

A RESOLUTION DECLARING RACISM A PUBLIC HEALTH CRISIS AND TO ESTABLISH STRONGER EFFORTS TO PROMOTE RACIAL EQUITY IN SAN ANTONIO.

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WHEREAS, the City of San Antonio has made a commitment to advancing racial equity in government with the formation of the Office of Equity in August 2017, which has since developed the Equity Indicators Report, the Budget Equity Tool, an internal Citywide Equity Committee and numerous Department Equity Assessments designed to ensure racial equity in the delivery of City services; and

WHEREAS, the City of San Antonio's Metro Health Department established an Office of Health Equity in 2017 to implement policies, practices, systems and changes to the environment that reduce health disparities and improve the health outcomes for marginalized communities in San Antonio; and is committed to operationalizing health equity and to applying an equity lens to its plans, practices and policies; and

WHEREAS, the City of San Antonio recognizes the persistent health inequities experienced by groups in our community that are marginalized based on race/ethnicity, income level, ability or disability status, immigration or refugee status, educational level, geographic area, or any combination of these factors. The City leads with race explicitly, but not exclusively in its Health Equity approach because racial inequities in outcomes persist in every system, including health; and

WHEREAS, the American Public Health Association (APHA) has declared racism an ongoing public health crisis that needs our attention now; and institutions including the American Medical Association, American Association of Pediatrics and American College of Emergency Physicians have also recognized racism as an urgent threat to public health; and

WHEREAS, the San Antonio community has experienced a history of structural, institutional, interpersonal, and individual racist practices and laws including slavery, Jim Crow, segregation, and redlining, which provided preferential opportunity to some and barriers to Black/African Americans and other people of color; and these racist practices and laws resulted in unequal educational attainment, health outcomes, housing status, economic security, and wealth building opportunities for Black/African American, Latinx and other people of color not only in their lifetimes but across subsequent generations; and

WHEREAS, federal redlining policies designed into San Antonio and other cities across the United States, and sanctioned by federal and local government, deemed Mexican and Black/African American communities in San Antonio unfit for investment based on racist characterizations, such as having "an unproductive class which constitutes a burden to the community". This type of institutional racism further segregated San Antonio and reproduced racially divided communities, and left a legacy in which communities of color often still have

less access to jobs, services, high-quality education, safe streets, reliable transportation, and other essential ingredients of economic and social success; and

WHEREAS, up until March 16, 1960, San Antonio lunch counters were racially segregated, and Black/African American residents were refused service at many businesses, such as the Woolworth's lunch counter downtown. Since the integration of lunch counters was an initial step in desegregation, the San Antonio Interracial Committee was founded the next month with the goal of swaying public opinion against segregation. Five years after the first movement of integration, City Council integrated all public areas with the passing of an ordinance; and

WHEREAS, Texas enshrined white supremacy in its 1836 constitution when Anglo slaveholders seceded from Mexico, and the people of Mexican descent experienced mob violence, lynchings, whippings, being burned alive, and being shot at close range, well into the 20th Century. In the 1850s, several counties in Texas expelled Mexicans, and in 1854, the city of Austin ordered every Mexican to leave unless vouched for by Anglos. On January 28, 1918, a group of Anglo cattlemen, Texas Rangers and United States Army cavalry soldiers descended on a village in West Texas as families slept. They seized 15 men and boys, the youngest of whom was 16, marched them to a bluff overlooking the river and fatally shot them at close range and then burned the village; and

WHEREAS, the fight against racism and its adverse impacts on our community has long been championed Black/African Americans, Latinx and other people of color, and other allies fighting for racial justice through historic and present-day protests, actions, and petitions; and

WHEREAS, the World Health Organization defines “public health” as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society,” and public health activities range from researching disease and injury prevention to educating people about health, and the field of public health ultimately works to create the conditions in which people can be healthy; and

WHEREAS, the American Public Health Association deems racism 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—impact life-long health outcomes even before birth; and

WHEREAS, the non-partisan National Partnership for Women and Families and American Public Health Association have found that in the United States, health and racism are inextricably linked, creating a harmful impact on individuals and communities of color and their social determinants of health, including unequal access to quality education, employment, livable wages, nutritious food, access to healthcare, stable and affordable housing, and safe and sustainable communities; and

WHEREAS, The American College of Physicians has found that Black/African Americans in particular are at risk of being subjected to discrimination and violence against them because of their race, endangering them and even costing them their lives; and

WHEREAS, over 100 studies have linked racism to negative health outcomes, such as an increase in stress hormones and activation of the immune and inflammatory systems; changes in brain structure; elevation of blood pressure and blood sugar; and epigenetic changes, which are associated with increased risk for numerous mental and physical chronic health conditions, including heart disease, cancer, asthma, stroke, Alzheimer's, diabetes, depression, and suicide; and

WHEREAS, research shows that adverse experiences in childhood are disproportionately experienced by Black/African American children, Latinx children and other children of color when compared to white children, and result in negative impacts on physical, mental, and behavioral health as well as poor academic performance; and

WHEREAS, Black/African Americans and people of color in San Antonio experience worse outcomes in health, education, employment, housing, and across many other metrics, according to the City of San Antonio's Office of Equity's 2019 Racial Equity Indicator Report; and

WHEREAS, the rate of infant mortality among Black/African Americans in Bexar County is 9.5/1,000 births, which is almost 50% higher than that of Latinx and whites, and the rate of low birthweight births among Black/African Americans in Bexar County is 14.6%, or nearly 60% higher than that of Latinx and whites; and

WHEREAS, Black/African Americans, Latinx and other people of color in Bexar County face disparate economic and educational outcomes as illustrated below; and

Indicator	Black	Latinx	White
Bexar County average median household income	\$44,964	\$46,329	\$70,019
Percent of San Antonio residents living in poverty	22.5%	21.3%	11.2%
Percent of San Antonio renters/homeowners that spend more than 30% of household income on housing	56.7%	53.0%	30.1%
Percent of San Antonio residents 25 or older that have less than high school education attainment	9.6%	25.7%	4.8%
Percent of San Antonio residents 25 or older that have a bachelor's degree or higher	24.1%	16.2%	43.4%
Percent of San Antonio residents that do not have health insurance ¹ coverage	14.4%	19.7%	9.4%
Percent of Bexar County residents who have delayed health care in the past 12 months because of cost	17.9%	24.1%	10.6%

Source: City of San Antonio's 2019 Racial Equity Indicator Report

WHEREAS, there is a need for additional measures to address these issues and to actively engage the community in the search for solutions, to continue to build alliances with organizations that are working against racism and to continue to promote equitable practices in health, education, employment, and in all government programs.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

Section 1. That this Council declares racism is a public health crisis, acknowledges that the effects of systemic and structural racism are a public health crisis in San Antonio and commits to advocating for racial justice as a core element of all policies, programs, and procedures. In support of this, Council will increase advocacy to include state and federal legislative priorities for City efforts to further racial equity, and to eliminate all forms of racism, from systemic, to structural, to institutional, to interpersonal, and individual.

Section 2. That this Council supports community-based groups and initiatives that promote racial equity and will work with the community to educate and find innovative solutions to address systemic and institutional racism and provide additional resources to specific efforts to dismantle racism.

Section 3. That City Staff will provide bi-annual presentations updating the community about solution-oriented policies and programs implemented by the City to improve racial equity.

Section 4. That the City of San Antonio will additionally commit to advancing racial equity efforts by:

- Reviewing policies and procedures for the purposes of eradicating implicit and explicit racial bias and promoting policies and procedures that advance racial equity, including policies and procedures that govern boards and commissions; and
- Engaging historically marginalized communities in the development of policy solutions for local issues related to health equity; and
- Improving data systems in order to disaggregate health data by race/ethnicity and income and facilitate data-informed decision-making processes to address the health disparities in our community; and
- Advancing health equity and supporting historically marginalized communities; and
- Working to mitigate housing and job displacement from driving further racial and income segregation by developing strategic initiatives such as land use and affordable housing finance regulations and housing stability programs, while improving City services that strengthen historically marginalized communities in place; and
- Promoting racially equitable City services, programs and policies in all realms, from neighborhood investment to infrastructure and transportation to economic and workforce development.