July 14, 2020

Governor Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

[Sent via E-mail]

Re: Declaring Racism to Be a Public Health Crisis in California

Dear Governor Newsom,

We write on behalf of Black Women for Wellness Action Project, California Black Women’s Health Project, California Pan-Ethnic Health Network, Public Health Advocates and Roots Community Health Center, as well as the undersigned 157 organizations and 447 individuals to urge you to immediately issue an Executive Order to declare racism to be a public health crisis in the state of California. Racism - defined here as “a system of structuring opportunity and assigning value based on race, that unfairly disadvantages some individuals and communities, and advantages others” is a system that is both created and maintained by people and institutions in order for its continued impact. We appreciate the remarkable leadership the Governor has demonstrated in California’s COVID-19 pandemic response, uplifting and uniting a cross-sectional group of leaders and experts; the very leadership that is needed for a broader anti-racism conversation in the Golden State.

Since the onset of the COVID-19 pandemic, our organizations have witnessed the brunt of the COVID-19 pandemic fall on Black, Native American, Latinx and Pacific Islanders
in California. In these past few weeks, we have joined the nationwide outrage over the deaths of Breonna Taylor, Tony McDade, George Floyd, Ahmaud Arbery and countless more Black lives lost to police violence, white supremacy and systemic racism. We are outraged at the lack of progress in racial, economic and health equity in the last decades, but also are hopeful that this is a historic moment for all of us to implement the bold and broad changes that will finally make a difference. As our State navigates multiple crises, we have an opportunity to reimagine and restructure a California that can work better for all of its residences, one that centers the dignity and humanity of our State.

California has a long history of structural racism, including the 1909 eugenics law that made it legal for a health professional to sterilize people of color and LGBTQ communities, and opening Ku Klux Klan rallies in the Central Valley as late as the 1930s. Racism has been a long part of California’s narrative. Structural racism isn’t just in the past, the impact of white supremacist laws and policies are felt through all our institutions. Particularly the impacts of systemic racism, not race (which is a social construct), on public health and health disparities have been well-documented even prior to 2020.¹ For instance, amongst all race/ethnic groups in California, African Americans or Black Americans have the lowest life expectancy,² the highest burden of disease from preventable cause,³ and the poorest access to mental health care.⁴ Compared to their white counterparts, Black children are five times more likely to have an emergency department visit due to asthma, Black women four times more likely to die from childbirth,⁵ Black older adults significantly more at risk for dementia,⁶ and Black adult men ten times more likely to be imprisoned.⁷ All of these health disparities are linked directly to institutional policies that have ignored Black pain, blocked out opportunities for Black and Indigenous People of Color (BIPOC) to advance, and systematically prevented the health and wellness of our communities to thrive.

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³ See CA Dept of Public Health, California Community Burden of Disease and Cost Engine, [https://skylab.cdph.ca.gov/communityBurden/](https://skylab.cdph.ca.gov/communityBurden/)

⁴ CPEHN, “Existing Disparities in California’s System of Specialty Mental Health Care;” May 24, 2019, last accessed June 21, 2020, [https://cpehn.org/blog/201905/existing-disparities-california%E2%80%99s-system-specialty-mental-health-care](https://cpehn.org/blog/201905/existing-disparities-california%E2%80%99s-system-specialty-mental-health-care)

⁵ CHCF, *Health Disparities by Race and Ethnicity*


Our communities have been exercising their right to public assembly and protest against the same racism that perpetuates inequities in our physical and mental health. Meanwhile, racism is attacking and threatening our already underfunded public health infrastructure, putting all Californians at risk during the COVID-19 pandemic. Our communities need justice, reform, and healing now. **We urge the state to declare racism to be a statewide public health crisis, which would serve as an important first step in the state’s acknowledgement of its own racist history through the present day, and would establish specific commitments and measurable actions to begin to undo the racism that prevents all Californians, especially BIPOC, from achieving optimal health and well-being.**

**California should follow in the footsteps of local governments and public health leaders nationwide**

A growing list of city and county jurisdictions across the nation are declaring racism to be a public health emergency or crisis. In responding to the nationwide civil uprising following the murder of George Floyd on May 25, 2020 by former police officers in Minneapolis, Minnesota, many local governments have made declarations and/or passed resolutions on racism as a public health emergency and/or crisis. These include the city of Cudahy and the counties of Rock and Dane in Wisconsin, the cities of Columbus, Cleveland, Akron, South Euclid, Canton, Yellow Springs, Lorain, Dayton, Lima, Athens, Warren, Elyria, Stow and Oberlin, and the counties of Summit, Montgomery Lorain, Cuyahoga, and Washtenaw in Ohio, the cities of Sommerville, Medford, Boston, Worcester, Everett, Springfield, Holyoke, Chicopee, and Lynn in Massachusetts, the cities of Indianapolis and Evansville in Indiana, the counties of Anne Arundel and Montgomery in Maryland, the cities of Flint, Ypsilanti, Port Huron, Pontiac, Jackson, Lansing and Maryville, and the counties of Ingham, Genesee and Wayne in Michigan, Jackson County in Missouri, the city of Denver in Colorado, Hudson County, Leonia Borough and the city of Haverhill in New Jersey, King County in Washington, the counties of Dallas and Harris in Texas, the counties of Durham, Mecklenburg, Buncombe and Wake, and the city of Charlotte in North Carolina, the cities of Windsor, Hartford, Bloomfield, West Hartford, New Britain, New Haven and Manchester in Connecticut, Douglas County in Nebraska, the counties of King and Tacoma-Pierce in Washington, Hennepin County in Minnesota, and Shelby County and the cities of Chattanooga and...
Memphis in Tennessee. Statewide resolutions have been introduced in the Ohio and Michigan state legislatures.

Even prior to current civil unrest, counties of Madison, Dane and Milwaukee in Wisconsin, the city of Pittsburgh and Allegheny County in Pennsylvania, Cook County in Illinois, Franklin County in Ohio and Kansas City in Missouri already had made declarations that racism is a public health crisis and committing to anti-racist actions.

Here in California, following the current civil unrest, the City Councils of Goleta, Santa Barbara, San Luis Obispo, Morro Bay, Banning, Los Angeles, and Riverside, and the County Board of Supervisors in San Bernardino County and Santa Clara County have also passed resolutions declaring racism as a public health crisis.

This list increases every week.

Common elements across these declarations and resolutions include:

- acknowledging the effects of intergenerational racism on population health, especially anti-Black racism,
- assessing governments' internal policies and procedures with a racial equity lens,
- advocating for laws and regulations that center and promote racial equity,
- ensuring inclusivity and diversity in leadership, workforce, hiring and contracting,
- promoting educational efforts to address and dismantle racism,
- identifying clear goals and objectives including specific benchmarks to assess progress, and
- securing adequate resources for anti-racism activities.

It is also worth highlighting that Franklin County, Ohio, Flint and Port Huron, Michigan and Denver, Colorado have passed resolutions that include:

- building partnerships and alliances with local organizations that are actively confronting racism,
- engaging actively and authentically with communities of color, and
- promoting all policies that prioritize the health of people of color.

We encourage California to review, adapt and adopt similar action steps as part of a statewide declaration of racism as a public health crisis and identify goals and objectives to assess the State's progress.

Public health and health care leaders around the nation have also spoken out and issued statements about racism and public health in response to police violence and protests. For instance, the Director of Public Health in Los Angeles County expressed that racism is a public health issue and that “injustices play out every day” with the COVID-19 death tolls she reports.11 The American Public Health Association stated

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discrimination lies “in all aspects of life, including housing, education, the criminal justice system and employment,” and urged the dismantling of systemic racism through “brutally honest conversations, policy changes and practices.”

12 The American Medical Association Board of Trustees vowed to “actively work to dismantle racist and discriminatory policies and practices across all of health care.”

13 The American Academy of Family Physicians spoke about the costs of racism in generating tens of billions of excessive medical costs and loss in productivity every year, and vowed to develop “a family medicine workforce as diverse as the U.S. population.”

14 The Institute for Healthcare Improvement acknowledged that it would be “in a state of ‘becoming’ anti-racist because this work requires lifelong commitment and vigilance.”

The Golden State should strive to be bold, unequivocal, and strong through a declaration that racism is a public health crisis and committing to specific and measurable anti-racism actions.

We thank you for stating the need for institutions to change and that California is “capable of being more and doing better” than merely issuing a statement. We hope California continues to lead the way for the nation in its fight against systemic racism. While we hope such declaration will lead to a broader conversation engaging all sectors of our society, CPEHN and partners do not wish to know or provide all the “solutions” at this time, given that real solutions for anti-racism should take much deeper self-reflection and deliberation and ongoing investigation for and consultation with those directly impacted. However, we do hope to offer a few strategies that we believe are urgent to consider now.

- Put people first by engaging with directly impacted communities: A top-down strategy in racial justice reform will miss the point as it overlooks the experience, history, voice and power of community members and leaders. The state’s reflections and actions must include directly impacted communities at the table.

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17 See “Newsom Has Some Big Promises to Keep,” The Sacramento Observer, June 2, 2020, [http://sacobserver.com/2020/06/newsom-has-some-big-promises-to-keep/](http://sacobserver.com/2020/06/newsom-has-some-big-promises-to-keep/)
in order not to further perpetuate systemic racism and harm. **We urge the state to actively and effectively listen to and consult with directly impacted communities, including building allyship with organizations such as the Movement for Black Lives and the Anti Police-Terror Project, when debating decision-making around police, jail, housing, public education and health reforms in California.** Conversations around police reform should eliminate inherent conflicts of interest such as police and police unions.\(^{18}\) The “people first” principle should apply to all steps in the state’s journey to becoming anti-racist, as well as in ensuring an equitable and effective COVID-19 recovery.\(^{19}\)

- **Prioritize public health by recommitting its purpose and securing resources:** The current moment will be a chapter break in history books for California, and a particularly urgent and critical time for our public health system. California’s public health system now has a dual crisis intervention job, not just in fighting a deadly global pandemic, but in fighting to “ensure the conditions in which people can be healthy,”\(^{20}\) which remain fundamentally under threat from systemic racism. The state’s public health and health systems have a moral and ethical obligation to intervene when the life and basic security of Californians are under attack,\(^{21}\) as well as when broader systems and conditions such as public education, employment and housing security are jeopardized. **As an urgent first step, we call on the state’s public health system to immediately intervene on violent, racist and discriminatory acts at all levels.** The state must denounce such acts including those currently being perpetuated by institutions such as by law enforcement, and acknowledge and remediate the acute and long-term adverse health consequences police violence has caused Black and Brown Californians, who are simultaneously living through a deadly global pandemic. **Additionally, we urge the state to ensure that local public health departments are equipped with adequate funding and resources while they work around the clock to protect and promote the right to health for all Californians.**

- **Reflect on internal and external policies and procedures with an anti-racism lens:** In almost all established resolutions and declarations, the local governments

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resolve to undergo an assessment and examination of their own policies and procedures with a racial justice lens.\textsuperscript{22} \textbf{We recommend that the State of California conduct thorough reflections and examinations of its leadership, policies, programs, hiring, workforce development, contracting, and more} in order to correct for its complicity in perpetuating racism and advance racial equity across all departments and sectors. We ask the State of California to work with its health departments to conduct a thorough investigation of all forms and levels of racism, discrimination, violence and injustices in California’s past and present. We encourage the state to communicate the process and results with the public in a transparent and timely manner.

- \textbf{Re-invest in community health and healing through ongoing budget, legislative and administrative actions:} Racism in all of its systemic, institutional, structural and interpersonal forms must be counteracted with resources dedicated to anti-racism efforts at all levels. This does not mean more resources are needed, but rather, the state should divest and redirect its budgetary, legislative and administrative power and resources to racial equity-centered principles, policy changes, and practices. For instance, the state should divest from mass incarceration and policing and reinvest in community health, mental health and public health programs that are proven effective in reducing health disparities for BIPOC Californians. Additionally, the state must call upon all county and local governments to adopt anti-racism principles, and dedicate budgetary commitment to the healing and health of impacted communities.

\textbf{In conclusion, we urge you to immediately issue an Executive Order to declare racism to be a public health crisis in the State of California.} Such declaration only serves as an important first step to broader commitments and measurable actions towards an anti-racist state. We recommend intentional and transparent consultation with directly impacted Californians and community leaders in decision making around police reform and jail reform that will center racial equity. We call for immediate public health intervention against current racist, violent, and discriminatory acts at all levels including by law enforcement. We encourage deep reflection on the state’s internal and external policies and procedures with an anti-racism lens. We urge concrete state and local budgetary commitments to reinvest in community healing and health. The current moment calls for nothing less.

With respect,

Nourbese Flint, Executive Director, **Black Women for Wellness Action Project**
Sonya Young Aadam, Chief Executive Officer, **California Black Women’s Health Project**
Kiran Savage-Sangwan, Executive Director, **California Pan-Ethnic Health Network**
DeAngelo Mack, Director of State Policy, **Public Health Advocates**
Dr Noha Aboelata, Chief Executive Officer, **Roots Community Health Center**

**Organizations:**
ACCE Action
Access California Services
ACCESS Women’s Health Justice
ACLU of California Center for Advocacy & Policy
ACT for Women and Girls
Action Corps
AIDS Healthcare Foundation
Alameda Health Consortium
Alliance for Boys and Men of Color
AltaMed Health Services
American Friends Service Committee - Los Angeles
An Insightful Journey
Anti Police -Terror Project
API Equality-LA
APLA Health
Asian American Senior Citizens Service Center (AASCSC)
Asian Americans Advancing Justice - CA
Asian Pacific Islander Forward Movement
Asian Resources, Inc.
Bay Area Community Resources
Bay Area Poor People’s Campaign
Berkeley Free Clinic
Berkeley Media Studies Group
Bienestar Human Services
Big Sur Health Center
Black Lives Matter Imperial Valley
Breastfeed LA
CA Adolescent Health Collaborative
CA4Health a program of the Public Health Institute
Cal Voices
California Access Coalition
California Alliance of Child and Family Services
California Association of Mental Health Peer Run Organizations
California Association of Public Hospitals and Health Systems
California Breastfeeding Coalition
California Council of Community Behavioral Health Agencies
California Food Policy Advocates
California Health Professional Student Alliance (CaHPSA)
California Immigrant Policy Center
California LGBTQ Health and Human Services Network
California Mental Health Advocates for Children and Youth
California Psychiatric Association
California Psychological Association
California School-Based Health Alliance
California Work & Family Coalition
California Rural Legal Aid Foundation
California Health+ Advocates
CAMFT
Capitol City Black Nurses Association
Casa Pacifica Centers for Children & Families
Center for Community Action and Environmental Justice (CCAEJ)
Ceres Policy Research
Children Now
Christie’s Place
City of San Luis Obispo
Coachman Moore & Associates, Inc.
Coaction Institute
Coalition of Orange County Community Health Centers
CommuniCare Health Centers
Community Clinic Association of Los Angeles County (CCALAC)
Community Health Councils
Community Health Initiative of Orange County
Comprehensive Community Health Centers
County Health Executives Association of California
CUISN INC
CYPHER Impact Investment Exchange
DNC Consulting & Management
East Bay Getting to Zero
East Bay Refugee and Immigrant Forum
Empowering Pacific Islander Communities (EPIC)
Escape Velocity Resources
Essential Access Health
Everyday Impact Consulting
Facente Consulting
Family HealthCare Network
Fresno Barrios Unidos
Fresno County Department of Public Health
Gathering For Justice
Gender Health Center
Gente Organizada
Get Screened Oakland
Hathaway-Sycamores
Health Access California
Health Education Council
Homeless Health Care Los Angeles
Hughes Healthcare Disparities Group
Human Impact Partners
Humanidad Therapy & Education Services
Humboldt Area Center for Harm Reduction (HACHR)
Imperial Valley Social Justice Committee
Indivisible CA: Statestrong
Inland Coalition for Immigrant Justice
Interfaith Movement for Human Integrity
Justice in Aging
Kelechi Ubozoh Consulting
Korean Community Center of the East Bay
Korean Community Services, Inc.
LandPaths
Larkin Street Youth Services
Latino Coalition for a Healthy California
Latinx Physicians of California
LBIRC
Little Tokyo Service Center
Los Angeles LGBT Center
Lucile Packard Foundation for Children’s Health
Mental Health America of California
Mi Familia Vota
Mid-City Community Advocacy Network
MiOra (www.miora.org) public health education foundation
Mission Wellness Pharmacy
Mixteco Indígena Community Organizing Project
Multi-Ethnic Collaborative of Community Agencies (MECCA)
NAPAFASA
National Alliance on Mental Illness (NAMI-CA)
National Association of Social Workers, California Chapter
National Health Law Program
National Immigration Law Center
Office of Neighborhood Safety
Orange County Equality Coalition
PALS for Health
Parable of the Sower Intentional Community Cooperative
Participatory Budgeting Project
Peers Envisioning and Engaging in Recovery Services (PEERS)
Positive Women's Network USA
Prevention Institute
Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Rainbow Pride Youth Alliance
Regional Asthma Management and Prevention
Restaurant Opportunities Center of The Bay
Rise Up Solutions
RYSE
San Francisco Community Health Center
San Francisco Hepatitis C Task Force
San Ysidro Health
Save A Girl, Save A World
South Asian Network (SAN)
South Los Angeles/South Bay African American Infant & Maternal Mortality Community Action Team
Southeast Asia Resource Action Center (SEARAC)
Street Level Health Project
Successful Reentry
Tessie Cleveland Community Services Corp.
The Cambodian Family Community Center
The Children's Partnership
The Friendship House Association of American Indians
The Health Trust
The Los Angeles Trust for Children's Health
The Unity Council
The Wall Las Memorias
UCLA Labor Center
Venice Family Clinic
Village Connect
Vision y Compromiso
Voices for Progress
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Western Center on Law & Poverty
Youth ALIVE!
Youth Forward

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Nancy Taylor, Justice & Witness co-chair, Skyline Community Church UCC Oakland
Nancy Wongvipat Kalev
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Natalie Morris
Nell Myhand
Nelson Jim, LMFT
Neta Nakash
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Nicole Johnson
Nikcole Cunningham
Nikki Paschal
Nima Slone
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Randy Hicks
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Rebecca Delgado
Rebecca Hawkey
Rebekah Israel Cross, PhD student, UCLA School of Public Health
Ren Bruguera, MD Candidate
Rev Katherine Katsanis-Semel, Ordained Reverend and Pastoral Care Provider
Rev. Millie Phillips
Richard Jaenisch, MPHc
Robert Boller
Robert M. Taylor, Jr., Yoga Therapist (Former President, CBHN and CPEHN)
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Ruth Wright
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Sandra de Balzaretti
Sandra O. Poole, MPA
Sara Flocks, Individual
Sara Teasdale, MD
Sarabeth George
Sarah Blacher
Sarah Marxer, mental health advocate
Sarah Nguyen, student
Sarai Ramos Gonzalez
Savanna Carson, PhD
Savannah O’Neill, Social Worker
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Sonia Gill
Sonia Puri (Medical Student)
Sophia Jackson
Sophia Kawamoto
Soroush Kazemi
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Stacey Guo
Stacey Sharpe
Stella Kim
Stephanie Frazin, MD
Steven Lam, Medical Student
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Susan Flores
Susan Scott
Suzanne M. Luce
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Tina Andres, public school teacher
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Tuere Redus
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Vanessa Nava
Vanessa Tran
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Veronica Davis-Girma
Vicente Torres, LGBTQ+ community advocate
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Vivian Diaz
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Wendy Luc, Nursing Student
Yair Lopez
Yeri Shon
Yvonne Segura
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