

Police brutality must stop

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AMA policy recognizes that physical or verbal violence between law enforcement officers and the public, particularly among Black and Brown communities where these incidents are more prevalent and pervasive, is a critical determinant of health and supports research into the public health consequences of these violent interactions.

Recognizing that many who serve in law enforcement are committed to justice, the violence inflicted by police in news headlines today must be understood in relation to larger social and economic arrangements that put individuals and populations in harm's way leading to premature illness and death. Police violence is a striking reflection of our American legacy of racism—a system that assigns value and structures opportunity while unfairly advantaging some and disadvantaging others based on their skin color and “saps the strength of the whole society through the waste of human resources,” as described by leading health equity expert Camara Jones, MD, MPH, PhD. Importantly, racism is detrimental to health in all its forms.

In any season, police violence is an injustice, but its harm is elevated amidst the remarkable stress people are facing amidst the COVID-19 pandemic. Even now, there is evidence of increased police violence in the form of excessive police-initiated force and unwarranted shootings of civilians, some of which have been fatal. This violence not only contributes to the distrust of law enforcement by marginalized communities but distrust in the larger structure of government including for our critically important public health infrastructure. The disparate racial impact of police violence against Black and Brown people and their communities is insidiously viral-like in its frequency, and also deeply demoralizing, irrespective of race/ethnicity, age, LGBTQ or gender.

Just as the disproportionate impact of COVID-19 on communities of color has put into stark relief health inequity in the U.S., the recent deaths of Breonna Taylor, a Black woman and EMT in Louisville who was shot and killed in her own home due to mistaken identity by law enforcement, and George Floyd, a Black man in Minneapolis killed at the hands of law enforcement, spotlight yet again where the deck is stacked against Black people. Floyd's final words, “I can't breathe,” echoed those of Eric Garner, killed by police in New York City in 2014—and many others before him. This tenor of

atrocious injustice is haunting.

We recognize that adherence to COVID-19 public health guidelines, including wearing face masks and physical distancing, is critical to preventing illness and death. Yet signs are already emerging to indicate that police forces are practicing disproportionate enforcement in predominantly Black and Brown communities.

What's often not highlighted are the harmful health impacts that result, such as the connection between excessive police activity and health. Research demonstrates that racially marginalized communities are disproportionately subject to police force, and there is a correlation between policing and adverse health outcomes. For example, an independent analysis found that Black males are three times more likely to be killed during a police encounter than their White male counterparts.¹

Similarly, national data from 2012 shows that while Latinx made up roughly 18 percent of the population, they accounted for 30 percent of arrests and 23 percent of all searches.² An increased prevalence of police encounters is linked to elevated stress and anxiety levels, along with increased rates of high blood pressure, diabetes and asthma—and fatal complications of those comorbid conditions.³

Racism as a driver of health inequity is also particularly evident in findings from a 2018 study showing that law enforcement-involved deaths of unarmed black individuals were associated with adverse mental health among Black American adults—a spillover effect on the population, regardless of whether the individual affected had a personal relationship with the victim or the incident was experienced vicariously.⁴ The trauma of violence in a person's life course is associated with chronic stress, higher rates of comorbidities and lower life expectancy, all of which bear extensive care and economic burden on our healthcare system while sapping the strength of affected families and communities.

The United States has a track record of historically and systemically disadvantaging certain racial groups—in addition to ethnic, religious and other minoritized groups—across the country. These structural and political forces have created deep-seated problems that persist today, more than 150 years after slavery ended and 50 years after the Civil Rights Movement. It's widely understood in medicine and public health that structural racism manifests in differential access by race to opportunities, resources, conditions, and power within their respective systems.

Corporeal and psychological violence at the hands of police is a derogatory device of enforcement, which is a philosophy our AMA cannot abide. Police brutality in the midst of public health crises is not crime-preventive—it creates demoralized conditions in an already strained time. It exacerbates psychological harms and has a clear impact on bystanders. Over time, this violence manifests as an erosion of communal trust in police and a “weathering” of people whose bodies are historically “over-policed”. The history of over-policing marginalized and minoritized communities in America is well-ingrained within our culture, but not inextricably so. The ultimate defense against police violence in

times of public health crisis, and beyond, is centering equity and ensuring accountability as a public health measure.

To help confront this systemic issue in our society, the AMA urges other leading health organizations to also take up the mantle of intolerance for police brutality and racism. We urge states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies. We urge health institutions and physician organizations to explicitly denounce police violence, particularly in times of COVID-19 and during other public health crises. We urge clinics, hospital and healthcare providers to review and reconsider their policies and relationships with law enforcement that may increase harm to patients and patient communities. We call for the Centers for Disease Control and Prevention (CDC) and the National Academies of Sciences, Engineering, and Medicine and other such parties to study the public health effects of physical and verbal violence between law enforcement officers and public citizens, particularly within racially marginalized communities. We call for uniform training, transparency in reporting and accountability by law enforcement.

Excessive police force is a communal violence that significantly drives unnecessary and costly injury, and premature morbidity and death. Our country—our society—demands more.

¹ Brown CA, Powell W, Corbie-Smith G, Ritchie O. Evidence Brief: Health Equity Implications of Police Violence. Available at <https://www.med.unc.edu/cher/evidence-brief-health-equity-implications-police-violence/>. Accessed June 27, 2018

² Downs K. (2016). Why aren't more people talking about Latinos killed by police? *The Rundown*. Retrieved from <http://www.pbs.org/newshour/rundown/black-men-werent-unarmed-people-killed-police-last-week>

³ Sewell AA, Jefferson KA, Lee H. Living under surveillance: Gender, psychological distress, and stop-question-and-frisk policing in New York City. *Social Sciences and Medicine*. 2016;159:1-13.

⁴ Bor, J., Venkataramani, A.S., Williams, D.A., Tsai, A.C., Police Killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *The Lancet* 392(10144): 302-310.