



**D.C. POLICY  
CENTER**

## PUBLIC HEARING ON

Resolution 23-0990, the "Sense of the Council to Declare Racism  
A Public Health Crisis in the District of Columbia Resolution of  
2020"

Before the Committee on Health

Chairperson Vincent Gray

Thursday, November 5, 2020, 4 PM

Virtual Hearing via Zoom

Testimony of Emilia Calma  
Director of Research and Policy  
D.C. Policy Center

Good morning, Chairman Gray and members of the Committee on Health. My name is Emilia Calma and I am the Director of Research and Policy for the D.C. Policy Center, an independent, nonpartisan think tank committed to advancing policies for a strong and vibrant economy in the District of Columbia. I thank you for the opportunity to testify on the Sense of the Council to Declare Racism A Public Health Crisis in the District of Columbia Resolution of 2020.

Disparities in health outcomes in the District of Columbia are well documented and persistent over time. In the District, as in the United States as a whole, race is a predictor of a myriad of life outcomes from life expectancy, rates of chronic disease, maternal and infant mortality, and more. Data on hospitalizations and deaths from COVID-19 have exposed historic underlying trends in rates of chronic disease and access to preventative and quality health care. As we know, people of color and low-income residents in D.C. have higher exposure to chronic disease and are dying at higher rates than their white neighbors. **The District may mobilize to minimize the effects of this disease and others, but until the underlying systemic conditions of racism, inequitable access to resources, and income inequality are addressed, marginalized populations will always be adversely affected.**

People of color in the District not only have less resources to seek health care, but have [less access to preventative care](#) and medical professionals. Racial bias has led to disparately worse health outcomes for people of color, stemming from assumptions of behavior, elevated and dangerous cortisol levels brought on by high levels of stress, and more. While the District must make investments to provide equitable and culturally competent care to District residents, we know that approximately only [20 percent of health outcomes](#) are determined by medical care.

Conditions to which people are born, live, and play,<sup>1</sup> often referred to as social determinants of health, constitute the other 80 percent of factors that determine health outcomes. Racism, both from individual action and structural design, is the core cause of inequities in employment, housing, education, and environmental exposure that

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<sup>1</sup> Social determinants of health include genetics, socioeconomic status, and attributes of the physical environment.

shape health outcomes for District residents. This is because previous policy and individual action has changed where people of color live, where they go to school, the environmental quality of their neighborhoods, their access to food, and their expected lifetime earnings. As an example, government-supported redlining, racial covenants, and discrimination in mortgage loans created disparities in housing location and equity that rob people of color of intergenerational wealth and disproportionately expose them to harm. Current residential and economic segregation determines public health outcomes by determining who does and does not have access to health care, healthy food, recreational activities, high paying jobs, and neighborhood amenities.

COVID-19 has further shown which communities can physically distance, work remotely, and afford private childcare and education for their children. The pandemic and shutdown have disproportionately killed, hospitalized, unemployed, and bankrupted businesses owned by people of color. The current health and economic conditions have only exasperated persistent historic imbalances of power and disinvestment, highlighting the need and urgency for action.

Structural and institutional racism must be addressed in order to achieve more equitable health outcomes in the future. Policy must be designed and implemented with a racial equity lens, and racially disaggregated data must be collected and acted upon. This declaration is a critical step in identifying and elevating the problem. However, to make a difference in health outcomes for people of color in the city, it must be backed up with a plan of action and sufficient funding to address disparities including the intersecting roles of housing, education, income, and health. We at the D.C. Policy Center stand ready to assist in this effort in whatever ways we can.

Thank you for the opportunity to testify. I am happy to answer any questions you might have.