

action in the world through works of charity, social justice, peacemaking, earth-stewardship, and making disciples on the path of God’s unconditional, agape love;

**BE IT FURTHER RESOLVED** that the Thirty-Third General Synod of the United Church of Christ encourages training of future clergy and lay leaders in the ways of contemplation, spiritual practice, and Christian mysticism, providing experiential grounding for the sustained life of faith; living into our calling as disciples of Jesus Christ and as children of God to see the Divine in everyone and everything in all creation, beginning with ourselves and expanding our love into ever-widening circles;

**BE IT FURTHER RESOLVED** that the Thirty-Third General Synod invites local churches to commit to being a “both/and” rather than an “either/or” church- a church that prioritizes contemplation, spending time communing with God in various forms of prayer; and a church of activism that seeks to make God’s love and justice real in the world; thus a church of both contemplation and action—a church of “contemplatives in action” where our love of God through contemplative practices informs how we live and act in the world, and where our interior and exterior spiritual practices complement, ground, and inspire one another.

**BE IT FURTHER RESOLVED** that the Thirty-Third General Synod calls upon all settings of the United Church of Christ to invest in curriculum and resources to support Conferences, Associations, local churches, clergy, lay leaders, General Synod and seminaries in practicing and teaching a foundational life of spiritual practices, as modeled in the life of Jesus. In this resourcing, all settings are called to remain committed to the UCC’s diversity as a Multicultural, Multiracial, and Anti-racist church, thus honoring the diversity of spiritual and contemplative practices and teachers from many and varied cultures through whom the spirit works in different ways;

**BE IT FINALLY RESOLVED** that the Thirty-Third General Synod encourages all settings of the UCC seek to live out the foundation of contemplative practices in the ministry of God’s work in the world—making inclusive, participatory spiritual practices and teachings that cultivate being, introspection, reflection and growth an integral part of National gatherings, including committee work, children’s, youth and adult ministries, ecumenical partnerships, and General Synod;

**FUNDING:** Funding for the implementation of the resolution will be made in accordance with the overall mandates of the affected agencies and the funds available.

**IMPLEMENTATION:** The Collegium of Officers, in consultation with appropriate ministries of other entities with the United Church of Christ, will determine the implementing body.

**21. A RESOLUTION TO DECLARE AND RESPOND TO RACISM AS A PUBLIC HEALTH CRISIS**

Moderator Lowes indicated that the next item of business is a resolution also coming directly to the floor of General Synod: A Resolution to Declare and Respond to Racism as a Public Health Crisis. The resolution was submitted by The Council for Health and Human Service Ministries and the Council on Racial and Ethnic Ministries. Moderator Lowes called on Yvette Wynn to

make the motion. Yvette Wynn moved that the Thirty-third General Synod adopt the resolution, A Resolution to Declare and Respond to Racism as a Public Health Crisis, and recommended its approval. Yvette yielded her time to speak to the motion to Elyse Berry and Zillah Wesley, proponents of the resolution.

**21-GS-11 VOTED:** The Thirty-third General Synod of the United Church of Christ granted voice to Elyse Berry and Zillah Wesley by consensus.

Discussion:

Andrew Roblyer (South Central) spoke in favor

Brigit Stevens (Conference Minister for Iowa, Nebraska and South Dakota) spoke in favor

Marvin Morgan (Past Moderator) spoke in favor

Mike Readinger (United Church of Christ Board member) spoke in favor

**21-GS-12 VOTED:** The Thirty-third General Synod of the United Church of Christ voted to adopt the Resolution to Declare and Respond to Racism as a Public Health Crisis.

MOTION CARRIED (Vote: 494 Yes; 11 No; 7 Abstain)

## **A RESOLUTION TO DECLARE AND RESPOND TO RACISM AS A PUBLIC HEALTH CRISIS**

### **A Resolution of Witness**

#### **TEXT OF THE MOTION**

**WHEREAS** “racism is a marriage of racist policies and racist ideas that produces and normalizes racial inequities,” in the words of Ibram X. Kendi.

**WHEREAS** without exception and across generations, racial inequities persist in every system of society—as evidenced through health care access, education, criminal justice, employment, housing, access to food and clean water, services to youth, older adults, and persons with disabilities, organizational leadership, governmental office, voting, and immigration, among many others—and thus a specific anti-racist lens is required for health equity and broader systemic change.

**WHEREAS** inequities based on race also intersect with other dimensions of identity—such as income, sex, gender, sexuality, citizenship and incarceration status, geographic location and housing status, ability, education, language proficiency, etc.— and thus racial justice is a necessary method from which to respond to other intersecting oppressions impacting health and equity overall.

**WHEREAS** public health promotes and protects the health of people and the communities and environments in which they live, learn, work and play.

**WHEREAS** the word *crisis*, comes from the ancient Greek word that means “turning point,” and

comes from the verb meaning “to decide”—thus connoting a call to change and action.

**WHEREAS** framing racism as an issue of public health rallies and compels faith communities, organizations, and the government to address the crisis through systemic change, in the same way other threats to public health have been addressed, such as through policies, practices, enforcement, education, and support services.

**WHEREAS** for over thirty-five years, research has shown how racism undermines the physical, emotional, spiritual, and relational health and wellbeing of People of African Descent, Indigenous Peoples, and other People of Color, as evidenced by *The Report of the Secretary’s Task Force on Black and Minority Health (Heckler Report)*.

**WHEREAS** Healthy People 2020, the federal government’s prevention agenda for building a healthier nation continues to name the achievement of health equity, the elimination of disparities, and the improvement the health of all groups as the nation’s overarching goal.

**WHEREAS** social determinants of health—the conditions in which people are born, grow, live, work and age—have a profound impact on the health of People of African Descent, Indigenous Peoples, and other People of Color; as the effects of trauma, poverty, and environmental devastation due to structural racism cannot be overstated in this regard; as the majority of changeable contributors to healthy outcomes are found in these social determinants; as these inequities are avoidable and able to be changed through policy and the redistribution of money, power, and resources; and as this is evident nationally and globally.

**WHEREAS** research shows that racial discrimination and the impact of implicit bias continues to persist in medicine and remains a fundamental cause of health disparities, which can also be remedied through changes in policy and education.

**WHEREAS** health disparities for People of African Descent, Indigenous Peoples, and other People of Color remain at unacceptable rates and breadth—as evidenced by lower life expectancy, higher infant and maternal mortality, poorer treatment for pain, cancer, cardiovascular conditions, mental health and end-of-life care, and inadequate access to and quality of health care, among many others.

**WHEREAS** the joint forces of racism and ableism have constructed an inaccessible society and an understanding of disability as an inherently undesirable, devalued, and diminished life experience, which has resulted in abuse, neglect, incarceration, institutionalization, and social exclusion across generations of disabled People of Color, in particular.

**WHEREAS** the COVID-19 pandemic has further highlighted the devastating reality of these racial health disparities and the social and political conditions that created them; as structural racism has been proven to be a barrier to COVID-19 treatment and prevention; as Black, Indigenous, and Latinx communities have a COVID-19 mortality rate of more than 2.7 times the rate of People of European Decent; as the Navajo Nation’s infection rate has been the highest in the country; as disparities in economic stability and health care access have been linked to infection rates and death; as Communities of Color are more likely to live in multigenerational homes; as workers of African Descent are more likely to be in jobs deemed essential; and as

one in five state and federal prisoners had COVID-19.

**WHEREAS** police violence, state-sanctioned terror, and the systems that uphold and condone them are an integral part of this public health crisis; as People of African Descent are three times more likely to be killed by police (and are nearly one and a half times more likely to be unarmed in those killings) than those of European Descent; as research shows that the presence of high use of force by police in Communities of Color is associated with an increased risk in poorer health, high blood pressure, and diabetes, among other health concerns; as 98.3 percent of killings by police from 2013-2020 have not resulted in officers being charged with a crime; as poor data collection by law enforcement has contributed to the crisis of missing and murdered Indigenous women; and as People of African Descent are overrepresented on death row and are more likely to die by state execution.

**WHEREAS** mass incarceration and the inherently racist war on people who use drugs have targeted and ravaged Communities of Color through every measure and expression of health; as 60 percent of the 2.2 million Americans incarcerated are of African Descent or Latinx; as People of African Descent are nearly six times more likely to be incarcerated for drug-related offenses than their counterparts of European Descent, despite equal substance usage rates; as 72,000 people died from drug overdoses in 2019; as the opioid overdose crisis is fueled by socioeconomic inequities, trauma, and hopelessness, in addition to harmful prescribing practices; and as numerous governmental laws and organizational policies refuse to adopt life-saving harm reduction strategies.

**WHEREAS** immigration status directly influences health outcomes; as migrant detention centers have a long history of medical neglect and abuse, including preventable deaths of children; and as family separation has long-term damaging psychological and health consequences for children, families, and communities.

**WHEREAS** a tool of white supremacy and capitalism is to inflame and sustain racial tension and hatred in order to prevent People of European Descent, particularly those who are low-income, and People of Color from uniting as a collective force to dismantle these oppressive systems, and is also wielded in such a way, where upholding racist beliefs becomes more important than—and at the expense of—the health of European Americans that would also be improved, if not saved, by anti-racist policies.

**WHEREAS** the answers, strategies, and practices that have come from many People of African Descent, Indigenous Peoples, and other People of Color use public health perspectives to guide their life-saving work.

**WHEREAS** voting and protecting voting rights are essential for advancing health equity; as there exists a correlation between voting behaviors and poor health; and as voting establishes the policy makers who will make decisions on a systemic level.

**WHEREAS** there is reason to have hope; where although the magnitude and overwhelming reality of racism can evoke a sense of powerlessness, addressing social determinants of health is a practical way to move forward together on the path to justice. The church, in all of its expressions, can be a vessel for that hope to come alive. The church can be a place of trust,

connection, and collaboration with the wisdom already present in communities working for transformation; as Christ modeled that the work of the Good News is shared and can start today; and as each member of the Body has their own unique role to play, gift to give, and worth to claim.

**NOW THEREFORE BE IT RESOLVED** that the Thirty-Third General Synod of the United Church of Christ declares racism a public health crisis.

**BE IT FURTHER RESOLVED** that the Thirty-Third General Synod of the United Church of Christ calls upon the national setting of the United Church of Christ to enable and encourage local churches, conferences, and organizations to develop methods to:

- a. Raise the church's consciousness of racism as a public health crisis from theological, bioethical, and public health perspectives.
- b. Monitor and advocate for public policies that work towards health equity by addressing social determinants of health and divest in those that cause harm, violence, and death.
- c. Discover ways in which current ministries and mission connect with and can address racism as a public health crisis and explore new ways of incorporating this lens into the life of the church.
- d. Examine, in radical honesty, past and current organizational policies and practices in how they contribute or create barriers to health equity and racial justice.
- e. Identify current and potential relationships with members of CHHSM, COREM, other health and human service organizations, advocacy groups, faith and community-based organizations, and academic institutions to collaborate on responding to racism as a public health crisis.

**BE IT FINALLY RESOLVED** that the Thirty-Third General Synod of the United Church of Christ calls upon the U. S. Congress and state legislatures to pass legislation that would address social determinants of health, such as The Anti-Racism in Public Health Act, which would create a “Center on Anti-Racism in Health” at the Centers for Disease Control and Prevention (CDC), and to establish a “Law Enforcement Violence Prevention Program” at the CDC.

**FUNDING:** The funding for the implementation of the resolution will be made in accordance with the overall mandates of the affected agencies and the funds available.

**IMPLEMENTATION:** The Officers of the Church, in consultation with appropriate ministries or other entities within the United Church of Christ, will determine the implementing body.

**22. A RESOLUTION TO RECOGNIZE THE UNITED NATIONS INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT (2015-2024)**

Moderator Lowes indicated the next item of business is a resolution coming directly to the floor, submitted by the New Hampshire Conference and the Southwest Conference, entitled A Resolution to Recognize the United Nations International Decade for People of African Descent (2015-2024). It is a Resolution of Witness and requires a 2/3 vote for adoption. Yvette Wynn moved that the Thirty-third General Synod adopt the resolution recommended its approval. Yvette yielded her time to speak to the motion to Harriet Ward and Andrew Ponder Williams, proponents of the resolution.

**21-GS-13 VOTED:** The Thirty-third General Synod of the United Church of Christ granted voice to Harriet Ward and Andrew Ponder Williams to speak to the motion by consensus.

Discussion:

Haley Hudler (Southern New England Conference) offered a friendly amendment to correct grammar which Moderator Lowes accepted.

**21-GS-14 VOTED:** The Thirty-third General Synod of the United Church of Christ voted to adopt the Resolution to Recognize the United Nations International Decade for People of African Descent (2015-2024).

MOTION CARRIED (Vote: 483 Yes; 13 No; 16 Abstain)

**A RESOLUTION TO RECOGNIZE THE UNITED NATIONS INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT (2015-2024)**

**A Resolution of Witness**

**TEXT OF THE MOTION**

**WHEREAS** the human rights of African descendant people globally and in the United States continue to be challenged by the presence of racism and the legacy of whiteness, and

**WHEREAS** a myriad of social issues are byproducts of the racial inequities stemming from prejudice, bigotry, White privilege, White fragility, and White supremacy, and