June 23, 2021

The Honorable Ayanna Pressley U.S. House of Representatives Washington, D.C. 20515

The Honorable Barbara Lee U.S. House of Representatives Washington, D.C. 20515

The Honorable Elizabeth Warren U.S. Senate Washington, D.C. 20510

Dear Representatives Pressley and Lee, and Senator Warren:

On behalf of the more than 500,000 frontline physicians our organizations represent, we write in support of the Anti-Racism in Public Health Act of 2021 and the opportunity to address health inequities and systemic racism in our nation.

People of color experience higher rates of illness and death across a wide range of health conditions compared to their White counterparts, in large part driven by pervasive racial health inequities. The COVID-19 pandemic has further exacerbated this problem. Moreover, exposure to racial discrimination on an ongoing basis is associated with increased levels of C-Reactive Protein (CRP) which is a marker for poor cardiovascular outcomes, while increased incidences of racial discrimination are linked to a higher risk of smoking and substance use. Additionally, police violence is the sixth leading cause of death for young men and disproportionately affects Black and Latino men. These are clear indications that structural racism contributes to disparate health outcomes and must be confronted with urgency.

Your legislation would direct the Centers for Disease Control and Prevention (CDC) to declare racism a public health crisis and would establish necessary research opportunities to understand and address the effects of racism on the health and wellbeing of communities of color in the U.S. Specifically, the CDC would establish a National Center on Antiracism and Health and a law enforcement violence prevention program.

Our organizations are opposed to the systemic racism that persists in our society and many of our institutions, including in health care. Hospitals and clinics that were once designated for racial and ethnic minorities continue to experience significant financial constraints and are often underresourced and improperly staffed. These issues result in inequities in access to and quality of health care and are major contributors to racial and ethnic health disparities. We also acknowledge that the compound intergenerational effects of structural racism, discrimination, and discriminatory policing affect health outcomes, including fetal health, and into childhood and adulthood, making early interventions and resources critically important.

As America's frontline physicians, we are committed to advancing public policies that help eliminate racial inequities and improve health outcomes. We commend you for your actions towards this shared goal and we are ready to help enact this legislation.

Sincerely,

American Academy of Family Physicians American Academy of Pediatrics

American College of Obstetricians and Gynecologists American College of Physicians American Psychiatric Association

ⁱ Center for Disease Control and Prevention. Apr. 12, 2021. "Racism and Health." https://www.cdc.gov/healthequity/racism-disparities/index.html (June 11, 2021)

ii Webb Hooper, Monica, Anna María Nápoles, and Eliseo J. Pérez-Stable. 2020. "COVID-19 and Racial/Ethnic Disparities." *JAMA - Journal of the American Medical Association* 323(24): 2466–67. https://www.chicago.gov/city/en/sites/covid- (March 30, 2021).

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^v Feagin, Joe, and Zinobia Bennefield. 2014. "Systemic Racism and U.S. Health Care." *Social Science and Medicine* 103: 7–14. https://pubmed.ncbi.nlm.nih.gov/24507906/ (March 31, 2021)