A More Just Future for Medicine and Public Health in the COVID-19 Era and Beyond

MICHELLE MORSE, MD, MPH
CHIEF MEDICAL OFFICER |DEPUTY COMMISSIONER
CENTER FOR HEALTH EQUITY AND COMMUNITY WELLNESS
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
(NYC HEALTH DEPARTMENT)
OCTOBER 23, 2022

"The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have... been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference"

W.E.B. Du Bois, Philadelphia Negro 1899

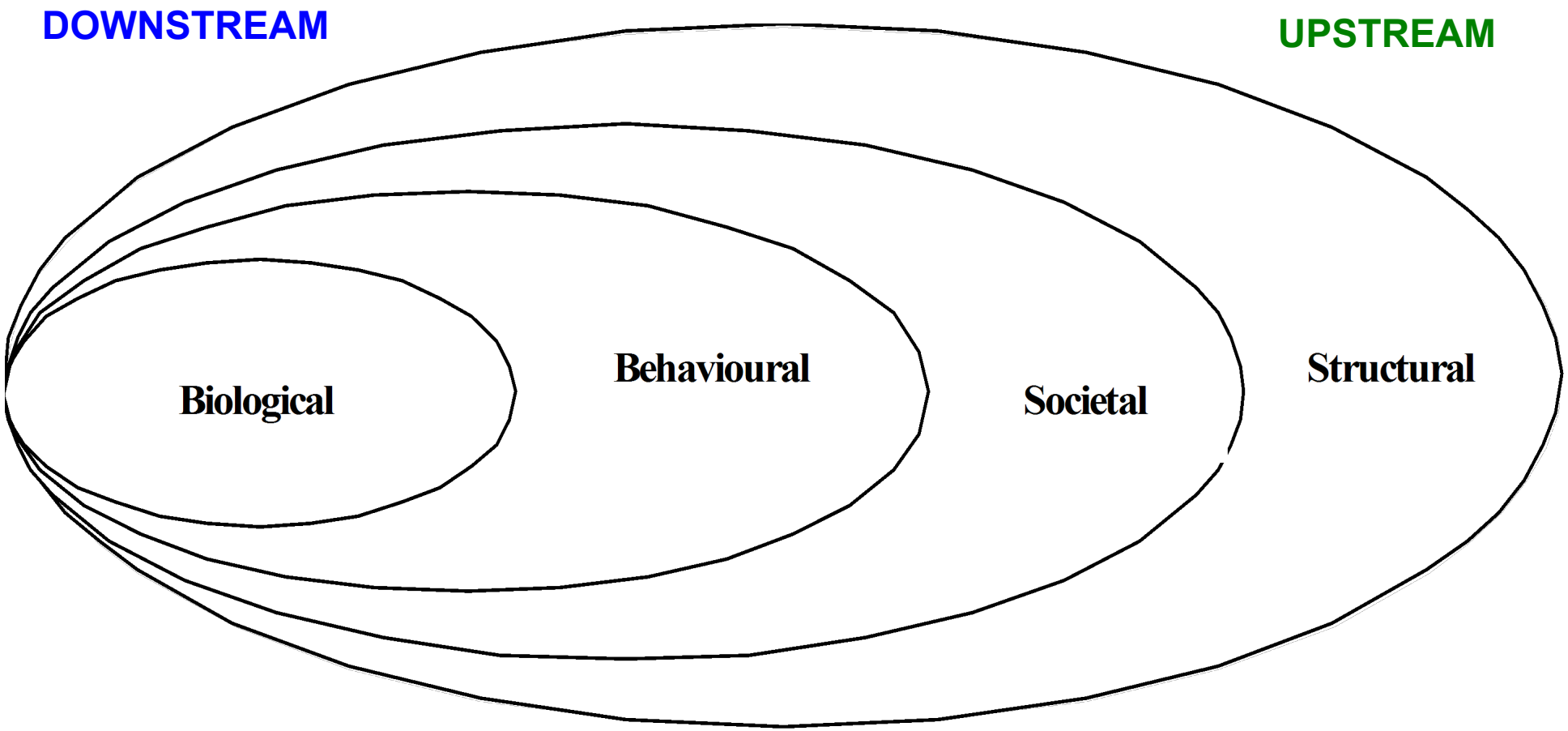
Toplines

The Social Structural Context

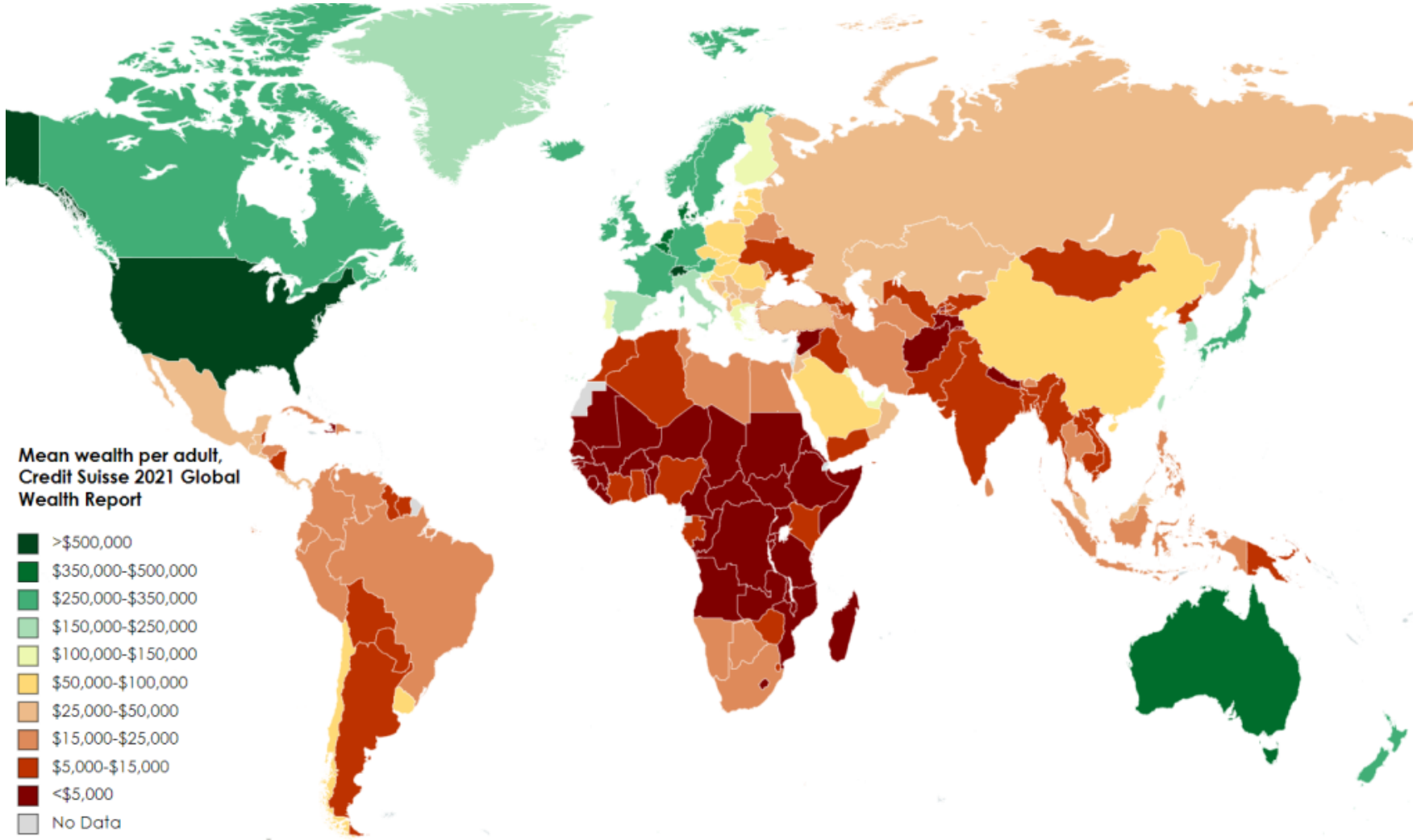
Race-conscious strategies that have been developed and implemented (COVID-19, eGFR, and Heart Failure)

Reparations and anti-racism

Determinants of Health



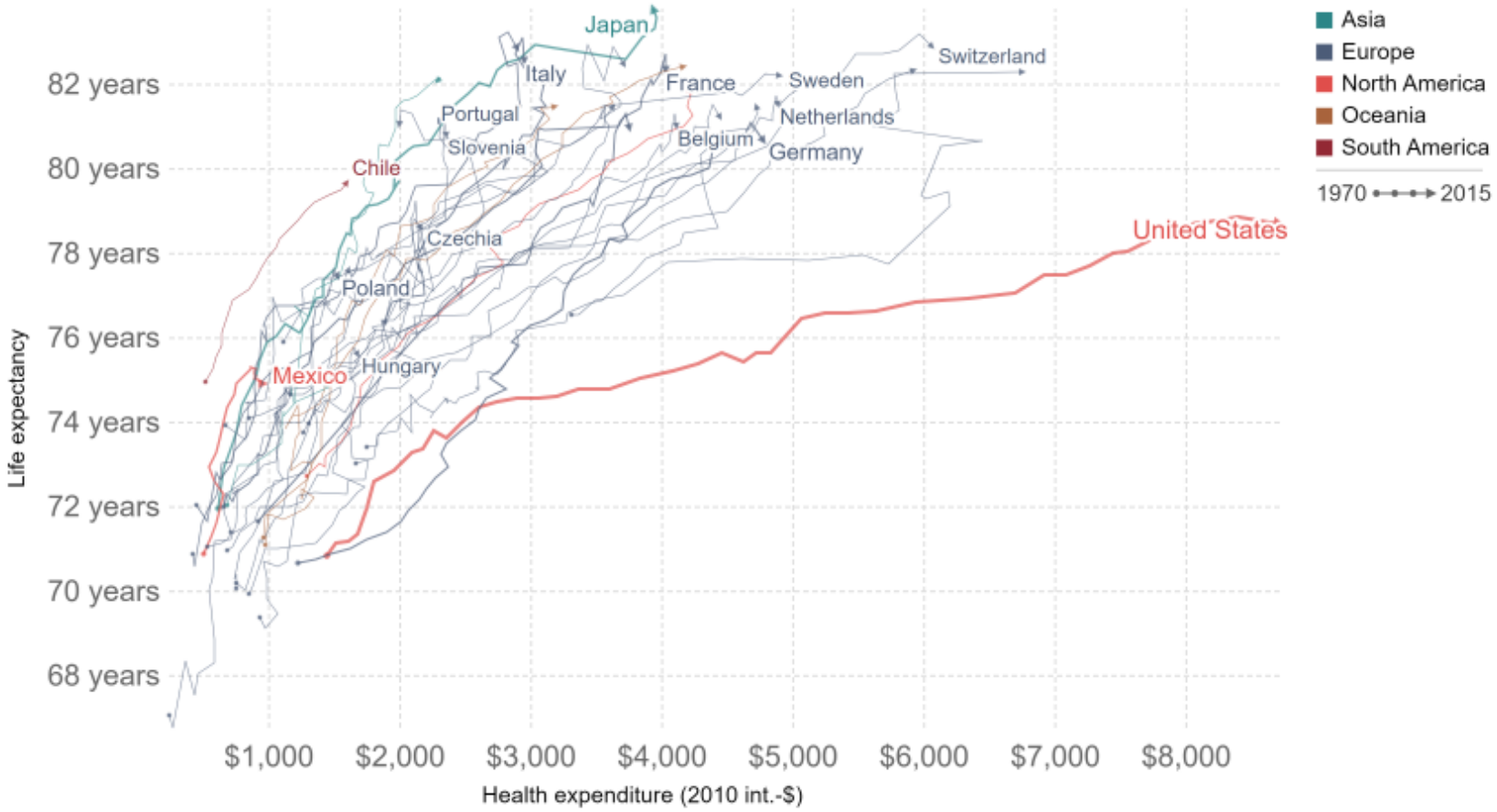
Colonialism and Wealth Inequity



https://en.wikipedia.org/wiki/List_of_countries_by_wealth_per_adult

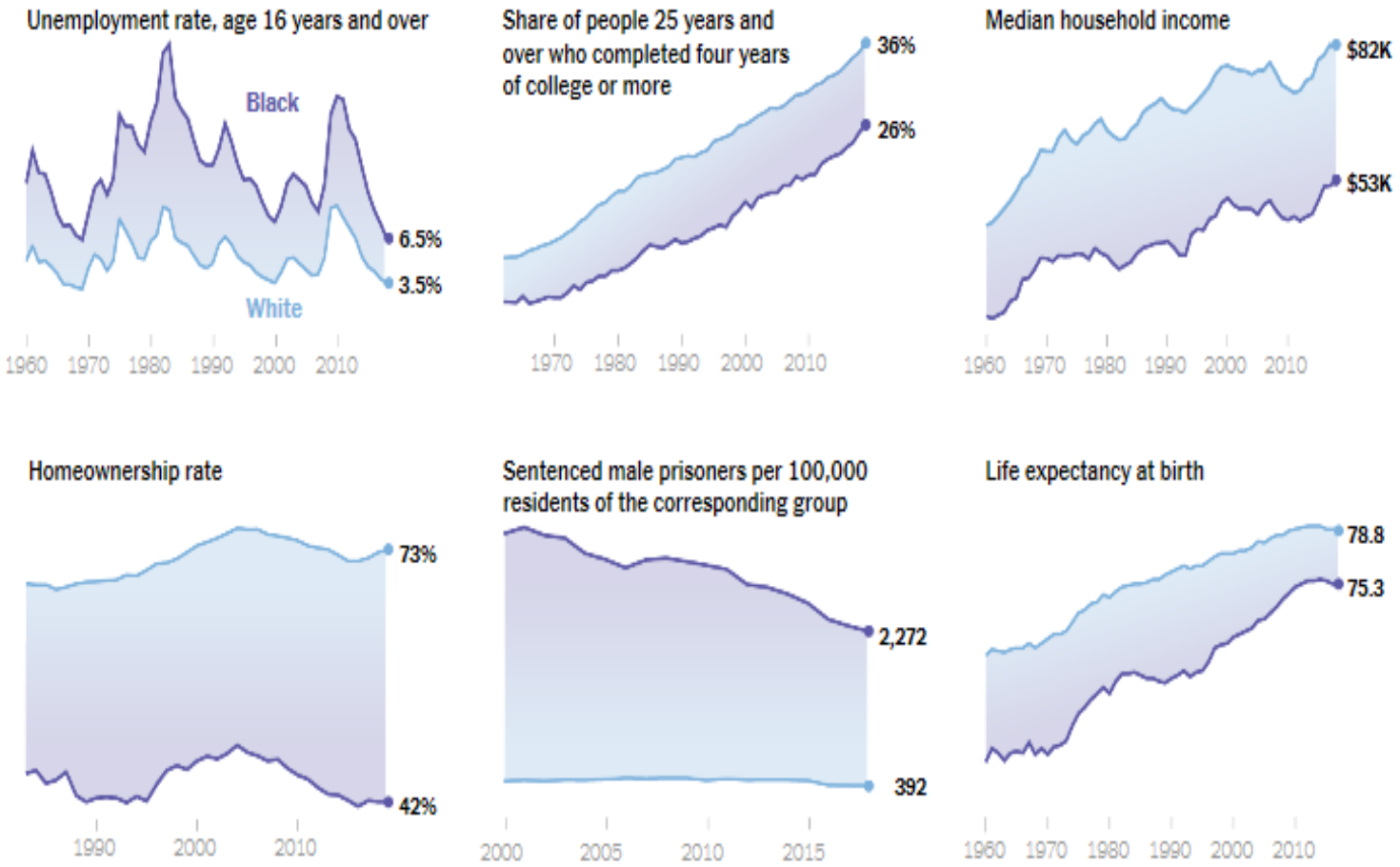
Life expectancy vs. health expenditure, 1970 to 2015

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).



Source: Data compiled from multiple sources by World Bank, Health Expenditure and Financing - OECDstat (2017)
OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY

Black-White Inequities: 1960 to 2010



Sharkey, P., Taylor, K.-yamahtta,; Serkez, Y. (2020, June 19). The gaps between white and black America, in charts. The New York Times. https://www.nytimes.com/interactive/2020/06/19/opinion/politics/opportunity-gaps-race-inequality.html.

Insights from Critical Race Theory (CRT)

Tenets of Critical Race Theory

- Racism is thoroughly embedded in society
- Racism serves the material/psychic interests of the dominant group
- **Social construction of race**
- Differential racialization
- Intersectionality
- Unique voice of color
- Interest convergence

Ford C and Airhihenbuwa C. Just What is Critical race theory and What's it doing in a Progressive Field like Public health? *Ethn Dis.* 2018; 28 (Suppl 1): 223-230.

Insights from Critical Race Theory (CRT)

Public Health Critical Race Praxis

- Critical Race Theory vs. Public Health
  - Science is NOT objective
  - Generate knowledge from OUTSIDE a discipline's core knowledge base

Ford C and Airhihenbuwa C. Just What is Critical race theory and What's it doing in a Progressive Field like Public health? *Ethn Dis.* 2018; 28 (Suppl 1): 223-230.

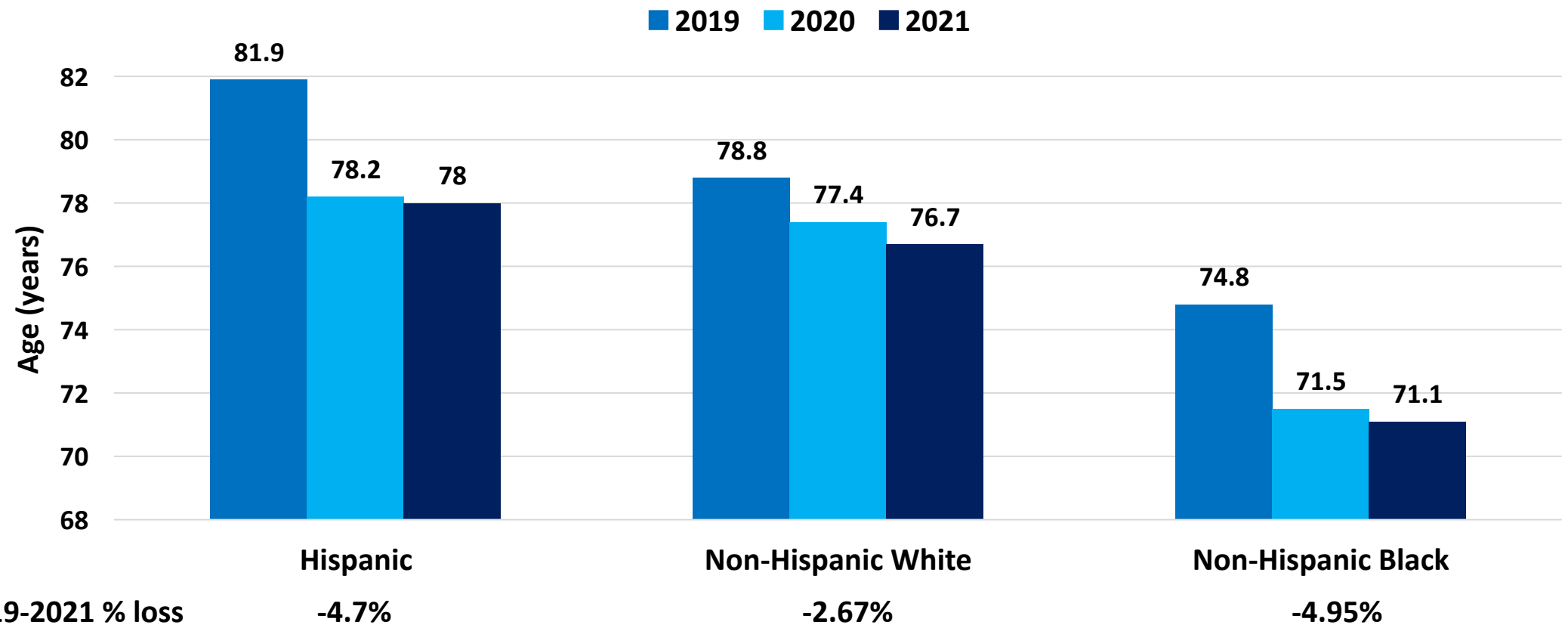
Toplines

The Social Structural Context

Race-conscious strategies that have been developed and implemented (COVID-19, eGFR, and Heart Failure)

Reparations and anti-racism

Life expectancy at birth, by Hispanic origin and race: United States, 2019, 2020 and 2021

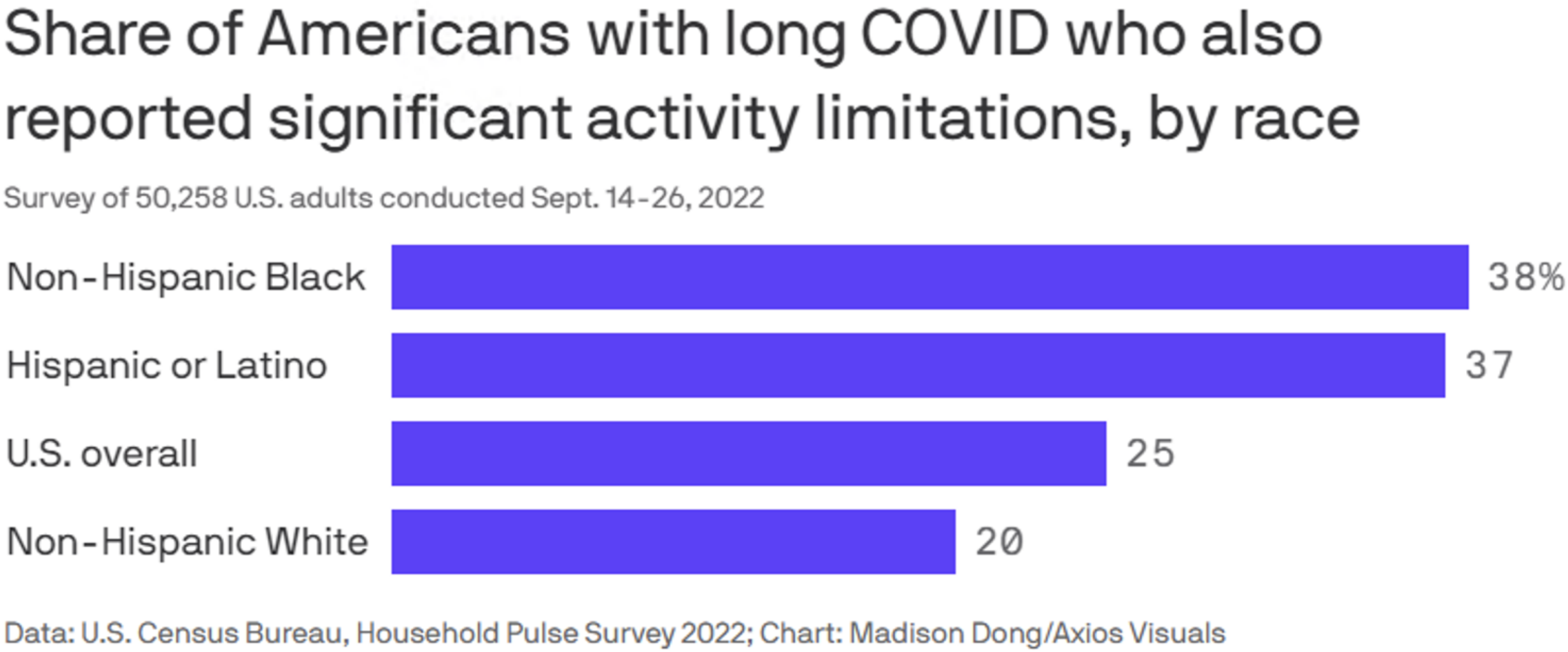


Ryan K. Masters, Laudan Y. Aron, Steven H. Woolf Changes in Life Expectancy Between 2019 and 2021 in the United States and 21 Peer Countries medRxiv 2022.04.05.22273393; doi: https://doi.org/10.1101/2022.04.05.22273393

Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.6x	0.7x	1.1x	1.5x
Hospitalization[2]	3.0x	0.8x	2.3x	2.2x
Death[3]	2.1x	0.8x	1.7x	1.8x

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity | CDC Updated June 02, 2022



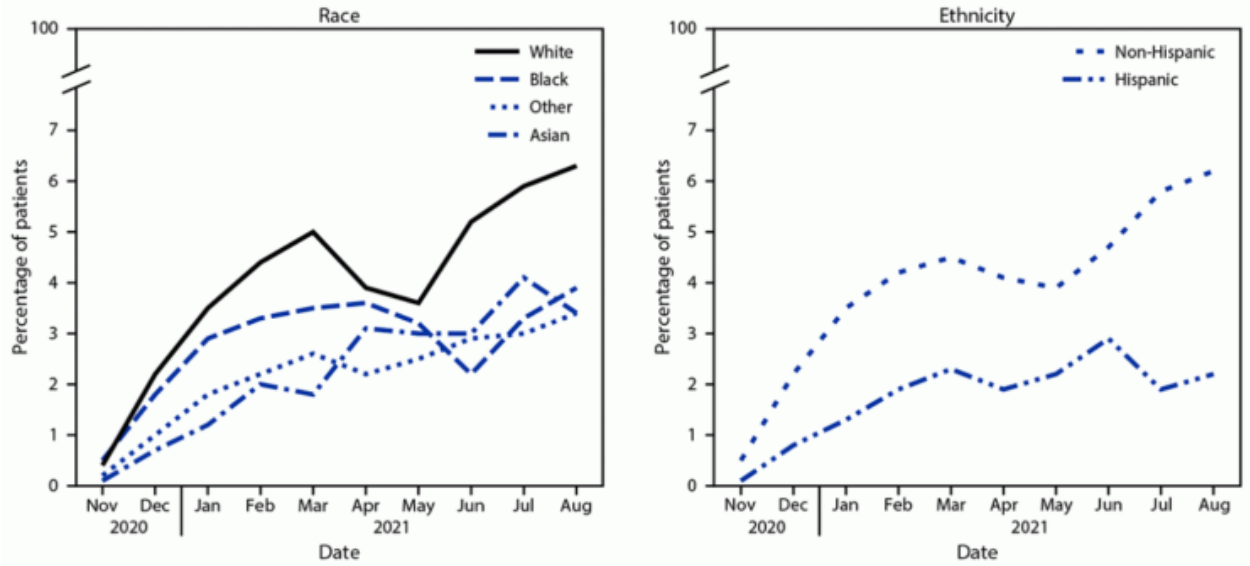
Long COVID is still disabling millions of Americans, CDC reports (axios.com)

Prioritization of COVID Therapeutics

Due to low supply, providers should adhere to the New York State Department of Health prioritization guidance regarding therapies for treatment of severe COVID-19.

Under NYS guidelines, non-white race or Hispanic ethnicity should be considered risk factors for severe illness, and NYC DOH encourages use of this factor considering known inequities across the city.

FIGURE. Monthly* percentage of COVID-19 patients (n = 805,276) receiving monoclonal antibody treatment,† by race§ and ethnicity¶ - 41 health care systems in the National Patient-Centered Clinical Research Network — United States, November 2020–August 2021

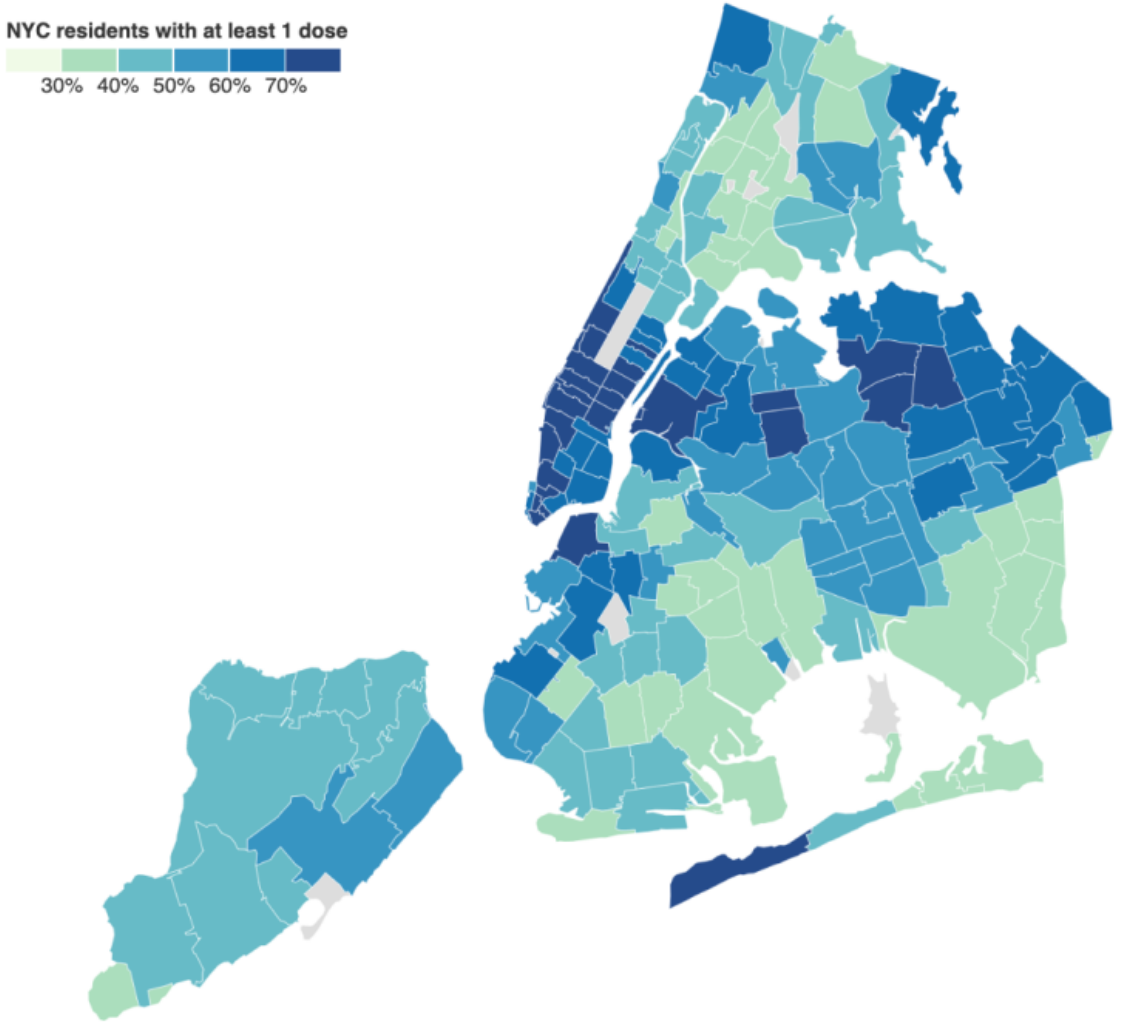


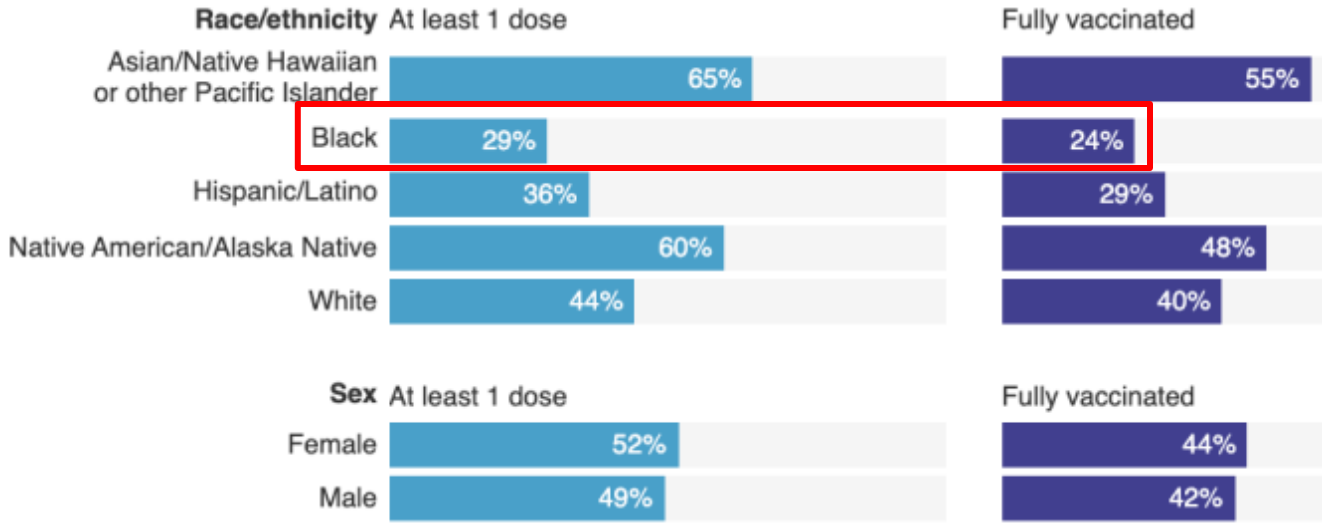
* Systematic temporal differences in medication receipt by race and ethnicity were assessed by pairwise Wilcoxon signed rank test.

Wiltz JL, Feehan AK, Molinari NM, et al. Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 — United States, March 2020–August 2021. MMWR Morb Mortal Wkly Rep. ePub: 14 January 2022.
DOI: http://dx.doi.org/10.15585/mmwr.mm7103e1

Prioritization Guidance: https://coronavirus.health.ny.gov/system/files/documents/2021/12/prioritization_of_mabs_during_resource_shortages_20211229.pdf

COVID-19 Vaccination Inequities





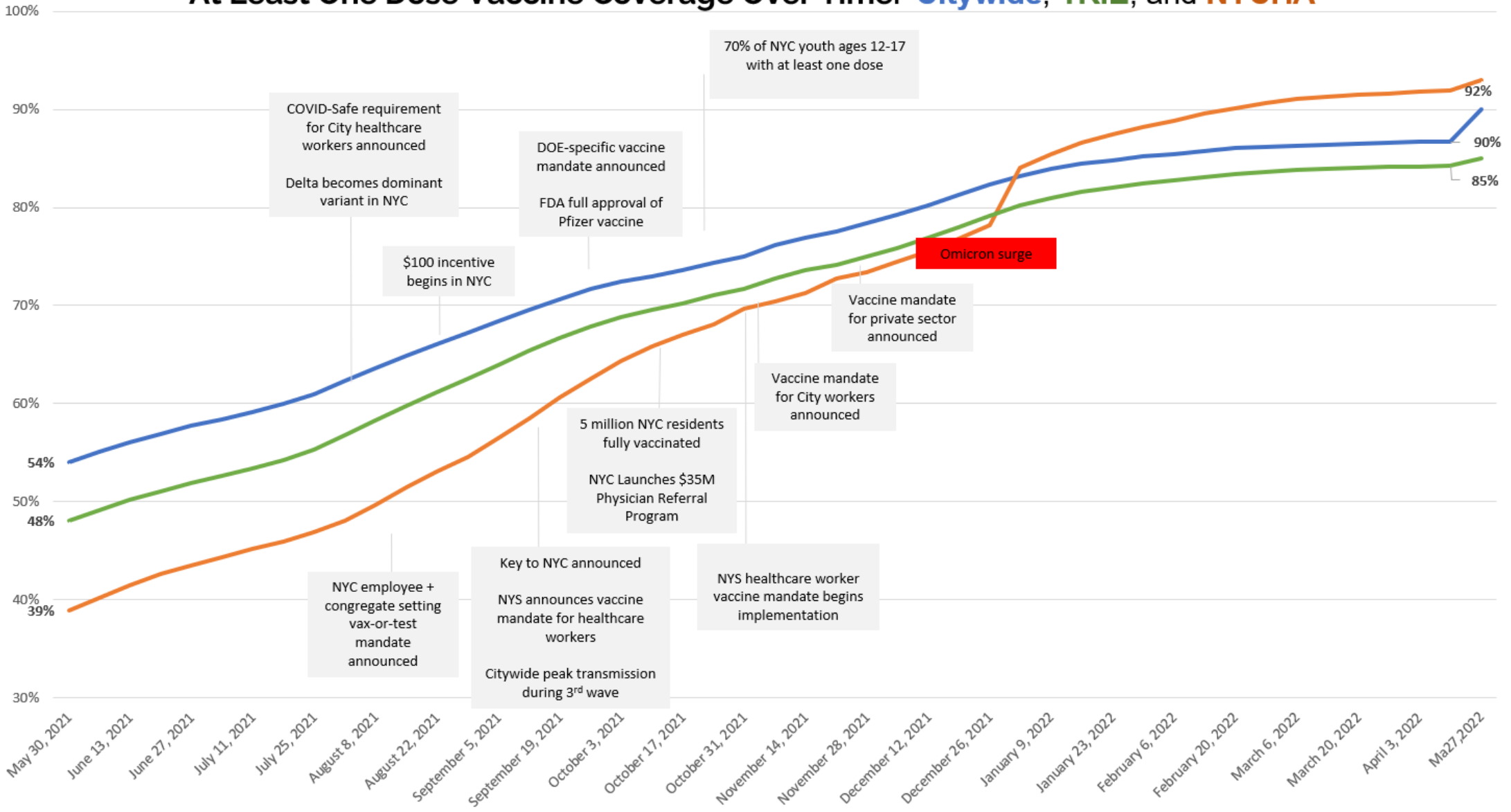
As of June 2, 2021. www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page

Public Health Corps Mission Statement

The NYC Public Health Corps (PHC) is a ***citywide investment in and commitment to the public health workforce and just recovery from COVID-19 with and for communities that have been disproportionately impacted****. Co-led by the NYC Department of Health and Mental Hygiene (DOHMH) and NYC Health + Hospitals (H+H), the work of the PHC is grounded in health equity, a transformative and adaptive process that works toward the physical, mental, emotional, developmental, spiritual and environmental well-being of all New Yorkers. Through holistic neighborhood and clinic-based community engagement addressing social, physical, and mental health needs,* ***the PHC will engender a COVID-19 recovery that centers around healing and justice****. The PHC will work to create conditions that are necessary for New Yorkers to achieve their optimal health, with a focus on health equity and reducing health disparities.*

NYC Public Health Corps

COVID-19 Equity Collective Action Impact :
At Least One Dose Vaccine Coverage Over Time: Citywide, TRIE, and NYCHA



NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

FOR IMMEDIATE RELEASE
Friday, September 16, 2022

HEALTH DEPARTMENT CELEBRATES ONE YEAR ANNIVERSARY OF PUBLIC HEALTH CORPS

COVID-19 Vaccine rates in TRIE neighborhoods increased from 64% in September 2021 to over 86% in August 2022

From September 2021 to August 2022, 23,437 in-person vaccine outreach events reached over one million people across all TRIE neighborhoods

September 16, 2022 – The NYC Health Department marked the one-year anniversary of New York City Public Health Corps (PHC) this week. The PHC is a joint health equity initiative between the Health Department and Health and Hospitals (H+H), which strengthens the city's public health infrastructure to promote health in local communities, through sustained presence and established partnerships. To celebrate the milestone, the Health Department will recognize Community Health Workers (CHW) in each borough, as well as partner organizations, who have made PHC's impact and success possible during the COVID-19 pandemic. The events in each borough will also include job and health and wellness fairs open to the public.

"New York City has strong, vibrant and diverse communities, and as a city, we must build partnerships and infrastructure with them to have the greatest impact," said **Health Commissioner Dr. Ashwin Vasan.** "This means not only identifying the key organizations, leaders, and partners with whom to plan and collaborate to achieve citywide public health and equity goals, but to develop the infrastructure of investment, capacity building, staffing, technical and informational support that form a vital pillar of the public health system we need for this city and this nation to thrive. The Public Health Corps are a model for promoting health, block-by-block and brick by brick, rooted in community, and building a foundation of trust."

Toplines

The Social Structural Context

Race-conscious strategies that have been developed and implemented (COVID-19, eGFR, and Heart Failure)

Reparations and anti-racism

What is the evidence for race-based practice in kidney function?

16 March 1999 Volume 130 Number 6

Annals of Internal Medicine

A More Accurate Method To Estimate Glomerular Filtration Rate from Serum Creatinine: A New Prediction Equation

Andrew S. Levey, MD; Juan P. Bosch, MD; Julia Breyer Lewis, MD; Tom Greene, PhD; Nancy Rogers, MS; and David Roth, MD, for the Modification of Diet in Renal Disease Study Group*

eGFR formulae

Formula 1. MDRD:

$$eGFR = 175(S_{cr})^{-1.154} \times (Age)^{-0.203} \times 0.742[\text{if female}] \times 1.21\textbf{[if Black]}$$

Formula 2. CKD-EPI 2009:

$$eGFR = 141 \times \min(S_{Cr}/\kappa, 1)^{\alpha} \times \max(S_{Cr}/\kappa, 1)^{-1.209} \times 0.993^{Age} \times 1.018[\text{if female}] \times 1.159\textbf{[if Black]}$$

- $\kappa = 0.7$ (females) or 0.9 (males)
- $\alpha = -0.329$ (females) or -0.411 (males)
- min = minimum of S_{Cr}/κ or 1
- max = maximum of S_{Cr}/κ or 1

(Levey et al. 1999; Levey et al. 2009)

How was race measured in the MDRD study?

Cross-sectional sample: 197 “Black” and 1304 “White”

“Ethnicity was assigned by study personnel, without explicit criteria, probably by examination of skin color.” (Levey et al., 2006)

Explanation for the use of race?

- “on average, Black persons have greater muscle mass than White persons” (based on 3 studies)
  - **47** black adults, all staff or friends of staff at a New York laboratory (Cohn et al. 1977)
  - **59** black children in one small town in Louisiana (Harsha et al. 1978)
  - **30** black adults at one hospital in London (Worrall et al. 1990)

eGFR Bottom Line?

"Every system is perfectly designed to get the results it gets." —Paul Batalden

- Black race being used as proxy for muscle mass by MDRD and other equations
- Muscle mass and associated serum creatinine levels factor into eGFR
- eGFR below threshold (60) → diagnosis of chronic kidney disease (CKD)
- Race adjustment may overestimate an African American patient's muscle mass → overestimate eGFR → delayed diagnosis of CKD (often asymptomatic to stage 3 out of 5) → delayed referral to nephrologist
- Prevalence of stage 1 and 2 CKD lower among African Americans than among Whites (why?)
- Prevalence of end-stage renal disease 400% higher among African Americans than among Whites (why?)
- Magnitude of equation's contribution to delayed diagnosis among African American patients may be small, but it is in the direction of the disparity

Credit: Drs. Cameron Nutt, Danika Barry, Leo Eisenstein, and Melanie Hoenig

@DrCHWilkins tweet on July 6, 2020 "As of 7.8.20 @VUMCHealth will no longer report race-based #GFR More to come. Thanks @VUmedicine students & residents who led charge & faculty who responded! …"

Support for Change

"ASN agrees that unlike age, sex, and body weight, race is a social, not a biological, construct. Adjusting for race in the eGFR equation may not address the diversity within self-identified Black or African-American patients as well as other racial or ethnic groups."

https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/20.9.25%20ASN%20Response%20to%20Chairman%20Neal%20re%20Race%20and%20eGFR.pdf

ASN
KidneyNews
July 2020 | Vol. 12, Number 7

Medical Students Lead Effort to Remove Race from Kidney Function Estimates

By Bridget M. Kuehn

When a lecturer at the University of Washington School of Medicine described the use of black race as an adjustment in estimated glomerular filtration rate (eGFR) calculations, it made medical student Naomi Nkinsi uncomfortable. The use of race as a proxy for muscle mass hearkened back to racist comments she'd heard suggesting that black people have more muscle or are otherwise biologically different.

"I was thinking how is this something we are using to measure someone's kidney function, something that we are using to determine if they can get medication, if they can get transplant or treatment?" said Nkinsi, who is also working on her masters degree in public health at the school. "In medicine we talk about precision. When it comes to race, people throw that out the door. Being black, or race, is used as a proxy for so many other things."

Nkinsi is not alone in feeling the use of race, a social construct rather than a biological one, in estimating kidney function is inappropriate. Many other current and former black medical students at her school and others have questioned this practice. In fact, a growing movement led by US medical students across the country is working to eliminate the use of race as an adjustment in eGFR. As of June 2020, the University of Washington, Massachusetts General Hospital, and Brigham and Women's Hospital became the latest institutions to abandon the use of race in kidney function estimations. Previously, the Beth Israel Deaconess Medical Center in Boston and Zuckerberg San Francisco General Hospital (1) made similar changes.

"This is a momentous change where UW Medicine is leading the way," said Rajnish Mehrotra, MD, interim head of the division of nephrology at the University of Washington School of Medicine in a statement (2).

Calls for change

There has been growing skepticism of the use of black race in kidney function estimation among nephrologists. In a viewpoint published in *JAMA* in June 2019, Nwamaka Eneanya, MD, MPH, and colleagues argue that using race as a variable may restrict access to care for some patients and interfere with transparency in patient care (3). Eneanya is assistant professor of medicine and epidemiology at the University of

Continued on page 3 >

Kuehn, Bridget M. " Medical Students Lead Effort to Remove Race from Kidney Function Estimates". *Kidney News* 12.7 (2020): 1-3.
https://www.kidneynews.org/view/journals/kidney-news/12/7/article-p1_1.xml

ORIGINAL ARTICLE

New Creatinine- and Cystatin C–Based Equations to Estimate GFR without Race

L.A. Inker, N.D. Eneanya, J. Coresh, H. Tighiouart, D. Wang, Y. Sang, D.C. Crews, A. Doria, M.M. Estrella, M. Froissart, M.E. Grams, T. Greene, A. Grubb, V. Gudnason, O.M. Gutiérrez, R. Kalil, A.B. Karger, M. Mauer, G. Navis, R.G. Nelson, E.D. Poggio, R. Rodby, P. Rossing, A.D. Rule, E. Selvin, J.C. Seegmiller, M.G. Shlipak, V.E. Torres, W. Yang, S.H. Ballew, S.J. Couture, N.R. Powe, and A.S. Levey, for the Chronic Kidney Disease Epidemiology Collaboration*

ABSTRACT

BACKGROUND

Current equations for estimated glomerular filtration rate (eGFR) that use serum creatinine or cystatin C incorporate age, sex, and race to estimate measured GFR. However, race in eGFR equations is a social and not a biologic construct.

METHODS

We developed new eGFR equations without race using data from two development data sets: 10 studies (8254 participants, 31.5% Black) for serum creatinine and 13 studies (5352 participants, 39.7% Black) for both serum creatinine and cystatin C. In a validation data set of 12 studies (4050 participants, 14.3% Black), we compared the accuracy of new eGFR equations to measured GFR. We projected the prevalence of chronic kidney disease (CKD) and GFR stages in a sample of U.S. adults,

Inker L, Eneanya N, Coresh J et al. “New Creatine-and C-Based Equations to Estimate GFR without Race”. New England Journal of Medicine. September 23, 2021.
https://www.nejm.org/doi/full/10.1056/NEJMoa2102953

NYC Coalition to End Racism in Clinical Algorithms (CERCA)

What?

A citywide effort mediated through a coalition would provide a shared timeline and vision for removing these structures from both the health care delivery and educational institutions of medicine.

Why?

Efforts are needed to end race adjustment at scale, quantify the impact on health inequities, and proactively initiate city-wide outreach to patients whose care was delayed because of race correction.

Who?

- ***NYC Health Department's CMO*** will be the convener
- ***Coalition Members*** who have pledged.
- ***NYC CERCA Advisory Committee*** composed of nationally recognized experts

When?

Launched: Fall 2021

Duration: The coalition will run for at least two years.

The inaugural report from the coalition was published in Fall 2022.

Where?

NYC CERCA meetings will be held virtually.

NYC Health

11 CERCA Members

Mount Sinai

SUNY Downstate Medical Center

Wyckoff Heights Medical Center

SBH Health System Bronx

NYU Langone Medical Center

Maimonides Medical Center

Northwell Health

Montefiore Health System

NewYork-Presbyterian

NYC Health + Hospitals

OBH One Brooklyn Health

cerca-report.pdf (nyc.gov)

Toplines

The Social Structural Context

Race-conscious strategies that have been developed and implemented (COVID-19, eGFR, and Heart Failure)

Reparations and anti-racism

Heart Failure at Brigham and Women's Hospital

Observational data from community and academic settings suggest differential outcomes for patients receiving specialty cardiology care during admissions for heart failure

- Mortality
- Re-admission rates
- Cardiology clinic follow-up

At BWH, differential outcomes for patients admitted with CHF to the general medicine service compared to the cardiology service

- Lower cardiology clinic follow up for general medicine (25 vs 51%)
- Higher 7 day readmissions for general medicine (10 vs 5%)
- Higher 30 day readmissions for general medicine (24 vs 17%)

Steinberg et al, Circulation 2012; Foody et al, AJM 2005; Jong et al, Circulation 2003 Salata et al, AJC 2018; Uthamalingam et al, AJC 2015

FREE ACCESS

RESEARCH ARTICLE

PDF/EPUB

Tools Share

Identification of Racial Inequities in Access to Specialized Inpatient Heart Failure Care at an Academic Medical Center

Lauren A. Eberly, Aaron Richterman, Anne G. Beckett, Bram Wispelwey, Regan H. Marsh, Emily C. Cleveland Manchanda, Cindy Y. Chang, Robert J. Glynn, Katherine C. Brooks, Robert Boxer ... See all authors

Originally published 29 Oct 2019 |
https://doi.org/10.1161/CIRCHEARTFAILURE.119.006214 |
Circulation: Heart Failure. 2019;12:e006214

Jump to

Abstract

Background:

Racial inequities for patients with heart failure (HF) have been widely documented. HF patients who receive cardiology care during a hospital admission have better outcomes. It is unknown whether there are differences in admission to a cardiology or general medicine service by race. This study examined the relationship between race and admission service, and its effect on 30-day readmission and mortality

Eberly LA, et al. Identification of Racial Inequities in Access to Specialized Inpatient Heart Failure Care at an Academic Medical Center. Circ Heart Fail. 2019 Nov;12

Main Outcomes

Raw data: 2/3 of white CHF patients admitted to Cardiology compared with 1/2 of Black and Latinx patients.

In Multivariate analysis, Cardiology Admission was associated with:

1) Significantly decreased likelihood of readmission to the hospital
2) Twice the likelihood of following up in outpatient Cardiology clinic

Heart Failure Admission Service Triage (H-FAST) Study: Racialized Differences in Perceived Patient Self-Advocacy as a Driver of Admission Inequities

Emily C. Cleveland Manchanda [1, 2], Regan H. Marsh [3], Chidinma Osuagwu [4], Jennifer Decopain Michel [4], Julianne N. Dugas [1], Michael Wilson [3], Michelle Morse [4], Eldrin Lewis [5], Bram P. Wispelwey [4]

1. Department of Emergency Medicine, Boston Medical Center, Boston, USA 2. Department of Emergency Medicine, Boston University School of Medicine, Boston, USA 3. Department of Emergency Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, USA 4. Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, USA 5. Division of Cardiology, Stanford University Medical Center, Palo Alto, USA

Corresponding author: Emily C. Cleveland Manchanda, emily.cleveland@bmc.org

Abstract

Background

Racial inequities in mortality and readmission for heart failure (HF) are well documented. Inequitable access to specialized cardiology care during admissions may contribute to inequity, and the drivers of this inequity are poorly understood.

Methodology

This prospective observational study explored proposed drivers of racial inequities in cardiology admissions among Black, Latinx, and white adults presenting to the emergency department (ED) with symptoms of HF. Surveys of ED providers examined perceptions of patient self-advocacy, outreach to other clinicians (e.g., outpatient cardiologist), diagnostic uncertainty, and other active co-morbid conditions. Service census, bed availability, prior admission service, and other structural factors were explored through the electronic medical record.

Cleveland Manchanda E C, Marsh R H, Osuagwu C, et al. (February 16, 2021) Heart Failure Admission Service Triage (H-FAST) Study: Racialized Differences in Perceived Patient Self-Advocacy as a Driver of Admission Inequities. Cureus 13(2): e13381. doi:10.7759/cureus.13381

Healing ARC: A Reparative Approach

RACE

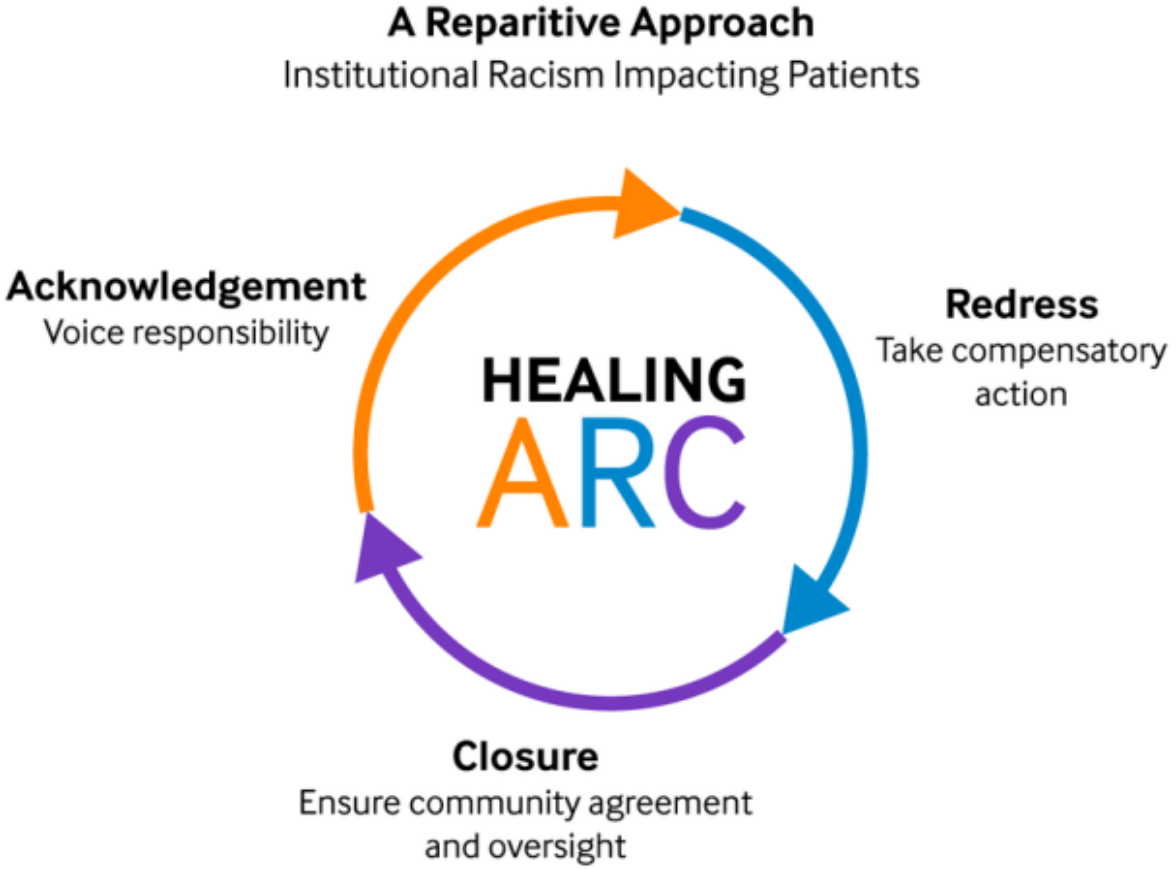
An Antiracist Agenda for Medicine

Colorblind solutions have failed to achieve racial equity in health care. We need both federal reparations and real institutional accountability.

BRAM WISPELWEY, MICHELLE MORSE

Image: Flickr

We are experienced physicians. But in the early days of the pandemic, when we felt like fresh interns nervously awaiting a flood of disease presentations we had never seen before, we had a nagging sense of déjà vu: it seemed that a disproportionate number of COVID-19 patients admitted to our Boston hospital were people of color. We asked around; our colleagues corroborated. The trend was confirmed by data coming out of Milwaukee first, then sporadically elsewhere. Now it is a well-known and tragic fact of the pandemic.



Wispelwey B, Morse M. An Antiracist Agenda for Medicine. Boston Review. March 12, 2021. https://bostonreview.net/science-nature-race/bram-wispelwey-michelle-morse-antiracist-agenda-medicine?fbclid=IwAR0O_QUOq4V_zp7MdjwdxR_epjl7Yrk3e-hlYnSTt5SHUL0yII9YxIrwogo
Wispelwey B, et al. Leveraging Clinical Decision Support for Racial Equity: A Sociotechnical Innovation. NEJM Catalyst. July 25, 2022. DOI: 10.1056/CAT.22.0076

The Redress Component of Healing ARC:

For patients self-identified as Black or Latinx in Epic with emergency presentation of HF: when bed requests to GMS are entered, a new BPA fires recommending admission to Cardiology:

BPA Notification: *"Patient is from a racial or ethnic group with historically inequitable access to the Cardiology service; consider changing admission to Cardiology unless extreme census or overriding clinical reasons for GMS."*

Backlash

Boston-area hospital to offer "preferential care based on race"

Examiner

Boston hospital set to offer 'preferential care based on race'

drew Mark Miller · 4/8/2021

NYC chief medical officer calls for racial preferences in medical care, criticizes 'colorblind' practices

Harvard Doctors Promote Race-Based Discrimination In Boston Hospital In Order To Be 'Antiracist'

APRIL 8, 2021 By Gabe Kaminsky

Doctors at Boston hospital call for 'preferential care based on race,' say Biden's equity order makes it legal

April 9, 2021 | Tom Tillison | Print Article

Basing hospital admissions on race is wrong – unless you're a Harvard doctor and you put whites last

AMERICAN NEWS Mar 28, 2021 1:19 PM EST

Boston doctors call for racially discriminating against patients in order to promote social justice

"But given the ample current evidence that our health, judicial, and other systems already unfairly preference people who are white, we believe... that our approach is corrective and therefore mandated."

Anti-bjelački „antirasizam": Prioritet u financiranju liječenja trebaju imati tamnoputi, dok su siromašni bijelci „privilegirani"

11. travnja 2021.

Doctors Call for Hospitals to Discriminate Against Whites as Form of "Medical Restitution"

by Selwyn Duke April 9, 2021

Boston Hospital To Offer 'Preferential Care Based on Race' as 'Redress' For 'Systemic Inequities'

Brittany M. Hughes , @RealBrittHughes
April. 9. 2021

3.4k views

26 shares

Boston hospital set to offer 'preferential care based on race'

by Andrew Mark Miller, Social Media Producer | | April 08, 2021 08:29 AM

'Antiracist Agenda': Boston Hospital Will Offer 'Preferential Care Based On Race'

Etats-Unis : Un hôpital de Boston va offrir des "soins préférentiels en fonction de la race des patients"

10 avril 2021 René de Marseille

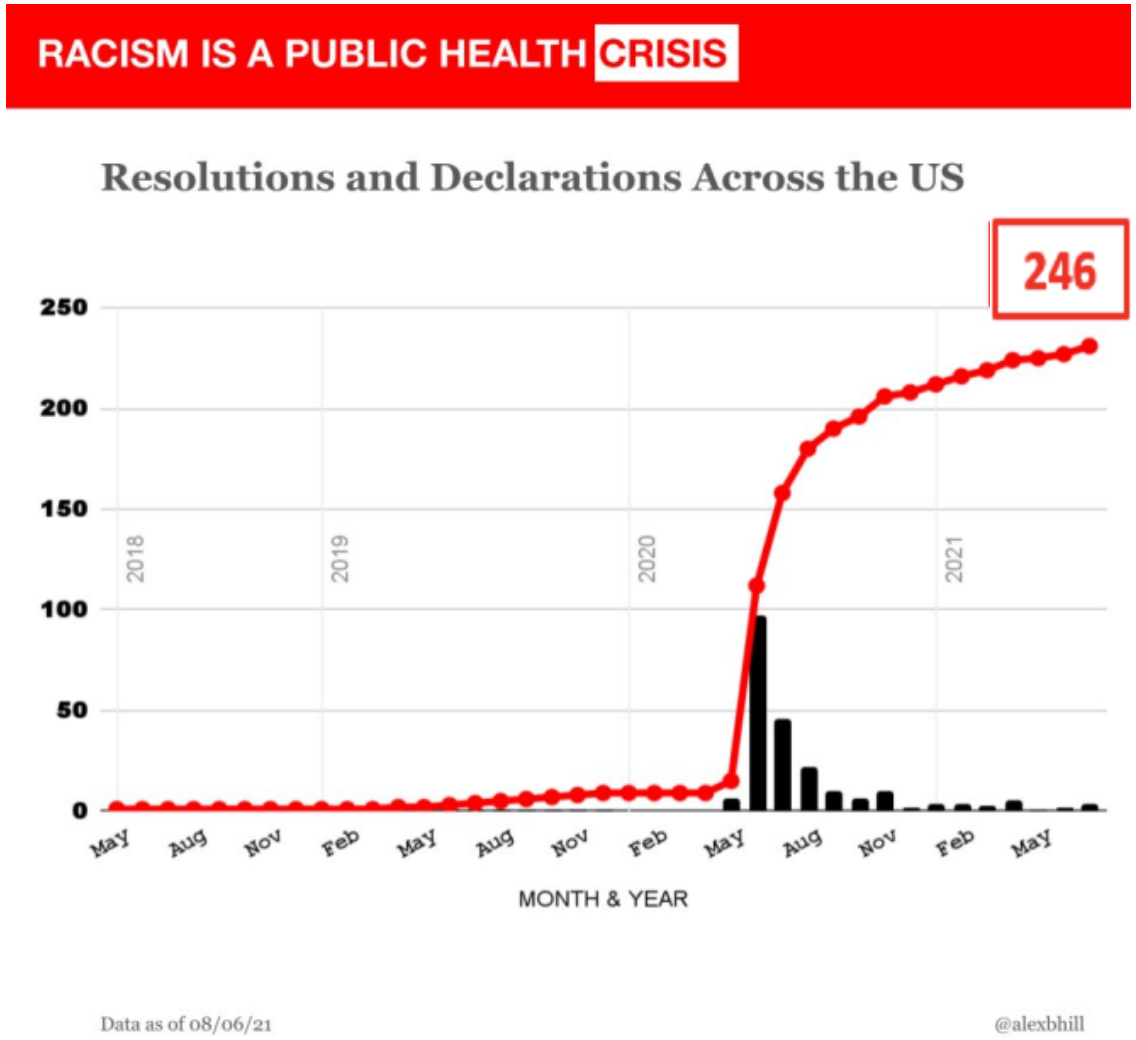
Toplines

The Social Structural Context

Race-conscious strategies that have been developed and implemented (COVID-19, eGFR, and Heart Failure)

Reparations and anti-racism

Trend over time



Update: 246 Cities, Counties, Leaders Declare Racism a Public Health Crisis! - Salud America (salud-america.org)

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Dave A. Chokshi, MD MSc
Commissioner

FOR IMMEDIATE RELEASE
Monday, October 18, 2021

BOARD OF HEALTH PASSES RESOLUTION DECLARING RACISM A PUBLIC HEALTH CRISIS

The resolution recognizes the impact of racism on health during the COVID-19 pandemic and beyond

The resolution requests several actions from the Health Department including making recommendations to the NYC Racial Justice Commission, establishing a Data for Equity working group, performing an anti-racism review of the NYC Health Code, and issuing a semi-annual report on progress associated with this resolution

October 18, 2021 – The New York City Board of Health today passed a landmark resolution on racism as a public health crisis, requesting that the Health Department expand its anti-racism work. The resolution institutionalizes the vision behind the Health Department's June 2020 declaration and requires that the Department develop and implement priorities for a racially just recovery from COVID-19, as well as other actions to address this public health crisis in the short and long term.

"To build a healthier New York City, we must confront racism as a public health crisis," said **Health Commissioner Dr. Dave A. Chokshi**. "The COVID-19 pandemic magnified inequities, leading to suffering disproportionately borne by communities of color in our City and across our nation. But these inequities are not inevitable. Today is an historic day for the country's oldest Board of Health to officially recognize this crisis and demand action."

"We've seen for years the negative impact racism has in our public health data and today, we're recommitting ourselves to building a more equitable City," said **First Deputy Commissioner and Chief Equity Officer Dr. Torian Easterling**. "I thank the Board of Health for sharing our commitment to dismantling systemic racism.

Board of Health Resolution: Declaring Racism as a Public Health Crisis

WHEREAS, settler colonialism, indigenous genocide, and enslavement of Africans are part of the history of our nation;[16, 17] and

WHEREAS, these original injustices have been without comprehensive restitution or redress;[18] and

WHEREAS, racism is a race-explicit system and anti-racism requires race-explicit strategies; and

WHEREAS, the work of undoing racism is grounded in love, as well as science and civic duty. This love is not sentimental, rather it is what James Baldwin called "the tough and universal sense of quest and daring and growth."

New York City Board of Health Resolution, October 2021 racism-public-health-crisis-resolution.pdf (nyc.gov)

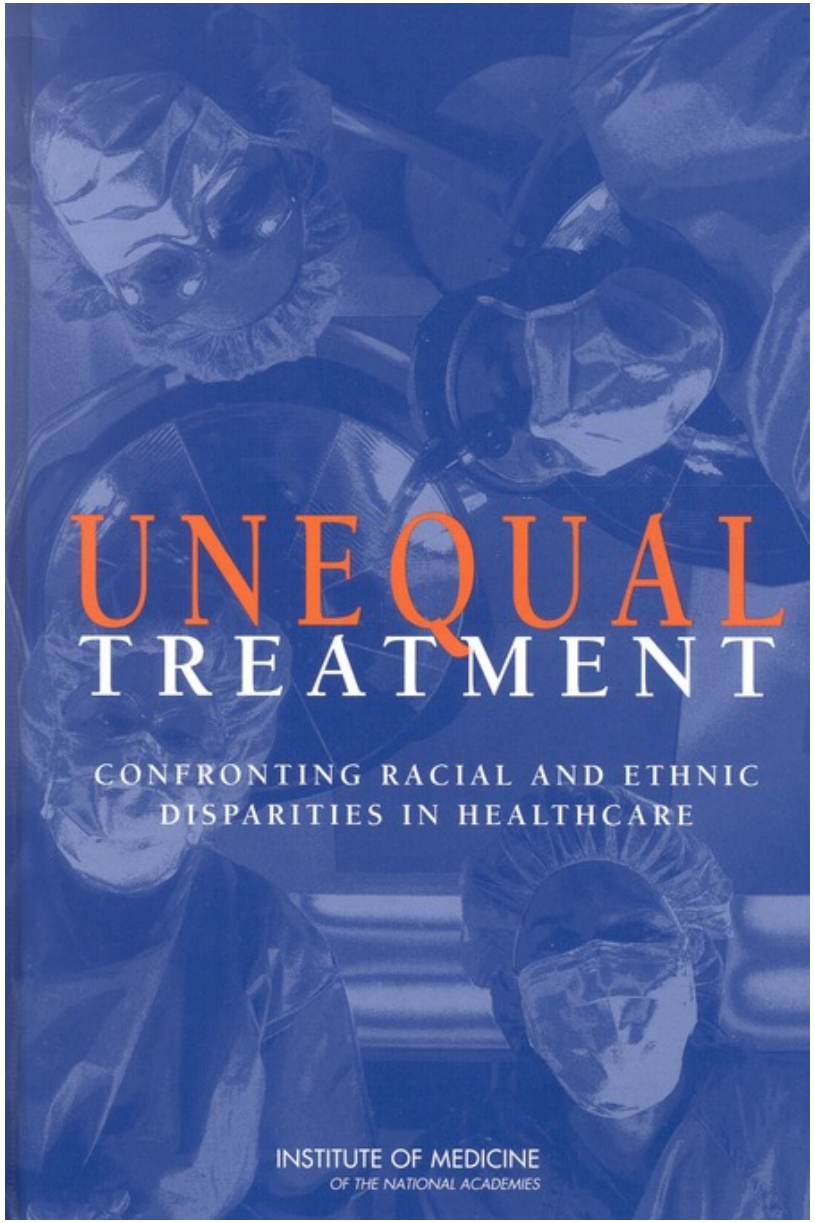
The (Health) Case for Reparations

"Health is produced over the life course and across generations… reparations provided today would be an investment in the future and in reducing disparities that have been intractable for generations".

Bassett, M. T., & Galea, S. (2020). Reparations as a Public Health Priority — A Strategy for Ending Black–White Health Disparities. *New England Journal of Medicine*, *383*(22), 2101–2103. https://doi.org/10.1056/nejmp2026170

Conclusion

"… a restitutive program targeted towards Black individuals would not only decrease COVID-19 risk for recipients of the wealth redistribution; the mitigating effects would be distributed across racial groups, benefitting the population at large …"



Eugene T. Richardson, Momin M. Malik, William A. Darity, A. Kirsten Mullen, Michelle E. Morse, Maya Malik, Aletha Maybank, Mary T. Bassett, Paul E. Farmer, Lee Worden, James Holland Jones. Reparations for American Descendants of Persons Enslaved in the U.S. and their Potential Impact on SARS-CoV-2 Transmission. Social Science & Medicine. 2021. doi.org/10.1016/j.socscimed.2021.113741.

THANK YOU!

Special Thanks

Dr. Camara Jones

Dr. Paul Farmer

Dr. Joia Mukherjee

Dr. Joseph Loscalzo

Drs. Jonathan Metzl and Helena Hansen

EqualHealth/Campaign Against Racism

Racial Justice Coalition (Harvard Med School)

Brigham and Women’s Internal Medicine Residents