As medical students at the University of Utah School of Medicine, we enjoy learning the technical aspects of healing the mind and body. However, recent examples of police brutality, racial healthcare inequities brought to the forefront by COVID-19, and our own life experiences remind us that each patient exists in a broader community that often needs healing too. Therefore, we believe it is time for the State of Utah to join The American Public Health Association in declaring racism a public health crisis.

Racism is a pervasive problem that affects the everyday lives of Utahns. In the healthcare system, racism is made visible by inequalities in healthcare experiences and outcomes including higher rates of mortality during childbirth among Black women, reduced access to quality healthcare for people of color, and an increase in pollution-related illness in minority communities. The depth and breadth of the crisis caused by racism demands an integrated, multi-disciplinary response. No one physician, student, community, or academic medical center can tackle this problem alone. Systemic problems require systemic solutions.

Utah has made this kind of declaration before. In 2016, Gov. Gary Herbert signed a resolution declaring pornography a public health crisis, recognizing that it “is a public health hazard leading to a broad spectrum of individual and public health impacts and societal harms.” The displays of inequities to Black Americans across institutions in this state and country clearly qualify as public health impacts and societal harms. Furthermore, the 2016 resolution “recognizes the need for education, prevention, research, and policy change at the community and societal level.” Now in 2020, we ask that another resolution be passed to encourage continued discourse and understanding by declaring racism a public health crisis. Such a declaration will empower the State of Utah to mobilize the talents of its broad public health system in one coordinated movement toward combating racism and thereby improving the health of all Utahns. A resolution to make a similar declaration is already gathering signatures in the Ohio State legislature. Ohio’s resolution contains a specific course of action that, once modified to maximize Utah’s potential for an emergency response, we believe will translate well to our state. It would create avenues for collaboration among health care providers, public health officials, and other professionals looking to improve the health and well-being of the underserved. It would compel agencies to address the links between adverse health outcomes, such as maternal mortality and systemic racism. It would also be a bold assertion to the entire country that our shared values demand that we do more than pay lip service to those affected by systemic racism; they demand that we act.

As future physicians for the state of Utah, we feel a deep obligation to provide the best possible care for our communities. It is an obligation that cannot be fulfilled without directly and comprehensively addressing racial injustice. It requires more than thoughts and sympathies for the Black adults and children who have been murdered by police. It requires more for underrepresented patients who have slipped through the cracks of an unjust healthcare system. It is because of this obligation that we demand legislative action to dismantle the structural violence and institutionalized racism that contributes to poor health outcomes. In order to see tangible change, we must first acknowledge we have a problem. We must declare racism a public health crisis.