



OFFICE OF THE MAYOR
CITY OF CHICAGO

LORI E. LIGHTFOOT
MAYOR

PROCLAMATION

WHEREAS, there is an 8.8-year life expectancy gap between Black and White Chicagoans and a 9.2-year gap between Black and non-Black Chicagoans; and

WHEREAS, the chief objective of *Healthy Chicago 2025*, the city's five-year health plan created with the input of thousands of residents and a partnership of dozens of organizations, is to reduce this gap; and

WHEREAS, Asian and Latino life expectancy rates are declining in Chicago;

WHEREAS, racism comes in many forms, encompassing both individual bigotry and systemic discrimination; and

WHEREAS, systemic racism has pervaded U.S. history from the beginning, with public policies that include but are not limited to:

- the expropriation and genocide of Native Americans,
- the enslavement of Africans and Black Americans,
- the broken promise to set aside property for former slaves,
- Jim Crow restrictions that codified segregation and denied all manner of rights to Black Americans, including the vote,
- redlining, racial covenants, and other forms of financial and housing segregation and discrimination,
- underfunding of public schools attended disproportionately by Black Americans, Latinos, Native Americans, and other groups,
- discriminatory immigration policies targeting Asians and Latinos,
- language barriers in government services and communications,
- a racially biased criminal justice system, leading to the world's largest prison population per capita, and
- inadequate measures to prevent police misconduct and ensure accountability; and

WHEREAS, the City of Chicago has its own legacy of racism and violence, with flashpoints and local barriers including:

- the killing of teenager Eugene Williams and subsequent riots in 1919,
- fifty-eight bombings of Black-owned homes, banks, and real estate offices from 1917-1921 alone – plus additional riots and mob attacks in the ensuing decades – to prevent integration of White neighborhoods,

- violent attacks on a 1966 anti-segregation protest that led Dr. Martin Luther King to say the racial hatred in Chicago was worse than in the South,
- the mistreatment of Puerto Ricans in Chicago that resulted in protests and riots in 1966 and 1977,
- redlining, restrictive covenants, and expressway planning used to segregate and isolate residents, leading Chicago to be ranked as one of the nation's most segregated cities,
- a public housing system that relegated many Black Chicagoans to substandard living conditions,
- rent and employment discrimination against immigrants from Mexico, China, Korea, and other countries, leading to poorer living conditions and more financial insecurity,
- more than 100 Black people, who were detained by the Chicago Police Department between 1972 and 1991, accusing Burge and police officers working under his command of engaging in acts of torture and physical abuse, which led to the passage of a 2015 ordinance, creating a Reparations Fund for Burge Torture Victims.,
- persistent issues of criminalization and disinvestment have produced the reality that from 2018 through 2020, 63% of Chicago's homicides and non-fatal shootings occurred within 15 community, all overwhelmingly Black and Latinx, comprising 24% of the city's population; and

WHEREAS, civil rights laws, while critical to racial justice, have not negated the legacy of systemic racism, which continues to result in gaps in wealth, health, and other forms of opportunity and wellbeing; and

WHEREAS, recent protests against the death of George Floyd and numerous shootings of Black, Latino, Asian, and other residents have brought the nation's racist history to a head, creating a social crisis that gives all institutions and public policymakers a mandate to make antiracist changes; and

WHEREAS, City leaders must respond to this crisis by making policy changes to improve the health and wellbeing of Chicagoans who have borne the brunt of both individual and systemic racism; and

WHEREAS, up to 80% of health outcomes are due to social factors, including housing, safety, education, and economic opportunity, among others; and

WHEREAS, the COVID-19 pandemic has put the effects of systemic racism into sharp relief, with Black Americans and Latinos suffering at disproportionate levels in Chicago and across the country; and

WHEREAS, in Chicago, as of June 2021, the Black death rate from COVID-19 is more than double that of Whites, while the Latino death rate exceeds the White rate by 76%; and

WHEREAS, such inequities stem from factors that include:

- disproportionate rates of chronic diseases like heart disease, diabetes, and hypertension,

- historic disparities in medical treatment, safe spaces to exercise, and access to nutritious food,
- tobacco industry targeting of Black Americans with menthol cigarettes,
- overrepresentation of Black Americans and Latinos in the low-wage and frontline workforce, in which employees often work in close proximity to each other and are less able to take paid time off if they are sick,
- a history of healthcare providers giving unequal treatment, consciously or not, to Black Americans,
- income gaps that lead more Black Americans and Latinos to have to choose between honoring stay-at-home orders and paying for basic necessities, and
- the fear of deportation that many undocumented residents would feel if they sought medical care; and

WHEREAS, the American Public Health Association has declared racism a public health crisis that needs immediate attention while institutions including the Centers for Disease Control and Prevention, American Medical Association, American Association of Pediatrics, and American College of Emergency Physicians have also recognized racism as an urgent threat to public health; and

WHEREAS, the City of Chicago aims to foster communities where residents thrive and enjoy healthy lives, regardless of immigration status, color, or economic status; and

WHEREAS, public health requires a collaborative, cross-sector approach to fostering the conditions for racial and health equity, including in our social, economic, and physical environments; and

WHEREAS, the City of Chicago has declared racism to be a public health crisis and has taken numerous steps in recent years to advance racial and health equity, including but not limited to:

- Establishing a Health in All Policies approach to the City's decision-making, including policy development and implementation, budgeting, and delivery of services.
- Establishing racial equity leadership positions and offices across multiple departments and agencies, including:
 - Chief Equity Officer in the Mayor's Office
 - Chief Racial Equity Officer in the Department of Public Health
 - Managing Deputy Commissioner of Community Engagement, Racial Equity, and Strategic Initiatives in the Department of Housing
 - Associate Vice Chancellor of Racial Equity in City Colleges
 - Office of Equity and Strategic Initiatives at Chicago Public Schools
- Advancing transformative collaborations with community stakeholders to combat health and racial disparities through the Racial Equity Rapid Response Team and the establishment of the Health Equity Zones
- Advancing data reports and tools to support racial equity through the Healthy Chicago Survey, Chicago Health Atlas, the City's first State of Black Health in Chicago.

- Advancing innovative racial equity tools such as the Department of Housing’s Racial Equity Impact Assessment of the Qualified Allocation Plan and the Department of Public Health’s Health Atlas.
- Fostering community co-leadership in areas such as equitable transit-orientated development and COVID-19 vaccine distribution; and

WHEREAS, the City of Chicago will build on its work to improve antiracist policies by:

- **Building capacity for anti-racist leadership**—cultivating visionary, strategic, and authentic leadership that can analyze the impacts of racial harm and inequities and is equipped to build sustainable solutions with communities most impacted by the problems.
- **Reckoning with the impacts of racism**—reflecting on how past racial inequalities were and continue to be produced and reclaiming our present engagements with the intention to transform the relationships, practices, policies, and systems that maintain these inequities.
- **Advancing strategies to operationalize racial equity**—building our internal infrastructure for change, cultivating a “will to act,” executing intentional tools and strategies that are differentiated to best meet the needs, and holding ourselves accountable to producing equitable results.
- **Empowering transformative community relationships**—designing fundamentally different structures of engagement and problem-solving that embrace shared governance; appropriately resourcing groups that are impacted most by racist structures to be key drivers in building and executing solutions:

NOW, THEREFORE, I, LORI E. LIGHTFOOT, MAYOR OF THE CITY OF CHICAGO, do hereby proclaim RACISM AS A PUBLIC HEALTH CRISIS IN CHICAGO and each department and sister agency of the City of Chicago has identified and will continue to identify a racial equity liaison or leader and, at a minimum, establish an annual racial equity goal that is made publicly available.

Dated this 15th day of July, 2021.



Mayor