Resolution as adopted by the United Church of Christ General Synod 33, July 11-18, 2021

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

A Resolution of Witness

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.1

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.2

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.3

WHEREAS public health promotes and protects the health of people and the communities and environments in which they live, learn, work and play.4

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.5

WHEREAS framing racism as an issue of public health rallies 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.6

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).7

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.8
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; as the effects of trauma, poverty, and environmental devastation 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; 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.

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, higher infant and maternal mortality, poorer treatment for pain, cancer, cardiovascular conditions, mental health and end-of-life care, and inadequate access to and quality of health care, 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 experience, which has resulted in abuse, neglect, incarceration, institutionalization, and social exclusion across generations of disabled People of Color, in particular.

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; as structural racism has been proven to be a barrier to COVID-19 treatment and prevention; 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; as the Navajo Nation’s infection rate has been the highest in the country; as disparities in economic stability and health care access have been linked to infection rates and death; as Communities of Color are more likely to live in multigenerational homes; as workers of African Descent are more likely to be in jobs deemed essential; and as one in five state and federal prisoners had COVID-19.

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; 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;\(^{40}\) 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;\(^{41}\) as the opioid overdose crisis is fueled by
socioeconomic inequities, trauma, and hopelessness, in addition to harmful prescribing
practices;\(^{42}\) and as numerous governmental laws and organizational policies refuse to adopt life-
saving harm reduction strategies.

WHEREAS immigration status directly influences health outcomes;\(^{43}\) as migrant detention
centers have a long history of medical neglect and abuse,\(^{44}\) including preventable deaths of
children;\(^{45}\) and as family separation has long-term damaging psychological and health
consequences for children, families, and communities.\(^{46}\)

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.\(^{47}\)

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.\(^{48}\)

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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3. 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.


15 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.


31 "Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus—racism and Economic Inequality."
35 “National Police Violence Map.”