

**RESOLUTION NO. \_\_\_\_\_**

**A RESOLUTION AFFIRMING THAT RACISM IS A PUBLIC HEALTH CRISIS**

**WHEREAS**, even before the foundation of America's colonies, racism existed in America due to the practices of settler colonialism rooted in The Doctrine of Discovery, issued in 1493. Examples of this historic racism abound. These include Indigenous peoples being forcefully removed from their ancestral homelands, familial kinship systems, natural resources, cultural ways of life, and native language. This resulted in generational hardships, including social, economic, and political disadvantages, as well as physical, psychological and spiritual trauma. These racist practices were integral to the founding of the Oregon Territory as a haven for white settlers; and

**WHEREAS**, racist policymaking is embedded in the founding of the City of Bellingham since the 1830's when white settlers began occupying Indigenous land in the Oregon Territory. The Donation Land Claim Act of 1850 increased colonial occupation by granting huge tracts of land to white settlers, further displacing Indigenous populations. The Treaty of Point Elliott was signed in 1855 forcing Coast Salish tribes off their ancestral homelands and onto reservations; and

**WHEREAS**, there is a lack of recognition of the ancestral homelands of the Coast Salish people and their history, respect for tribal treaty rights, and understanding of the sovereign status of federally recognized tribes and the government-to-government relationship between tribes and local and state governments; and

**WHEREAS**, the treaty rights of Indigenous communities have been repeatedly violated, resulting in years of litigation and expense incurred for the tribes to defend and enforce those treaty rights; and

**WHEREAS**, the forced assimilation practices of boarding schools for Indigenous children were abusive, causing trauma, resulting in cultural genocide from the 1880's to the 1970's, when the last boarding schools were closed in the United States. Lummi Nation and Nooksack Tribe children were sent to the Stickney Home Mission School for Indians, the Tulalip Indian Boarding School, and the Chemawa Boarding School in Salem, Oregon. The legacy of this practice and the cultural erasure it engendered is still felt today by our community; and

**WHEREAS**, in addition to the displacement of the Lummi Nation and the Nooksack Tribe through settler colonialism, the exclusion acts of 1844, 1849, and 1882 barred Black and Chinese communities from receiving contracts and from entering, or residing in the area; and

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**WHEREAS**, under the threat of violence, the Chinese were expelled from Bellingham, November 1, 1885. On November 6, 1885, a gathering was held to celebrate the “exit of Mongolian serfs and coolies” with a torchlight parade, a speech by the mayor, and a performance by the glee club; and

**WHEREAS**, in September 1907, the local 800-person Japanese-Korean Exclusion League demanded that South Asians should no longer be employed in Bellingham by Labor Day; and

**WHEREAS**, on September 4th, 1907, 500 white men in Bellingham gathered to drive a community of South Asian migrant workers out of the city. The rioters broke windows, threw rocks, beat people, overpowered police officers, and pulled men out of their workplaces and homes. Approximately 200 South Asian immigrant workers were forcibly placed in the basement of City Hall, where they were held overnight. Within ten days, the entire South Asian population departed Bellingham. Despite promises of protection from city officials, the South Asian workers understood that there was no protection for them in Bellingham and migrated up and down the Pacific coast looking for safer living conditions; and

**WHEREAS**, these acts of exclusion were followed by the practice of redlining -- the discriminatory practice of denying financial and other services to residents of certain areas based on their race or ethnicity. For example, as documented by the Bellingham Racial History Timeline, in Edgemoor a covenant was placed on a deed written by the Larrabee Real Estate Company on August 4<sup>th</sup>, 1947 stipulating that the lot “*shall be owned and occupied only by persons of the White Race except that this covenant shall not prevent occupancy by domestic servants of a different race or nationality employed by an owner or tenant.*” Furthermore, creation of sundown neighborhoods (named after signs often posted at the city limits stating that Black people needed to leave by sundown) kept Black people out of Bellingham through a combination of laws and informal policies, including racist housing covenants and police intimidation and led to the majority non-Hispanic white population in Bellingham today; and

**WHEREAS**, as a result of Executive Order 9066 at least 33 Bellingham residents of Japanese descent were sent to internment camps between May 22 and June 3, 1942 denying them of constitutional rights based on race, and country of origin, as is documented by the Racial History Timeline and the 2015 Whatcom County Historical Society film *Japanese Incarceration During WWII*; and

**WHEREAS**, Bellingham was home to one of the largest, most active, and enduring Klan chapters in Washington, and on May 15, 1926, according to the Bellingham Herald, more than 700 Klan members held a parade in the City of Bellingham, and in July 1929 the Washington State KKK held its annual convention in Bellingham, with events attended by the City Attorney and with an address given by Mayor John A. Kellogg, who presented the Klan with a “key to the City.” Today, according to the Southern Poverty Law Center, Washington State is home to 22 hate groups. In 2020, nationally we have seen a rise in hate crimes against East Asians associated with Covid-19 and the highest number of killings of Black, Indigenous, and People of Color (BIPOC) trans individuals, while locally we have seen white

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supremacist hate groups spreading white supremacist messages through graffiti and vandalism, Neo-Nazi fliers papering downtown Bellingham as well as Fairhaven, recruiting in neighborhoods by placement of racist literature in tiny libraries, and armed militia men on the streets; and

**WHEREAS**, the Black experience in America beginning with slavery, followed by Jim Crow laws, “grandfather clauses”, the long delayed implementation of the 14th Amendment, redlining and other forms of housing discrimination, has allowed preferential opportunities for white Americans for generations while subjecting BIPOC to hardships, disadvantages and violence and creating a legacy of inherited trauma and economic oppression across generations; and

**WHEREAS**, in response to the killing of George Floyd, Breonna Taylor, Ahmaud Arbery, and the unnecessary death of countless others at the hands of police officers and white supremacists, people across the country have risen up to protest the historic economic, environmental, and social injustices inflicted on people of various races and ethnicities, which continues to disproportionately affect the BIPOC community; and

**WHEREAS**, systemic racism refers to how large-scale political and economic forces, which are historically deep and play out over generations, impacts the BIPOC community across ALL social and physical determinants of health (SPDoH); and

**WHEREAS**, systemic racism is deep-seated and is embedded in social, economic, and power inequities which then shape the distribution of health risks and inequitable access to resources for health, resulting in the disparate social and spatial clustering of negative health outcomes; and

**WHEREAS**, systemic racism has resulted in race as a determinant of health, with persistent racial disparities in all aspects of health including housing, education, healthcare, employment, worker protections, criminal justice, climate impacts, food access, and technology; and

**WHEREAS**, the Center for Health Progress has reported data that shows, race, income, and zip code as having a bigger impact on health than behavior or medical care; and

**WHEREAS**, BIPOC individuals and communities are disproportionately suffering in part due to long standing, unaddressed health disparities as well as systemic racism and other socioeconomic inequities, and these persistent disparities in health outcomes are not due to genetic or biological differences between the races, but to the entrenched systemic racism in American society; and

**WHEREAS**, BIPOC residents of the City of Bellingham are not immune or separate from health disparities that we see in national and state public health data because the City of Bellingham’s history of its founding and its policymaking, and are not immune or separate from the entrenched systemic racism seen at the state and national level; and

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**WHEREAS**, although the health disparities faced by indigenous and black populations are often the most reported, the City of Bellingham has multiple minority populations that face negative health consequences as a result of systemic racism; and

**WHEREAS**, throughout the history of the United States, systemic racism and inequality has manifested itself by acts of discrimination and oppression directed towards BIPOC and their communities, resulting in fear, anxiety, trauma, terror, and long-term physical and mental health impairments, as well as causing economic oppression for the targets of racism, their communities and subsequent generations; and

**WHEREAS**, lack of culturally and linguistically competent healthcare has resulted in less utilization of services and poorer health outcomes among BIPOC, and the National Academy of Medicine (NAM) found “racial and ethnic minorities receive lower quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable,” and evidence from social, psychological and health disparities research suggests that clinician–patient racial/ethnic concordance may improve minority patient health outcomes; and

**WHEREAS**, Black women are at least three times as likely to die in childbirth as white mothers, and Black newborns are more than twice as likely to die as white newborns, a disparity that is wider today than it was in 1850 when the majority of Black Americans were enslaved, and one that is not related to the economic or educational status of the mother; and

**WHEREAS**, Black Americans also have a higher incidence of low birth weights, and Black children are more likely to endure asthma and have more severe symptoms than white children; and

**WHEREAS**, according to Whatcom County Health Department 2018 Community Health Assessment, disparities in health outcomes by race are clear in our community where life expectancy at birth for American Indian/Alaska Native (AI/AN) populations is 69 years, and migrant farmworkers have a life expectancy of 49 years compared with 81 years for the white population, as documented by Hansen and Donohoe in *Health Issues of Migrant and Seasonal Farmworkers, 2003*); and

**WHEREAS**, racism impacts child development. According to the Washington State Office of the Superintendent of Public Instruction (OSPI), in our community only 23% of AI/AN children and only 27% of Hispanic children entering kindergarten were ready for school, as opposed to 54% of white children; and

**WHEREAS**, racism impacts mental health, and according to OSPI, in our community 66% of AI/AN 10th graders, 43% of Black 10th graders and 44% of multi-racial 10th graders reported feeling depression, as opposed to 36% of white 10th graders; and

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**WHEREAS**, racism impacts education, a determinant of health, and as documented by OSPI, in our community 63% of AI/AN and 71% of Hispanic young people graduate on time, as opposed to 82% of white young people; and

**WHEREAS**, racism impacts economic stability, a determinant of health, and the median household income of Black families in our community is less than half that of white or Asian families, and multi-racial, AI/AN, and Native Hawaiian/Pacific Islanders have a median household income more than \$20,000 below that of white or Asian families, as is documented in the Whatcom County *Community Health Assessment* and in *The Multicultural Economy*, Selig Center at Terry College of Business, University of Georgia. 2019; and

**WHEREAS**, the rate of intakes of youth into the foster care system disproportionately impacts BIPOC communities, and according to the 2019 *Child Welfare Disparity Indices Report* from the Washington State Department of Children, Youth, & Families, intake rates of multi-racial children are 10% higher, Black children are 57% higher, and AI/AN are 80% higher than that of white children, indicating that racial disparities in this system are clear and evident; and

**WHEREAS**, according to the 2017 Vera Institute of Justice *Report to Whatcom County Stakeholders on Jail Reduction Strategies*, although the AI/AN community makes up 3.4% and the Black community makes up 1.3% of our population, they make up 14% and 7%, respectively, of the average daily population of our jails; and

**WHEREAS**, the current COVID-19 pandemic has exacerbated the racial disparities within our nation's BIPOC communities ranging from health care access to risk exposure, and there is a clear correlation between maps showing rates of COVID-19 hospitalizations and neighborhoods with high social vulnerability; and

**WHEREAS**, public health is the science of protecting and improving the health of entire populations. As individuals, and as representatives of our institution, we must eliminate the influence individual bias holds on both the policy and operational level as it relates to our entire population. While we may never eliminate racial bias in individuals, we must neuter its effects, by holding each of us to the standards of equity and fairness upon which our metrics are based; and

**WHEREAS**, we are concerned with public policy. Policy is the province of governance. As individuals, and as representatives of our institution, we identify racism as a systemic flaw, and an enemy to the public, wherever we encounter it. We commit to evaluating and reforming our policies, our practices, and our leadership, to reflect our commitment to this mission; and

**WHEREAS**, the American Public Health Association, National Association of County and City Health Officials (NACCHO), and the American Academy of Pediatrics have declared racism as a public health crisis. The disparities caused by systemic racism that we have outlined in this resolution represent a public health crisis which affects us all.

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**NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLINGHAM:**

This Council will call upon the City of Bellingham to implement, with intent and fidelity, policies and practices that reflect a conscious effort to ensure racial equity, equity of access and service, and further to ensure the equitable treatment of all people, regardless of race or ethnicity.

Section 1. The City of Bellingham declares that racism is a public health crisis.

Section 2. The City of Bellingham is committed to becoming an anti-racist city that is welcoming, inclusive, and safe for everyone. While we promote free thought and speech, we condemn racism and brutality, hate speech, bigotry, violence and prejudice in any form.

Section 3. The City of Bellingham endorses the continued implementation and use of policies and practices for employee conduct and equitable treatment of all people and honors, by approval of this Resolution, the common humanity of all people, regardless of race or ethnicity.

Section 4. The City of Bellingham commits to actively participating in the dismantling of systemic racism and its impacts in Bellingham by:

- A. Implementing training on a variety of topics relating to systemic racism, including how to identify racist policies, and how to ascertain, craft, and elevate evidence-based antiracist policies that can be implemented by policymakers to create a more racially just and equitable society. The trainings should be tailored specifically as appropriate for elected officials, City staff, and members of boards, commissions and committees.
- B. Operationalize a race equity lens for the review of policy:
  - 1. Assess all City department policies, procedures, and ordinances and revise as needed to ensure racial equity and transparency are core elements.
  - 2. Identify and publicize policies, procedures, and ordinances in need of reform, as well as the next actionable steps elected officials, City staff and members of boards, commissions and committees can take for such reform.
  - 3. Evaluate future policymaking through a race equity lens to determine if policies may perpetuate or exacerbate racial inequity prior to adoption in order to make the changes necessary to ensure racial equity.
- C. Ensure that hiring practices provide equitable opportunities
- D. Promote diversity of race within City boards and commissions.

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- E. Commit to supporting community efforts to alleviate issues of racism and bias and engage actively and authentically with communities of color.
- F. Operationalize the regular translation of materials for the public into multiple languages to be distributed over multiple forms of media to remove barriers of access and increase transparency in process.
- G. Build and strengthen alliances with other organizations that confront racism and encourage other agencies to recognize racism as a crisis, including becoming a core member in the Government Alliance on Race and Equity (GARE), which is a national network of local government agencies working to achieve racial equity and advance opportunities for all. In addition, the City of Bellingham should provide for broad community representation and input into the examination of and design of solutions for historic and continued racial injustice.
- H. Actively support the effort to establish a Whatcom Racial Equity Commission (WREC) and participate in the recommended work the WREC brings forth.
- I. Work with WREC to develop and implement a strategic plan to end racial disparities for the City of Bellingham by 2032.

**Section 5.** The City of Bellingham will continue, through its goodwill, dialogue, and decision-making efforts and powers, to evaluate and support policies that are consistent with the principles of equity of access, services, and equitable treatment of all people regardless of race, color, or ethnicity and ensure that such policies do not perpetuate or exacerbate racial disparities.

**Section 6.** The City of Bellingham will facilitate keeping data and monitoring progress on the goals set up on the resolution.

APPROVED this day of \_\_\_\_ of \_\_\_\_\_, 2021.

**PASSED** by the Council this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Council President

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**APPROVED** by me this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Mayor

**ATTEST:** \_\_\_\_\_  
Finance Director

**APPROVED AS TO FORM:**

\_\_\_\_\_  
Office of the City Attorney

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