

119TH CONGRESS
1ST SESSION

S. 1489

To amend the Public Health Service Act to provide for public health research and investment into understanding and eliminating structural racism and police violence.

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2025

Ms. WARREN (for herself, Mr. MARKEY, Mr. MERKLEY, Ms. SMITH, and Ms. HIRONO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for public health research and investment into understanding and eliminating structural racism and police violence.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Anti-Racism in Public
5 Health Act of 2025”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) ANTIRACISM.—The term “antiracism” is a
2 collection of antiracist policies that lead to racial eq-
3 uity, and are substantiated by antiracist ideas.

4 (2) ANTIRACIST.—The term “antiracist” is any
5 measure that produces or sustains racial equity be-
6 tween racial groups.

7 **SEC. 3. PUBLIC HEALTH RESEARCH AND INVESTMENT IN**
8 **DISMANTLING STRUCTURAL RACISM.**

9 Part B of title III of the Public Health Service Act
10 (42 U.S.C. 243 et seq.) is amended by adding at the end
11 the following:

12 **“SEC. 320C. NATIONAL CENTER ON ANTIRACISM AND**
13 **HEALTH.**

14 “(a) IN GENERAL.—

15 “(1) NATIONAL CENTER.—There is established
16 within the Centers for Disease Control and Preven-
17 tion a center to be known as the ‘National Center
18 on Antiracism and Health’ (referred to in this sec-
19 tion as the ‘Center’). The Director of the Centers for
20 Disease Control and Prevention shall appoint a di-
21 rector to head the Center who has experience living
22 in and working with racial and ethnic minority com-
23 munities. The Center shall promote public health
24 by—

1 “(A) declaring racism a public health crisis
2 and naming racism as an historical and present
3 threat to the physical and mental health and
4 well-being of the United States and world;

5 “(B) aiming to develop new knowledge in
6 the science and practice of antiracism, including
7 by identifying the mechanisms by which racism
8 operates in the provision of health care and in
9 systems that impact health and well-being;

10 “(C) transferring that knowledge into
11 practice, including by developing interventions
12 that dismantle the mechanisms of racism and
13 replace such mechanisms with equitable struc-
14 tures, policies, practices, norms, and values so
15 that a healthy society can be realized; and

16 “(D) contributing to a national and global
17 conversation regarding the impacts of racism on
18 the health and well-being of the United States
19 and world.

20 “(2) GENERAL DUTIES.—The Secretary, acting
21 through the Center, shall undertake activities to
22 carry out the mission of the Center as described in
23 paragraph (1), such as the following:

24 “(A) Conduct research into, collect, ana-
25 lyze and make publicly available data on, and

1 provide leadership and coordination for the
 2 science and practice of antiracism, the public
 3 health impacts of structural racism, and the ef-
 4 fectiveness of intervention strategies to address
 5 these impacts. Topics of research and data col-
 6 lection under this subparagraph may include
 7 identifying and understanding—

8 “(i) policies and practices that have a
 9 disparate impact on the health and well-
 10 being of communities of color;

11 “(ii) the public health impacts of im-
 12 plicit racial bias, White supremacy, weath-
 13 ering, xenophobia, discrimination, and
 14 prejudice;

15 “(iii) the social determinants of health
 16 resulting from structural racism, including
 17 poverty, housing, employment, political
 18 participation, and environmental factors;
 19 and

20 “(iv) the intersection of racism and
 21 other systems of oppression, including as
 22 related to age, sexual orientation, gender
 23 identity, and disability status.

24 “(B) Award noncompetitive grants and co-
 25 operative agreements to eligible public and non-

1 profit private entities, including State, local,
2 territorial, and Tribal health agencies and orga-
3 nizations, for the research and collection, anal-
4 ysis, and reporting of data on the topics de-
5 scribed in subparagraph (A).

6 “(C) Establish, through grants or coopera-
7 tive agreements, at least 3 regional centers of
8 excellence, located in racial and ethnic minority
9 communities, in antiracism for the purpose of
10 developing new knowledge in the science and
11 practice of antiracism in health by researching,
12 understanding, and identifying the mechanisms
13 by which racism operates in the health space,
14 racial and ethnic inequities in health care ac-
15 cess and outcomes, the history of successful
16 antiracist movements in health, and other
17 antiracist public health work.

18 “(D) Establish a clearinghouse within the
19 Centers for Disease Control and Prevention for
20 the collection and storage of data generated
21 under the programs implemented under this
22 section for which there is not an otherwise ex-
23 isting surveillance system at the Centers for
24 Disease Control and Prevention. Such data
25 shall—

1 “(i) be comprehensive and
2 disaggregated, to the extent practicable, by
3 including racial, ethnic, primary language,
4 sex, gender identity, sexual orientation,
5 age, socioeconomic status, and disability
6 disparities;

7 “(ii) be made publicly available;

8 “(iii) protect the privacy of individuals
9 whose information is included in such data;
10 and

11 “(iv) comply with privacy protections
12 under the regulations promulgated under
13 section 264(c) of the Health Insurance
14 Portability and Accountability Act of 1996.

15 “(E) Provide information and education to
16 the public on the public health impacts of struc-
17 tural racism and on antiracist public health
18 interventions.

19 “(F) Consult with other Centers and Na-
20 tional Institutes within the Centers for Disease
21 Control and Prevention, including the Office of
22 Minority Health and Health Equity and the
23 Center for State, Tribal, Local, and Territorial
24 Support, to ensure that scientific and pro-
25 grammatic activities initiated by the agency

1 consider structural racism in their designs,
2 conceptualizations, and executions, which shall
3 include—

4 “(i) putting measures of racism in
5 population-based surveys;

6 “(ii) establishing a Federal Advisory
7 Committee on racism and health for the
8 Centers for Disease Control and Preven-
9 tion;

10 “(iii) developing training programs,
11 curricula, and seminars for the purposes of
12 training public health professionals and re-
13 searchers around issues of race, racism,
14 and antiracism;

15 “(iv) providing standards and best
16 practices for programming and grant re-
17 cipient compliance with Federal data col-
18 lection standards, including section 4302
19 of the Patient Protection and Affordable
20 Care Act; and

21 “(v) establishing leadership and stake-
22 holder councils with experts and leaders in
23 racism and public health disparities.

24 “(G) Coordinate with the Indian Health
25 Service and with the Centers for Disease Con-

trol and Prevention’s Tribal Advisory Committee to ensure meaningful Tribal consultation, the gathering of information from Tribal authorities, and respect for Tribal data sovereignty.

“(H) Engage in government to government consultation with Indian Tribes and Tribal organizations.

“(I) At least every 2 years, produce and publicly post on the Centers for Disease Control and Prevention’s website a report on antiracist activities completed by the Center, which may include newly identified antiracist public health practices.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.”.

**SEC. 4. PUBLIC HEALTH RESEARCH AND INVESTMENT IN
POLICE VIOLENCE.**

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish within the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (referred to in this section as the “Center”) a law enforcement violence prevention program.

1 (b) GENERAL DUTIES.—In implementing the pro-
2 gram under subsection (a), the Center shall conduct re-
3 search into, and provide leadership and coordination for—

4 (1) the understanding and promotion of knowl-
5 edge about the public health impacts of uses of force
6 by law enforcement, including police brutality and
7 violence;

8 (2) developing public health interventions and
9 perspectives for eliminating deaths, injury, trauma,
10 and negative mental health effects from police pres-
11 ence and interactions, including police brutality and
12 violence; and

13 (3) ensuring comprehensive data collection,
14 analysis, and reporting regarding police violence and
15 misconduct in consultation with the Department of
16 Justice and independent researchers.

17 (c) FUNCTIONS.—Under the program under sub-
18 section (a), the Center shall—

19 (1) summarize and enhance the knowledge of
20 the distribution, status, and characteristics of law
21 enforcement-related death, trauma, and injury;

22 (2) conduct research and prepare, with the as-
23 sistance of State public health departments—

24 (A) statistics on law enforcement-related
25 death, injury, and brutality;

1 (B) studies of the factors, including legal,
2 socioeconomic, discrimination, and other factors
3 that correlate with or influence police brutality;

4 (C) public information about uses of force
5 by law enforcement, including police brutality
6 and violence, for the practical use of the public
7 health community, including publications that
8 synthesize information relevant to the national
9 goal of understanding police violence and meth-
10 ods for its control;

11 (D) information to identify socioeconomic
12 groups, communities, and geographic areas in
13 need of study, and a strategic plan for research
14 necessary to comprehend the extent and nature
15 of police uses of force by law enforcement, in-
16 cluding police brutality and violence, and deter-
17 mine what options exist to reduce or eradicate
18 death and injury that result; and

19 (E) best practices in police violence preven-
20 tion in other countries;

21 (3) award grants, contracts, and cooperative
22 agreements to provide for the conduct of epidemio-
23 logic research on uses of force by law enforcement,
24 including police brutality and violence, by Federal,

1 State, local, and private agencies, institutions, orga-
2 nizations, and individuals;

3 (4) award grants, contracts, and cooperative
4 agreements to community groups, independent re-
5 search organizations, academic institutions, and
6 other entities to support, execute, or conduct re-
7 search on interventions to reduce or eliminate uses
8 of force by law enforcement, including police bru-
9 tality and violence;

10 (5) coordinate with the Department of Justice,
11 and other Federal, State, and local agencies on the
12 standardization of data collection, storage, and re-
13 trieval necessary to collect, evaluate, analyze, and
14 disseminate information about the extent and nature
15 of uses of force by law enforcement, including police
16 brutality and violence, as well as options for the
17 eradication of such practices;

18 (6) submit an annual report to Congress on re-
19 search findings with recommendations to improve
20 data collection and standardization and to disrupt
21 processes in policing that preserve and reinforce rac-
22 ism and racial disparities in public health;

23 (7) conduct primary research and explore uses
24 of force by law enforcement, including police bru-
25 tality and violence, and options for its control; and

1 (8) study alternatives to law enforcement re-
2 sponse as a method of reducing police violence.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated, such sums as may be nec-
5 essary to carry out this section.

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