

Testimony Before the Committee on Health

Council of the District of Columbia

**PR23-90 “Sense of the Council to Declare Racism a Public Health Crisis in the District of Columbia
Resolution of 2020”**

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Thank you, Chair Gray, for holding this roundtable and thank you, Council Member McDuffie for introducing the resolution. I am Bill Dietz, a pediatrician and Chair of the Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at George Washington University. I’m pleased to join with other colleagues from the School of Public Health in offering testimony today. Anti-racist actions have become a high priority for our center. My testimony reflects my own views and does not necessarily reflect the views of The George Washington University.

The recognition that racism is at the heart of disparities in the health and welfare of Black People, Indigenous People, and People of Color is not novel. Over fifty years ago, the Kerner Commission stated that “What white Americans have never fully understood but what the Negro can never forget--is that white society is deeply implicated in the ghetto. White institutions created it, white institutions maintain it, and white society condones it.” I am here testifying today, because dismantling structural racism is not the responsibility of People of Color, who played no role in creating those systems. White people and white-led institutions must eliminate the racist structures and systems that we have created.

I strongly urge the Council to recognize that racism is a public health problem and constituted a public health crisis, even before the COVID-19 pandemic. However, the recognition that racism is a public health crisis is not enough. That recognition must be accompanied by comprehensive actions that address the underlying structures created and sustained by systemic racism and by actions that eliminate the deep racial disparities, particularly in health outcomes, that exist in the District.

As this committee knows, the District has deep and persistent health disparities, reflected in a 16-year difference in life expectancy between Ward 8 and Ward 3. Black residents bear a disproportionate burden of chronic

disease rates. For example, the prevalence of obesity is nearly 50% higher for Black than white residents, rates of diabetes are twice the national average in communities east of the river and Black residents are 6 times more likely to die from diabetes and related complications than white residents. Many of these disparities are driven by the trauma of racism and the structural and historic inequities that have produced concentrated poverty, exposure to violence, and limited access to healthy food and opportunities for physical activity.

There are several legislative proposals currently before the Council that could have a positive impact on these inequities:

- (1) The Racial Equity Achieves Results Act, introduced by Council Member McDuffie, provides a structure for measuring equity and using a racial equity lens in making policy and programmatic decisions. I understand this legislation is moving toward a final vote.
- (2) The Healthy Beverages Choices Act, introduced by Council Member Nadeau and cosponsored by 8 other Council Members. This legislation will reduce consumption of sugary drinks, which are the leading source of added sugar in the American diet, and create a revenue stream that can be used to increase access to healthy food in underserved areas of the District. Thorough studies have shown that soda companies specifically target advertising to communities of color, and that rates of consumption of sugary drinks are highest among Black youth. Reducing overconsumption of sugary drinks and increasing access and affordability of healthy foods are essential strategies to decrease the prevailing burden of chronic disease.
- (3) The Health Impact Assessment Establishment Act, introduced by Council Member Grosso with Chair Gray and Council Member Nadeau. This legislation would provide for a health impact assessment (HIA) for large projects in the District. The HIA process allows for community input and an assessment of how a project could be designed to reduce health disparities and improve outcomes for the immediate community.
- (4) The Adverse Childhood Experience Prevention Pilot Program Amendment Act, introduced by Council Member Todd. This legislation builds on the public health approach to violence advanced by the NEAR Act by providing access to trauma-informed family supports for families with young children impacted by violence. The act would also increase trauma-informed supports for the staff involved in violence interruption work in the District.

These proposals would all advance equity in the District and begin to address the underlying structures and policies, often based in historical and systemic racism, that have fostered racial disparities in the District. I urge Council to move these legislative initiatives forward, and we at the Redstone Center look forward to supporting you in this important work.

Thank you for the opportunity to testify today and for your work to address systemic and structural racism and its impacts.