

Resolution to Promote Racial Justice and Work to Eradicate Racial Disparities

WHEREAS, registered nurses know that patients' health is not only determined by what happens when they encounter the health system, but largely by the social determinants of their lives in our wider society; and

WHEREAS, racial disparities in health care between Black, Indigenous, people of color (BIPOC) with white people; renewed uprisings dedicated to the defense of Black lives in response to brutality and killings by police agencies; and by other injustices, demonstrate that our patients are struggling to survive in a society built upon racist institutions and structures; and

WHEREAS, until we dismantle this structural racism and reimagine a society premised upon racial, social, economic, gender, and environmental justice, our patients will not be able to achieve and maintain the optimal health we wish for them, and sometimes, simply, to hold onto life; and

WHEREAS, as patient advocates dedicated to preventing and healing all forms of illness, protecting health and safety, and alleviating human suffering, nurses have a duty to champion what is best for our patients at the bedside and beyond; and

WHEREAS, national and international movements are reaffirming our stance on racism as a public health crisis, and have been inspired by our campaign for Medicare for All as a racial justice issue; and

WHEREAS, the fight for racial justice and working-class justice are interconnected, and winning economic, social, political, and cultural racial justice unites and strengthens the entire working class; and

WHEREAS, structural racism has long been used to divide workers and weaken unions as evidenced in anti-union "right to work" laws, which one of its founders said, were developed for the maintenance of the color line in labor relations; and

WHEREAS, racial disparities in health care are the direct legacy of slavery, postemancipation Jim Crow segregation, and ongoing structural racism practices; and

WHEREAS, even with improvements in health access under Medicaid expansion and limits on insurance abuses through the Affordable Care Act, Black and Latinx people, in particular, continue to endure widespread disparities in health care access, cost, quality, and outcomes; and

WHEREAS, Black Americans have shorter life expectancies than whites due to heart disease, diabetes, cancer, HIV/AIDS, higher blood pressure and other chronic conditions, stress-related health disorders, and higher infant mortality rates; and

WHEREAS, Black women are three to four times more likely to die in childbirth than white women and have higher rates of breast cancer and a lower five-year breast cancer survival rate; and people exposed to racial discrimination during early childhood have a greater probability of developing cardiovascular health issues in adulthood;

WHEREAS, racial disparities in income, poverty, hunger, food deserts, through the lack of access to healthier food, and less access to preventive medical services in many Black, Latinx, and Indigenous communities result in more prevalent chronic health complications and other comorbidities that are a long-term



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threat to health, including pandemics like COVID-19; and

WHEREAS, BIPOC communities face worse air and water quality and higher exposure to and death rates from environmental pollutants where they live; and Black and Latinx students are more likely than whites to face exposure with long-term health consequences to air pollution, toxins, and other environmental hazards at school; and BIPOC are disproportionately affected by the climate crisis through super storms, heat waves, drought, economic dislocation, and disruption of water systems; and

WHEREAS, Black patients face discrimination from doctors, nurses, and other practitioners, including delays or denials of care, disparities in interactions with patients and family members, language barriers, racist biological beliefs and assumptions about pain and illness that affect diagnosis, treatment, and prescription of medications; Black children in pain from appendicitis have just one-fifth the odds of receiving pain medication than white children; and health care institutions benefit from inconsistency in preventing medical bias against BIPOC patients and condoning workplace discrimination and harassment against BIPOC nurses and other staff; and

WHEREAS, structural hospital racism causes harm to Black and Latinx patients and communities, and to nurses who are also patients and members of those communities, through hospital closures, pursuit of medical services oriented to predominantly white, higher-income patients, cuts in medical services, patient dumping to public facilities or homeless shelters, inadequate provision of charity care, inflated charges for care, and medical debt collection practices; and

WHEREAS, health care insurance and pharmaceutical industry practices contribute to racial disparities through insurance network restrictions that block access to certain providers, medical treatment, and specialized prescription

drugs, higher out-of-pocket costs, and exclusion from certain clinical trials for illnesses, including COVID-19, that disproportionately impact Black patients; and

WHEREAS, structural racism underlies such federal and state government policies and practices as state refusals to expand Medicaid, work rules and drug testing for Medicaid coverage, cuts in access to reproductive health and other women's health services, and through voter suppression laws, electoral gerrymandering, and the 1994 federal crime bill and 1996 welfare reform act; and

WHEREAS, structural racism in immigration policies and enforcement practices targeting immigrants and other descendants of immigrants result in higher percentages of un-insurance, higher out-of-pocket costs, less access to public programs, and, due to fear of deportation and disparate treatment, failure to obtain needed medical care that can lead to the community spread of communicable diseases and long-term adverse physical and mental health conditions; and

WHEREAS, Black, Latinx, and Indigenous COVID-19 death rates are three to four times, and hospitalization rates five times higher, than for whites due to less access to medical services, higher comorbidity factors related to racial health disparities, concentration in "essential" jobs that lead to increased exposure to COVID-19, being turned away from hospital care, and the indifference of the Trump administration; and

WHEREAS, Black and Latinx families have been disproportionately affected by the pandemic-fueled economic crisis due to fewer options for staying and working at home, and the legacy of structural social and economic racism, including less in savings to survive long periods of unemployment and making them less able to meet rent and mortgage payments and pay for medical emergencies; and

WHEREAS, median Black family income is just 61 percent and wealth just 5 percent of white family income and wealth; and

WHEREAS, unemployment rates for Black, Latinx, and Indigenous men are much higher than for white Americans, and even higher for Black and Latinx women, and they have been disproportionately harmed by austerity and privatization cuts in public-sector jobs, which have traditionally provided greater employment opportunities due to private-sector racism; and

WHEREAS, 41 percent of Black families own homes compared to 71 percent of white families, and 32 percent of Black families compared to just 6 percent of white families live adjacent to disadvantaged neighborhoods, and Black families face long-term discrimination through gentrification, zoning laws, and, on average, pay 10 percent more in property taxes than white families for comparable settings; and

WHEREAS, structural racism is widespread in education due to housing segregation that limits access to better-resourced predominantly white schools, racial disparities in “standardized” tests that affect higher education admissions, and attacks on affirmative action goals intended to reduce disparities in admissions; and

WHEREAS, racism in personal safety includes police shootings, vigilante, and other hate crimes; in the past 15 years there have been about 1,000 fatal police shootings annually with Black people three times more likely to be killed by police than white people — despite also being more likely to be unarmed; and are injured and killed by other excessive use of force after minor traffic stops and while in custody under questionable circumstances; and

WHEREAS, structural racism is seen in a focus of policing in marginalized communities including racial stereotypes about higher drug use and pseudomedical terminology of “excited delirium” as the pretext for the use of excessive



force; in “stop and frisk” policies and other racial profiling of young Black and Latinx men; and in routine harassment, that can lead to loss of life and other harmful outcomes, due to unwarranted use of policing for non-violent, non-criminal 911 calls related to homelessness, mental health illness, intoxication, and substance abuse; and

WHEREAS, due to structural racism in the criminal justice system and other social and economic disparities, Black and Latinx people comprise 31 percent of the population but 58 percent of those incarcerated; and one in three Black and one in seven Latinx boys, compared to one in 17 white boys, are likely to spend time in prison in their lifetimes; and young Black men are 50 percent more likely than whites to be held in pre-trial detention; and

WHEREAS, Black, Latinx, and Indigenous women comprise an increasing share of arrests and police use of force, and of prison and jail incarceration; Black teen girls are four times more likely than white girls to be imprisoned; and Black women suffer higher rates of law enforcement sexual assault and other physical abuse, especially for those with mental health illness; and

WHEREAS, Black and Latinx prisoners are adversely affected by inferior health care ser-

vices, especially those run by private, for-profit prisons; formerly incarcerated persons have higher percentages of premature death, chronic health conditions, and less access to continuity of care; and incarcerated people have been 550 times more likely to become infected and over 300 times more likely to die of COVID-19; and

WHEREAS, racism has been normalized through multiple cultural, social, and ideological forms, including the news and social media, TV, film, and recording industries, political campaigns, educational curricula, and research projects; in public debate over Confederate statues and monuments; in public perceptions about sports, performing arts, and other professions; in racist stereotypes about Black women; and in interactions with white people while shopping, recreation, or other daily activities; and

WHEREAS, with the rise of neoliberalism in the 1970s, federal, state, and municipal governments have transferred billions of dollars in public funds away from public health, education, housing, anti-poverty programs, and other social services to policing, the courts, and prisons, with many cities now spending up to half their budgets or more on policing; and

WHEREAS, racism motivated much of the reduction of the social welfare system which has harmed the entire nation, which greatly contributed to the severity of the COVID-19 crisis in the United States especially compared to many other countries; and

WHEREAS, after the abolition of slavery, the U.S. government reneged on compensation to the formerly enslaved whose labor built national wealth, while restoring full property control to the Confederate plantation owners; and through the Homestead Act gave away 246 million acres of predominantly Indigenous land to mostly white families; and

WHEREAS, during the Great Depression major economic recovery programs largely excluded Black people due to racist Congressional oppo-

sition, and the post-World War II GI bill providing home mortgages shut out nearly all the 1.2 million Black veterans, and similar segregation and racist real estate practices for decades restricting the sale of homes blocked millions of Black families from home ownership; and

WHEREAS, the refusal to provide restitution to the formerly enslaved, and subsequent decades of racist barriers in access to land and home ownership, and racist attacks on successful Black business enterprises, resulted in the generational wealth chasm that has impaired millions of Black families, with less access to better housing, better-funded schools, access to higher education and employment opportunities, and savings to cover medical crises, job loss and other emergencies, retirement security, and other racialized disadvantages; and

WHEREAS, 40 years of right-wing legal interpretation have undermined the original intention of civil rights laws, such as Title VII of the 1964 Civil Rights Act prohibiting discrimination on the basis of race, color, religion, sex or national origin, and was originally written to require institutions to take and document affirmative action to prevent disparate impact caused by policies, practices, and norms that result in racial inequity; and

WHEREAS, President Trump's racist policies, practices, and rhetoric have encouraged, enabled, and normalized white supremacist behavior and hate crimes; and

WHEREAS, polls show that 76 percent of people in the United States believe racial discrimination is a "big problem" and support substantive change; and

WHEREAS, racial injustice is intertwined with gender inequity, economic inequality, environmental racism, and other forms of oppression; and

WHEREAS, racial justice is a fundamental prerequisite of human rights, constitutional due process, and American democracy.

THEREFORE, BE IT RESOLVED, as advocates for patients and practitioners of therapeutic healing and recovery, at the bedside and in our communities, CNA/NNOC declares racism and white supremacy to be a public health crisis; and

BE IT FURTHER RESOLVED, that CNA/NNOC supports the call for transformative changes to protect the health, safety, and personal security of all Americans, including the right to live in an environment free of fear of violence and discriminatory treatment based on race, ethnicity, national origin, gender, religion, sexual orientation, gender identity or expression, disability or immigration status; and

BE IT FURTHER RESOLVED, that CNA/NNOC is committed to working for racial justice as an essential component of building unity within our union and our facilities and that advancing our fight for racial justice and social justice, and workers' rights, will make our union stronger; and

BE IT FURTHER RESOLVED, that winning full social, economic, political, and cultural racial justice is a fight for human rights, workers' rights, and democracy and justice for the entire working class; and

BE IT FURTHER RESOLVED, CNA/NNOC stands in solidarity with the Black Lives Matter movement, as an integral part of our obligation as patient advocates and social, working class unionists to speak out against structural racism practices that lead to patient and public harm and injustice; and

BE IT FURTHER RESOLVED, CNA/NNOC will continue to campaign and mobilize a mass movement for universal, improved, guaranteed Medicare for All as a fundamental step toward addressing racial disparities and discrimination in health care, especially where racial disparities are directly related to ability to pay and structural racism in corporate and governmental practices; and



BE IT FURTHER RESOLVED, that CNA/NNOC will continue to challenge corporate health care industry practices that have a disproportionate impact on BIPOC patients and communities, including our BIPOC members, such as hospital closures and service cuts, patient dumping, hospital, insurance, and pharmaceutical price gouging, inadequate provision of charity care, medical debt lawsuits, and narrow insurance networks; and

BE IT FURTHER RESOLVED, CNA/NNOC supports COVID-19 federal, state, and local funding and programs that provide assistance to Black, Latinx, and Indigenous individuals who have been disproportionately harmed by lack of access to health services, exposure to the virus due to concentration as "essential workers," lack of PPE and testing, and economic peril due to the historic racial disparities and the wealth gap; and

BE IT FURTHER RESOLVED, to further address COVID-19's disproportionate health and economic disparities, CNA/NNOC calls on federal, state, and local governments to guarantee enhanced unemployment benefits, paid sick time and family leave, food security, housing, health care, and other social supports; and

BE IT FURTHER RESOLVED, CNA/NNOC endorses the Green New Deal to address the

climate crisis by transitioning from a fossil fuel economy and environmentally destructive projects that disproportionately harm BIPOC communities to a green economy that will also create far more jobs; and

BE IT FURTHER RESOLVED, CNA/NNOC will oppose and highlight the structural racist intent behind government practices that block access to care through restrictive Medicaid rules, defunding of women's health care including reproductive services, and cuts in nutrition, housing, and other austerity and privatization policies; and

BE IT FURTHER RESOLVED, CNA/NNOC calls for an end to racist immigration policies that target Latinx and other BIPOC, including policies that permanently separate families, place children in cages, and deprive immigrants of access to health care, legal services, and other human rights; and

BE IT FURTHER RESOLVED, CNA/NNOC opposes voter suppression laws that seek to disenfranchise BIPOC voters, and calls for full restoration of the John Lewis Voting Rights Act, voting rights for all formerly incarcerated persons, and statehood for the District of Columbia; and

BE IT FURTHER RESOLVED, to protect public health and safety, CNA/NNOC calls for an end to the use of militarized force and weapons of war on people protesting racial injustice, including the use of tear gas, rubber bullets, stun grenades, and sound cannons on crowds that include children, and that can cause serious injuries and death; and

BE IT FURTHER RESOLVED, CNA/NNOC supports comprehensive and systemic changes in policing practices, including stronger deescalation methods to limit the use of lethal force, ending of racial profiling, stronger disciplinary enforcement for misconduct, and greater independent public oversight and accountability; and

BE IT FURTHER RESOLVED, CNA/NNOC supports an end to cash bail and minimum sentencing laws, decriminalizing minor drug offenses, a ban on for-profit private prisons, which have a disproportionate impact on Black, Latinx, and Indigenous people, and calls for improved prison and jail health care services; and

BE IT FURTHER RESOLVED, CNA/NNOC endorses reversing the excessive increase in public spending on policing and prisons to reinvest in public health, mental health services, public education, job programs, housing, nutrition, transportation, day care, retirement, and at-risk youth programs; as Black Lives Matter cofounder Patrisse Cullors explains, "what we are talking about is defunding the criminalization of human beings and an economy of punishment and instead funding an economy of care"; and

BE IT FURTHER RESOLVED, CNA/NNOC supports major structural reforms to provide for increased economic opportunity, including affirmative action, living wages, guaranteed incomes, better-funded public schools, decent housing, and safer communities to achieve economic and racial justice, part of what Dr. Martin Luther King, Jr. proposed in 1967 as "a reconstruction of the entire society" and a "revolution in values"; and

BE IT FURTHER RESOLVED, CNA/NNOC endorses reparations for Black Americans, starting with H.R. 40 to study the issue and similar state and local legislation, with the goal of targeted investment in Black communities to address health care, housing, education, and employment discrimination, as well as cash payments as restitution for centuries of structural racism from slavery through segregation to today that have resulted in the wage gap and other racial disparities; and



BE IT FURTHER RESOLVED, CNA/NNOC will work to end white supremacy and structural racism in all its social, economic, and cultural forms, including the normalization of racist behavior in all levels of society; and

BE IT FURTHER RESOLVED, CNA/NNOC will demand all our union facilities investigate and provide prompt responses on all complaints of workplace discrimination and harassment against patients and our members, and challenge racial disparities in wages, scheduling, and discipline. We will expand member educational programs on racial and gender justice, and develop campaigns and model contract language to promote hospital affirmative action; and

BE IT FURTHER RESOLVED, CNA/NNOC will support affirmative action within our elected leadership and staff to reflect the makeup of our communities and nation and to make up for historic discrimination in our society as a whole; and

BE IT FURTHER RESOLVED, CNA/NNOC will work in coalition with community organizations and allies with shared goals and values to build and mobilize a larger mass movement for racial and gender justice and the transformative social, economic, and political changes that are essential to achieve a more just, democratic, humane, equitable society; and

BE IT FURTHER RESOLVED, through National Nurses United (NNU), CNA/NNOC will intensify work with Global Nurses United (GNU) and other progressive international organizations to share common experiences and successful campaigns to build global solidarity for racial and gender justice.