



**BERKELEY CITY COUNCIL HEALTH, LIFE ENRICHMENT, EQUITY &
COMMUNITY COMMITTEE
REGULAR MEETING**

**Monday, July 13, 2020
10:00 AM**

Committee Members:

Councilmembers Rashi Kesarwani, Ben Bartlett, and Sophie Hahn
Alternate: Councilmember Rigel Robinson

**PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH
VIDEOCONFERENCE AND TELECONFERENCE**

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the City Council Budget & Finance Committee will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL - <https://us02web.zoom.us/j/86442844632>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen.

To join by phone: Dial **1-669-900-9128** and Enter Meeting ID: **864 4284 4632**. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

Written communications submitted by mail or e-mail to the Health, Life Enrichment, Equity, & Community Committee by 5:00 p.m. the Friday before the Committee meeting will be distributed to the members of the Committee in advance of the meeting and retained as part of the official record. City offices are currently closed and cannot accept written communications in person.

AGENDA

Roll Call

Public Comment on Non-Agenda Matters

Minutes for Approval

Draft minutes for the Committee's consideration and approval.

1. Minutes - March 9, 2020

Committee Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. The Chair will determine the number of persons interested in speaking on each item. Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Chair may limit the public comment for all speakers to one minute per speaker.

Following review and discussion of the items listed below, the Committee may continue an item to a future committee meeting, or refer the item to the City Council.

2. Listening Session on Homelessness (15 minutes)

3. Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley *(Item contains revised materials)*

From: Councilmember Davila (Author), Councilmember Bartlett (Co-Sponsor)

Referred: June 15, 2020

Due: December 7, 2020

Recommendation: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity. In addition:

1. Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption;
2. Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include

Committee Action Items

Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).

3. City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.

4. Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.

5. Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.

6. Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached City of Richmond Ordinance) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.

7. Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and

8. Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.

9. Direct the City Manager or his/her designee to have an antiracism dashboard that delineates and tracks progress towards specific antiracist goals. This would involve: 1) tracking and measuring specific data that shows the extent to which racism has become a public health crisis; which would in turn enable 2) the City and the Community to dramatically reduce instances of racism, if not totally eliminate some of them; and 3) demonstrate to constituents that the other recommendations have made, and must continue to make, a tangible difference. The dashboard shall include: analyzing hospital infant mortality by race; tracking food insecurity among Berkeley residents, and correlation to racial demographics; analyzing the effects of biological weathering and resultant mental health challenges on immune strength for black individuals, and studying mental health resource availability and outreach targeting at-risk black communities; analyzing the administration of medications and health therapies by race, in an attempt to understand Berkeley health providers' position vis a vis the systemic under-prescription and under-treatment of Black patients' pain; tracking violent incidents targeting queer Black residents, and studying the availability of mental health resources and culturally competent healthcare for queer Black patients; identifying the largest sources of corporate environmental or carcinogenic pollution in Berkeley, and the racial demographics of people with prolonged exposure to those regions (i.e. workers and residents within range of toxic substances); identifying the locations of city waste storage/processing and the racial demographics of those most closely exposed; examining property taxes by neighborhood, and correlation to school resources and student racial demographics; examining the availability of stable and affordable Internet access, as necessary for

Committee Action Items

all possible student activities offered and required by Berkeley public schools; Collaborate with the Berkeley Unified School District and the Vision 2020 to see how this is correlated to household racial demographics; analyzing students' realistic access to extracurricular activities such as arts and athletics; race-based differential access means that some students have less access to educational opportunities that help with physical and mental health; identifying the levels of lead and other toxins in public school buildings, and correlation to resource allocation and racial demographics among schools.

10. Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

Financial Implications: \$50,000 estimated

Contact: Cheryl Davila, Councilmember, District 2, (510) 981-7120

4a. **Recommendation to Modify Policies Related to the Enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance**

From: Housing Advisory Commission

Referred: October 29, 2019

Due: September 24, 2020

Recommendation: Approve modifications to policies related to the enforcement of the Smoke-Free Multi-Unit Housing Ordinance, as follows:

1. Increase staffing to implement enforcement of the ordinance as part of the next budget;
2. Improve signage related to the ordinance in residential buildings;
3. Make the complaint process less onerous and more user-friendly, including enabling complainants to submit complaints electronically, providing complaint forms in different languages, and removing language requiring the statements to be "sworn," and considering other, less threatening language that still expects a complaint be provided under the best of appellant's knowledge;
4. Relax the current requirements around how the Ordinance-based complaint form must be completed in order to be processed (e.g., removing the requirement of providing two separate complaints from different individuals within a six-month period, if the building contains two or fewer units, removing the requirement of providing a sworn statement under penalty of perjury); and
5. Refer to the Community Health and Cannabis Commissions the question of whether the use of recreational (non-medical) cannabis should be incorporated into the Smoke-Free Housing Ordinance.

Financial Implications: See report

Contact: Mike Uberti, Commission Secretary, (510) 981-7400

Committee Action Items

4b. Companion Report: Recommendation to Modify Policies Related to the Enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance
From: City Manager

Referred: October 29, 2019

Due: September 24, 2020

Recommendation: The City Manager appreciates the Housing Advisory Commission's efforts to strengthen the implementation of the Smoke-free Multi-Unit Housing ordinance and recommends that the proposed modifications be referred to the City Manager Office for an analysis of the financial and legal feasibility of the proposed changes.

Financial Implications: See report

Contact: Kelly Wallace, Housing and Community Services, (510) 981-5400

5a. Smoke-Free Multi-Unit Housing Ordinance Policy and Enforcement Modifications

From: Housing Advisory Commission

Referred: February 24, 2020

Due: November 25, 2020

Recommendation: The Commission recommends that City Council:

1. Make a short term referral directing the City Manager to correct current City Policies for enforcing BMC 12.70.035 so that these policies do not contradict the ordinance and BMC 12.70.035 requires that second and third complaints must refer to a violation or violations that occur after the 12.70.035(C) notice has been made.
2. Modify BMC 12.70.035 so that the requirement that signs be posted is enforced as part of the Residential Safety ordinance. Failure to post signage may result in fines, accordingly.
3. Modify BMC 12.70.035 so that repeated failure to provide new tenants with the City's brochure shall be guilty of an infraction. It shall also be an infraction for landlords to tell new tenants, in contradiction to the law, that tobacco smoking by some tenants is permitted.
4. Obtain an analysis of the financial impacts of the recommended modifications to the BMC.

Financial Implications: See report

Contact: Mike Uberti, Commission Secretary, (510) 981-7400

Committee Action Items

5b. Companion Report: Smoke-Free Multi-Unit Housing Ordinance Policy and Enforcement Modifications

From: City Manager

Referred: February 24, 2020

Due: November 25, 2020

Recommendation: The City Manager appreciates the Housing Advisory Commission's efforts to strengthen the implementation of the Smoke-free Multi-Unit Housing ordinance and recommends that the proposed modifications be referred to the City Manager Office for an analysis of the financial and legal feasibility of the proposed changes.

Financial Implications: See report

Contact: Kelly Wallace, Housing and Community Services, (510) 981-5400

6. Providing our Unhoused Community in the City of Berkeley with Menstrual Products

From: Councilmember Davila (Author), Councilmember Sophie Hahn (Co-Sponsor)

Referred: June 29, 2020

Due: December 14, 2020

Recommendation: 1. Adopt a Resolution to create an allocation of the budget towards annual purchasing of menstrual products and dispensers that will be distributed in three ways: A. Regularly scheduled replenishment of dispensers across public restrooms B. Provide supplies to the City supported shelters, mental health offices, shower programs, and navigation centers C. Homeless Outreach to include distribution to encampments and RV dwellers

2. Resolution will allocate \$10,000 of the budget for the first year, and \$8,000 for every consecutive year

Financial Implications: See report

Contact: Cheryl Davila, Councilmember, District 2, (510) 981-7120

Unscheduled Items

These items are not scheduled for discussion or action at this meeting. The Committee may schedule these items to the Action Calendar of a future Committee meeting.

7. Presentation: Public Health Implications for unsanitary conditions at Aquatic Park

Unscheduled Items

8. **Service Animals Welcome Training**

From: Commission on Disability

Referred: March 30, 2020

Due: December 7, 2020

Recommendation: That the City Council refer to the City Manager a request to implement education and training provisions of the Service Animals Welcome Policy and Program:

a. Work with Business Improvement Districts and Commercial District Organizations to provide opportunities for businesses to learn about their responsibilities regarding service animals in their places of business.

b. Provide information on Service Animals and Access Rights of Persons with Disabilities accompanied by a Service Animal as required staff training on non-discrimination under applicable federal, state and local statutes, regulations and policies.

c. Provide necessary and adequate support to the Disability Compliance Program.

Financial Implications: Staff time

Contact: Dominika Bednarska, Commission Secretary, (510) 981-6300

9a. **A People's First Sanctuary Encampment**

From: Homeless Commission

Referred: March 30, 2020

Due: December 7, 2020

Recommendation: The City Council to adopt the People's First Sanctuary Encampment Model incorporating all text in this report, urging best practices for Sanctuary Homeless Encampments with an oversight agency to be named by members of the encampment community and refer to the City Manager to fund liability insurance for the agency chosen by the encampment community.

Financial Implications: See report

Contact: Brittany Carnegie, Commission Secretary, (510) 981-5400

9b. **Companion report: A People's First Sanctuary Encampment**

From: City Manager

Referred: March 30, 2020

Due: December 7, 2020

Recommendation: As part of the referral adopted by City Council on January 21, 2020, the City Manager will direct staff to incorporate parts of the Commission's recommendations which do not conflict with guidance already approved by City Council including: providing clean water, sanitation, accessible toilets and trash removal services for the sanctioned encampment, requiring that a future provider of services for the encampment obtain input from residents of the encampment when developing rules for the outdoor shelter and ensure that the privacy and security of residents is respected and maintained.

Financial Implications: Staff time

Contact: Lisa Warhuus, Housing and Community Services, (510) 981-5400

Items for Future Agendas

- Discussion of items to be added to future agendas
- Discussion of future hearings and open forums

Adjournment

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*Written communications addressed to the Health, Life Enrichment, Equity & Community Committee and submitted to the City Clerk Department will be distributed to the Committee prior to the meeting.*

*This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Members of the City Council who are not members of the standing committee may attend a standing committee meeting even if it results in a quorum being present, provided that the non-members only act as observers and do not participate in the meeting. If only one member of the Council who is not a member of the committee is present for the meeting, the member may participate in the meeting because less than a quorum of the full Council is present. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900.*



### COMMUNICATION ACCESS INFORMATION:

To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at (510) 981-6418 (V) or (510) 981-6347 (TDD) at least three business days before the meeting date.

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I hereby certify that the agenda for this meeting of the Standing Committee of the Berkeley City Council was posted at the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way, as well as on the City's website, on July 9, 2020.

A handwritten signature in black ink that reads "Mark Numainville".

Mark Numainville, City Clerk

Communications

Communications submitted to City Council Policy Committees are on file in the City Clerk Department at 2180 Milvia Street, 1st Floor, Berkeley, CA.

**BERKELEY CITY COUNCIL HEALTH, LIFE ENRICHMENT, EQUITY & COMMUNITY COMMITTEE
REGULAR MEETING MINUTES**

**Monday, March 9, 2020
10:00 AM**

2180 Milvia Street, 6th Floor - Redwood Room

Committee Members:

Councilmembers Rashi Kesarwani, Ben Bartlett, and Sophie Hahn
Alternate: Councilmember Rigel Robinson

Roll Call: 10:05 a.m. Councilmember Bartlett absent.

Public Comment on Non-Agenda Matters – 0 speakers

Minutes for Approval

Draft minutes for the Committee's consideration and approval.

1. Minutes - February 24, 2020

Action: M/S/C (Kesarwani/Hahn) to approve the minutes of February 24, 2020, with one addition to the action on item 4 a/b as follows: include the removal of item number three in the Resolution.

Vote: Ayes – Kesarwani, Hahn; Noes – None; Abstain – None; Absent – Bartlett.

Committee Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. The Chair will determine the number of persons interested in speaking on each item. Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Chair may limit the public comment for all speakers to one minute per speaker. Speakers are permitted to yield their time to one other speaker, however no one speaker shall have more than four minutes.

Following review and discussion of the items listed below, the Committee may continue an item to a future committee meeting, or refer the item to the City Council.

2. Listening Session on Homelessness (15 minutes) – 0 speakers

Committee Action Items

3. **Healthy Checkout Ordinance** *(Item contains revised material.)*

From: Councilmembers Harrison and Hahn

Referred: October 28, 2019

Due: April 26, 2020

Recommendation: 1. Adopt an ordinance requiring stores over 2,500 square feet in size to sell more nutritious food and beverage options in their checkout areas.

2. Refer to the City Manager to determine funding and staffing needs to implement and enforce the ordinance and sources of funding to support this program.

Financial Implications: See report

Contact: Kate Harrison, Councilmember, District 4, (510) 981-7140

Action: 12 speakers. Discussion held. M/S/C (Hahn/Kesarwani) to send the item to Council with a positive recommendation and the following amendments requested of the author:

- a. For the Council report, add a third recommendation to the item to request a referral to the Sugar Sweetened Beverage Product Panel of Experts to consider recommending allocations to support implementation, education & enforcement and to work with staff to develop protocols for the same. Additionally, under financial implications, include that enforcement of the ordinance should be focused on education and only secondarily, on traditional enforcement mechanisms.
- b. For the Ordinance: Under 9.82.030, strike the reference to chips and change 230 mg of sodium to 200 mg; under 9.82.060 include an effective date of January 1, 2021, and an enforcement and ongoing education date of July 1, 2021; and amend under definition 9.82.020, the defined term "Endcap" should become "Checkout Endcap" and substitutions made throughout; Checkout Endcap is defined as the product displays at the endpoints of areas designated or utilized primarily for waiting in line to make a purchase.

Vote: Ayes – Kesarwani, Hahn; Noes – None; Abstain – None; Absent – Bartlett.

Committee Action Items

4a. Recommendation to Modify Policies Related to the Enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance

From: Housing Advisory Commission

Referred: October 29, 2019

Due: April 27, 2020

Recommendation: Approve modifications to policies related to the enforcement of the Smoke-Free Multi-Unit Housing Ordinance, as follows:

1. Increase staffing to implement enforcement of the ordinance as part of the next budget;
2. Improve signage related to the ordinance in residential buildings;
3. Make the complaint process less onerous and more user-friendly, including enabling complainants to submit complaints electronically, providing complaint forms in different languages, and removing language requiring the statements to be “sworn,” and considering other, less threatening language that still expects a complaint be provided under the best of appellant’s knowledge;
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5. Refer to the Community Health and Cannabis Commissions the question of whether the use of recreational (non-medical) cannabis should be incorporated into the Smoke-Free Housing Ordinance.

Financial Implications: See report

Contact: Mike Uberti, Commission Secretary, (510) 981-7400

4b. Companion Report: Recommendation to Modify Policies Related to the Enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance

From: City Manager

Referred: October 29, 2019

Due: April 27, 2020

Recommendation: The City Manager appreciates the Housing Advisory Commission’s efforts to strengthen the implementation of the Smoke-free Multi-Unit Housing ordinance and recommends that the proposed modifications be referred to the City Manager Office for an analysis of the financial and legal feasibility of the proposed changes.

Financial Implications: See report

Contact: Kelly Wallace, Housing and Community Services, (510) 981-5400

Action: 1 speaker. Discussion held.

Item continued to next meeting on March 23, 2020.

Committee Action Items

5a. Smoke-Free Multi-Unit Housing Ordinance Policy and Enforcement Modifications

From: Housing Advisory Commission

Referred: February 24, 2020

Due: July 13, 2020

Recommendation: The Commission recommends that City Council:

1. Make a short term referral directing the City Manager to correct current City Policies for enforcing BMC 12.70.035 so that these policies do not contradict the ordinance and BMC 12.70.035 requires that second and third complaints must refer to a violation or violations that occur after the 12.70.035(C) notice has been made.
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4. Obtain an analysis of the financial impacts of the recommended modifications to the BMC.

Financial Implications: See report

Contact: Mike Uberti, Commission Secretary, (510) 981-7400

5b. Companion Report: Smoke-Free Multi-Unit Housing Ordinance Policy and Enforcement Modifications

From: City Manager

Referred: February 24, 2020

Due: July 13, 2020

Recommendation: The City Manager appreciates the Housing Advisory Commission's efforts to strengthen the implementation of the Smoke-free Multi-Unit Housing ordinance and recommends that the proposed modifications be referred to the City Manager Office for an analysis of the financial and legal feasibility of the proposed changes.

Financial Implications: See report

Contact: Kelly Wallace, Housing and Community Services, (510) 981-5400

Action: 1 speaker. Discussion held.

Item continued to next meeting on March 23, 2020.

Unscheduled Items

These items are not scheduled for discussion or action at this meeting. The Committee may schedule these items to the Action Calendar of a future Committee meeting.

- **None**

Items for Future Agendas

- Discussion of items to be added to future agendas
- Discussion of future hearings and open forums

Adjournment


Adjourned at 12:02 p.m.

I hereby certify that this is a true and correct record of the Health, Life Enrichment, Equity & Community Committee meeting held on March 9, 2020.

April Richardson, Assistant City Clerk

Communications

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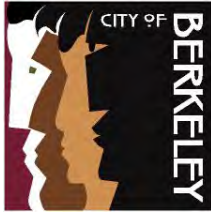
No Material
Available for
this Item

There is no material for this item.

City Clerk Department
2180 Milvia Street
Berkeley, CA 94704
(510) 981-6900

The City of Berkeley, Health, Life Enrichment, Equity & Community Policy Committee
Webpage:

https://www.cityofberkeley.info/Clerk/Home/Policy_Committee_Health,_Life_Enrichment,_Equity_Community.aspx



Cheryl Davila
Councilmember
District 2

REVISED AGENDA MATERIAL

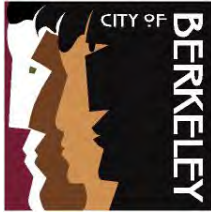
Item Description: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley.

Submitted by: Councilmember Cheryl Davila

Added an additional Recommendation

Updated Racism Forms Defined

Updated Formatting



Cheryl Davila
Councilmember
District 2

CONSENT CALENDAR
June 30, 2020

To: Honorable Mayor and Members of the City Council

From: Councilmembers Cheryl Davila (Author) and Ben Bartlett (Co-Sponsor)

Subject: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley.

RECOMMENDATION

Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity. In addition:

1. Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.
2. Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).
3. City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.
4. Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.
5. Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.
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evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.

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8. Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.
9. Direct the City Manager or his/her designee to have an antiracism dashboard that delineates and tracks progress towards specific antiracist goals. This would involve:
 - 1) tracking and measuring specific data that shows the extent to which racism has become a public health crisis; which would in turn enable 2) the City and the Community to dramatically reduce instances of racism, if not totally eliminate some of them; and 3) demonstrate to constituents that the other recommendations have made, and must continue to make, a tangible difference. The dashboard shall include: analyzing hospital infant mortality by race; tracking food insecurity among Berkeley residents, and correlation to racial demographics; analyzing the effects of biological weathering and resultant mental health challenges on immune strength for black individuals, and studying mental health resource availability and outreach targeting at-risk black communities; analyzing the administration of medications and health therapies by race, in an attempt to understand Berkeley health providers' position vis a vis the systemic under-prescription and under-treatment of Black patients' pain; tracking violent incidents targeting queer Black residents, and studying the availability of mental health resources and culturally competent healthcare for queer Black patients; identifying the largest sources of corporate environmental or carcinogenic pollution in Berkeley, and the racial demographics of people with prolonged exposure to those regions (i.e. workers and residents within range of toxic substances); identifying the locations of city waste storage/processing and the racial demographics of those most closely exposed; examining property taxes by neighborhood, and correlation to school resources and student racial demographics; examining the availability of stable and affordable Internet access, as necessary for all possible student activities offered and required by Berkeley public schools; Collaborate with the Berkeley Unified School District and the Vision 2020 to see how this is correlated to household racial demographics; analyzing students' realistic access to extracurricular activities such as arts and athletics; race-based differential access means that some students have less access to educational opportunities that help with physical and mental health; identifying the levels of lead and other toxins in public school buildings, and correlation to resource allocation and racial demographics among schools.
10. Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

BACKGROUND

There is clear data that proves racism negatively impacts the lives of people of color in the City of Berkeley and throughout the County and Nation.

Almost all 400 years of African American's experience was under enslavement and Jim Crow laws and upheld White Supremacy that provided preferential opportunity to some, while at the

same time subjected people of color, especially African Americans to hardship and disadvantages in all areas of life.

Racism – not race - causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans in this country.

Racism acts on systemic, institutional, structural and interpersonal levels, all of which operate throughout time and across generations.

Racism is an organized social system in which a dominant group categorizes and ranks people into social groups, “races”, and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups classified as inferior. Racism can act in multiple domains, including structural/institutional, cultural, and individual-level discrimination, reinforcing ideologies of inferiority and hierarchy in media images, laws, interpersonal interactions, and opportunities. Structural or institutional racism embeds racism into policies and practices in society that provide advantages for racial groups deemed superior, while oppressing, disadvantaging, or neglecting racial groups viewed as inferior. Structural racism results in differential access to housing, employment, education, healthy food, clean air and drinking water, and exposure to violence, thus has a significant impact on public health.

Structural racism has profound public health impacts. Now, in this critical moment of a global pandemic caused by COVID-19, previous health disparities are being exacerbated by the lack of infrastructure and provisions of basic resources afforded to marginalized communities. While coronavirus does not seem to discriminate against whom it infects, it does have differential impacts on people who were already in a compromised position in society, due to socioeconomic factors, access to healthcare and housing, and suffering from a compromised immune system due to the effects of stress, the trauma experience of discrimination and the impacts of living in communities that are disproportionately impacted by environmental injustice.

Reports are emerging, highlighting the disparity in the rates of COVID-19 outcomes for communities of color. Cities like Milwaukee, Washington DC, Detroit, Chicago, and New Orleans have experienced a disproportionate morbidity and mortality for black residents due to Coronavirus. The Congressional Black Caucus has called for all states to track public health data regarding coronavirus by race and ethnicity¹. To this point, Representative Robin Kelly, Chair of the Congressional Black Caucus Healthcare Braintrust, stated: “the reason more Blacks are dying from COVID-19 is a result of a history of structural racism, environmental injustice, income inequality, and the lack of resources in Black communities, which have led to the prominence of health-related risk factors such as diabetes and hypertension.” According to data from the Centers for Disease Control, almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population. Additionally, an analysis done by the Associated Press found that nearly one-third of those who passed due to COVID-19 across the country are black.

Racism Forms are defined as:

- **Racism** - Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another.^{[1][2][3][4]} It may also mean prejudice, discrimination, or antagonism directed against other people because they are of a different race or ethnicity.^{[2][3]} Modern variants of racism are often based in social perceptions of biological differences

¹ <https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174>

between peoples. These views can take the form of social actions, practices or beliefs, or political systems in which different races are ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities.^{[2][3][5]}

- **Environmental racism** - Environmental racism is a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.^[1] In a national context, environmental racism criticizes inequalities between urban and exurban areas after white flight. Charges of environmental racism can also prompt usages of civil rights legislation like the Civil Rights Act of 1964 to prosecute environmental crimes in the areas in which racialized people live. Internationally, environmental racism can refer to the effects of the global waste trade, like the negative health impact of the export of electronic waste to China from developed countries.
- **Institutional/systemic racism** - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power, and education, among other factors. The term "institutional racism" was coined by Stokely Carmichael and Charles V. Hamilton. Carmichael and Hamilton wrote that while individual racism is often identifiable because of its overt nature, institutional racism is less perceptible because of its "less overt, far more subtle" nature. Institutional racism "originates in the operation of established and respected forces in the society, and thus receives far less public condemnation than [individual racism]".^[2]
- **Interpersonal racism** - Interpersonal racism is a component of individual-level racism and has been defined as "directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals" (Krieger, 1999, p. 301). Interpersonal racism includes maltreatment that the targeted individual attributes, at least in part, to conscious or unconscious racial/ethnic bias on the part of the perpetrator of the maltreatment.
- **Classism** - Classism is differential treatment based on social class or perceived social class. Classism is the systematic oppression of subordinated class groups to advantage and strengthen the dominant class groups. It's the systematic assignment of characteristics of worth and ability based on social class.
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- **Structural racism** - Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege, and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab, and other racially oppressed people.
- **Prejudice** - Prejudice^[1] is an affective feeling towards a person based on their perceived group membership. The word is often used to refer to a preconceived, usually unfavorable, evaluation of another person based on that person's political affiliation, sex, gender, beliefs, values, social class, age, disability, religion, sexuality, race/ethnicity, language, nationality, beauty, occupation, education, criminality, sport team affiliation or other personal characteristics.^[2]

- **Discrimination** - In human social behavior, discrimination is prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong. These include age, caste, criminal record, height, disability, family status, gender identity, gender expression, generation, genetic characteristics, marital status, nationality, color, race and ethnicity, religion, sex and sex characteristics, sexual orientation, social class, species, as well as other categories. Discrimination consists of treatment of an individual or group, based on their actual or perceived membership in a certain group or social category, "in a way that is worse than the way people are usually treated".^[1] It involves the group's initial reaction or interaction going on to influence the individual's actual behavior towards the group leader or the group, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on illogical or irrational decision making.^[2]
- **Systemic Racism:** Systemic racism today is composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color. Developed by sociologist Joe Feagin, systemic racism is a popular way of explaining, within the social sciences and humanities, the significance of race and racism both historically and in today's world. Feagin describes the concept and the realities attached to it in his well-researched and readable book, *Racist America: Roots, Current Realities, & Future Reparations*. In it, Feagin uses historical evidence and demographic statistics to create a theory that asserts that the United States was founded in racism since the Constitution classified black people as the property of whites. Feagin illustrates that the legal recognition of racialized slavery is a cornerstone of a racist social system in which resources and rights were and are unjustly given to white people and unjustly denied to people of color. (thoughtco.com)
- The effects of systemic racism are pervasive in Indigenous communities. The causal pathways driving racism and its negative effects are complex, intertwined, and deeply embedded in diverse systems, including economic, political, and psychosocial. Below are some examples of how systemic racism leads to health inequities that are reflective of the broad disadvantage that Indigenous communities face:
 - Colonial policies: Mandatory residential schools, the outlawing of Indigenous gatherings and ceremonies, forced community dislocations, and discriminatory child welfare legislation have had lasting and intergenerational effects on mental health, family relationships, and Indigenous language and culture.
 - Limited healthy food choices: Dispossession of traditional lands has interfered with traditional economies and access to traditional foods; urban, rural, and remote Indigenous peoples often have inadequate access to affordable healthy and nutritious foods.
 - Inadequate living conditions: Indigenous peoples living in cities and rural and remote communities are faced with inadequate housing and living conditions. For example, the peoples of Inuit Nunangat experience overcrowding and poor respiratory health from low-quality housing stock, leading to elevated rates of TB infection. There is also increased overcrowding in housing.
 - Substandard health care: In addition to the differential access to acute cardiac imaging and intervention, studies describe high levels of perceived interpersonal racism toward Indigenous patients from health care providers across health care settings. Experiences of racism, including unfair treatment as a result of racism, have been reported in multiple Indigenous survey studies, across geographic settings, with prevalence rates ranging from 39 percent to 78 per cent. In some

cases, this is so severe that Indigenous patients strategized on how to manage racism before seeking care in the emergency room.

- **Islamophobia** - Islamophobia is the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.
- **Xenophobia** - Xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.
- **Anti-semitism** - Anti-semitism is hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an anti-semite. Anti-semitism is generally considered to be a form of racism. Anti-semitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities. Anti-zionism is not anti-semitism.
- **Intersectionality** - Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination. It aims to broaden the agenda of the first waves of feminism, which largely focused on the experiences of white, middle-class women. The broad agenda means that intersectionality is used to find combinations of injustices that are felt by members of society. For example, a black woman might face discrimination from a company that is not distinctly due to her race (because the company does not discriminate against black men) nor her gender (because the company does not discriminate against white women), but by a unique combination of the two. Intersectional feminism aims to separate itself from white feminism by acknowledging the fact that all women have different experiences and identities.^[1] It is a qualitative analytic framework that identifies how interlocking systems of power affect those who are most marginalized in society.^[2]
- **Zionism** - Zionism is a political ideology, a form of Jewish nationalism. Zionism is a set of beliefs that drove the founding of the State of Israel in Palestine. Also defined as the nationalist movement of the Jewish people that espouses the re-establishment of and support for a Jewish state in the territory defined as the historic Land of Israel (roughly corresponding to Canaan, the Holy Land, or the region of Palestine). Anti-Zionism is not anti-semitism, it is the opposition to Zionism, the racist, apartheid policies of the Israeli state. Anti-Zionism is Anti Racist.
- **“ISM”** - a system of oppression based on target identity (race, sex, etc)

Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected.

Beyond this, the COVID-19 (Coronavirus) Pandemic has unleashed an increased amount of racism in this country. There have been a number of documented instances of harassment and physical violence targeting Asian people since the outbreak of the coronavirus, as well as the use of stigmatizing terms like “Chinese Virus” to denote COVID-19. The President of the United States has continued to spew hate, racism, xenophobia, and Islamophobia since he began campaigning for office. COVID-19 has exacerbated the President’s racism towards our commUNITY members, and throughout the world, as a number of violent attacks have been made towards Asian Americans.

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 those

efforts “aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health.”

The United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes.

The negative repercussions of historical racism, including but not limited to, discriminatory lending practices of the 20th century known as “redlining,” impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, and infant mortality.

Research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children.

Statistics show a national disparity between black and white infant mortality rates, and the State consistently ranks among the worst states concerning black infant mortality rates.

The rates of chronic diseases, including asthma, diabetes, and hypertension, are significantly higher in predominantly black neighborhoods.

The Department of Health and Human Services defines the social determinants of health as conditions in the environments in which people are born, live, learn, work, play, worship, and age, which affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health include access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Beyond genetic predispositions or individual life choices, the World Health Organization notes that the social determinants of health predict a person’s life expectancy. By these means, structural racism threatens public health by hindering equitable access to the social determinants of health.

Utilizing an intersectional framework, it is clear that discrimination based on race can be linked to disadvantages for a number of people with marginalized identities, in particular the poor or unhoused, queer and trans, disabled, Muslim, immigrant, and Indigenous communities. JP Massar’ because higher levels of discrimination are associated with an elevated risk to a broad range of diseases, for instance, contraction of heart disease, cancer, and HIV. And everyday over 200 Black people die prematurely due to health inequities between Whites and Blacks.

Like many cities in the United States, the City of Berkeley has a long history of racism. Studies conducted on Berkeley’s employment practices and modes of policing have demonstrated structural racism and discrimination at the core of the City’s functions. Waves of racial housing segregation, codified by redlining in the past, and currently operating through gentrification and displacement, is a major factor influencing racial/ethnic disparities in health outcomes. The 2018 Berkeley Health Status Report demonstrated that within the City of Berkeley, African Americans and other People of Color die prematurely and are more likely to experience a wide variety of adverse health conditions throughout their lives. Specifically, Black people make up a disproportionately high percentage of the city’s homeless population, are less likely to attain higher education, are more likely to live in poverty, and have poorer health outcomes, morbidity, and mortality from cardiovascular disease, heart disease, cancers, and birth complications.

The Alameda County Department of Public Health has demonstrated racial/ethnic health disparity in our community, noting a 17-year difference in life expectancy between a child born in West Oakland and the Oakland Hills. Supervisor Keith Carson has begun a process of trying to address health inequities through the launch of the Health Matters Initiative.

Additionally, the City of Richmond also views racism as a major threat to public health and has adopted a Health in all Policies Ordinance in order to rectify health inequities. Other cities throughout the United States, like Kansas City, Milwaukee, Pittsburgh, and Cleveland, have also come to view racism as a public health crisis, passing legislation to turn the tide and ensure everyone (regardless of their race or ethnicity) has the opportunity to live healthy, fulfilling lives.

On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away.

The City of Berkeley should follow the example of other cities that have declared racism as a threat to public health. We should adopt a Health in All Policies Ordinance, and take all necessary legislative steps to ensure health equity in our city. Minimally this will involve the curation of a number of town hall sessions to hear the concerns of marginalized community members and with careful collaborations, develop a strategic plan for health equity. Additionally, the City should provide training on ways to reduce implicit bias for City employees and interested members of the community. This will allow us to critically evaluate our prejudices and take the initiative to reduce bias and remove racist barriers to the social determinants of health.

The City must recognize that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society.

At the June 11 “Race, health, and policing in a time of pandemic: a virtual town hall,” the City Manager and the Public Health Officer stated racism is an epidemic.

The time is *now* to declare racism as a public health threat in our community. The time has come to change business as usual. We must confront the systemic racism that has permeated society throughout our lifetime. Because in the words of Ibram X. Kendi, “the only way to undo racism is to consistently identify and describe it - and then to dismantle it.”

The City Council should support the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood.

California Government Code 54956.5 states: “An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body.”

With multiple crises to contend with (COVID-19 pandemic, racism, etc), and all the reasons stated earlier, it is the utmost urgency to declare racism as a nuisance and a crisis to public health and safety in the City of Berkeley, as well as adopt it as an emergency measure for the immediate preservation of public peace, property, health or safety.

FISCAL IMPACTS OF RECOMMENDATION

It is estimated \$50,000 for hiring of facilitators and the coordination of 3-5 town hall sessions.

ENVIRONMENTAL SUSTAINABILITY

With a focus on health equity and the adoption of a 'Health in All Policies' ordinance, a number of environmental benefits should result in the City, including reduced air pollution, cleaner waterways, and reduced greenhouse gas emissions by being proactive about ending environmental racism.

CONTACT PERSON

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Councilmember District 2
510.981.7120
cdavila@cityofberkeley.info

ATTACHMENTS:

1. Resolution
2. Racism - Public Health Crisis, published on May 5, 2017
Leslie Gregory, Founder and Director of Right to Health in Portland, Oregon
https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title
3. City of Richmond Health in All Policies Ordinance:
<http://www.ci.richmond.ca.us/ArchiveCenter/ViewFile/Item/6999>

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26. <https://classism.org/about-class/what-is-classism/>
27. [https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/ PDFs/SystemicRacism_ENG.pdf](https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/PDFs/SystemicRacism_ENG.pdf)
28. https://www.youtube.com/watch?v=c_s5rtcAJYg

RESOLUTION NO. ##,###-N.S.

A RESOLUTION OF THE CITY COUNCIL FOR THE CITY OF BERKELEY TO DECLARE RACISM AS A PUBLIC HEALTH CRISIS, A THREAT AND SAFETY ISSUE IN THE CITY OF BERKELEY

WHEREAS, There is clear data that proves racism negatively impacts the lives of people of color in the City of Berkeley and throughout the County and Nation.

WHEREAS, Almost all 400 years of African American's experience was under enslavement and Jim Crow laws and upheld White Supremacy that provided preferential opportunity to some, while at the same time subjected people of color, especially African Americans to hardship and disadvantages in all areas of life.

WHEREAS, Racism – not race - causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans in this country.

WHEREAS, Racism acts on systemic, institutional, structural and interpersonal levels, all of which operate throughout time and across generations.

WHEREAS, Racism is defined as “an organized social system in which the dominant racial group categorizes and ranks people into social groups called “races” and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior”²; and

WHEREAS, Structural racism has profound public health impacts. Now, in this critical moment of a global pandemic caused by COVID-19, previous health disparities are being exacerbated by the lack of infrastructure and provisions of basic resources afforded to marginalized communities. While coronavirus does not seem to discriminate against whom it infects, it does have differential impacts on people who were already in a compromised position in society, due to socioeconomic factors, access to healthcare and housing, and suffering from a compromised immune system due to the effects of stress, the trauma experience of discrimination and the impacts of living in communities that are disproportionately impacted by environmental injustice.

WHEREAS, Racism can take on many principal domains, including structural/institutional, cultural, and individual-level discrimination; and

WHEREAS, Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another; and

WHEREAS, Racism Forms are defined as:

- **Racism** - Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another.^{[1][2][3][4]} It may also mean prejudice, discrimination, or antagonism

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directed against other people because they are of a different race or ethnicity.^{[2][3]}

Modern variants of racism are often based in social perceptions of biological differences between peoples. These views can take the form of social actions, practices or beliefs, or political systems in which different races are ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities.^{[2][3][5]}

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 - Inadequate living conditions: Indigenous peoples living in cities and rural and remote communities are faced with inadequate housing and living conditions. For example, the peoples of Inuit Nunangat experience overcrowding and poor respiratory health from low-quality housing stock, leading to elevated rates of TB infection. There is also increased overcrowding in housing.
 - Substandard health care: In addition to the differential access to acute cardiac imaging and intervention, studies describe high levels of perceived interpersonal racism toward Indigenous patients from health care providers across health care settings. Experiences of racism, including unfair treatment as a result of racism, have been reported in multiple Indigenous survey studies, across geographic

settings, with prevalence rates ranging from 39 percent to 78 per cent. In some cases, this is so severe that Indigenous patients strategized on how to manage racism before seeking care in the emergency room.

- **Islamophobia** - Islamophobia is the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.
- **Xenophobia** - Xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.
- **Anti-semitism** - Anti-semitism is hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an anti-semite. Anti-semitism is generally considered to be a form of racism. Anti-semitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities. Anti-zionism is not anti-semitism.
- **Intersectionality** - Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination. It aims to broaden the agenda of the first waves of feminism, which largely focused on the experiences of white, middle-class women. The broad agenda means that intersectionality is used to find combinations of injustices that are felt by members of society. For example, a black woman might face discrimination from a company that is not distinctly due to her race (because the company does not discriminate against black men) nor her gender (because the company does not discriminate against white women), but by a unique combination of the two. Intersectional feminism aims to separate itself from white feminism by acknowledging the fact that all women have different experiences and identities.^[1] It is a qualitative analytic framework that identifies how interlocking systems of power affect those who are most marginalized in society.^[2]
- **Zionism** - Zionism is a political ideology, a form of Jewish nationalism. Zionism is a set of beliefs that drove the founding of the State of Israel in Palestine. Also defined as the nationalist movement of the Jewish people that espouses the re-establishment of and support for a Jewish state in the territory defined as the historic Land of Israel (roughly corresponding to Canaan, the Holy Land, or the region of Palestine). Anti-Zionism is not anti-semitism, it is the opposition to Zionism, the racist, apartheid policies of the Israeli state. Anti-Zionism is Anti Racist.
- **“ISM”** - a system of oppression based on target identity (race, sex, etc)

WHEREAS, Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected; and

WHEREAS, the COVID-19 (Coronavirus) Pandemic has unleashed an increased amount of racism in this country. There have been a number of documented instances of harassment and physical violence targeting Asian people since the outbreak of the coronavirus, as well as the use of stigmatizing terms like “Chinese Virus” to denote COVID-19. The President of the United States has continued to spew hate, racism, xenophobia, and Islamophobia since he began campaigning for office. COVID-19 has exacerbated the President’s racism towards our commUNITY members, and throughout the world, as a number of violent attacks have been made towards Asian Americans; and

WHEREAS, Structural racism is supported by and reinforced in multiple societal systems, including the housing, labor, and credit markets, as well as education, criminal justice, the economy, and health care systems; and

WHEREAS, Sequencing the human genome has revealed that racial groups are not genetically discrete, reliably measured, or scientifically meaningful, and thus “race” is a social construction, not a biological category³; and

WHEREAS, A number of epidemiological studies have demonstrated the negative impacts of racism on both physical and mental health⁴, with racism acting through a number of pathways to increase stress and allostatic load, which have been associated with chronic disease and mortality, diminish participation in healthy behaviors, and result in greater exposure to physical violence; and

WHEREAS, this Council believes that the time is now to declare racism a public health crisis in our community; 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 those efforts “aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health”; and

WHEREAS, the United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes; and

WHEREAS, the Social Determinants of Health – the social and material factors that influence health outcomes - impact life-long outcomes beginning even before birth; and

WHEREAS, the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining,” impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, wealth accumulation, and infant mortality; and

WHEREAS, research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children; and

WHEREAS, The United States Department of Health and Human Services defines social determinants of health as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,” and has highlighted access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins as major foci for community health promotion⁵; and

WHEREAS, Principally racism works to compromise public health by hindering equitable access to housing, employment, education, and safety, which are social determinants of health; and

³ Smedley, Audrey, and Brian D. Smedley. "Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race." *American Psychologist* 60.1 (2005): 16.

⁴ Paradies, Yin, et al. "Racism as a determinant of health: a systematic review and meta-analysis." *PLoS one* 10.9 (2015): e0138511.

⁵ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

WHEREAS, On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away; and

WHEREAS, The Alameda County Public Health Department has stated their vision for health equity in our county, declaring that “every resident – no matter who you are, where you live, how much money you make, or the color of your skin – should have the opportunity to lead a healthy, fulfilling, and productive life”; and

WHEREAS, The neighboring City of Richmond has established a Health Equity Partnership with the goal of addressing “avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices (such as racism)”⁶ and adopted a Health in All Policies Ordinance; and

WHEREAS, Health in All Policies is a healthcare framework proposed by the World Health Organization, also known as “healthy public policy,” which acknowledges health begins in the places that people live, work, learn, worship, and play, and more so than individual choices, health is influenced by a plethora of societal factors, such as policies related to agriculture, education, the environment, fiscal planning, housing, and transport⁷; and

WHEREAS, The City of Richmond has developed a toolkit for implementation of Health in All Policies and views this ordinance as an “integrated and comprehensive approach to bring health, well-being, and equity considerations into the development and implementation of policies, programs, and services of traditionally non-health related government systems or agencies”⁸

WHEREAS, Other cities in the country have introduced legislation declaring racism a threat to public health, for instance, Pittsburgh, PA,⁹ proposed a trio of bills that would declare racism a public health crisis in the City, establish a leadership forum, and invest in a fund to eliminate racial inequalities and barriers; and

WHEREAS, Milwaukee, WI,¹⁰ passed legislation declaring racism a public health crisis and is undergoing a process to advocate for policies that improve health for communities of color and will train city employees to understand how racism impacts residents; and

WHEREAS, Kansas City, MI,¹¹ introduced a resolution likewise declaring racism a public health crisis, tasking the city manager to establish a comprehensive plan to address inequities that leave black men and other people of color vulnerable to early death; and

WHEREAS, Cleveland, OH, passed a resolution also declaring racism to be a public health crisis, creating a working group to promote racial equity in their City that seeks solutions to reshape the discourse and actively engage all citizens in racial justice work; continues to work

⁶ <http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP>

⁷ http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf

⁸ <http://www.ci.richmond.ca.us/DocumentCenter/View/27173/Tool-Kit-DRAFT-52813-v3?bidId=>

⁹ <https://triblive.com/local/pittsburgh-allegheeny/pittsburgh-councilmen-want-racism-to-be-treated-as-a-public-health-crisis/>

¹⁰ <https://ips-dc.org/racism-is-a-public-health-crisis/>

¹¹ <https://www.kansascity.com/opinion/editorials/article234471712.html>

to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continues to promote racially equitable economic and workforce development; continues to promote racially equitable hiring and promotion of all employees including City employees; and advocates and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

WHEREAS, Increasing opportunities for good health requires investment in the municipality and community infrastructure by facilitating access to parks, safe walkable streets, grocery stores, quality housing, public transportation, good jobs, strong local business, and financial institutions, as well as clean air and water; and

WHEREAS, The Alameda County Place Matters Initiative¹², spearheaded by Supervisor Keith Carson, was successful in its attempts to address and analyze social determinants of health, including criminal justice, economics, education, housing, land-use, and transportation; and

WHEREAS, The City of Berkeley's Strategic Plan includes goals to 'Champion and demonstrate social and racial equity' and 'Be a global leader in... advancing environmental justice'; and

WHEREAS, The City of Berkeley Health Status Report of 2018¹³ demonstrated that in Berkeley, African Americans and other People of Color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives; and

WHEREAS, The Health Status Report specifically highlights how African Americans make up a disproportionately high percentage of Berkeley's homeless population (50%), earn 3.4x less than White families, are 2.8x less likely to have a college degree, and have a 9x higher teenage birth rate than White families, and additionally, at every life-stage African Americans have poorer health outcomes, including lower birth weight, cardiovascular disease, heart disease, cancer, asthma, and hypertension; and

WHEREAS, Berkeley's historical legacy of redlining (the process by which mortgage lenders determined the value of neighborhoods and whether to provide loans in those areas according to the racial composition and socioeconomic status of residents) has had a lingering impact of racial/ethnic segregation and the ability of Black families to build intergenerational wealth through home-ownership, particularly in South Berkeley and District 2¹⁴; and

WHEREAS, Gentrification, the process by which the influx of capital and higher-income, higher educated residents, move into working-class neighborhoods, has strongly impacted the Bay Area and has resulted in displacement (forced movement attributable to changes in housing conditions) in 48% of neighborhoods¹⁵; and

WHEREAS, Between the years 2000-2015, Berkeley (specifically District 2), has experienced a change in median rent over 50%, resulting in displacement of low-income communities of color¹⁶; and

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945449/>

¹³ https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/health-status-summary-report-2018.pdf

¹⁴ <https://www.berkeleyside.com/2018/09/20/redlining-the-history-of-berkeleys-segregated-neighborhoods>

¹⁵ https://www.urbandisplacement.org/sites/default/files/images/urban_displacement_project_-_executive_summary.pdf

¹⁶ <https://www.urbandisplacement.org/rentchangemap>

WHEREAS, The Center for Disease Control has linked gentrification with negative health outcomes for women, children, the elderly, and racial/ethnic minorities, through processes which trigger stress, and increase exposure to injury, violence and crime, mental health disorders, and social and environmental hazards¹⁷; and

WHEREAS, The City of Berkeley as an employer has come under scrutiny for the way it has discriminated against Black employees, warranting investigations by an outside consulting firm (Mason Tillman)¹⁸ to assess the response to labor grievances raised by people of color; and

WHEREAS, An investigative study by the Center for Policing Equity also demonstrated discrimination by Berkeley Police in their detainment and treatment of people color, noting that Black people were 6.5x more likely to be stopped by BPD than White people while driving, and 4.5x more likely to be stopped on foot, and additionally Black people were 4x more likely to be searched compared to Whites¹⁹; and

WHEREAS, In addition to struggling with racism, the City of Berkeley is confronted with issues of Islamophobia, xenophobia, transphobia, and the dehumanization of homeless people; and

WHEREAS, Implicit bias is defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in a subconscious manner, encompassing both favorable and unfavorable assessments that cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, gender, and appearance²⁰; and

WHEREAS, A number of tools, programs, and trainings exist to help individuals and organizations reduce their implicit bias, with strategies involving stereotype replacement, counter-stereotypic imaging, individuation, perspective taking, increasing opportunities for contact with individuals from different groups, and partnership building²¹; and

WHEREAS, The Congressional Black Caucus sent a letter to the Center of Disease Control asking for states to report statistics of COVID-19 morbidity and mortality by race and ethnicity, and data emerged that Black people in Milwaukee and Illinois are dying of coronavirus at disproportionately high rates²²; and

WHEREAS, The Centers for Disease Control finds that almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population; nearly one-third of those who passed due to COVID-19 across the country are black; and

WHEREAS, At the June 11 “Race, health, and policing in a time of pandemic: a virtual town hall,” the City Manager and the Public Health Officer stated racism is an epidemic; and

WHEREAS, this Council recognizes that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society; and

¹⁷ <https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>

¹⁸ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Mason%20Tillman%20Associates%20Report%20051614.pdf

¹⁹ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

²⁰ <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

²¹ <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

²² https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf

WHEREAS, The time is *now* to declare racism as a public health threat in our community. The time has come to change business as usual. We must confront the systemic racism that has permeated society throughout our lifetime. Because in the words of Ibram X. Kendi, “the only way to undo racism is to consistently identify and describe it - and then to dismantle it.”; and

WHEREAS, this Council supports the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development in the city; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

WHEREAS, California Government Code 54956.5 states: “An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body.”

WHEREAS, with multiple crises to contend with (COVID-19 pandemic, racism, etc), and all the reasons stated earlier, it is the utmost urgency to declare racism as a nuisance and a crisis to public health and safety in the City of Berkeley, as well as adopt it as an emergency measure for the immediate preservation of public peace, property, health or safety.

NOW, THEREFORE BE IT RESOLVED that the City Council of the City of Berkeley declare racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity;

BE IT FURTHER RESOLVED, Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.

BE IT FURTHER RESOLVED, Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).

BE IT FURTHER RESOLVED, City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached [City of Richmond Ordinance](#)) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to have an antiracism dashboard that delineates and tracks progress towards specific antiracist goals. This would involve: 1) tracking and measuring specific data that shows the extent to which racism has become a public health crisis; which would in turn enable 2) the City and the Community to dramatically reduce instances of racism, if not totally eliminate some of them; and 3) demonstrate to constituents that the other recommendations have made, and must continue to make, a tangible difference. The dashboard shall include: analyzing hospital infant mortality by race; tracking food insecurity among Berkeley residents, and correlation to racial demographics; analyzing the effects of biological weathering and resultant mental health challenges on immune strength for black individuals, and studying mental health resource availability and outreach targeting at-risk black communities; analyzing the administration of medications and health therapies by race, in an attempt to understand Berkeley health providers' position vis a vis the systemic under-prescription and under-treatment of Black patients' pain; tracking violent incidents targeting queer Black residents, and studying the availability of mental health resources and culturally competent healthcare for queer Black patients; identifying the largest sources of corporate environmental or carcinogenic pollution in Berkeley, and the racial demographics of people with prolonged exposure to those regions (i.e. workers and residents within range of toxic substances); identifying the locations of city waste storage/processing and the racial demographics of those most closely exposed; examining property taxes by neighborhood, and correlation to school resources and student racial demographics; examining the availability of stable and affordable Internet access, as necessary for all possible student activities offered and required by Berkeley public schools; Collaborate with the Berkeley Unified School District and the Vision 2020 to see how this is correlated to household racial demographics; analyzing students' realistic access to extracurricular activities such as arts and athletics; race-based differential access means that some students have less access to educational opportunities that help with physical and mental health; identifying the levels of lead and other toxins in public school buildings, and correlation to resource allocation and racial demographics among schools.

BE IT FURTHER RESOLVED, Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.



Leslie Gregory
Founder/Director - RIGHT TO HEALTH

Racism - Public Health Crisis

1,354 views • May 5, 2017

14 0 SHARE SAVE ...

 **White On Race**
14 subscribers

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Leslie Gregory, founder and director of Right to Health in Portland, Oregon, makes her case to the CDC (Center for Disease Control) for racism being a public health threat.

https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title



Cheryl Davila
Councilmember
District 2

REVISED AGENDA MATERIAL

Meeting Date: June 30, 2020

Item Description: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the
City of Berkeley.

Submitted by: Councilmember Cheryl Davila

Added an additional Recommendation

Updated Racism Forms Defined



Cheryl Davila
Councilmember
District 2

CONSENT CALENDAR
June 30, 2020

To: Honorable Mayor and Members of the City Council

From: Councilmembers Cheryl Davila (Author) and Ben Bartlett (Co-Sponsor)

Subject: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley.

RECOMMENDATION

Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity. In addition:

1. Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.
2. Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to

ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).

3. City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.
4. Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.
5. Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.
6. Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached City of Richmond Ordinance) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.
7. Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and
8. Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.
- 9.
10. Direct the City Manager or his/her designee to have an antiracism dashboard that delineates and tracks progress towards specific antiracist goals. This would involve: 1) tracking and measuring specific data that shows the extent to which racism has become a public health crisis; which would in turn enable 2) the City and the Community to dramatically reduce instances of racism, if not totally eliminate some of them; and 3) demonstrate to constituents that the other recommendations have made, and must continue to make, a tangible difference. The dashboard shall include: analyzing hospital infant mortality by race; tracking food insecurity among Berkeley residents, and correlation to racial demographics; analyzing the effects of biological weathering and resultant mental health challenges on immune strength for black individuals, and studying mental health resource availability and outreach targeting at-risk black communities; analyzing the administration of medications and health therapies by race, in an attempt to understand Berkeley health providers position vis a vis the systemic under-prescription and under-treatment of Black patients pain; tracking violent incidents targeting queer Black residents, and studying the availability of mental health resources and culturally competent healthcare for queer Black patients; identifying the largest sources of corporate environmental or carcinogenic pollution in Berkeley, and the racial demographics of people with prolonged exposure to those regions (i.e. workers and residents within range of toxic substances); identifying the locations of city waste storage/processing and the racial demographics of those most closely exposed; examining property taxes by neighborhood, and correlation to school resources and student racial demographics; examining the availability of stable and affordable Internet

access, as necessary for all possible student activities offered and required by Berkeley public schools;

Collaborate with the Berkeley Unified School District and the Vision 2020 to see how this is correlated to household racial demographics; analyzing students' realistic access to extracurricular activities such as arts and athletics; race-based differential access means that some students have less access to educational opportunities that help with physical and mental health; identifying the levels of lead and other toxins in public school buildings, and correlation to resource allocation and racial demographics among schools.

11. Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

BACKGROUND

There is clear data that proves racism negatively impacts the lives of people of color in the City of Berkeley and throughout the County and Nation.

Almost all 400 years of African American's experience was under enslavement and Jim Crow laws and upheld White Supremacy that provided preferential opportunity to some, while at the same time subjected people of color, especially African Americans to hardship and disadvantages in all areas of life.

Racism – not race - causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans in this country.

Racism acts on systemic, institutional, and interpersonal levels, all of which operate throughout time and across generations.

Racism is an organized social system in which a dominant group categorizes and ranks people into social groups, "races", and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups classified as inferior. Racism can act in multiple domains, including structural/institutional, cultural, and individual-level discrimination, reinforcing ideologies of inferiority and hierarchy in media images, laws, interpersonal interactions, and opportunities. Structural or institutional racism embeds racism into policies and practices in society that provide advantages for racial groups deemed superior, while oppressing, disadvantaging, or neglecting racial groups viewed as inferior. Structural racism results in differential access to housing, employment, education, healthy food, clean air and drinking water, and exposure to violence, thus has a significant impact on public health.

Structural racism has profound public health impacts. Now, in this critical moment of a global pandemic caused by COVID-19, previous health disparities are being exacerbated by the lack of infrastructure and provisions of basic resources afforded to marginalized communities. While coronavirus does not seem to discriminate against whom it infects, it does have differential impacts on people who were already in a compromised position in society, due to

socioeconomic factors, access to healthcare and housing, and suffering from a compromised immune system due to the effects of stress, the trauma experience of discrimination and the impacts of living in communities that are disproportionately impacted by environmental injustice.

Reports are emerging, highlighting the disparity in the rates of COVID-19 outcomes for communities of color. Cities like Milwaukee, Washington DC, Detroit, Chicago, and New Orleans have experienced a disproportionate morbidity and mortality for black residents due to Coronavirus. The Congressional Black Caucus has called for all states to track public health data regarding coronavirus by race and ethnicity¹. To this point, Representative Robin Kelly, Chair of the Congressional Black Caucus Healthcare Braintrust, stated: “the reason more Blacks are dying from COVID-19 is a result of a history of structural racism, environmental injustice, income inequality, and the lack of resources in Black communities, which have led to the prominence of health-related risk factors such as diabetes and hypertension.” According to data from the Centers for Disease Control, almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population. Additionally, an analysis done by the Associated Press found that nearly one-third of those who passed due to COVID-19 across the country are black.

Racism Forms Defined:

- **Racism** - Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another.^{[1][2][3][4]} It may also mean prejudice, discrimination, or antagonism directed against other people because they are of a different race or ethnicity.^{[2][3]} Modern variants of racism are often based in social perceptions of biological differences between peoples. These views can take the form of social actions, practices or beliefs, or political systems in which different races are ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities.^{[2][3][5]}
- **Environmental racism** - Environmental racism is a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.^[1] In a national context, environmental racism criticizes inequalities between urban and exurban areas after white flight. Charges of environmental racism can also prompt usages of civil rights legislation like the Civil Rights Act of 1964 to prosecute environmental crimes in the areas in which racialized people live. Internationally, environmental racism can refer to the effects of the global waste trade, like the negative health impact of the export of electronic waste to China from developed countries.
- **Institutional/systemic racism** - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power, and education, among other factors. The term "institutional racism" was coined by Stokely Carmichael and Charles V. Hamilton. Carmichael and Hamilton wrote that while individual racism is often identifiable because of its overt nature, institutional racism is less perceptible because of its "less overt, far more subtle" nature. Institutional racism "originates in the operation of established and respected forces in the society, and thus receives far less public condemnation than [individual racism]".^[2]

¹ <https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174>

- **Interpersonal racism** - Interpersonal racism is a component of individual-level racism and has been defined as “directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals” (Krieger, 1999, p. 301). Interpersonal racism includes maltreatment that the targeted individual attributes, at least in part, to conscious or unconscious racial/ethnic bias on the part of the perpetrator of the maltreatment.
- **Internalized racism** - Internalized racism is a form of internalized oppression, defined by sociologist Karen D. Pyke as the “internalization of racial oppression by the racially subordinated.”^[1] In her study *The Psychology of Racism*, Robin Nicole Johnson emphasizes that internalized racism involves both “conscious and unconscious acceptance of a racial hierarchy in which whites are consistently ranked above people of color.”^[2] These definitions encompass a wide range of instances, including, but not limited to, belief in negative racial stereotypes, adaptations to white cultural standards, and thinking that supports the status quo (i.e. denying that racism exists).^[3]
- **Structural racism** - Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege, and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab, and other racially oppressed people.
- **Prejudice** - Prejudice^[1] is an affective feeling towards a person based on their perceived group membership. The word is often used to refer to a preconceived, usually unfavorable, evaluation of another person based on that person's political affiliation, sex, gender, beliefs, values, social class, age, disability, religion, sexuality, race/ethnicity, language, nationality, beauty, occupation, education, criminality, sport team affiliation or other personal characteristics.^[2]
- **Discrimination** - In human social behavior, discrimination is prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong. These include age, caste, criminal record, height, disability, family status, gender identity, gender expression, generation, genetic characteristics, marital status, nationality, color, race and ethnicity, religion, sex and sex characteristics, sexual orientation, social class, species, as well as other categories. Discrimination consists of treatment of an individual or group, based on their actual or perceived membership in a certain group or social category, “in a way that is worse than the way people are usually treated”.^[1] It involves the group's initial reaction or interaction going on to influence the individual's actual behavior towards the group leader or the group, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on illogical or irrational decision making.^[2]
- **Systemic Racism:** Systemic racism today is composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color. Developed by sociologist Joe Feagin, systemic racism is a popular way of explaining, within the social sciences and humanities, the significance of race and racism both historically and in today's world. Feagin describes the concept and the realities attached to it in his well-researched and readable book, *Racist America: Roots, Current Realities, & Future Reparations*. In it, Feagin uses historical evidence and

demographic statistics to create a theory that asserts that the United States was founded in racism since the Constitution classified black people as the property of whites. Feagin illustrates that the legal recognition of racialized slavery is a cornerstone of a racist social system in which resources and rights were and are unjustly given to white people and unjustly denied to people of color. (thoughtco.com)

- **Systemic Racism:** Systemic racism today is composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color. Developed by sociologist Joe Feagin, systemic racism is a popular way of explaining, within the social sciences and humanities, the significance of race and racism both historically and in today's world. Feagin describes the concept and the realities attached to it in his well-researched and readable book, *Racist America: Roots, Current Realities, & Future Reparations*. In it, Feagin uses historical evidence and demographic statistics to create a theory that asserts that the United States was founded in racism since the Constitution classified black people as the property of whites. Feagin illustrates that the legal recognition of racialized slavery is a cornerstone of a racist social system in which resources and rights were and are unjustly given to white people and unjustly denied to people of color. (thoughtco.com)
 - The effects of systemic racism are pervasive in Indigenous communities. The causal pathways driving racism and its negative effects are complex, intertwined, and deeply embedded in diverse systems, including economic, political, and psychosocial. Below are some examples of how systemic racism leads to health inequities that are reflective of the broad disadvantage that Indigenous communities face:
 - Colonial policies: Mandatory residential schools, the outlawing of Indigenous gatherings and ceremonies, forced community dislocations, and discriminatory child welfare legislation have had lasting and intergenerational effects on mental health, family relationships, and Indigenous language and culture.
 - Limited healthy food choices: Dispossession of traditional lands has interfered with traditional economies and access to traditional foods; urban, rural, and remote Indigenous peoples often have inadequate access to affordable healthy and nutritious foods.
 - Inadequate living conditions: Indigenous peoples living in cities and rural and remote communities are faced with inadequate housing and living conditions. For example, the peoples of Inuit Nunangat experience overcrowding and poor respiratory health from low-quality housing stock, leading to elevated rates of TB infection. There is also increased overcrowding in housing.
 - Substandard health care: In addition to the differential access to acute cardiac imaging and intervention, studies describe high levels of perceived interpersonal racism toward Indigenous patients from health care providers across health care settings. Experiences of racism, including unfair treatment as a result of racism, have been reported in multiple Indigenous survey studies, across geographic settings, with prevalence rates ranging from 39 percent to 78 per cent. In some cases, this is so severe that Indigenous patients

strategized on how to manage racism before seeking care in the emergency room.

- **Islamophobia** - Islamophobia is the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.
- **Xenophobia** - Xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.
- **Anti-semitism** - Anti-semitism is hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an anti-semite. Anti-semitism is generally considered to be a form of racism. Anti-semitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities. Anti-zionism is not anti-semitism
- ~~**Anti-semitism** - Antisemitism is hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an antisemite. Antisemitism is generally considered to be a form of racism. Antisemitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities.~~
- **Intersectionality** - Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination. It aims to broaden the agenda of the first waves of feminism, which largely focused on the experiences of white, middle-class women. The broad agenda means that intersectionality is used to find combinations of injustices that are felt by members of society. For example, a black woman might face discrimination from a company that is not distinctly due to her race (because the company does not discriminate against black men) nor her gender (because the company does not discriminate against white women), but by a unique combination of the two. Intersectional feminism aims to separate itself from white feminism by acknowledging the fact that all women have different experiences and identities.^[1] It is a qualitative analytic framework that identifies how interlocking systems of power affect those who are most marginalized in society.^[2]
- **Zionism** - Zionism is a political ideology, a form of Jewish nationalism. Zionism is a set of beliefs that drove the founding of the State of Israel in Palestine. Also defined as the nationalist movement of the Jewish people that espouses the re-establishment of and support for a Jewish state in the territory defined as the historic Land of Israel (roughly corresponding to Canaan, the Holy Land, or the region of Palestine). Anti-Zionism is not anti-semitism, it is the opposition to Zionism, the racist, apartheid policies of the Israeli state. Anti-Zionism is Anti Racist.



- **“ISM”** - a system of oppression based on target identity (race, sex, etc)

Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected.

Beyond this, the COVID-19 (Coronavirus) Pandemic has unleashed an increased amount of racism in this country. There have been a number of documented instances of harassment and physical violence targeting Asian people since the outbreak of the coronavirus, as well as the use of stigmatizing terms like “Chinese Virus” to denote COVID-19. The President of the United States has continued to spew hate, racism, xenophobia, and Islamophobia since he began campaigning for office. COVID-19 has exacerbated the President’s racism towards our commUNITY members, and throughout the world, as a number of violent attacks have been made towards Asian Americans.

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 those efforts “aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health.”

The United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes.

The negative repercussions of historical racism, including but not limited to, discriminatory lending practices of the 20th century known as “redlining,” impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, and infant mortality.

Research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children.

Statistics show a national disparity between black and white infant mortality rates, and the State consistently ranks among the worst states concerning black infant mortality rates.

The rates of chronic diseases, including asthma, diabetes, and hypertension, are significantly higher in predominantly black neighborhoods.

The Department of Health and Human Services defines the social determinants of health as conditions in the environments in which people are born, live, learn, work, play, worship, and age, which affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health include access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Beyond genetic predispositions or individual life choices, the World Health Organization notes that the social determinants of health predict a

person's life expectancy. By these means, structural racism threatens public health by hindering equitable access to the social determinants of health.

Utilizing an intersectional framework, it is clear that discrimination based on race can be linked to disadvantages for a number of people with marginalized identities, in particular the poor or unhoused, queer and trans, disabled, Muslim, immigrant, and Indigenous communities.^{JP}

Massar 'because higher levels of discrimination are associated with an elevated risk to a broad range of diseases, for instance, contraction of heart disease, cancer, and HIV. And everyday over 200 Black people die prematurely due to health inequities between Whites and Blacks.

Like many cities in the United States, the City of Berkeley has a long history of racism. Studies conducted on Berkeley's employment practices and modes of policing have demonstrated structural racism and discrimination at the core of the City's functions. Waves of racial housing segregation, codified by redlining in the past, and currently operating through gentrification and displacement, is a major factor influencing racial/ethnic disparities in health outcomes. The 2018 Berkeley Health Status Report demonstrated that within the City of Berkeley, African Americans and other People of Color die prematurely and are more likely to experience a wide variety of adverse health conditions throughout their lives. Specifically, Black people make up a disproportionately high percentage of the city's homeless population, are less likely to attain higher education, are more likely to live in poverty, and have poorer health outcomes, morbidity, and mortality from cardiovascular disease, heart disease, cancers, and birth complications.

The Alameda County Department of Public Health has demonstrated racial/ethnic health disparity in our community, noting a 17-year difference in life expectancy between a child born in West Oakland and the Oakland Hills. Supervisor Keith Carson has begun a process of trying to address health inequities through the launch of the Health Matters Initiative.

Additionally, the City of Richmond also views racism as a major threat to public health and has adopted a Health in all Policies Ordinance in order to rectify health inequities. Other cities throughout the United States, like Kansas City, Milwaukee, Pittsburgh, and Cleveland, have also come to view racism as a public health crisis, passing legislation to turn the tide and ensure everyone (regardless of their race or ethnicity) has the opportunity to live healthy, fulfilling lives.

On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away.

The City of Berkeley should follow the example of other cities that have declared racism as a threat to public health. We should adopt a Health in All Policies Ordinance, and take all necessary legislative steps to ensure health equity in our city. Minimally this will involve the curation of a number of town hall sessions to hear the concerns of marginalized community members and with careful collaborations, develop a strategic plan for health equity. Additionally, the City should provide training on ways to reduce implicit bias for City employees and

interested members of the community. This will allow us to critically evaluate our prejudices and take the initiative to reduce bias and remove racist barriers to the social determinants of health.

The City must recognize that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society.

The time is *now* to declare racism as a public health threat in our community. The time has come to change business as usual. We must confront the systemic racism that has permeated society throughout our lifetime. Because in the words of Ibram X. Kendi, “the only way to undo racism is to consistently identify and describe it - and then to dismantle it.”

The City Council should support the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood.

California Government Code 54956.5 states: “An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body.”

With multiple crises to contend with (COVID-19 pandemic, racism, etc), and all the reasons stated earlier, it is the utmost urgency to declare racism as a nuisance and a crisis to public health and safety in the City of Berkeley, as well as adopt it as an emergency measure for the immediate preservation of public peace, property, health or safety.

FISCAL IMPACTS OF RECOMMENDATION

It is estimated \$50,000 for hiring of facilitators and the coordination of 3-5 town hall sessions.

ENVIRONMENTAL SUSTAINABILITY

With a focus on health equity and the adoption of a ‘Health in All Policies ‘ordinance, a number of environmental benefits should result in the City, including reduced air pollution, cleaner waterways, and reduced greenhouse gas emissions by being proactive about ending environmental racism.

CONTACT PERSON

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cdavila@cityofberkeley.info

ATTACHMENTS:

1. Resolution

2. Racism - Public Health Crisis, published on May 5, 2017
Leslie Gregory, Founder and Director of Right to Health in Portland, Oregon
https://www.youtube.com/watch?v=9oKg-870R3l&feature=emb_title
3. City of Richmond Health in All Policies Ordinance:
<http://www.ci.richmond.ca.us/ArchiveCenter/ViewFile/Item/6999>

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1. Williams, David R., Jourdyn A. Lawrence, and Brigette A. Davis. "Racism and health: evidence and needed research." *Annual review of public health* 40 (2019): 105-125.
2. Smedley, Audrey, and Brian D. Smedley. "Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race." *American Psychologist* 60.1 (2005): 16.
3. Paradies, Yin, et al. "Racism as a determinant of health: a systematic review and meta-analysis." *PloS one* 10.9 (2015): e0138511.
4. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
5. <http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP>
6. http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf
7. <http://www.ci.richmond.ca.us/DocumentCenter/View/27173/Tool-Kit-DRAFT-52813-v3?bidId=>
8. <https://triblive.com/local/pittsburgh-allegheeny/pittsburgh-councilmen-want-racism-to-be-treated-as-a-public-health-crisis/>
9. <https://ips-dc.org/racism-is-a-public-health-crisis/>
10. <https://www.kansascity.com/opinion/editorials/article234471712.html>
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12. https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/health-status-summary-report-2018.pdf
13. <https://www.berkeleyside.com/2018/09/20/redlining-the-history-of-berkeleys-segregated-neighborhoods>
14. https://www.urbandisplacement.org/sites/default/files/images/urban_displacement_project_-_executive_summary.pdf
15. <https://www.urbandisplacement.org/rentchangemap>
16. <https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>
17. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Mason%20Tillman%20Associates%20Report%20051614.pdf
18. <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>
19. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>
20. <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>
21. https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf
22. <https://www.nationalgeographic.com/history/2020/04/coronavirus-disproportionately-impacts-african-americans/#close>
23. <https://societyforhealthpsychology.org/resources/research-advocacy/diversity-racism/interpersonal/>
24. <https://www.racialequitytools.org/resourcefiles/Definitions-of%20Racism.pdf>
25. <https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174>

RESOLUTION NO. ##,###-N.S.

A RESOLUTION OF THE CITY COUNCIL FOR THE CITY OF BERKELEY TO DECLARE RACISM AS A PUBLIC HEALTH CRISIS, A THREAT AND SAFETY ISSUE IN THE CITY OF BERKELEY

WHEREAS, Racism is defined as “an organized social system in which the dominant racial group categorizes and ranks people into social groups called “races” and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior”²; and

WHEREAS, Racism can take on many principal domains, including structural/institutional, cultural, and individual-level discrimination; and

WHEREAS, Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another. Racism Forms are defined as:

Environmental racism - a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.^[1]

Institutional/systemic racism - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions.

Interpersonal racism - a component of individual-level racism and has been defined as “directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals” (Krieger, 1999, p. 301).

Internalized racism - a form of internalized oppression, defined by sociologist Karen D. Pyke as the “internalization of racial oppression by the racially subordinated.”

² Williams, David R., Jourdyn A. Lawrence, and Brigette A. Davis. “Racism and health: evidence and needed research.” *Annual review of public health* 40 (2019): 105-125.

Structural racism - the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.

Prejudice - an affective feeling towards a person based on their perceived group membership.

Discrimination - prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong.

Systemic Racism: composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color.

Islamophobia - the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.

Xenophobia - the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.

Anti-semitism - hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an antisemite. Antisemitism is generally considered to be a form of racism. Antisemitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities.

Intersectionality - a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination.

"ISM" - a system of oppression based on target identity (race, sex, etc)

WHEREAS, Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected; and

WHEREAS, Structural racism is supported by and reinforced in multiple societal systems, including the housing, labor, and credit markets, as well as education, criminal justice, the economy, and health care systems; and

WHEREAS, Sequencing the human genome has revealed that racial groups are not genetically discrete, reliably measured, or scientifically meaningful, and thus "race" is a social construction, not a biological category³; and

WHEREAS, A number of epidemiological studies have demonstrated the negative impacts of racism on both physical and mental health⁴, with racism acting through a number of pathways to increase stress and allostatic load, which have been associated with chronic disease and

³ Smedley, Audrey, and Brian D. Smedley. "Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race." *American Psychologist* 60.1 (2005): 16.

⁴ Paradies, Yin, et al. "Racism as a determinant of health: a systematic review and meta-analysis." *PloS one* 10.9 (2015): e0138511.

mortality, diminish participation in healthy behaviors, and result in greater exposure to physical violence; and

WHEREAS, almost all of the 400 years of Black American's experience under slavery and Jim Crow laws has allowed preferential opportunity to some while at the same time subjected people of color to hardship and disadvantage in all areas of life; and

WHEREAS, still now, racism – not race- causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans; and

WHEREAS, racism acts on systemic, institutional, interpersonal level and psychological levels, all of which operate throughout time and across generations; and

WHEREAS, this Council believes that the time is now to declare racism a public health crisis in our community; 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 those efforts “aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health”; and

WHEREAS, the United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes; and

WHEREAS, the Social Determinants of Health – the social and material factors that influence health outcomes - impact life-long outcomes beginning even before birth; and

WHEREAS, the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining,” impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, wealth accumulation, and infant mortality; and

WHEREAS, research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children; and

WHEREAS, The United States Department of Health and Human Services defines social determinants of health as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,” and has highlighted access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins as major foci for community health promotion⁵; and

⁵ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

WHEREAS, Principally racism works to compromise public health by hindering equitable access to housing, employment, education, and safety, which are social determinants of health; and

WHEREAS, On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away; and

WHEREAS, The Alameda County Public Health Department has stated their vision for health equity in our county, declaring that “every resident – no matter who you are, where you live, how much money you make, or the color of your skin – should have the opportunity to lead a healthy, fulfilling, and productive life”; and

WHEREAS, The neighboring City of Richmond has established a Health Equity Partnership with the goal of addressing “avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices (such as racism)”⁶ and adopted a Health in All Policies Ordinance; and

WHEREAS, Health in All Policies is a healthcare framework proposed by the World Health Organization, also known as “healthy public policy,” which acknowledges health begins in the places that people live, work, learn, worship, and play, and more so than individual choices, health is influenced by a plethora of societal factors, such as policies related to agriculture, education, the environment, fiscal planning, housing, and transport⁷; and

WHEREAS, The City of Richmond has developed a toolkit for implementation of Health in All Policies and views this ordinance as an “integrated and comprehensive approach to bring health, well-being, and equity considerations into the development and implementation of policies, programs, and services of traditionally non-health related government systems or agencies”⁸

WHEREAS, Other cities in the country have introduced legislation declaring racism a threat to public health, for instance, Pittsburgh, PA,⁹ proposed a trio of bills that would declare racism a public health crisis in the City, establish a leadership forum, and invest in a fund to eliminate racial inequalities and barriers; and

WHEREAS, Milwaukee, WI,¹⁰ passed legislation declaring racism a public health crisis and is undergoing a process to advocate for policies that improve health for communities of color and will train city employees to understand how racism impacts residents; and

⁶ <http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP>

⁷ http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf

⁸ <http://www.ci.richmond.ca.us/DocumentCenter/View/27173/Tool-Kit-DRAFT-52813-v3?bidId=>

⁹ <https://triblive.com/local/pittsburgh-alleggheny/pittsburgh-councilmen-want-racism-to-be-treated-as-a-public-health-crisis/>

¹⁰ <https://ips-dc.org/racism-is-a-public-health-crisis/>

WHEREAS, Kansas City, MI,¹¹ introduced a resolution likewise declaring racism a public health crisis, tasking the city manager to establish a comprehensive plan to address inequities that leave black men and other people of color vulnerable to early death; and

WHEREAS, Cleveland, OH, passed a resolution also declaring racism to be a public health crisis, creating a working group to promote racial equity in their City that seeks solutions to reshape the discourse and actively engage all citizens in racial justice work; continues to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continues to promote racially equitable economic and workforce development; continues to promote racially equitable hiring and promotion of all employees including City employees; and advocates and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

WHEREAS, Increasing opportunities for good health requires investment in the municipality and community infrastructure by facilitating access to parks, safe walkable streets, grocery stores, quality housing, public transportation, good jobs, strong local business, and financial institutions, as well as clean air and water; and

WHEREAS, The Alameda County Place Matters Initiative¹², spearheaded by Supervisor Keith Carson, was successful in its attempts to address and analyze social determinants of health, including criminal justice, economics, education, housing, land-use, and transportation; and

WHEREAS, The City of Berkeley's Strategic Plan includes goals to 'Champion and demonstrate social and racial equity 'and 'Be a global leader in... advancing environmental justice'; and

WHEREAS, The City of Berkeley Health Status Report of 2018¹³ demonstrated that in Berkeley, African Americans and other People of Color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives; and

WHEREAS, The Health Status Report specifically highlights how African Americans make up a disproportionately high percentage of Berkeley's homeless population (50%), earn 3.4x less than White families, are 2.8x less likely to have a college degree, and have a 9x higher teenage birth rate than White families, and additionally, at every life-stage African Americans have poorer health outcomes, including lower birth weight, cardiovascular disease, heart disease, cancer, asthma, and hypertension; and

WHEREAS, Berkeley's historical legacy of redlining (the process by which mortgage lenders determined the value of neighborhoods and whether to provide loans in those areas according to the racial composition and socioeconomic status of residents) has had a lingering impact of

¹¹ <https://www.kansascity.com/opinion/editorials/article234471712.html>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945449/>

¹³ https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/health-status-summary-report-2018.pdf

racial/ethnic segregation and the ability of Black families to build intergenerational wealth through home-ownership, particularly in South Berkeley and District 2¹⁴; and

WHEREAS, Gentrification, the process by which the influx of capital and higher-income, higher educated residents, move into working-class neighborhoods, has strongly impacted the Bay Area and has resulted in displacement (forced movement attributable to changes in housing conditions) in 48% of neighborhoods¹⁵; and

WHEREAS, Between the years 2000-2015, Berkeley (specifically District 2), has experienced a change in median rent over 50%, resulting in displacement of low-income communities of color¹⁶; and

WHEREAS, The Center for Disease Control has linked gentrification with negative health outcomes for women, children, the elderly, and racial/ethnic minorities, through processes which trigger stress, and increase exposure to injury, violence and crime, mental health disorders, and social and environmental hazards¹⁷; and

WHEREAS, The City of Berkeley as an employer has come under scrutiny for the way it has discriminated against Black employees, warranting investigations by an outside consulting firm (Mason Tillman)¹⁸ to assess the response to labor grievances raised by people of color; and

WHEREAS, An investigative study by the Center for Policing Equity also demonstrated discrimination by Berkeley Police in their detainment and treatment of people color, noting that Black people were 6.5x more likely to be stopped by BPD than White people while driving, and 4.5x more likely to be stopped on foot, and additionally Black people were 4x more likely to be searched compared to Whites¹⁹; and

WHEREAS, In addition to struggling with racism, the City of Berkeley is confronted with issues of Islamophobia, xenophobia, transphobia, and the dehumanization of homeless people; and

WHEREAS, Implicit bias is defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in a subconscious manner, encompassing both favorable and unfavorable assessments that cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, gender, and appearance²⁰; and

WHEREAS, A number of tools, programs, and trainings exist to help individuals and organizations reduce their implicit bias, with strategies involving stereotype replacement, counter-stereotypic imaging, individuation, perspective taking, increasing opportunities for contact with individuals from different groups, and partnership building²¹; and

¹⁴ <https://www.berkeleyside.com/2018/09/20/redlining-the-history-of-berkeleys-segregated-neighborhoods>

¹⁵ https://www.urbandisplacement.org/sites/default/files/images/urban_displacement_project_-_executive_summary.pdf

¹⁶ <https://www.urbandisplacement.org/rentchangemap>

¹⁷ <https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>

¹⁸ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Mason%20Tillman%20Associates%20Report%20051614.pdf

¹⁹ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

²⁰ <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

²¹ <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

WHEREAS, The Congressional Black Caucus sent a letter to the Center of Disease Control asking for states to report statistics of COVID-19 morbidity and mortality by race and ethnicity, and data emerged that Black people in Milwaukee and Illinois are dying of coronavirus at disproportionately high rates²²; and

WHEREAS, The Centers for Disease Control finds that almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population; nearly one-third of those who passed due to COVID-19 across the country are black; and

WHEREAS, this Council recognizes that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society; and

WHEREAS, this Council supports the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development in the city; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

NOW, THEREFORE BE IT RESOLVED that the City Council of the City of Berkeley declare racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity;

BE IT FURTHER RESOLVED, Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.

BE IT FURTHER RESOLVED, A Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).

²² https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf

BE IT FURTHER RESOLVED, City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached City of Richmond Ordinance) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.

BE IT FURTHER RESOLVED, Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title



Racism - Public Health Crisis

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White On Race
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Leslie Gregory, founder and director of Right to Health in Portland, Oregon, makes her case to the CDC (Center for Disease Control) for racism being a public health threat.



Cheryl Davila
Councilmember
District 2

CONSENT CALENDAR
June 30, 2020

To: Honorable Mayor and Members of the City Council

From: Councilmembers Cheryl Davila (Author) and Ben Bartlett (Co-Sponsor)

Subject: Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley.

RECOMMENDATION

Declare Racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity. In addition:

1. Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.
2. Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).
3. City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.
4. Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.
5. Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.
6. Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached City of Richmond Ordinance) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.
7. Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and

8. Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.
9. Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

BACKGROUND

There is clear data that proves racism negatively impacts the lives of people of color in the City of Berkeley and throughout the County and Nation.

Almost all 400 years of African American's experience was under enslavement and Jim Crow laws and upheld White Supremacy that provided preferential opportunity to some, while at the same time subjected people of color, especially African Americans to hardship and disadvantages in all areas of life.

Racism – not race - causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans in this country.

Racism acts on systemic, institutional, and interpersonal levels, all of which operate throughout time and across generations.

Racism is an organized social system in which a dominant group categorizes and ranks people into social groups, “races”, and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups classified as inferior. Racism can act in multiple domains, including structural/institutional, cultural, and individual-level discrimination, reinforcing ideologies of inferiority and hierarchy in media images, laws, interpersonal interactions, and opportunities. Structural or institutional racism embeds racism into policies and practices in society that provide advantages for racial groups deemed superior, while oppressing, disadvantaging, or neglecting racial groups viewed as inferior. Structural racism results in differential access to housing, employment, education, healthy food, clean air and drinking water, and exposure to violence, thus has a significant impact on public health.

Structural racism has profound public health impacts. Now, in this critical moment of a global pandemic caused by COVID-19, previous health disparities are being exacerbated by the lack of infrastructure and provisions of basic resources afforded to marginalized communities. While coronavirus does not seem to discriminate against whom it infects, it does have differential impacts on people who were already in a compromised position in society, due to socioeconomic factors, access to healthcare and housing, and suffering from a compromised immune system due to the effects of stress, the trauma experience of discrimination and the impacts of living in communities that are disproportionately impacted by environmental injustice.

Reports are emerging, highlighting the disparity in the rates of COVID-19 outcomes for communities of color. Cities like Milwaukee, Washington DC, Detroit, Chicago, and New Orleans have experienced a disproportionate morbidity and mortality for black residents due to Coronavirus. The Congressional Black Caucus has called for all states to track public health data regarding coronavirus by race and ethnicity¹. To this point, Representative Robin Kelly, Chair of the Congressional Black Caucus Healthcare Braintrust, stated: “the reason more Blacks are dying from COVID-19 is a result of a history of structural racism, environmental injustice, income inequality, and the lack of resources in Black communities, which have led to

¹ <https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174>

the prominence of health-related risk factors such as diabetes and hypertension.” According to data from the Centers for Disease Control, almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population. Additionally, an analysis done by the Associated Press found that nearly one-third of those who passed due to COVID-19 across the country are black.

Racism Forms Defined:

- **Racism** - Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another.^{[1][2][3][4]} It may also mean prejudice, discrimination, or antagonism directed against other people because they are of a different race or ethnicity.^{[2][3]} Modern variants of racism are often based in social perceptions of biological differences between peoples. These views can take the form of social actions, practices or beliefs, or political systems in which different races are ranked as inherently superior or inferior to each other, based on presumed shared inheritable traits, abilities, or qualities.^{[2][3][5]}
- **Environmental racism** - Environmental racism is a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.^[1] In a national context, environmental racism criticizes inequalities between urban and exurban areas after white flight. Charges of environmental racism can also prompt usages of civil rights legislation like the Civil Rights Act of 1964 to prosecute environmental crimes in the areas in which racialized people live. Internationally, environmental racism can refer to the effects of the global waste trade, like the negative health impact of the export of electronic waste to China from developed countries.
- **Institutional/systemic racism** - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power, and education, among other factors. The term "institutional racism" was coined by Stokely Carmichael and Charles V. Hamilton. Carmichael and Hamilton wrote that while individual racism is often identifiable because of its overt nature, institutional racism is less perceptible because of its "less overt, far more subtle" nature. Institutional racism "originates in the operation of established and respected forces in the society, and thus receives far less public condemnation than [individual racism]".^[2]
- **Interpersonal racism** - Interpersonal racism is a component of individual-level racism and has been defined as “directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals” (Krieger, 1999, p. 301). Interpersonal racism includes maltreatment that the targeted individual attributes, at least in part, to conscious or unconscious racial/ethnic bias on the part of the perpetrator of the maltreatment.
- **Internalized racism** - Internalized racism is a form of internalized oppression, defined by sociologist Karen D. Pyke as the "internalization of racial oppression by the racially subordinated."^[1] In her study *The Psychology of Racism*, Robin Nicole Johnson emphasizes that internalized racism involves both "conscious and unconscious acceptance of a racial hierarchy in which whites are consistently ranked above people of color."^[2] These definitions encompass a wide range of instances, including, but not limited to, belief in negative racial stereotypes, adaptations to white cultural standards, and thinking that supports the status quo (i.e. denying that racism exists).^[3]
- **Structural racism** - Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege, and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab, and other racially oppressed people.

- **Prejudice** - Prejudice^[1] is an affective feeling towards a person based on their perceived group membership. The word is often used to refer to a preconceived, usually unfavorable, evaluation of another person based on that person's political affiliation, sex, gender, beliefs, values, social class, age, disability, religion, sexuality, race/ethnicity, language, nationality, beauty, occupation, education, criminality, sport team affiliation or other personal characteristics.^[2]
- **Discrimination** - In human social behavior, discrimination is prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong. These include age, caste, criminal record, height, disability, family status, gender identity, gender expression, generation, genetic characteristics, marital status, nationality, color, race and ethnicity, religion, sex and sex characteristics, sexual orientation, social class, species, as well as other categories. Discrimination consists of treatment of an individual or group, based on their actual or perceived membership in a certain group or social category, "in a way that is worse than the way people are usually treated".^[1] It involves the group's initial reaction or interaction going on to influence the individual's actual behavior towards the group leader or the group, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on illogical or irrational decision making.^[2]
- **Systemic Racism:** Systemic racism today is composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color. Developed by sociologist Joe Feagin, systemic racism is a popular way of explaining, within the social sciences and humanities, the significance of race and racism both historically and in today's world. Feagin describes the concept and the realities attached to it in his well-researched and readable book, *Racist America: Roots, Current Realities, & Future Reparations*. In it, Feagin uses historical evidence and demographic statistics to create a theory that asserts that the United States was founded in racism since the Constitution classified black people as the property of whites. Feagin illustrates that the legal recognition of racialized slavery is a cornerstone of a racist social system in which resources and rights were and are unjustly given to white people and unjustly denied to people of color. (thoughtco.com)
- **Islamophobia** - Islamophobia is the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.
- **Xenophobia** - Xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.
- **Anti-semitism** - Antisemitism is hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an antisemite. Antisemitism is generally considered to be a form of racism. Antisemitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities.
- **Intersectionality** - Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination. It aims to broaden the agenda of the first waves of feminism, which largely focused on the experiences of white, middle-class women. The broad agenda means that intersectionality is used to find combinations of injustices that are felt by members of society. For example, a black woman might face discrimination from a company that is not distinctly due to her race (because the company does not discriminate against black men) nor her gender (because the company does not discriminate against white

women), but by a unique combination of the two. Intersectional feminism aims to separate itself from white feminism by acknowledging the fact that all women have different experiences and identities.^[1] It is a qualitative analytic framework that identifies how interlocking systems of power affect those who are most marginalized in society.^[2]

- **“ISM”** - a system of oppression based on target identity (race, sex, etc)

Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the -isms are connected.

Beyond this, the COVID-19 (Coronavirus) Pandemic has unleashed an increased amount of racism in this country. There have been a number of documented instances of harassment and physical violence targeting Asian people since the outbreak of the coronavirus, as well as the use of stigmatizing terms like “Chinese Virus” to denote COVID-19. The President of the United States has continued to spew hate, racism, xenophobia, and Islamophobia since he began campaigning for office. COVID-19 has exacerbated the President’s racism towards our commUNITY members, and throughout the world, as a number of violent attacks have been made towards Asian Americans.

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 those efforts “aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health.”

The United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes.

The negative repercussions of historical racism, including but not limited to, discriminatory lending practices of the 20th century known as “redlining,” impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, and infant mortality.

Research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children.

Statistics show a national disparity between black and white infant mortality rates, and the State consistently ranks among the worst states concerning black infant mortality rates.

The rates of chronic diseases, including asthma, diabetes, and hypertension, are significantly higher in predominantly black neighborhoods.

The Department of Health and Human Services defines the social determinants of health as conditions in the environments in which people are born, live, learn, work, play, worship, and age, which affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health include access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Beyond genetic predispositions or individual life choices, the World Health Organization notes that the social determinants of health predict a person’s life expectancy. By these means, structural racism threatens public health by hindering equitable access to the social determinants of health.

Utilizing an intersectional framework, it is clear that discrimination based on race can be linked to disadvantages for a number of people with marginalized identities, in particular the poor or unhoused, queer and trans, disabled, Muslim, immigrant, and Indigenous communities.JP

Massar' because higher levels of discrimination are associated with an elevated risk to a broad range of diseases, for instance, contraction of heart disease, cancer, and HIV. And everyday over 200 Black people die prematurely due to health inequities between Whites and Blacks.

Like many cities in the United States, the City of Berkeley has a long history of racism. Studies conducted on Berkeley's employment practices and modes of policing have demonstrated structural racism and discrimination at the core of the City's functions. Waves of racial housing segregation, codified by redlining in the past, and currently operating through gentrification and displacement, is a major factor influencing racial/ethnic disparities in health outcomes. The 2018 Berkeley Health Status Report demonstrated that within the City of Berkeley, African Americans and other People of Color die prematurely and are more likely to experience a wide variety of adverse health conditions throughout their lives. Specifically, Black people make up a disproportionately high percentage of the city's homeless population, are less likely to attain higher education, are more likely to live in poverty, and have poorer health outcomes, morbidity, and mortality from cardiovascular disease, heart disease, cancers, and birth complications.

The Alameda County Department of Public Health has demonstrated racial/ethnic health disparity in our community, noting a 17-year difference in life expectancy between a child born in West Oakland and the Oakland Hills. Supervisor Keith Carson has begun a process of trying to address health inequities through the launch of the Health Matters Initiative.

Additionally, the City of Richmond also views racism as a major threat to public health and has adopted a Health in all Policies Ordinance in order to rectify health inequities. Other cities throughout the United States, like Kansas City, Milwaukee, Pittsburgh, and Cleveland, have also come to view racism as a public health crisis, passing legislation to turn the tide and ensure everyone (regardless of their race or ethnicity) has the opportunity to live healthy, fulfilling lives.

On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away.

The City of Berkeley should follow the example of other cities that have declared racism as a threat to public health. We should adopt a Health in All Policies Ordinance, and take all necessary legislative steps to ensure health equity in our city. Minimally this will involve the curation of a number of town hall sessions to hear the concerns of marginalized community members and with careful collaborations, develop a strategic plan for health equity. Additionally, the City should provide training on ways to reduce implicit bias for City employees and interested members of the community. This will allow us to critically evaluate our prejudices and take the initiative to reduce bias and remove racist barriers to the social determinants of health.

The City must recognize that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society.

The time is *now* to declare racism as a public health threat in our community. The time has come to change business as usual. We must confront the systemic racism that has permeated society throughout our lifetime. Because in the words of Ibram X. Kendi, "the only way to undo racism is to consistently identify and describe it - and then to dismantle it."

The City Council should support the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and

encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood.

California Government Code 54956.5 states: "An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body."

With multiple crises to contend with (COVID-19 pandemic, racism, etc), and all the reasons stated earlier, it is the utmost urgency to declare racism as a nuisance and a crisis to public health and safety in the City of Berkeley, as well as adopt it as an emergency measure for the immediate preservation of public peace, property, health or safety.

FISCAL IMPACTS OF RECOMMENDATION

It is estimated \$50,000 for hiring of facilitators and the coordination of 3-5 town hall sessions.

ENVIRONMENTAL SUSTAINABILITY

With a focus on health equity and the adoption of a 'Health in All Policies' ordinance, a number of environmental benefits should result in the City, including reduced air pollution, cleaner waterways, and reduced greenhouse gas emissions by being proactive about ending environmental racism.

CONTACT PERSON

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Councilmember District 2
510.981.7120
cdavila@cityofberkeley.info

ATTACHMENTS:

1. Resolution
2. Racism - Public Health Crisis, published on May 5, 2017
Leslie Gregory, Founder and Director of Right to Health in Portland, Oregon
https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title
3. City of Richmond Health in All Policies Ordinance:
<http://www.ci.richmond.ca.us/ArchiveCenter/ViewFile/Item/6999>

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15. <https://www.urbandisplacement.org/rentchangemap>
16. <https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>
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18. <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>
19. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>
20. <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>
21. https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf
22. <https://www.nationalgeographic.com/history/2020/04/coronavirus-disproportionately-impacts-african-americans/#close>
23. <https://societyforhealthpsychology.org/resources/research-advocacy/diversity-racism/interpersonal/>
24. <https://www.racialequitytools.org/resourcefiles/Definitions-of%20Racism.pdf>
25. <https://cbc.house.gov/news/documentsingle.aspx?DocumentID=2174>

RESOLUTION NO. ##,###-N.S.

A RESOLUTION OF THE CITY COUNCIL FOR THE CITY OF BERKELEY TO DECLARE RACISM AS A PUBLIC HEALTH CRISIS, A THREAT AND SAFETY ISSUE IN THE CITY OF BERKELEY

WHEREAS, Racism is defined as “an organized social system in which the dominant racial group categorizes and ranks people into social groups called “races” and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior”²; and

WHEREAS, Racism can take on many principal domains, including structural/institutional, cultural, and individual-level discrimination; and

WHEREAS, Racism is the belief that groups of humans possess different behavioral traits corresponding to physical appearance, and can be divided based on the superiority of one race over another. Racism Forms are defined as:

² Williams, David R., Jourdyn A. Lawrence, and Brigette A. Davis. "Racism and health: evidence and needed research." *Annual review of public health* 40 (2019): 105-125.

Environmental racism - a concept used to describe environmental injustice that occurs in practice and in policy within a racialized context.^[1]

Institutional/systemic racism - Institutional racism (also known as systemic racism) is a form of racism expressed in the practice of social and political institutions.

Interpersonal racism - a component of individual-level racism and has been defined as "directly perceived discriminatory interactions between individuals whether in their institutional roles or as public and private individuals" (Krieger, 1999, p. 301).

Internalized racism - a form of internalized oppression, defined by sociologist Karen D. Pyke as the "internalization of racial oppression by the racially subordinated."

Structural racism - the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.

Prejudice - an affective feeling towards a person based on their perceived group membership.

Discrimination - prejudiced treatment or consideration of, or making a distinction towards, a being based on the group, class, or category to which they are perceived to belong.

Systemic Racism: composed of intersecting, overlapping, and codependent racist institutions, policies, practices, ideas, and behaviors that give an unjust amount of resources, rights, and power to white people while denying them to people of color.

Islamophobia - the fear, hatred of, or prejudice against the Islamic religion or Muslims generally, especially when seen as a geopolitical force or the source of terrorism.

Xenophobia - the fear or hatred of that which is perceived to be foreign or strange. It is an expression of the perceived conflict between an ingroup and an outgroup and may manifest in suspicion by one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic, or racial identity.

Anti-semitism - hostility to, prejudice, or discrimination against Jews.^{[1][2][3]} A person who holds such positions is called an antisemite. Antisemitism is generally considered to be a form of racism. Antisemitism may be manifested in many ways, ranging from expressions of hatred of or discrimination against individual Jews to organized pogroms by mobs, state police, or even military attacks on entire Jewish communities.

Intersectionality - a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, disability, etc.) might combine to create unique modes of discrimination.

"ISM" - a system of oppression based on target identity (race, sex, etc)

WHEREAS, Racism, sexism, heterosexism (homophobia), ageism, ableism, classism, xenophobia, religious prejudice, and other forms of oppression have damaged us all. All the - isms are connected; and

WHEREAS, Structural racism is supported by and reinforced in multiple societal systems, including the housing, labor, and credit markets, as well as education, criminal justice, the economy, and health care systems; and

WHEREAS, Sequencing the human genome has revealed that racial groups are not genetically discrete, reliably measured, or scientifically meaningful, and thus "race" is a social construction, not a biological category³; and

WHEREAS, A number of epidemiological studies have demonstrated the negative impacts of racism on both physical and mental health⁴, with racism acting through a number of pathways to

³ Smedley, Audrey, and Brian D. Smedley. "Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race." *American Psychologist* 60.1 (2005): 16.

⁴ Paradies, Yin, et al. "Racism as a determinant of health: a systematic review and meta-analysis." *PLoS one* 10.9 (2015): e0138511.

increase stress and allostatic load, which have been associated with chronic disease and mortality, diminish participation in healthy behaviors, and result in greater exposure to physical violence; and

WHEREAS, almost all of the 400 years of Black American's experience under slavery and Jim Crow laws has allowed preferential opportunity to some while at the same time subjected people of color to hardship and disadvantage in all areas of life; and

WHEREAS, still now, racism – not race- causes disproportionately high rates of homelessness, incarceration, poor education and health outcomes, and economic hardship for African Americans; and

WHEREAS, racism acts on systemic, institutional, interpersonal level and psychological levels, all of which operate throughout time and across generations; and

WHEREAS, this Council believes that the time is now to declare racism a public health crisis in our community; 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 those efforts “aim to provide conditions under which people can... be healthy, improve their health and well-being, or prevent the deterioration of their health”; and

WHEREAS, the United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes; and

WHEREAS, the Social Determinants of Health – the social and material factors that influence health outcomes - impact life-long outcomes beginning even before birth; and

WHEREAS, the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining,” impact current outcomes regarding access to nutritious food, economic security, educational achievement, rates of lead poisoning, wealth accumulation, and infant mortality; and

WHEREAS, research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children; and

WHEREAS, The United States Department of Health and Human Services defines social determinants of health as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,” and has highlighted access to resources like safe and affordable housing, education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins as major foci for community health promotion⁵; and

WHEREAS, Principally racism works to compromise public health by hindering equitable access to housing, employment, education, and safety, which are social determinants of health; and

WHEREAS, On any given night, more than 1,000 Berkeley residents do not have shelter (i.e. living outdoors in tents, on sidewalks, or in vehicles) according to the Alameda County 2019 Point-In-Time Count. A growing number of residents are housing insecure and at risk of

⁵ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

becoming homeless. A majority of unhoused Berkeley residents are people of color, seniors, and disabled. Many have passed away; and

WHEREAS, The Alameda County Public Health Department has stated their vision for health equity in our county, declaring that “every resident – no matter who you are, where you live, how much money you make, or the color of your skin – should have the opportunity to lead a healthy, fulfilling, and productive life”; and

WHEREAS, The neighboring City of Richmond has established a Health Equity Partnership with the goal of addressing “avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices (such as racism)”⁶ and adopted a Health in All Policies Ordinance; and

WHEREAS, Health in All Policies is a healthcare framework proposed by the World Health Organization, also known as “healthy public policy,” which acknowledges health begins in the places that people live, work, learn, worship, and play, and more so than individual choices, health is influenced by a plethora of societal factors, such as policies related to agriculture, education, the environment, fiscal planning, housing, and transport⁷; and

WHEREAS, The City of Richmond has developed a toolkit for implementation of Health in All Policies and views this ordinance as an “integrated and comprehensive approach to bring health, well-being, and equity considerations into the development and implementation of policies, programs, and services of traditionally non-health related government systems or agencies”⁸

WHEREAS, Other cities in the country have introduced legislation declaring racism a threat to public health, for instance, Pittsburgh, PA,⁹ proposed a trio of bills that would declare racism a public health crisis in the City, establish a leadership forum, and invest in a fund to eliminate racial inequalities and barriers; and

WHEREAS, Milwaukee, WI,¹⁰ passed legislation declaring racism a public health crisis and is undergoing a process to advocate for policies that improve health for communities of color and will train city employees to understand how racism impacts residents; and

WHEREAS, Kansas City, MI,¹¹ introduced a resolution likewise declaring racism a public health crisis, tasking the city manager to establish a comprehensive plan to address inequities that leave black men and other people of color vulnerable to early death; and

WHEREAS, Cleveland, OH, passed a resolution also declaring racism to be a public health crisis, creating a working group to promote racial equity in their City that seeks solutions to reshape the discourse and actively engage all citizens in racial justice work; continues to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continues to promote racially equitable economic and workforce development; continues to promote racially equitable hiring and promotion of all employees including City employees; and advocates and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

⁶ <http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP>

⁷ http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf

⁸ <http://www.ci.richmond.ca.us/DocumentCenter/View/27173/Tool-Kit-DRAFT-52813-v3?bidId=>

⁹ <https://triblive.com/local/pittsburgh-allegheeny/pittsburgh-councilmen-want-racism-to-be-treated-as-a-public-health-crisis/>

¹⁰ <https://ips-dc.org/racism-is-a-public-health-crisis/>

¹¹ <https://www.kansascity.com/opinion/editorials/article234471712.html>

WHEREAS, Increasing opportunities for good health requires investment in the municipality and community infrastructure by facilitating access to parks, safe walkable streets, grocery stores, quality housing, public transportation, good jobs, strong local business, and financial institutions, as well as clean air and water; and

WHEREAS, The Alameda County Place Matters Initiative¹², spearheaded by Supervisor Keith Carson, was successful in its attempts to address and analyze social determinants of health, including criminal justice, economics, education, housing, land-use, and transportation; and

WHEREAS, The City of Berkeley's Strategic Plan includes goals to 'Champion and demonstrate social and racial equity' and 'Be a global leader in... advancing environmental justice'; and

WHEREAS, The City of Berkeley Health Status Report of 2018¹³ demonstrated that in Berkeley, African Americans and other People of Color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives; and

WHEREAS, The Health Status Report specifically highlights how African Americans make up a disproportionately high percentage of Berkeley's homeless population (50%), earn 3.4x less than White families, are 2.8x less likely to have a college degree, and have a 9x higher teenage birth rate than White families, and additionally, at every life-stage African Americans have poorer health outcomes, including lower birth weight, cardiovascular disease, heart disease, cancer, asthma, and hypertension; and

WHEREAS, Berkeley's historical legacy of redlining (the process by which mortgage lenders determined the value of neighborhoods and whether to provide loans in those areas according to the racial composition and socioeconomic status of residents) has had a lingering impact of racial/ethnic segregation and the ability of Black families to build intergenerational wealth through home-ownership, particularly in South Berkeley and District 2¹⁴; and

WHEREAS, Gentrification, the process by which the influx of capital and higher-income, higher educated residents, move into working-class neighborhoods, has strongly impacted the Bay Area and has resulted in displacement (forced movement attributable to changes in housing conditions) in 48% of neighborhoods¹⁵; and

WHEREAS, Between the years 2000-2015, Berkeley (specifically District 2), has experienced a change in median rent over 50%, resulting in displacement of low-income communities of color¹⁶; and

WHEREAS, The Center for Disease Control has linked gentrification with negative health outcomes for women, children, the elderly, and racial/ethnic minorities, through processes which trigger stress, and increase exposure to injury, violence and crime, mental health disorders, and social and environmental hazards¹⁷; and

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3945449/>

¹³ https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/health-status-summary-report-2018.pdf

¹⁴ <https://www.berkeleyside.com/2018/09/20/redlining-the-history-of-berkeley-segregated-neighborhoods>

¹⁵ https://www.urbandisplacement.org/sites/default/files/images/urban_displacement_project_-_executive_summary.pdf

¹⁶ <https://www.urbandisplacement.org/rentchangemap>

¹⁷ <https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>

WHEREAS, The City of Berkeley as an employer has come under scrutiny for the way it has discriminated against Black employees, warranting investigations by an outside consulting firm (Mason Tillman)¹⁸ to assess the response to labor grievances raised by people of color; and

WHEREAS, An investigative study by the Center for Policing Equity also demonstrated discrimination by Berkeley Police in their detainment and treatment of people color, noting that Black people were 6.5x more likely to be stopped by BPD than White people while driving, and 4.5x more likely to be stopped on foot, and additionally Black people were 4x more likely to be searched compared to Whites¹⁹; and

WHEREAS, In addition to struggling with racism, the City of Berkeley is confronted with issues of Islamophobia, xenophobia, transphobia, and the dehumanization of homeless people; and

WHEREAS, Implicit bias is defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in a subconscious manner, encompassing both favorable and unfavorable assessments that cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, gender, and appearance²⁰; and

WHEREAS, A number of tools, programs, and trainings exist to help individuals and organizations reduce their implicit bias, with strategies involving stereotype replacement, counter-stereotypic imaging, individuation, perspective taking, increasing opportunities for contact with individuals from different groups, and partnership building²¹; and

WHEREAS, The Congressional Black Caucus sent a letter to the Center of Disease Control asking for states to report statistics of COVID-19 morbidity and mortality by race and ethnicity, and data emerged that Black people in Milwaukee and Illinois are dying of coronavirus at disproportionately high rates²²; and

WHEREAS, The Centers for Disease Control finds that almost one-third of infections nationwide have affected black-Americans, even though blacks only represent 13% of the U.S. population; nearly one-third of those who passed due to COVID-19 across the country are black; and

WHEREAS, this Council recognizes that racism is a public health crisis that affects all members of our society both locally and nationwide and deserves action from all levels of government and civil society; and

WHEREAS, this Council supports the establishment of a working group to address these issues and to: seek solutions to reshape the discourse and actively engage all citizens in racial justice work; continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis; continue to promote racially equitable economic and workforce development in the city; continue to promote racially equitable hiring and promotion of all employees including City employees; and advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood; and

¹⁸ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Mason%20Tillman%20Associates%20Report%20051614.pdf

¹⁹ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

²⁰ <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

²¹ <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

²² https://cbc.house.gov/uploadedfiles/cbc-cbc_health_braintrust_racial_disparities_letter_to_cdc.pdf

NOW, THEREFORE BE IT RESOLVED that the City Council of the City of Berkeley declare racism as a Public Health Crisis, a Threat and Safety Issue in the City of Berkeley, and commit to eliminate all socioeconomic barriers to health equity;

BE IT FURTHER RESOLVED, Declare the resolution an emergency measure for the immediate preservation of public peace, property, health, or safety, especially during the COVID-19 pandemic and it shall take effect and be in force immediately upon its adoption.

BE IT FURTHER RESOLVED, A Budget Referral to convene a series of town hall sessions for all community members, City workers, and small business owners to discuss the concerns of people of color and marginalized community members, and develop strategies and programs (especially Mental Health Programs for the unhoused stay housed) for greater inclusivity, understanding, empathy, compassion, and unity. The purpose of these meetings should be to strengthen anti-racist capacity building and commitments within the city. This can be done by discussing the current quantitative and qualitative reality of racial justice and injustice, racism and non-racism in all areas of city life toward developing measures to ensure the achievement racial equity in Berkeley. These town halls, strategies and programs could include: the definition and lived experience of racism in systemic and institutional forms the effects and trauma caused by them, and provide resources to combat implicit bias on all levels. Community partners to consider to facilitate such workshops include Beyond Diversity: Courageous Conversations About Race and Showing Up for Racial Justice (SURJ).

BE IT FURTHER RESOLVED, City Council will establish a working group to promote racial equity as well as the development of programs to address racial equity in this City.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to record COVID-19 data by race/ethnicity and to explore greater health disparities that have emerged as a result of this crisis.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to hold several fundraisers at town hall sessions for black-owned small businesses, research of state and federal RFPs for the purpose of grants acquisitions for program development in the City of Berkeley that have been affected by Covid-19 and/or recent protests.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to prepare a Health in All Policies Ordinance (see attached [City of Richmond Ordinance](#)) for Council review and adoption, critically evaluating the public health impact of all legislative and budgetary proposals, especially upon people of color and marginalized community members.

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee to adopt a mandatory requirement of 16 hours of ongoing annual online and in-person training on implicit bias, cultural sensitivity, and cultural humility for City Employees, commissioners, and community members; and

BE IT FURTHER RESOLVED, Direct the City Manager or his/her designee in partnership with the Berkeley Public Health Division and the Mental Health Division to develop a Strategic Plan for Health Equity, with the inclusion of a diverse group of staff with expertise in this subject matter and begin immediate implementation of recommendations.

BE IT FURTHER RESOLVED, Submit copies of this resolution to State Assemblymember Buffy Wicks, State Senator Nancy Skinner, Congresswoman Barbara Lee, Alameda County Supervisor Keith Carson, as well as various organizations such as the Berkeley NAACP, the African American Holistic Resource Center Steering Committee, and Healthy Black Families.

https://www.youtube.com/watch?v=9oKg-870R3I&feature=emb_title



Leslie Gregory
Founder/Director - RIGHT TO HEALTH

Racism - Public Health Crisis

1,354 views · May 5, 2017

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White On Race
14 subscribers

SUBSCRIBE

Leslie Gregory, founder and director of Right to Health in Portland, Oregon, makes her case to the CDC (Center for Disease Control) for racism being a public health threat.

ORDINANCE NO. 27-15 N.S.

AN ORDINANCE OF THE COUNCIL OF THE CITY OF RICHMOND AMENDING ARTICLE IX OF THE MUNICIPAL CODE OF THE CITY OF RICHMOND. THIS ORDINANCE AMENDS THE HEALTH IN ALL POLICIES ORDINANCE.

The Council of the City of Richmond do ordain as follows:

Section I. Amendment of Chapter 9.15. Chapter 9.15 of the Municipal Code of the City of Richmond is hereby amended to read as follows:

CHAPTER 9.15

HEALTH IN ALL POLICIES

Sections:

9.15.010 Findings

9.15.020 Definitions

9.15.030 Health in All Policies Implementation

9.15.010 Findings.

- (a) Health starts where we live, learn, work and play, and everyday decisions within the City of Richmond can promote greater health and equity.
- (b) All Richmond residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, ethnic background or religion.
- (c) Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.
- (d) In the City of Richmond, those at greatest risk for poor health outcomes are low-income residents of color, especially African Americans residents, who have a shorter life expectancy than other county residents.
- (e) In comparison to other cities in Contra Costa County, Richmond residents experience the highest proportion of deaths from diabetes, a higher than average rate of children requiring hospitalization due to asthma, and the second highest number of hospitalizations for mental health disorders and substance abuse.
- (f) Richmond residents are also disproportionately affected by heart disease, cancer and stroke.
- (g) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health outcomes, the City has developed and defined public health broadly in the Community Health and Wellness Element of the General Plan 2030.
- (h) Health in All Policies is an approach to operationalizing the vision of health laid out in the Richmond General Plan 2030 and to creating institutional change by prioritizing health and health equity in all policies.
- (i) Health in All Policies is fundamentally about creating systems-level change both within City departments and in the community.
- (j) In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not just about providing more services.

- (k) It is also about how services are developed, prioritized and delivered.
- (l) The Health in All Policies strategy guides the City of Richmond on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.
- (m) The City of Richmond's Health in All Policies is designed to be consistent with the State of California's Health in All Policies Plan and the California Health and Safety Code Section 131019.5.

9.15.020 Definitions.

The definitions in this section apply throughout this ordinance unless the context clearly requires otherwise:

- (a) "Health in All Policies" (HiAP) is both a process and a goal.
 - (1) The goal of HiAP is to address inequities at the systems, policy and structural levels to eliminate the resulting health disparities.
 - (2) At the root of the HiAP is an approach to improving health of all people by incorporating health considerations into collaborative decision-making across sectors, agencies, and departments. HiAP brings city departments and community groups together to identify ways in which all policies can take health outcomes into consideration. The HiAP process places health at the center of all work, and through discussion and compromise, gains stakeholder buy-in from all agencies, groups, and departments.
 - (3) Health in All Policies works to create a new policy and organizing framework within city government and beyond in the community. It emphasizes the consequences of public policies, plans, and programs on health determinants, and aims to improve health outcomes at all levels of government within the city and those agencies responsible for serving Richmond residents.
 - (4) Robust stakeholder engagement is essential for ensuring that Health in All Policies is responsive to community needs. Community-based knowledge provides important information about opportunities and barriers for health and insight into the ways in which policies may impede or promote health.
- (b) "Health" is not simply the absence of disease, but the state of complete physical, mental, cultural and social well-being. HiAP is based on the premise that good health is fundamental for a strong economy and vibrant society, and that health outcomes are largely dependent on the social determinants of health, which in turn are shaped by decisions made within the health sector and internally and externally outside of the health sector.
- (c) "Health equity" refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, while respecting differences that include but are not limited to culture, language, race, gender, sexuality, economic status, citizenship, ability, age and religion.
 - (1) Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
 - (2) These communities include, but are not limited to women, people of color, low-income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health

conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA) communities, or combinations of these populations.

- (d) “Health disparities” are differences of presence of disease, health outcomes, or access to care among distinct segments of the population, including differences that occur by race or ethnicity, gender identity, sexual orientation, education or income, immigration status, age, disability or functional impairment, or geographic location, or the combination of any of these factors.
- (e) “Health inequities” are health disparities resulting from factors that are systemic and avoidable and, therefore, considered unjust or unfair.
- (f) Determinants of health equity include the social, economic, geographic, political, institutional and physical environmental conditions that lead to the creation of a fair and just society.
- (g) “Social determinants of health” refer to everything outside of direct health care services, such as the conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The social determinants of health include but are not limited to:
 - (1) The availability of resources to meet our daily needs (e.g. safe housing, access to healthy and affordable food).
 - (2) Access to educational, economic, and job opportunities that lead to sustainable employment.
 - (3) Neighborhood safety and communities free of crime, violence, and social disorder (e.g. presence of trash and other forms of blight); and
 - (4) Accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.
 - (5) Social norms and attitudes (e.g. discrimination and racism), socioeconomic conditions (e.g. concentrated poverty and the chronically stressful conditions that accompany it).
- (h) “Toxic stress” refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood. Contributing factors include but are not limited to racial profiling, poor air quality, residential segregation and economic insecurity. Toxic stress has known physical and mental health impacts and contributes to a host of chronic conditions such as heart disease and diabetes. Toxic stress has also been shown to have negative intergenerational health effects. Toxic stress does not refer to individual stressful events, but rather the unrelieved accumulation of these events over one’s life.

9.15.030 Health in All Policies Implementation.

To effectively implement and maintain Health in All Policies the City shall:

- (a) Apply health equity and social justice foundational practices to City actions and endeavor to integrate these practices into the city’s strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and neighborhoods;

- (b) Use the Health in All Policies Strategy Document as the guiding plan for implementing Health in All Policies in the City. The strategy document will outline the vision, mission and goals, and identify a timeline as well as the process to reach these goals. The strategy document will be a living plan that is designed to grow over time as progress is made and the needs of the community and City change;
- (c) Establish the Interdepartmental Health in All Policies Team. The Interdepartmental team will be comprised of representatives from each department within the City and are responsible for:
 - (1) Selecting health and health equity indicators for each department to track as a way of prioritizing goals and measuring progress aligned with existing City guiding documents (General Plan, 5 Year Strategic Business Plan, etc.);
 - (2) Attending regularly scheduled Interdepartmental Team meetings chaired by the City Manager's office;
 - (3) Reporting to the Interdepartmental Team on progress and challenges from his or her respective department;
 - (4) Working with his or her respective department to integrate and track health equity indicators for his or her department;
 - (5) Committing to attending ongoing health equity training, such as health equity impact assessments; and
 - (6) Assisting with the writing of the Tri-Annual HiAP Report and provide a report with the adoption of the City budget.
- (d) Design and publish a tri-annual report on the status of health and health equity in the City of Richmond and progress of HiAP implementation for the City Council, city staff, community organizations, residents, businesses, and other governmental agencies within the City.
 - (1) Implementation will be measured based on health and health equity indicators selected by the Interdepartmental HiAP Team.
 - (2) In addition to reporting on indicators, the Tri-Annual Report will include any updates to the HiAP strategy document.
- (e) Develop and implement an ongoing community engagement plan to work directly with stakeholders throughout the process of the HiAP Strategy development and implementation to ensure that perspectives are consistently understood, considered, and reflected in decisions. The goal is to partner with stakeholders in each aspect of decision making in order to develop and implement collaborative solutions.

Section II. Severability.

If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section III. Effective Date.

This Ordinance becomes effective 30 days after its final passage and adoption.

First read at a regular meeting of the Council of the City of Richmond held on November 24, 2015, and finally passed and adopted at a regular meeting thereof held on December 15, 2015, by the following vote:

- AYES: Councilmembers Bates, Beckles, Martinez, McLaughlin, Pimplé, Vice Mayor Myrick, and Mayor Butt.
- NOES: None.
- ABSTENTIONS: None.
- ABSENT: None.

PAMELA CHRISTIAN
CLERK OF THE CITY OF RICHMOND
(SEAL)

Approved:

TOM BUTT

Mayor

Approved as to form:

BRUCE GOODMILLER

City Attorney

State of California }
 County of Contra Costa } : ss.
 City of Richmond }

I certify that the foregoing is a true copy of **Ordinance No. 27-15 N.S.**, passed and adopted by the City Council of the City of Richmond at a regular meeting held on December 15, 2015.



 Pamela Christian, City Clerk of the City of Richmond



Housing Advisory Commission

04a

ACTION CALENDAR
October 29, 2019

To: Honorable Mayor and Members of the City Council
From: Housing Advisory Commission
Submitted by: Xavier Johnson, Chairperson, Housing Advisory Commission
Subject: Recommendation to Modify Policies Related to the Enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance

RECOMMENDATION

Approve modifications to policies related to the enforcement of the Smoke-Free Multi-Unit Housing Ordinance, as follows:

- 1) Increase staffing to implement enforcement of the ordinance as part of the next budget;
- 2) Improve signage related to the ordinance in residential buildings;
- 3) Make the complaint process less onerous and more user-friendly, including enabling complainants to submit complaints electronically, providing complaint forms in different languages, and removing language requiring the statements to be "sworn," and considering other, less threatening language that still expects a complaint be provided under the best of appellant's knowledge;
- 4) Relax the current requirements around how the Ordinance-based complaint form must be completed in order to be processed (e.g., removing the requirement of providing two separate complaints from different individuals within a six-month period, if the building contains two or fewer units, removing the requirement of providing a sworn statement under penalty of perjury); and
- 5) Refer to the Community Health and Cannabis Commissions the question of whether the use of recreational (non-medical) cannabis should be incorporated into the Smoke-Free Housing Ordinance.

SUMMARY

At its July 11, 2019 meeting, the HAC took the following actions:

Action: M/S/C (Tregub/Sharenko) to recommend that City Council modify certain policies related to the enforcement of the Smoke-Free Multi-Unit Housing Ordinance, as follows:

- 1) Increase staffing to implement enforcement of the ordinance as part of the next budget;
- 2) Improve signage related to the ordinance in residential buildings;

- 3) Make the complaint process less onerous and more user-friendly, including enabling complainants to submit complaints electronically, providing complaint forms in different languages, and removing language requiring the statements to be “sworn,” and considering other, less threatening language that still expects a complaint be provided under the best of appellant’s knowledge; and
- 4) Relax the current requirements around how the Ordinance-based complaint form must be completed in order to be processed (e.g., removing the requirement of providing two separate complaints from different individuals within a six-month period, if the building contains two or fewer units, removing the requirement of providing a sworn statement under penalty of perjury).

Vote: Ayes: Johnson, Lewis, Sargent, Tregub, and Wright. Noes: Lord and Sharenko. Abstain: None. Absent: Mendonca (excused), Owens (unexcused), Simon-Weisberg (excused), and Wolfe (excused).

Action: M/S/C (Tregub/Sharenko) to recommend that City Council modify certain policies related to the enforcement of the Smoke-Free Multi-Unit Housing Ordinance, as follows:

- 5) Refer to the Community Health and Cannabis Commissions the question of whether the use of recreational (non-medical) cannabis should be incorporated into the Smoke-Free Housing Ordinance.

Vote: Ayes: Johnson, Sargent, Sharenko, Tregub, and Wright. Noes: Lewis and Lord. Abstain: None. Absent: Mendonca (excused), Owens (unexcused), Simon-Weisberg (excused), and Wolfe (excused).

FISCAL IMPACTS OF RECOMMENDATION

Unknown direct costs. Staff time would be needed to implement these recommendations and to administer a possibly increased volume of complaints should the process of filing a complaint become less onerous. However, savings in staff time would potentially be realized as a result of implementing the efficiencies being proposed.

CURRENT SITUATION AND ITS EFFECTS

The HAC’s recommendation to modify certain policies related to the enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance is a Strategic Plan Priority Project, advancing our goal to create affordable housing and housing support service for our most vulnerable community members.

Ordinance No. 7,321-N.S., The Berkeley Smoke-Free Multi-Unit Housing Ordinance was adopted in early 2014 and, as of May 1, 2014, prohibits smoking in 100% of multi-unit housing with two or more units. This also includes common areas such as private

decks, balconies, and porches of units.¹ Enforcement of the ordinance is complaint-based and modeled after the “Events” section of the Community Noise Ordinance² and Barking Dog Ordinance, in that the standard for enforcement is “two non-anonymous citizen noise complaints.” In the case of the Smoke-Free Housing Ordinance, the City must “[receive] at least two complaints from residents of at least two separate units of the same multi-unit residence, or in the case of a two-unit multi-unit residence, from a resident of the other unit of a violation of [the Ordinance] by the same person provided notice...” in order for the complaints to be sustained. Further, both of these notices must be received within “a six month period following issuance of a [first] notice” to the resident allegedly in violation of the Ordinance.³ The existing complaint form appears to only be available in English on the City website⁴ and includes the following information that a complainant is required to acknowledge:

1. I am a resident in a multi-unit residence within the City of Berkeley;
2. This Complaint is not confidential and may be shared with the person responsible for the violation;
3. If this is the 3rd complaint, City of Berkeley Code Enforcement staff will review the complaint and if they find the complaint contains enough information to move forward, they will consider the matter for further action;
4. If an administrative citation is issued, and the recipient(s) appeals, I will be called to testify at an administrative appeal hearing. I agree to make myself available to testify, and understand that if I fail to testify, the citation may be dismissed.”⁵

As part of the declaration, the complainant must also attest to the following statement: “I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.”⁶

BACKGROUND

Over the prior twenty months, the Berkeley Housing Advisory Commission (HAC) received and heard several concerns from members of the public about the difficulty they encountered in an attempt to bring the City of Berkeley to enforce its Smoke-Free Multi-Unit Housing Ordinance. The HAC recommended to the City Council that a Berkeley Considers survey be conducted, an action that was adopted and completed.

¹ https://www.cityofberkeley.info/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/2009/1n2Dec/2009-12-08_Item_01_Ordinance_7122.pdf

³ https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/TobaccoFreeMultiUnitOrdinance.pdf

⁴ https://www.cityofberkeley.info/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

⁵ https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/SFMUH-ComplaintForm-02-28-18.pdf

⁶ *Ibid.*

The survey results point to similar challenges, primarily associated with:

- 1) The real or perceived difficulty of having a complaint sustained due to the standard applied to the complaint in order for the City to process it;
- 2) The real or perceived onerous nature of filling out and submitting the present complaint form in the manner required by the City;
- 3) The undesirable nature of pursuing action under the Ordinance against a neighboring property owner or tenant, particularly since the complaint is required to be non-anonymous; and
- 4) The perception that, even if the complaint process is followed as required, the City will not enforce it due to the high standard associated with enforcement and complaint-based nature of the enforcement mechanism.

At its March 2019 meeting, the HAC convened a Smoke-Free Housing Ordinance Subcommittee which met in April 2019. Members of the subcommittee reached consensus on several recommendations to the HAC, which were discussed at the April 2019 HAC meeting. Additional feedback was solicited from HAC members as well as members of the public at that meeting. Although the subcommittee did not meet a second time to finalize these recommendations, one of the members of the subcommittee discussed these recommendations with the Eviction Defense Center and the East Bay Community Law Center and modified the draft recommendations so that the idea of empowering inspectors to integrate proactive inspections at the same time that they are conducting other city-mandated inspections (e.g., the Rental Housing Safety Program), exploring the legality of allowing anonymous complaints to be processed, and relaxing the requirement of having to provide two separate complaints within a six-month period in buildings of *all* unit counts were removed from the proposed recommendations that were discussed and approved at the July meeting.

ENVIRONMENTAL SUSTAINABILITY

Insofar as the ability of every occupant of multi-family housing to reside in a smoke-free environment has a nexus to environmental sustainability and environmental justice, these recommendations support the City of Berkeley's environmental sustainability goals.

RATIONALE FOR RECOMMENDATIONS

The recommendations above address the primary challenges associated with enforcement that have been previously described. A brief rationale for each recommendation is presented below.

- 1) Increase staffing to implement enforcement of the ordinance as part of the next budget;

- 2) Improve signage related to the ordinance in residential buildings;

The recommendations above were made at the request of several members of the public who credibly claimed that the current staffing level to enforce the ordinance and required signage are inadequate to meet the goals of this ordinance.

- 3) Make the complaint process less onerous and more user-friendly, including enabling complainants to submit complaints electronically, providing complaint forms in different languages, and removing language requiring the statements to be “sworn,” and considering other, less threatening language that still expects a complaint be provided under the best of appellant’s knowledge; and
- 4) Relax the current requirements around how the Ordinance-based complaint form must be completed in order to be processed (e.g., removing the requirement of providing two separate complaints from different individuals within a six-month period, if the building contains two or fewer units, removing the requirement of providing a sworn statement under penalty of perjury).

These four recommendations would address the following concerns that the HAC noted from members of the public as well as from survey responses:

- 1) The real or perceived difficulty of having a complaint sustained due to the standard applied to the complaint in order for the City to process it;
- 2) The real or perceived onerous nature of filling out and submitting the present complaint form in the manner required by the City;
- 3) The undesirable nature of pursuing action under the Ordinance against a neighboring property owner or tenant, particularly since the complaint is required to be non-anonymous; and
- 4) The perception that, even if the complaint process is followed as required, the City will not enforce it due to the high standard associated with enforcement and complaint-based nature of the enforcement mechanism.

The current process requires an extremely high bar of evidence and effort for a complainant, and in a situation in which the complainant resides in close quarters with the allegedly offending party, may expose the complainant to possible retaliation (due to the lack of anonymity of the complaint). In addition, while the correctness of a complaint is fundamental to its ability to be processed, using the same language in the complaint form that is seen in a sworn affidavit is likely to intimidate some would-be complainants from undergoing the process of completing and submitting the form.

Furthermore, while the Smoke-Free Multi-Unit Housing Ordinance page on the City of Berkeley website currently includes several forms in Spanish as well as English, the complaint form itself is only available in English. No other languages besides English and Spanish were found anywhere on the site.⁷ The requirement that only a hard copy can be submitted and that electronic submission mechanisms are not accepted is overly burdensome, in an age where even police reports can be filed online. The provision that three separate complaints (two of them from separate individuals) must be received within the span of six months shifts the burden of policing onto the complainants rather than City, which is charged with enforcing this ordinance. Each of these recommendations addresses these and related concerns mentioned above.

The final recommendation approved by a separate vote by the HAC is as follows:

- 5) Refer to the Community Health and Cannabis Commissions the question of whether the use of recreational (non-medical) cannabis should be incorporated into the Smoke-Free Housing Ordinance.”

The Smoke-Free Housing Subcommittee and several additional members of the HAC and public felt that, with the recent relaxation of state law around the use of recreational (non-medical) cannabis, it would be worthwhile for these two commissions, both comprised of subject matter experts in their respective fields, to study this question. Only further study rather than any concrete actions is recommended at this time.

ALTERNATIVE ACTIONS CONSIDERED

Members of the HAC Smoke-Free Housing Subcommittee briefly discussed but dismissed the notion of making changes to the underlying Berkeley Smoke-Free Multi-Unit Housing Ordinance itself. Based on discussions with the eviction defense community, several elements were removed from the initial recommendations. These recommendations that are no longer proposed included the following:

- 1) Empowering inspectors to integrate proactive inspections regarding the smoke-free Ordinance enforcement at the same time that the inspectors are conducting other city-mandated inspections (e.g., the Rental Housing Safety Program);
- 2) Exploring the legality of allowing anonymous complaints to be processed;
- 3) Relaxing the requirement of having to demonstrate two separate complaints within a six-month period in buildings of *all unit sizes*.

Therefore, though some of the recommended actions, if approved, may trigger the need to provide subtle adjustments to the enforcement of the Ordinance, none of the actions above alter the fundamental architecture of the Ordinance.

⁷ https://www.cityofberkeley.info/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

Recommendation to Modify Policies Related to the Enforcement
of the Smoke-Free Multi-Unit Housing Ordinance

ACTION CALENDAR
October 29, 2019

CITY MANAGER

See companion report.

CONTACT PERSON

Mike Uberti, Commission Secretary, HHCS, (510) 981-5114



Office of the City Manager

04b

ACTION CALENDAR
October 29, 2019

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Submitted by: Kelly Wallace, Interim Director, Health, Housing, & Community Services
Subject: Companion Report: Recommendation to Modify Policies Related to the Enforcement of the Berkeley Smoke-Free Multi-Unit Housing Ordinance

RECOMMENDATION

The City Manager appreciates the Housing Advisory Commission's efforts to strengthen the implementation of the Smoke-free Multi-Unit Housing ordinance and recommends that the proposed modifications be referred to the City Manager Office for an analysis of the financial and legal feasibility of the proposed changes.

FISCAL IMPACTS OF RECOMMENDATION

The modifications proposed by the Housing Advisory Commission could require increase in staffing and resources for Public Health's Tobacco Prevention Program and the City Manager's Code Enforcement Division. A feasibility analysis will provide more insight to the costs of revised program administration as proposed.

CURRENT SITUATION AND ITS EFFECTS

On July 11, 2019, the Housing Advisory Commission adopted a multi-pronged recommendation to modify the SFMUH ordinance. The proposed modifications vary in their scope and will require additional analysis prior to adoption, which fits with the Strategic Plan Priority goal to provide an efficient and financially-healthy City government.

The commission's recommendations are outlined below with proposed analysis by staff. The proposed analysis would include:

Commission Recommendation 1: Increase staffing to implement enforcement of the ordinance as part of the next budget.

Staff should analyze how the proposed modifications, if adopted, will impact current demands on staff time and determine how many Full Time Equivalent (FTE) employees would be needed. The Public Health Division's Tobacco Prevention Program manages the administration of the ordinance, including processing and monitoring complaints and correspondence with potential violators and landlords. Enforcement of this ordinance is

managed by the City Manager's Code Enforcement Division in coordination with the PH Tobacco Prevention Program.

This request for analysis aligns with a recommendation of the June 2018 City Audit of the Neighborhood Services' Code Enforcement Unit. The audit states any proposed legislation that creates additional workload for the Neighborhood Services Code Enforcement Unit should undergo a resource analysis by City Council to evaluate the proposed fiscal and workload impacts and determine the opportunity cost and implementation approach. The Audit also notes that new code enforcement areas may require significant staff time and resources, which may take away from the unit's ability to meet its other enforcement obligations. Additions to the unit's workload could result in loss of revenue generated from fines and enforcement fees, as well as an increased risk to lawsuits brought on by those who claim the City failed to meet its enforcement obligations.

Commission Recommendation 2: Improve signage related to the ordinance in residential buildings.

The City's Tobacco Prevention Program provides property owners/managers with "No Smoking" signage for common areas consistent with the signposting requirements of Berkeley Municipal Code Section 12.70.060. Staff could consult with the Community Health Commission to seek information and determine any potential improvements.

Commission Recommendation 3: Make the complaint process less onerous and more user-friendly, including enabling complainants to submit complaints electronically, providing complaint forms in different languages, and removing language requiring the statements to be "sworn," and considering other, less threatening language that still expects a complaint be provided under the best of appellant's knowledge.

Staff appreciates the Commission's efforts to make the complaint process more user-friendly. An electronic complaint submission system would considerably ease the complaint process (which requires signature authentication) as well as administrative tasks. At the same time, some of the Commission's suggestions could raise potential unintended consequences that would need to be considered and thought through. For instance, several departments—including the City Attorney's office—would need to provide an opinion on the City's ability to accept signatures electronically and the implications of removing requirements for sworn statements. Additionally, electronic forms and signatures should be considered as a part of the City's ongoing website redesign.

Staff currently has a limited capacity for language translation. A feasibility analysis would have to determine criteria for what languages should be included and funding needed to provide these services, as well as changes to the language in the ordinance to simply the process.

Commission Recommendation 4: Relax the current requirements around how the Ordinance-based complaint form must be completed in order to be processed (e.g., removing the requirement of providing two separate complaints from different individuals within a six-month period, if the building contains two or fewer units, removing the requirement of providing a sworn statement under penalty of perjury).

Again, we support efforts to ease the process for complainants, and would work with the City Attorney on any liabilities or legal implications associated with the proposed modifications.

Commission Recommendation 5: Refer to the Community Health and Cannabis Commissions the question of whether the use of recreational (non-medical) cannabis should be incorporated into the Smoke-Free Housing Ordinance.

Staff are currently working on amendments to the current SFMUH ordinance (and other parts of the Berkeley Municipal Code) to clarify that it includes cannabis. Proposition 64 legalized adult-use of cannabis in California by creating limited exceptions to the state Uniform Controlled Substances Act. But Proposition 64 specifically provided that it did not permit smoking of “cannabis or cannabis products in a location where smoking tobacco is prohibited.” (Health & Safety Code, § 11362.3.) Thus, cannabis smoking is still unlawful in places where tobacco smoking is prohibited, including under local laws like the SFMUH ordinance.

BACKGROUND

The Berkeley City Council adopted Ordinance No. 7,321-N.S. regulating second hand smoke in all multi-unit residences common areas. As of May 1, 2014, smoking tobacco products is prohibited in 100% of multi-unit housing with two or more units (i.e. apartments, co-ops, condominiums, common interest developments, etc.). This also includes common areas such as private decks, balconies, and porches of units.

ENVIRONMENTAL SUSTAINABILITY

Providing smoke-free housing improves the local air quality of Berkeley’s housing stock.

RATIONALE FOR RECOMMENDATION

Staff appreciate the commission’s efforts to respond to community concerns and ensure the City has the most effective and accessible ordinance possible to serve our residents. Due to the varied, multi-pronged nature of their recommendations, staff are recommending a feasibility analysis is first considered to better understand the potential impacts and needs associated with the proposed ordinance modifications.

ALTERNATIVE ACTIONS CONSIDERED

The City Council may consider to maintain the current enforcement mechanisms that fall within the City’s established legal and administrative protocol.

CONTACT PERSON

Mike Uberti, Commission Secretary, HHCS, (510) 981-5114



Housing Advisory Commission

05a

ACTION CALENDAR

March 10, 2020

To: Honorable Mayor and Members of the City Council
From: Housing Advisory Commission
Submitted by: Xavier Johnson, Chairperson, Housing Advisory Commission
Subject: Smoke-Free Multi-Unit Housing Ordinance Policy and Enforcement Modifications

RECOMMENDATION

The Commission recommends that City Council:

1. Make a short term referral directing the City Manager to correct current City Policies for enforcing BMC 12.70.035 so that these policies do not contradict the ordinance and BMC 12.70.035 requires that second and third complaints must refer to a violation or violations that occur after the 12.70.035(C) notice has been made.
2. Modify BMC 12.70.035 so that the requirement that signs be posted is enforced as part of the Residential Safety ordinance. Failure to post signage may result in fines, accordingly.
3. Modify BMC 12.70.035 so that repeated failure to provide new tenants with the City's brochure shall be guilty of an infraction. It shall also be an infraction for landlords to tell new tenants, in contradiction to the law, that tobacco smoking by some tenants is permitted.
4. Obtain an analysis of the financial impacts of the recommended modifications to the BMC.

SUMMARY

This recommendation proposes changes to the Berkeley Municipal Code to increase enforcement and information about the residential smoking policies by improving enforcement and regulation of our current policies.

FISCAL IMPACTS OF RECOMMENDATION

The fiscal impacts for this recommendation are unknown at this time.

CURRENT SITUATION AND ITS EFFECTS

Under the current laws within the City of Berkeley, multi-unit residential property owners are required to provide signage as well as informational brochures. Despite these requirements, code enforcement and other city programs do not presently cite property owners for the failure to provide adequate signage or information to the tenants.

In addition, there are numerous inconsistencies between the ordinance, the informational materials, and administrative processes that the City of Berkeley utilizes. The recommendations in this report are designed to ensure more effective enforcement while at the same time balancing the due process rights of all parties involved.

At its October 3, 2019 meeting the Housing Advisory Commission made the following recommendations:

Action: M/S/C (Sharenko/Lord) to recommend that City Council:

1. Make a short term referral directing the City Manager to correct current City Policies for enforcing BMC 12.70.035 so that these policies do not contradict the ordinance. Details of the contradictions between policy and law are explained below. Additionally, modify BMC 12.70.035 to require that second and third complaints must refer to a violation or violations that occur after the 12.70.035(C) notice has been made.
2. Modify BMC 12.70.035 so that the requirement that signs be posted is enforced as part of the Residential Safety ordinance. Failure to post signage may result in fines, accordingly.
3. Modify BMC 12.70.035 so that repeated failure to provide new tenants with the City's brochure shall be guilty of an infraction. It shall also be an infraction for landlords to tell new tenants, in contradiction to the law, that tobacco smoking by some tenants is permitted.
4. Obtain an analysis of the financial impacts of the recommended modifications to the BMC.

Vote: Ayes: Berg, Johnson, Lord, Mendonca, Sargent, Sharenko, Simon-Weisberg, Wolfe and Wright. Noes: None. Abstain: None. Absent: Owens (excused).

BACKGROUND

The Housing Advisory Commission has received numerous complaints of the pitfalls and challenges present in our current system of enforcing the no smoking ordinance. Namely, there appears to be little means of recourse available to tenants, and little advertisement that the City even has a no-smoking policy. Over a number of meetings the HAC has discussed various ideas and strategies to address these concerns. This

report presents a number of approaches approved by the Commission after much thought.

ENVIRONMENTAL SUSTAINABILITY

There is a net improvement to the environment by advancing these policies as they will help to ensure better air quality for residents specifically and more generally in the City of Berkeley as more enforcement will lead to reduced smoking in residential areas.

RATIONALE FOR RECOMMENDATION

1. Aligning enforcement policy with the law

The complaint form on the City's website contains a statement of policy (in an "Information Sheet") that is not consistent with ordinance. Item 5 on the information sheet reads (emphasis in the original):

"If it is the second complaint within a six month period a note is made and no additional notice will be sent to the person(s) responsible. The second complaint can be made by the same resident as the first complaint or by a resident in another unit in the same building. **The second complaint must be dated at least 10 days after the date of the notice sent by City of Berkeley to the person(s) responsible.** You may call the Tobacco Prevention Program (see #10) for this information."

The highlighted section is the problem. BMC 12.70.035(D) says:

"If within a six-month period following issuance of a notice under subdivision C, the City receives at least two complaints from residents of at least two separate units of the same multi-unit residence [...] *the person(s) responsible for the violation shall be guilty of an infraction* [...]" [emphasis added].

The 10-day delay rule, imposed by policy, contradicts the plain language of the law which contains no such delay period.

Presumably the delay period is meant to ensure that the person(s) responsible for the violation have time to receive, read, and act upon the warning. It may in fact be a reasonable ground for appeal that the second and third complaints arrived too quickly for the person(s) accused to have corrected the problem. Nevertheless, in individual circumstances, it might also be an unreasonable ground for appeal.

In any event, the ordinance does not support the 10-day delay policy.

It may be helpful to modify BMC 12.70.035(D) to make it clear that second and third complaints must refer to a violation or violations that occur after section (C) notice has been made.

It may be helpful to modify BMC 12.70.035(D) to use the date of delivery of a notice, and for the City to send notices using the USPS confirmed delivery service.

Returning to the policy declarations on the "Information Sheet", the City declares in item 6 (emphasis in the original):

If it is the third complaint, information about the person(s) responsible is sent to the City Enforcement team and a citation may be issued. ***Please note that the issuance of a citation is an absolutely discretionary process based on the City's resources, competing time constraints, and whether it is clear that the complaints are being filed in good faith.*** Only two complaints may be made by tenants in the same unit. All three complaints may not be made by tenants in the same unit.

The Code Enforcement Officer and City Attorney no doubt enjoy broad prosecutorial discretion but the statement above declares a policy wide open for prosecutorial abuse.

Criteria such as "competing time constraints" and "based on the City's resources" are so vague as to mean nothing more than "we'll enforce it if we feel like it". Further, there are no criteria or checks on the judgment of whether or not a complaint was made in good faith.

Such reservations of discretion are intimidating and excessive for what should be, in many cases, a nearly ministerial process of checking the complaint forms and issuing a citation.

The City Manager should form policy that if the Code Enforcement team decides not to issue an infraction, they must clearly state the reasons for their decision and inform the complaint filers of these reasons. Complaint filers must have a right to appeal and, if appropriate, amend their complaints with further evidence.

2. Enforce signage violations under the Residential Safety Program

Smoke free housing is a safety issue and the signage is part of how that condition is maintained. Since such signage is unambiguously part of the condition of the physical structure, it should be treated as a building code requirement enforced under the Residential Safety program.

3. Enforcing brochure requirements

Evidence from the Berkeley Considers survey and heard by HAC commissioners strongly suggests that in many cases, making everyone aware of the ordinance is enough for some tobacco smokers to change their behavior.

The City should take that seriously, and take steps to boost awareness of the ordinance.

Based on anecdotal evidence, tenants seem generally to have never received the brochure that informs them of their rights and responsibilities under the ordinance. In the Berkeley Considers survey, several respondents indicated their surprise at learning there is such an ordinance.

Making systematic violations of the brochure requirement an infraction provides tenants with an alternative mode of complaint that can potentially help resolve ongoing violations without risking personal retaliation for pointing the finger at a particular tobacco smoker or smokers.

Here, prosecutorial discretion can be again aided by policy. Upon credible evidence that a landlord is in violation, the Code Enforcement Officer might (by policy) issue a first warning to the property owner or landlord, and send the brochure to all units.

Finally, in one instance, an ad for tenants advises potential applicants that the building is "slowly transitioning" to non-smoking, implying that smoking is permitted and lawful by existing tenants. Systematically misinforming potential tenants of their rights should be treated as a violation of the brochure provision.

ALTERNATIVE ACTIONS CONSIDERED

The Commission considered allowing the first complaint, the complaint which triggers a warning, to be made in confidence. The commission also considered affirmatively stating that City enforcement officials may provide evidence of violations based on their personal observations. Objections were raised that such provisions might be unconstitutional and, even if not, would be used to unfairly evict tenants.

CITY MANAGER

See companion report.

CONTACT PERSON

Mike Uberti, Commission Secretary, HHCS, (510) 981-5114



Office of the City Manager

05b

ACTION CALENDAR

March 10, 2020

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Submitted by: Kelly Wallace, Interim Director, Health, Housing, & Community Services
Subject: Companion Report: Smoke-Free Multi-Unit Housing Ordinance Policy and Enforcement Modifications

RECOMMENDATION

The City Manager appreciates the Housing Advisory Commission's efforts to strengthen the implementation of the Smoke-free Multi-Unit Housing ordinance and recommends that the proposed modifications be referred to the City Manager Office for an analysis of the financial and legal feasibility of the proposed changes.

FISCAL IMPACTS OF RECOMMENDATION

The modifications proposed by the Housing Advisory Commission could require an increase in staffing and resources for Public Health's Tobacco Prevention Program and the City Manager's Code Enforcement Division. A feasibility analysis will provide more insight to the costs of revised program administration as proposed.

CURRENT SITUATION AND ITS EFFECTS

On July 11, 2019, the Housing Advisory Commission (HAC) adopted a multi-pronged recommendation to modify the Smoke-free Multi-Unit Housing (SFMUH) ordinance. These recommendations were focused on improving the administration and enforcement of the SFMUH ordinance. On October 29, 2019, Council referred these recommendations and a staff companion report to the Health, Life Enrichment, Equity and Community Policy Committee.

On October 3, 2019, the HAC adopted additional recommendations related to improving the ordinance's administration and enforcement. These recommendations are meant to supplement the initial recommendations made on July 11, 2019 and should be considered by Council together. Staff's current recommendation is consistent with analysis provided in the October 29, 2019 companion report. These proposed modifications vary in their scope and will require additional analysis prior to adoption. The staff recommendation aligns with the Strategic Plan Priority goal to provide an efficient and financially-healthy City government.

Staff support the HAC's intent to improve the City's ability to enforce the SFMUH ordinance. However, as stated in the June 26, 2018 Audit performed by the City

Auditor's Office, the Code Enforcement Unit is chronically understaffed for the increasing workload. The Audit recommends that, prior to adoption, ordinances should be "evaluated to determine the impact on current City resources and the feasibility of making the intended impact." The analysis should take place before the policy is presented to Council for adoption and include considerations of:

- Staff time and other City resource needs, including the fiscal impact of those resource needs;
- Opportunity cost, i.e. consideration of other activities that may be deprioritized in order to meet new demands; and
- Feasibility impact to determine how best to implement the new legislation.

A feasibility analysis will assist in determining how to prioritize the Unit's heavy caseload. This analysis is imperative to determine how to use limited staffing and resources effectively, especially in context of life and safety issues. It will also assist understanding of supplemental resources for the Tobacco Prevention Program, which currently operates with funding from the State and Alameda County.

Staff provided some more detailed feedback on specific recommendations outlined in HAC's report in addition to the general assessment above. This analysis is intended to guide the feasibility analysis and Council's understanding of implementation and enforcement.

HAC Recommendation #1: Make a short term referral directing the City Manager to correct current City Policies for enforcing BMC 12.70.035 so that these policies do not contradict the ordinance and BMC 12.70.035 requires that second and third complaints must refer to a violation or violations that occur after the 12.70.035(C) notice has been made.

This recommendation is targeted at the City's policies related to code enforcement and administration standards.

The City's approach to enforcing SFMUH ordinance is consistent with how staff manage all code enforcement activities. Rationale for the City's approach to code enforcement and use of its discretionary powers are outlined below.

Code Enforcement Practices

The HAC's recommendations related to enforcement are inconsistent with the City's progressive approach to code enforcement. The City's approach emphasizes voluntary compliance in the first instance, followed by progressively more punitive enforcement measures when a property owner refuses to voluntarily comply. In addition, the recommendations outlined in the report would lead to inconsistencies in the process of enforcing Municipal Code and could improperly delegate the City's police power to private third parties.

Discretionary Enforcement

The HAC recommends Code Enforcement must notify reporting parties when enforcement does not take place. This practice would be inconsistent with the Unit's approach in all other enforcement categories, and would add significant time to the workload of the division (which at the time of this writing has one staff person and two vacancies). Decisions made by Code Enforcement staff to pursue enforcement measures, based on their investigations, are not appealable. Further, the City currently has no process in place to appeal a non-action.

Code Enforcement throughout the City is given discretion to determine whether sufficient violations exist. If violations do exist, Staff's initial approach is to educate the violator in pursuit of voluntary compliance. Enforcement as a method to compel compliance is used only after efforts to elicit voluntary compliance have failed. The HAC recommendation would compel staff to pursue enforcement as a primary method, and would empower the reporting party to determine whether enforcement is appropriate, rather than the Code Enforcement Team.

The second part of the recommendation calls to modify BMC 12.70.035 to require that second and third complaints must refer to a violation or violations that occur after the 12.70.035.C notice has been made. This recommendation is related to how the ordinance is implemented via a 10-day administrative period. Staff established this period for processing multiple complaints at one property. This period provides a reasonable amount of time once the City receives a complaint to 1) process the complaint; 2) notify and educate the alleged violator of the ordinance; and 3) provide the alleged violator the opportunity to come into compliance before a seconded complaint is filed.

Staff agree the second and third complaints must refer to a violation or violations that occur after Section C notice has been made to the person(s) responsible. Second and third complaints can be made after 10 days of the City officially receiving (time stamped) the initial complaint since it takes approximately 10 business days after the City receives the complaint to send out notices and inform to the alleged violators. The fact sheet can be amended to reflect this change. This is consistent with the City's voluntary compliance approach prior to issuing punitive measures.

As an ancillary recommendation to improve this process, the HAC recommended modifying BMC 12.70.035.D to use the date of delivery of a notice, and for the City to send notices using the USPS confirmed delivery service. This recommendation should also encompass BMC 12.70.035.C, which is the process for an initial reported violation at a property. Subsection D addresses additional reported violations.

The Tobacco Prevention Program currently timestamps every complaint received and logs the complaints. Using a USPS mail tracking service to verify delivery of violation

notifications and other mailing requirements required by the ordinance should be considered in terms of capacity and administrative costs for increased mailing costs.

The information sheet can be edited to remove the following statement, "Please note that the issuance of a citation is an absolutely discretionary process based on the City's resources, competing time constraints, and whether it is clear that the complaints are being filed in good faith." A policy to communicate the reasons for not issuing an infraction to complaint filers and provide an option to appeal (if appropriate) could be included in the proposed feasibility analysis although Code Enforcement has reported that this would differ from the process for all other complaints.

HAC Recommendation #3: Modify BMC 12.70.035 so that the requirement that signs be posted is enforced as part of the Residential Safety ordinance. Failure to post signage may result in fines, accordingly.

There is currently no outlined infractions in the SFMUH ordinance around signage. This would potentially increase Code Enforcement's duties and should be included as part of a feasibility analysis.

HAC Recommendation #4: Modify BMC 12.70.035 so that repeated failure to provide new tenants with the City's brochure shall be guilty of an infraction. It shall also be an infraction for landlords to tell new tenants, in contradiction to the law, that tobacco smoking by some tenants is permitted.

Staff understand the importance and responsibility to increase awareness of the ordinance with Berkeley residents. The Tobacco Prevention Program incorporates building awareness of the SFMUH through regularly conducted outreach and education activities. The Tobacco Prevention Program maintains a copy of the brochure on the City website and consistently has copies at their office (1947 Center Street) for any requests from residents and landlords alike. These activities can continue and, in the future, the Tobacco Prevention Program can also provide copies of the brochure on an ongoing basis to the public-facing zoning and permitting counters and any other applicable City Departments. Staff support increasing accessibility to property owners and managers and all Berkeley residents.

The Tobacco Prevention staff's scope of work is contingent on grant funding from the State and Alameda County. This scope of work does not include enforcement or education activities related to the SFMUH ordinance. Additional resources would be needed to expand outreach and provide more targeted and sustained education initiatives.

HAC Recommendation #5: Obtain an analysis of the financial impacts of the recommended modifications to the BMC.

This is consistent with staff's recommendation for a feasibility analysis.

BACKGROUND

On December 3, 2013, the Berkeley City Council adopted Ordinance No. 7,321-N.S. regulating second hand smoke in all multi-unit residences common areas. As of May 1, 2014, smoking tobacco products is prohibited in 100% of multi-unit housing with two or more units (i.e. apartments, co-ops, condominiums, common interest developments, etc.). This also includes common areas such as private decks, balconies, and porches of units.

ENVIRONMENTAL SUSTAINABILITY

Providing smoke-free housing improves the local air quality of Berkeley's housing stock.

RATIONALE FOR RECOMMENDATION

Staff appreciate the commission's efforts to respond to community concerns and ensure the City has the most effective and accessible ordinance possible to serve our residents. Due to the varied, multi-pronged nature of the HAC recommendations, staff recommend that a feasibility analysis be done first to better understand the potential impacts and needs associated with effectively administering the proposed ordinance modifications so that the goals it engenders can be actualized.

Certain recommendations may have unanticipated impacts on City practices. The City uses a proactive approach to Code Enforcement. Modifications to enforcement practices as prescribed by the HAC's recommendations may create inconsistencies in the process of enforcing Municipal Code and could improperly delegate the City's police power to private third parties. These impacts should be considered as part of a feasibility study.

ALTERNATIVE ACTIONS CONSIDERED

The City Council may consider to maintain the current enforcement mechanisms that fall within the City's established legal and administrative protocol.

CONTACT PERSON

Mike Uberti, Community Development Project Coordinator, HHCS, (510) 981-5114



Cheryl Davila
Councilmember
District 2

CONSENT CALENDAR
July 14, 2020

To: Honorable Mayor and Members of the City Council
From: Councilmember Cheryl Davila (Author), Councilmember Sophie Hahn (Co-Sponsor)
Subject: Providing our Unhoused Community in the City of Berkeley with Menstrual Products

RECOMMENDATION

1. Adopt a Resolution to create an allocation of the budget towards annual purchasing of menstrual products and dispensers that will be distributed in three ways:
 - A. Regularly scheduled replenishment of dispensers across public restrooms
 - B. Provide supplies to the City supported shelters, mental health offices, shower programs, and navigation centers
 - C. Homeless Outreach to include distribution to encampments and RV dwellers
2. Resolution will allocate \$10,000 of the budget for the first year, and \$8,000 for every consecutive year.

RATIONALE FOR RECOMMENDATION

The City of Berkeley spent \$6.5 million of the general fund to combat homelessness in 2019. Women who are not housed typically struggle with the lack of access to proper sanitary needs such as showers, tampons, and sanitary menstrual pads. It is necessary to treat menstrual products equally similar to toilet paper and soap. The lack of access to menstrual products leads to increased health disparities and other issues such as infections. Moreover, menstrual equity is part of a larger goal to bridge the financial inequities that women face.

BACKGROUND

The City of Berkeley spent close to \$20 million on providing homeless services. About \$6.5 million came from its general fund, about \$9.5 million came from regional, state, and federal funds and \$3.9 million were one-time funds from the state's Homeless Emergency Aid Program.

Many women have been utilizing the shower program that was expanded due to the Covid-19 pandemic, adding the West Campus pool, a new location, and extending its hours at Willard. The City now includes Dignity on Wheels, the mobile shower program that also includes washer, dryers, toilets, showers, and case management services to enable more opportunity for our community experiencing homelessness to maintain dignity and humility during the COVID-19 pandemic.

Menstrual products are the most needed by women's shelters, but the least donated due to the large stigma around menstruation. The topic often not discussed, stops people from thinking about the issue which only intensifies inaccessibility to menstrual products for individuals who may need them most.

Menstrual products are costly for the average person, especially those women experiencing houselessness. Women in the United States spend approximately \$150-\$300 annually on menstrual products, or \$12-\$25 a month. Homeless women may have to make the decision between purchasing menstrual products or buying their other essentials for that day.

Lack of accessibility to menstrual products can cause the homeless to use whatever they have available to contain their menstrual needs. Additionally, the lack of clean water for the homeless means that with makeshift products, these individuals are incredibly susceptible to numerous infections.

Working towards menstrual equity is not just beneficial for social justice, but also is to bridge healthcare injustices. Some use socks, paper towels, plastic bags, toilet paper, or clothing in place of hygiene products. This can lead to infections such as urinary tract infections (UTI), yeast infections, and more.

Reducing the stigma around menstruation, bridging gender and healthcare injustices, especially for those who are most impacted, is the responsibility of all.

FINANCIAL IMPLICATIONS

An estimate of \$10,000 for the first year, with the purchase of about 10 dispensers to place across public restrooms in the City of Berkeley that are easily accessible to the homeless, as well as the purchasing of upwards of 70,000 menstrual products annually. Each following year, the estimate is \$8,000, accounting for the fact that dispensers are a one time cost.

Estimated price of dispenser (holds around 20 tampons + around 10 pads): \$200

Estimated price of 500 pack of tampons: \$50

Estimated price of 599 pack of pads: \$55

ENVIRONMENTAL SUSTAINABILITY

None, so long as there are proper disposal methods in restrooms and homeless camps for the products.

CONTACT PERSONS

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Councilmember District 2

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Eshal Sandhu

District 2 Intern

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ATTACHMENTS:

1. Resolution

RESOLUTION NO. ##,###-N.S.

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF BERKELEY, CALIFORNIA,
PROVIDING OUR HOUSELESSNESS COMMUNITY WITH MENSTRUAL PRODUCTS

WHEREAS, The City of Berkeley spent close to \$20 million on providing homeless services. About \$6.5 million came from its general fund, about \$9.5 million came from regional, state, and federal funds and \$3.9 million were one-time funds from the state's Homeless Emergency Aid Program; and

WHEREAS, Many women have been utilizing the shower program that was expanded due to the Covid-19 pandemic, adding the West Campus pool, a new location, and extending its hours at Willard. The City now includes Dignity on Wheels, the mobile shower program that also includes washer, dryers, toilets, showers, and case management services to enable more opportunity for our community experiencing homelessness to maintain dignity and humility during the COVID-19 pandemic; and

WHEREAS, Menstrual products are the most needed by women's shelters, but the least donated due to the large stigma around menstruation. The topic often not discussed, stops people from thinking about the issue which only intensifies inaccessibility to menstrual products for individuals who may need them most; and

WHEREAS, Menstrual products are costly for the average person, especially those women experiencing houselessness. Women in the United States spend approximately \$150-\$300 annually on menstrual products, or \$12-\$25 a month. Homeless women may have to make the decision between purchasing menstrual products or buying their other essentials for that day; and

WHEREAS, Lack of accessibility to menstrual products can cause the homeless to use whatever they have available to contain their menstrual needs. Additionally, the lack of clean water for the homeless means that with makeshift products, these individuals are incredibly susceptible to numerous infections; and


WHEREAS, Working towards menstrual equity is not just beneficial for social justice, but also is to bridge healthcare injustices. Some use socks, paper towels, plastic bags, toilet paper, or clothing in place of hygiene products. This can lead to infections such as urinary tract infections (UTI), yeast infections, and more; and

WHEREAS, Reducing the stigma around menstruation, bridging gender and healthcare injustices, especially for those who are most impacted, is the responsibility of all; and

NOW THEREFORE BE IT RESOLVED that the City Council of the City of Berkeley, California supports not only the increased accessibility of feminine hygiene products for the homeless in order to combat healthcare injustices, but also the reduction of stigmatization surrounding menstruation. Specifically, the Council of the City of Berkeley calls for:

1. Create an allocation of the budget towards annual purchasing of menstrual products and dispensers that will be distributed in three ways:
 - A. Regularly scheduled replenishment of dispensers across public restrooms
 - B. Provide supplies to the City supported shelters, mental health offices, shower programs, and navigation centers

- C. Homeless Outreach to include distribution to encampments and RV dwellers
2. Resolution will allocate \$10,000 of the budget for the first year, and \$8,000 for every consecutive year.



No Material
Available for
this Item

There is no material for this item.

City Clerk Department
2180 Milvia Street
Berkeley, CA 94704
(510) 981-6900

The City of Berkeley, Health, Life Enrichment, Equity & Community Policy Committee
Webpage:

https://www.cityofberkeley.info/Clerk/Home/Policy_Committee_Health,_Life_Enrichment,_Equity_Community.aspx



Commission on Disability

08

CONSENT CALENDAR

April 14, 2020

To: Honorable Mayor and Members of the City Council
 From: Commission on Disability
 Submitted by: Alex Ghenis, Chairperson, Commission on Disability
 Subject: Service Animals Welcome Training

RECOMMENDATION

That the City Council refer to the City Manager a request to implement education and training provisions of the Service Animals Welcome Policy and Program:

- a. Work with Business Improvement Districts and Commercial District Organizations to provide opportunities for businesses to learn about their responsibilities regarding service animals in their places of business.
- b. Provide information on Service Animals and Access Rights of Persons with Disabilities accompanied by a Service Animal as required staff training on non-discrimination under applicable federal, state and local statutes, regulations and policies.
- c. Provide necessary and adequate support to the Disability Compliance Program.
 (Motion: Walsh, Second: Singer, Ghenis: Aye, Smith; Aye, Ramirez: LOA, Leeder: LOA, No: None)

FISCAL IMPACTS OF RECOMMENDATION

Staff time.

CURRENT SITUATION AND ITS EFFECTS

The 2019 Berkeley Business License Renewal Packet contained information on the Service Animals Welcome Policy and guidance from the U.S., Department of Justice Civil Rights Division on Service Animals in places of public accommodation.

Most Berkeley Business License holders received the 2019 packet but may not have seen or read the materials on Service Animals. As recently as October 2018, a case was documented of a Berkeley Business License holder who refused access and services to a person with a disability accompanied by a service animal (dog) trained to assist her relative to her specific disability and functional limitations. The License Holder stated that she was unaware of City policy or applicable law regarding Service Animals.

According to update information from staff as recently as September 2018, there has been no formal provision of training to City staff, especially for departments and positions with whom face-to-face contact with the public is required. This information is also important for staff in various City Departments who interact with businesses .e.g. Business Improvement

District contract staff, the Berkeley Police Department, contracted health and community services providers. Such training can be most efficiently provided online to City staff.

Service Animals Welcome training is a Strategic Plan Priority Project, advancing our goal to champion and demonstrate social and racial equity.

BACKGROUND

On May 12, 2012, the City Council adopted the Service Animals Welcome Policy and Program, Resolution Number 65,751-N.S. The City Manager was directed to take certain implementation steps including:

- a. Incorporate educational materials in the Business License Tax process to inform business owners of their responsibilities regarding service animals;
- b. Include content about service animals and the responsibilities of Berkeley Businesses on the City's website; also include the phone number for the Disability Services Specialist;
- c. Provide signs for businesses to voluntarily put in their windows regarding service animals; and
- d. Work with Business Improvement Districts (BIDs) and Commercial District Organizations (CDOs) to provide opportunities for businesses to learn about their responsibilities regarding service animals in their places of business

ENVIRONMENTAL SUSTAINABILITY

Unknown.

RATIONALE FOR RECOMMENDATION

As defined under the 2010 revision of the Americans with Disabilities ACT implemented in March 2012, denying a disabled person access to goods or services, in city and local governments or places of public accommodation based on being accompanied by a service animal is unlawful.

The Disability Compliance Program only has authority to enforce Title II of the Americans with Disabilities Act as it relates to programs and services. However it can provide information and training to encourage compliance.

Implementation of training will significantly contribute to decreased incidences of discrimination in Berkeley based on a person's disability. It will significantly contribute to increasing and enhancing access for the persons with disabilities accompanied by a Service Animal who live, work and visit Berkeley.

ALTERNATIVE ACTIONS CONSIDERED

Do not provide Service Animals Welcome Training.

CITY MANAGER

The City Manager takes no position on the content and recommendations of the Commission's Report.

CONTACT PERSON

Dominika Bednarska, Disability Services Specialist, Public Works, (510) 981-6418



Homeless Commission

ACTION CALENDAR

April 14, 2019

To: Honorable Mayor and Members of the City Council
From: Homeless Commission
Submitted by: Carole Marasovic, Chairperson, Homeless Commission
Subject: A People's First Sanctuary Encampment

RECOMMENDATION

The City Council to adopt the *People's First Sanctuary Encampment Model* incorporating all text in this report, urging best practices for Sanctuary Homeless Encampments with an oversight agency to be named by members of the encampment community and refer to the City Manager to fund liability insurance for the agency chosen by the encampment community.

FISCAL IMPACTS OF RECOMMENDATION

Allocations from Measure P funding regarding emergency services, tents, heating equipment, waste, water purification, food distribution and waste management, sanitation, healthcare, hygiene, and accessibility services.

Sanctioned encampments will provide accessible and accountable avenues for public funding. Supportive services and emergency run visits may become unburdened through harm-reduction models. Rehousing services may become unburdened through partnerships between small-sites, small-property owners, land trusts, cooperatives and resident homeowners.

CURRENT SITUATION AND ITS EFFECTS

The Peoples First Sanctuary is a Strategic Plan Priority Project, advancing our goal to create a resilient, safe, connected, and prepared city as well as champion and demonstrate social and racial equity.

BACKGROUND

On January 8, 2020, the Homeless Commission votes as follows:

Action: M/S/C Marasovic/ to defer the People's Sanctuary Encampment recommendation for discussion to next month's meeting and direct the Council encampment chart referral back to the encampment subcommittee to be returned to the full Commission at next month's meeting.

No Vote: motion died for lack of a second.

Action: M/S/C Hill/ Mulligan to approve the People's First Sanctuary Recommendation with the following amendments to the recommendation section:

(i) to include that an oversight agency be named by members of the encampment community, and (ii) refer to the City Manager to fund liability insurance for the agency chosen by the encampment community.

Vote: Ayes: Hill, Kealoha-Blake, Mulligan, Behm-Steinberg
Noes: Andrew. Abstain: Marasovic. Absent: Hirpara.

Marasovic abstention due to i) Council directive to respond to encampment chart referral, ii) believes in the spirit of self-governance, and iii) the recommendation is not a realistic plan.

According to the 1,000 Person Plan to Address Homelessness, on any given night in Berkeley, there are nearly 1,000 people experiencing homelessness. The City of Berkeley has implemented a number of programs to respond to this crisis, but data from the homeless point-in-time count indicate that, for the past several years, homelessness has nonetheless steadily increased. To understand the resources and interventions required to end homelessness in Berkeley--both by housing the currently unhoused population and by preventing inflow of future homelessness--the City Council asked staff to create a 1000 Person Plan on April 4, 2017.

While all homeless people lack stable housing, not everyone needs the same level of support to obtain housing. To end homelessness in Berkeley, the city needs targeted investments in a variety of interventions, ensuring every person who experiences homelessness in Berkeley receives an appropriate and timely resolution according to their level of need (i.e., a homeless population of size "functional zero"). HHCS staff analyzed ten years of administrative homelessness data to understand the personal characteristics of people experiencing homelessness in Berkeley, how they are interacting with homeless services in Berkeley, and the factors most predictive of exiting homelessness without eventually returning back to the system.

From these analyses, HHCS staff estimate that over the course of a year, nearly 2000 people experience homelessness in Berkeley. This population has been growing because the population is increasingly harder to serve (longer histories of homelessness and more disabilities) and because housing is too expensive for them to afford on their own.

The types and sizes of all interventions to help Berkeley reach "functional zero" by 2028 are described in this report. To end homelessness for 1000 people in Berkeley, the original referral directive from City Council, the City will need up-front investments in

targeted homelessness prevention, light-touch housing problem-solving, rapid rehousing, and permanent subsidies.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental opportunities associated with the content of this report.

RATIONALE FOR RECOMMENDATION

The following principles, developed and proposed by unhoused community members have guided the Peoples First sanctuary Encampment Model's goals to secure the safety of all residents, community members and responsible parties:

That a sanctuary encampment be a peoples first driven model in which the city shall provide capacity-building training for residents of the encampment but shall not interfere with the internal makeup or democratic decision making of encampment members. Collective punishment, regulations, and raids must not occur within a sanctuary encampment. Local authorities may not force safe havens to accept residents without the collective consent of its existing membership.

No protected person's sovereignty shall be interfered with or may be punished for an offense they have not personally committed. Freedom from surveillance, freedom from confiscation of property, and Privacy rights must be established by the City of Berkeley. Mental Health care and First Responders should be available for consultation. Sanctioned encampment councils should be made up of residents of the sanctioned encampment. Unsheltered people, public and private agencies, boards, councils and commissions coordinating with the sanctuary encampment should communicate the needs of sanctioned encampments to transitional housing services with good faith.

All people sheltering themselves within a sanctuary encampment which a public authority shall provide clean water, sanitation, accessible toilets and trash removal services for the sanctioned encampment.

New Housing developments should consider and prioritize the most vulnerable citizens living in sanctioned encampments. There should be changes to land-use and zoning policies to include affordability covenants, community land trusts, housing cooperatives, section eight housing vouchers as well as reclaiming vacant properties for sanctioned encampments. Rent control ordinances to retain price-control for tenants and small-site property owners.

ALTERNATIVE ACTIONS CONSIDERED

The Commission considered responding to Council encampment chart referral.

CITY MANAGER

See companion report.

CONTACT PERSON

Brittany Carnegie, Commission Secretary, HHCS, 510-981-5415



Office of the City Manager

ACTION CALENDAR

April 14, 2019

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Submitted by: Lisa Warhuus, Director, Health, Housing, and Community Services
Subject: Companion report: A People's First Sanctuary Encampment

RECOMMENDATION

As part of the referral adopted by City Council on January 21, 2020, the City Manager will direct staff to incorporate parts of the Commission's recommendations which do not conflict with guidance already approved by City Council including: providing clean water, sanitation, accessible toilets and trash removal services for the sanctioned encampment, requiring that a future provider of services for the encampment obtain input from residents of the encampment when developing rules for the outdoor shelter and ensure that the privacy and security of residents is respected and maintained.

FISCAL IMPACTS OF RECOMMENDATION

Staff time.

CURRENT SITUATION AND ITS EFFECTS

The Homeless Commission's report recommends that City Council adopt the People's First Sanctuary Encampment Model incorporating all text in their report.

On January 21, 2020 City Council approved \$307,000 in FY20 and \$615,000 in FY21 funding for an Emergency Outdoor Shelter and referred the creation of such a program to the City Manager.

The referral is for the City Manager to establish an outdoor emergency shelter and to consider providing the following amenities: a) climate-controlled, wind-resistant durable tents with wooden pallets for support, b) seeking an agency to manage and oversee the emergency shelter, c) portable toilet service and handwashing service, d) shower and sanitation services, and e) garbage pickup and safe needle disposal.

BACKGROUND

The Homeless Commission voted on 01/8/20 as follows:

Action: M/S/C Marasovic/ to defer the People's Sanctuary Encampment recommendation for discussion to next month's meeting and direct the Council

encampment chart referral back to the encampment subcommittee to be returned to the full Commission at next month's meeting.

No Vote: motion died for lack of a second.

Action: M/S/C Hill/ Mulligan to approve the People's First Sanctuary Recommendation with the following amendments to the recommendation section:

(i) to include that an oversight agency be named by members of the encampment community, and (ii) refer to the City Manager to fund liability insurance for the agency chosen by the encampment community.

Vote: Ayes: Hill, Kealoha-Blake, Mulligan, Behm-Steinberg
Noes: Andrew. *Abstain:* Marasovic. *Absent:* Hirpara.

Marasovic abstention due to i) Council directive to respond to encampment chart referral, ii) believes in the spirit of self-governance, and iii) the recommendation is not a realistic plan.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental opportunities associated with the content of this report.

RATIONALE FOR RECOMMENDATION

The City Manager appreciates the Homeless Commission's emphasis on ensuring that residents of a future outdoor emergency shelter can enjoy a clean and healthy place to live temporarily, and that they are involved in making the outdoor shelter a respectful, accountable and equitable community. To achieve this, the City Manager will develop an outdoor shelter program based on the referral adopted by Council January 21, 2020 that will include hiring a qualified non-profit organization to operate the program. The program model will ensure adequate sanitation services, safety protocols and other security measures are put in place, and that residents are assisted to move on to more permanent housing opportunities.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Brittany Carnegie, Community Services Specialist II, HHCS, 510-981-5415