people are born, grow, live, work and age—have a profound impact on the health of People of African Descent, Indigenous Peoples, and other People of Color;24 as the effects of trauma,25 poverty,26 and environmental devastation27 due to structural racism cannot be overstated in this regard; as the majority of changeable contributors to healthy outcomes are found in these social determinants; as these inequities are avoidable and able to be changed through policy and the redistribution of money, power, and resources;28 and as this is evident nationally and globally.

WHEREAS research shows that racial discrimination and the impact of implicit bias continue to persist in medicine and remains a fundamental cause of health disparities, which can also be remedied through changes in policy and education.29

WHEREAS health disparities for People of African Descent, Indigenous Peoples, and other People of Color remain at unacceptable rates and breadth—as evidenced by lower life expectancy,30 higher infant and maternal mortality,31 poorer treatment for pain,32 cancer,33 cardiovascular conditions,34 mental health35 and end-of-life care,36 and inadequate access to and quality of health care,37 among many others.

WHEREAS the joint forces of racism and ableism have constructed an inaccessible society and an understanding of disability as an inherently undesirable, devalued, and diminished life experience38, which has resulted in abuse, neglect, incarceration, institutionalization, and social exclusion across generations of disabled People of Color, in particular.39

WHEREAS the COVID-19 pandemic has further highlighted the devastating reality of these racial health disparities and the social and political conditions that created them;40 as structural racism has been proven to be a barrier to COVID-19 treatment and prevention;41 as Black, Indigenous, and Latinx communities have a COVID-19 mortality rate of more than 2.7 times the rate of People of European Decent;42 as the Navajo Nation’s infection rate has been the highest in the country;43 as disparities in economic stability and health care access have been linked to infection rates and death;44 as Communities of Color are more likely to live in multigenerational homes;45 as workers of African Descent are more likely to be in jobs deemed essential;46 and as one in five state and federal prisoners had COVID-19.47

WHEREAS police violence, state-sanctioned terror, and the systems that uphold and condone them are an integral part of this public health crisis; as People of African Descent are three times more likely to be killed by police (and are nearly one and a half times more likely to be unarmed in those killings) than those of European Descent;48 as research shows that the presence of high
use of force by police in Communities of Color is associated with an increased risk in poorer health, high blood pressure, and diabetes, among other health concerns; as 98.3 percent of killings by police from 2013-2020 have not resulted in officers being charged with a crime; as poor data collection by law enforcement has contributed to the crisis of missing and murdered Indigenous women; and as People of African Descent are overrepresented on death row and are more likely to die by state execution.

WHEREAS mass incarceration and the inherently racist war on people who use drugs have targeted and ravaged Communities of Color through every measure and expression of health, as 60 percent of the 2.2 million Americans incarcerated are of African Descent or Latinx; as People of African Descent are nearly six times more likely to be incarcerated for drug-related offenses than their counterparts of European Descent, despite equal substance usage rates; as 72,000 people died from drug overdoses in 2019; as the opioid overdose crisis is fueled by socioeconomic inequities, trauma, and hopelessness, in addition to harmful prescribing practices; and as numerous governmental laws and organizational policies refuse to adopt life-saving harm reduction strategies.

WHEREAS immigration status directly influences health outcomes; as migrant detention centers have a long history of medical neglect and abuse, including preventable deaths of children; and as family separation has long-term damaging psychological and health consequences for children, families, and communities.

WHEREAS a tool of white supremacy and capitalism is to inflame and sustain racial tension and hatred in order to prevent People of European Descent, particularly those who are low-income, and People of Color from uniting as a collective force to dismantle these oppressive systems, and is also wielded in such a way, where upholding racist beliefs becomes more important than—and at the expense of—the health of European Americans that would also be improved, if not saved, by anti-racist policies.

WHEREAS the answers, strategies, and practices that have come from many People of African Descent, Indigenous Peoples, and other People of Color use public health perspectives to guide their life-saving work.

WHEREAS voting and protecting voting rights are essential for advancing health equity; as there exists a correlation between voting behaviors and poor health; and as voting establishes the policy makers who will make decisions on a systemic level.

WHEREAS there is reason to have hope; where although the magnitude and overwhelming reality of racism can evoke a sense of powerlessness, addressing social determinants of health is a practical way to move forward together on the path to justice. The church, in all of its expressions, can be a vessel for that hope to come alive. The church can be a place of trust, connection, and collaboration with the wisdom already present in communities working for transformation; as Christ modeled that the work of the Good News is shared and can start today; and as each member of the Body has their own unique role to play, gift to give, and worth to claim.
NOW THEREFORE BE IT RESOLVED that the Thirty-Third General Synod of the United Church of Christ declares racism a public health crisis.

BE IT FURTHER RESOLVED that the Thirty-Third General Synod of the United Church of Christ calls upon the national setting of the United Church of Christ to enable and encourage local churches, conferences, and organizations to develop methods to:

a. Raise the church's consciousness of racism as a public health crisis from theological, bioethical, and public health perspectives.

b. Monitor and advocate for public policies that work towards health equity by addressing social determinants of health and divest in those that cause harm, violence, and death.

c. Discover ways in which current ministries and mission connect with and can address racism as a public health crisis and explore new ways of incorporating this lens into the life of the church.

d. Examine, in radical honesty, past and current organizational policies and practices in how they contribute or create barriers to health equity and racial justice.

e. Identify current and potential relationships with members of CHHSM, COREM, other health and human service organizations, advocacy groups, faith and community-based organizations, and academic institutions to collaborate on responding to racism as a public health crisis.

BE IT FINALLY RESOLVED that the Thirty-Third General Synod of the United Church of Christ calls upon the U. S. Congress and state legislatures to pass legislation that would address social determinants of health, such as The Anti-Racism in Public Health Act, which would create a “Center on Anti-Racism in Health” at the Centers for Disease Control and Prevention (CDC), and to establish a “Law Enforcement Violence Prevention Program” at the CDC.

FUNDING: The funding for the implementation of the resolution will be made in accordance with the overall mandates of the affected agencies and the funds available.

IMPLEMENTATION: The Officers of the Church, in consultation with appropriate ministries or other entities within the United Church of Christ, will determine the implementing body.

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1 Isaiah 65:17-21
2 Martin Luther King Jr., "Beyond Vietnam -- A Time to Break Silence" (sermon, Riverside Church, New York City, April 4, 1967).
3 Matthew 25:31-46
5 See also James 5:1-4: “Now an answer for the rich: weep and howl for the miseries that are coming to you…Laborers mowed your fields, and you cheated them! Listen to the wages that you kept back: they call out against you; realize that the cries of the reapers have reached the ears of our God Most High.”
7 Acts 4:32-34.
7 Ezekiel 37:11.
8 Ezekiel 37:9.
10 General Synod 27, 2009.
11 General Synod 30, 2015.
14 Ibid.
18 We heed the wisdom of the Combahee River Collective, which teaches, “If Black women were free, it would mean that everyone else would have to be free since our freedom would necessitate the destruction of all the systems of oppression,” and name the inclusion of trans and gender-diverse folx into our understanding of this principle.
30 Timothy Cunningham et al., "Vital Signs: Racial Disparities in Age-Specific Mortality Among ..," Centers for Disease Control and Prevention, last modified April 8, 2019, https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e1.htm.
46 “Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus—race and Economic Inequality.”
50 "National Police Violence Map."


