THE ANTI-RACISM IN PUBLIC HEALTH ACT OF 2020

For centuries, structural racism in the United States has harmed Black and Brown communities and served as a major barrier to health equity. Racial disparities in health outcomes exist at alarming rates and can be seen in the prevalence of chronic health conditions, such as diabetes, asthma, and hypertension; infant mortality; maternal mortality and morbidity; and police brutality. Furthermore, inequitable access to quality health care disproportionately burdens communities of color and exacerbates racial disparities. In the United States, people of color and immigrants are less likely to be insured and to have access to health care providers. The COVID-19 pandemic has unveiled these inequities and made it impossible to ignore structural racism: Black and Brown people are nearly three times more likely than White people to contract COVID-19 and are one to two times more likely to die from the disease.

Comprehensive research studying the public health impacts of structural racism is needed to confront and dismantle the racist systems and practices that create racial disparities and to develop race-conscious public health approaches to reverse the existing disparities that have plagued our nation for too long. This point has been driven home by the federal government’s failure to adequately collect race and ethnicity data on COVID-19 testing, hospitalization, and deaths. To help expand research and investment into the public health impacts of structural racism, as well as to require the federal government to begin actively developing anti-racist health policy, Senator Warren, Congresswoman Pressley, and Congresswoman Lee have introduced the Anti-Racism in Public Health Act, which would:

- **Create a “National Center for Anti-Racism” at the Centers for Disease Control and Prevention (CDC) to declare racism as the public health crisis that it is and further develop the research base and knowledge in the science and practice of anti-racism.** The Center would undertake such activities as:
  - Conducting research, collecting data, awarding grants, and providing leadership and coordination on the science and practice of anti-racism in the provision of health care, the public health impacts of systemic racism, and the effectiveness of interventions to address these impacts.
  - Creating at least three regional centers of excellence in anti-racism.
  - Educating the public on the public health impacts of structural racism and anti-racist public health interventions.
  - Consulting with other Centers at the CDC to ensure that scientific and programmatic activities initiated by the agency consider structural racism in their designs, conceptualizations, and executions.

- **Create a Law Enforcement Violence Prevention Program within the National Center for Injury Prevention and Control at the CDC.** Physical and psychological violence perpetuated by law enforcement results in deaths, injuries, trauma, and stress, and disproportionately affects marginalized populations. This bill would take a public health approach to combatting police brutality and violence by creating a dedicated law enforcement violence prevention program at the CDC.

ENDORSING ORGANIZATIONS: Center for Policing Equity; Center for Popular Democracy; Center for Reproductive Rights; Center for the Study of Racism, Social Justice & Health at UCLA; Hispanic Federation; The Justice Collaborative; Justice in Aging; The Lawyer’s Committee; The Leadership Conference on Civil and Human Rights; National Medical Association; National Partnership for Women & Families; NAACP; National Urban League; Physicians for a National Health Program (PNHP); PolicyLink; Poverty & Race Research Action Council (PRRAC); Public Citizen; Social Security Works; UCLA’s COVID-19 Task Force on Racism and Equity; UnidosUS; Union for Reform Judaism; We Must Count Coalition.