

City Commission at its meeting on September 14, 2021 as required by Act 198; therefore

RESOLVED:

1. That the City Commission finds and determines that the granting of the transfer of Industrial Facilities Exemption Certificate #2015-236 considered together with the aggregate amount of certificates previously granted and currently in force under Act 198, shall not have the effect of substantially impeding the operation of the City, or impairing the financial soundness of a taxing unit which levies ad valorem property taxes in the City; and
2. That the application from Saugatuck Brewing Company, Inc for a transfer of the real and personal property subject to Industrial Facilities Exemption Certificate #2015-236 be the same is hereby approved; and
3. That any limitations restricting the District which were included in any previous resolutions by which it was established, are confirmed and hereby waived; and
4. That the date of the completion of the transfer shall be December 31, 2021; and
5. That the Industrial Facilities Exemption Certificate, when issued, shall remain in force for the remaining years approved under Industrial Facilities Exemption Certificate #2015-236 with an end date of December 30, 2027 as originally approved; and
6. That the Mayor is authorized to execute an agreement with Saugatuck Brewing Company, Inc in a form to be approved by the City Attorney.

E. COMMITTEE OF THE WHOLE

91105 Result: Adopted.

Mover: O'Connor. Supporter: Reppart.

WHEREAS, Black, Indigenous, and People of Color (BIPOC) face economic injustice, social deprivation, and health inequities as a result of systemic racism embedded in policies, regulations, and laws that have created and maintain opportunity for some and barriers for others; and

WHEREAS, structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, transportation, media, health care, and criminal justice that in turn reinforce discriminatory beliefs, values, and distribution of resources; and

WHEREAS, the American Public Health Association finds racism to be a barrier to health equity and has named racism a driving force of how the social determinants of health are distributed. The social determinants of health—defined as the social, environmental, and economic factors that

influence health, including employment, housing, education, access to health care, nutritious food, and public safety—are known to impact life-long health outcomes beginning even before birth; and

WHEREAS, racism operates on systemic, institutional, and interpersonal levels, all of which operate throughout time and across generations. For example, within the past 100 years, racism was embedded in the following housing and transportation policies:

- segregating public housing;
- investing in suburbs for whites only;
- zoning that separates single-family homes from multifamily dwellings;
- requiring minimum lot sizes or square footage to build in certain neighborhoods;
- enforcing discriminatory mortgage lending practices, known as “redlining”;
- destroying low-income and BIPOC neighborhoods for highways connecting white-majority suburbs to urban areas;
- destroying low-income and BIPOC neighborhoods in the name of urban renewal;
- defunding transit; and

WHEREAS, the non-partisan National Partnership for Women and Families has found that in the United States, health and racism are inextricably linked, creating a harmful impact on individuals and communities of color, including unequal access to quality education, employment, livable wages, healthy food, stable and affordable housing, and safe and sustainable communities; and

WHEREAS, racist practices resulted in inequitable, depressed communities, which continue to negatively impact:

- educational attainment for BIPOC residents, who are more likely to live in areas with underperforming school systems;
- access to nutritious food for BIPOC residents, who are more likely to live in areas with an abundance of fast food and without grocery stores;
- economic security for BIPOC residents, who are more likely to live in neighborhoods with less access to traditional banking institutions and high numbers of payday lenders;
- rates of environmentally-based health problems for BIPOC residents, such as lead poisoning and asthma due to living in neighborhoods with older buildings and greater proximity to pollution causing industries, resulting in rates of chronic diseases, including asthma, which are significantly higher in communities of color;
- rates of infant and maternal mortality for Black mothers and

children, due to living in geographical areas with less access to healthcare and enduring ongoing racial micro-aggressions, resulting in mortality rates higher than that for white infants; and

WHEREAS, on average, white households have nearly seven times the wealth of Black families and five times the wealth of Latino families; and

WHEREAS, across the nation's 100 largest metropolitan areas, low-income renters face higher housing and transportation-cost burdens than middle-income renters, but fewer opportunities, thus face worse child development and health and reduced earnings as adults; and

WHEREAS, local data at the city and county level also demonstrate clear racialized inequities such as:

- In Kent County, 63% of Black and 51% of Latino survey respondents said racism was a frequent or constant source of stress compared to 17% of white respondents. (Kent County Community Health Needs Assessment, 2020)
- In Grand Rapids, Black, Latino and Asian residents are more likely to reside in renter-occupied dwellings than owner-occupied homes having significant implications for communities of color ability to build wealth. 77.1% of owner-occupied housing units are occupied by white residents, compared to 10.5% occupied by Black residents, 9.2% by Latino residents, and 1.5% by Asian residents. (Zero Cities Project Grand Rapids Equity Assessment Tool, 2020)
- 22% of Black and 16% of Latino residents over the age of 25 in Grand Rapids are unemployed compared to 7% of white residents. (Policy Link Equity Profile of Grand Rapids, 2017)
- In Kent County, the average median household income is \$32,203 for Black households and \$46,454 for Latino households, compared to \$67,324 for non-Latino white households. (Kent County Community Health Needs Assessment, 2020)
- In Grand Rapids, 47% of Black and 45% of Latino residents live in poverty, as compared to 15% of white residents. (Policy Link Equity Profile of Grand Rapids, 2017)
- In Grand Rapids, 22% of Black and 43% of Latino residents 25 or older have less than high school education attainment, as compared to 6% of white residents. (Policy Link Equity Profile of Grand Rapids, 2017)
- Latinos are 16% of the population in Grand Rapids but account for 43% of residents aged 25 and up that don't have a high school diploma. (Policy Link Equity Profile of Grand Rapids, 2017)
- In Grand Rapids, 13% of Latino and 13% of Black residents 25 or older have a bachelor's degree or higher, as compared to 44% of white residents (Policy Link Equity Profile of Grand Rapids, 2017); and

- In Kent County, Black residents have an asthma hospitalization rate of 12.1 per 10,000 people, whereas white residents have a rate of 2.9. (Zero Cities Project Grand Rapids Equity Assessment Tool, 2020)
- Across all Kent County schools, 19.4% of Black and 21.2% of Latino middle school students reported not going to school because they did not feel safe at school or on their way to or from school compared to 8.7% of white middle school students (Kent County Community Health Needs Assessment, 2020); and
- Black residents account for 53% of the traffic citations given, but make up only 19% of the Grand Rapids population (Grand Rapids Police Department Assessment Report, 2018); and

WHEREAS, more than 100 studies have linked racism to negative health outcomes, including research supporting that the cumulative experience of racism throughout one's life can induce chronic stress and increase susceptibility to chronic health conditions that lead to otherwise preventable deaths. The American College of Physicians has found that Black people in particular are at risk of being subjected to discrimination and race-based violence against them because of racism and white supremacy endangering them and even costing them their lives. The U.S. National Institutes of Health reports that multiple studies suggest that experiences of racism or discrimination raise the risk of emotional and physical health problems, including depression, cardiovascular disease, hypertension, and even death. The American Psychological Association, the American Medical Association and the American Academy of Family Physicians have declared hate crimes a public health concern. The Surgeon General of California found that racism is a risk factor for toxic stress, a root cause of some of the most harmful, persistent, and expensive health challenges facing our nation; and

WHEREAS, experiencing racism can increase stress hormones and lead to activation of the immune and inflammatory systems; changes in brain structure; elevation of blood pressure and blood sugar; and changes in how genes are read, which are associated with increased risk for numerous mental and physical chronic health conditions, like heart disease, cancer, asthma, stroke, Alzheimer's, diabetes and suicide. Without buffering care, experiencing racism can alter/impair several regions of the brain and inhibit the prefrontal cortex, which is responsible for attention, judgement and impulse control, and increase risk for learning and behavior problems, teen pregnancy, substance abuse, chronic absenteeism, dropping out of high school, and involvement in the criminal justice system; and

WHEREAS, as of December of 2020, over 170 cities, counties, state legislatures, and other governmental leaders have passed resolutions declaring racism a public health crisis and have committed to specific actions to dismantle racism (Salud America!, 2020);

WHEREAS, the City of Grand Rapids adopted the City's Strategic Plan in 2019 that included equity as an official value of the organization, an urgent call to action to lead with equity, and an equity statement confirming our commitment and strategy to advance equitable outcomes and opportunities by leading with racial equity to address root causes of disparities. This targeted approach on racial equity will advance the City's universal goal to elevate quality of life in Grand Rapids, and

WHEREAS, the City of Grand Rapids is fully aware of the challenges and opportunities before us as we lead with equity. The City also knows that as a municipality, it is uniquely positioned to reduce disparities through transparency, accountability, policy, and intentional practices, programs and procedures that center racial justice as a core element.

THEREFORE, BE IT RESOLVED:

That the Mayor and City Commission hereby:

1. Publicly declares racism as a public health crisis in the city of Grand Rapids, and
2. Urges local organizations, businesses, units of government and individuals to leverage their influence to dismantle racism and apply a public health framework to those efforts.

91106 Result: Adopted.

Mover: O'Connor. Supporter: Reppart.

WHEREAS, the concentration of greenhouse gases in Earth's atmosphere is increasing at an exponential and unprecedented rate and driving significant increases in average global temperatures and dramatic shifts in climatological and weather patterns; and

WHEREAS, more than 70% of global carbon emissions are generated by cities; and

WHEREAS, the International Panel on Climate Change (the United Nations body for assessing the science related to climate change) recently published its [Sixth Assessment Report, *Climate Change 2021: The Physical Science Basis*](#), explaining that climate change impacts are impacting everyone across the globe and that in the absence of significant changes that will accomplish zero carbon emissions this decade, changes that are irreversible will occur; and

WHEREAS, the climate in Grand Rapids has already changed significantly over the last 50-70 years, including increased average annual temperature, decreased number of cold days, increased annual precipitation and increased frequency and intensity of severe storms ; and WHEREAS, Grand Rapids is expected to experience an increase in: average air