INTRODUCTION

Resolution 417-A-17, “Mandatory Public Health Reporting of Law Enforcement-Related Injuries and Deaths,” introduced by the New England Delegation and the Minority Affairs Section and referred by the House of Delegates asked:

That our American Medical Association encourage the Centers for Disease Control and Prevention and state departments of health to collect data on serious law enforcement-related injuries and deaths and make law enforcement-related deaths a notifiable condition.

BACKGROUND

Legal intervention deaths represent a small portion of violent deaths (1%) and homicides (4%) in the United States each year. However, data suggest that legal intervention deaths increased 45% between 1999 and 2013. Males aged 10 or older represent 96 percent of these deaths. From 2010 – 2014, the mortality rate for legal intervention deaths among non-Hispanic Black and Hispanic individuals was 2.8 and 1.7 times higher, respectively, than that of White individuals. In the United States, there have been several recent, high-profile cases involving the use of lethal force by law enforcement, particularly in minority communities, which have led to protests and some incidents of civil unrest. These events erode the relationship between law enforcement agencies and the populations they serve.

Testimony at the reference committee hearing was mostly supportive of the intent of this resolution. However, confusion was evident regarding whether this data was already being collected, as well as around certain definitions.

Definitions

At the state level, jurisdictions can require the reporting of cases of specific infectious and noninfectious conditions to public health agencies, this is typically referred to as a “reportable condition.” A “nationwide notifiable condition” refers to conditions that state health departments have agreed to voluntarily report to the Centers for Disease Control and Prevention (CDC). The Council on State and Territorial Epidemiologists, with input from CDC, maintains and periodically revises the list of nationwide notifiable diseases and conditions.
Surveillance case definitions enable public health officials to classify and count cases consistently across various reporting jurisdictions. A standard, agreed upon definition of “law enforcement-related deaths” is lacking.

In the literature, such deaths are typically referred to as “legal intervention deaths,” based on the definition from the International Classification of Diseases 10th Revision (ICD-10). “Legal intervention deaths” are defined as “a death in which a person is killed by a law enforcement officer or other peace officer (i.e., a person with specified legal authority to use deadly force), including military police, while on duty.” This category excludes legal executions. It does not depend on whether the resulting injury was lawful or whether injuries were inflicted intentionally. Legal intervention death is the case definition used in reporting data on this issue to public health agencies.

Other case definitions include, “arrest-related deaths,” which captures (1) “all deaths attributed to any use of force by law enforcement personnel acting in an official agency capacity;” (2) “any death that occurs while the decedent’s freedom to leave is restricted by a state or local law enforcement agency prior to, during, or following an arrest;” and, (3) “any death that occurs while confined in lockups or booking centers.” Data on “use-of-force deaths” include “actions by a law enforcement officer as a response to resistance that results in the death or serious bodily injury of a person or when a law enforcement officer, in the absence of death or serious bodily injury, discharges a firearm at or in the direction of a person.”

Law enforcement-related deaths could also encompass law enforcement officer homicides, which are defined to capture deaths of law enforcement officers killed in the line of duty or those acting in an official capacity.

DISCUSSION

Surveillance systems can help researchers and public health agencies examine data and identify patterns or associations that can inform preventive actions. Multiple systems currently exist that collect information regarding law enforcement-related deaths. These include both governmental and non-governmental reporting systems. Governmental reporting systems are either housed in law enforcement agencies or public health agencies. Data collected varies by system, with a number of different types of cases being reported from different sources. Most non-governmental systems were created by the media to try to develop a more accurate data set than what is available from governmental reporting systems.

**Governmental Reporting Systems**

There are four reporting systems that have been used by the government to collect data on law enforcement-related deaths, the Federal Bureau of Investigation’s (FBI’s) Uniform Crime Reporting (UCR) program, the Bureau of Justice Statistics (BJS) Arrest-Related Deaths (ARD) program, the CDC’s National Vital Statistics System (NVSS), and National Violent Death Reporting System (NVDRS).

The BJS ARD program was designed as an annual, national census of persons who died during the process of arrest or while in the custody of state or local law enforcement. In addition to deaths caused by the use of force by law enforcement personnel, it also captures those not directly related to law enforcement action, such as suicide, intoxication, accidental injury, illness, or natural causes. ARD was established as a state-based reporting system in which state reporting coordinators in all 50 states and the District of Columbia are responsible for identifying and reporting all eligible
cases. In 2014, BJS determined that the ARD data did not meet BJS data quality standards, and therefore suspended data collection and publication. In 2016, BJS announced a program redesign which relies on a mixed method, hybrid approach involving data collected from media sources and reporting from law enforcement agencies.

The FBI’s UCR program collects data from more than 18,000 law enforcement agencies nationwide and reports information on law enforcement officers killed and assaulted, justifiable homicide, and crime data statistics. The FBI has agreed to work with other organizations, including the BJS and the law enforcement community, to gather and report data on officer-involved use-of-force incidents. Participation is open to all local, state, tribal, and federal law enforcement and investigative agencies. Each law enforcement agency will be responsible for reporting information for its own officers connected to incidents that meet the criteria of the data collection. The goal is to provide an aggregate view of the incidents reported and the circumstances, subjects, and officers surrounding the incidents.

The CDC’s NVDRS is a state-based surveillance system that links information on violent deaths, including legal intervention deaths, from three required sources – death certificates, coroner/medical examiner reports, and law enforcement reports – into a single system to create a more complete picture of the circumstances that lead to violent death. NVDRS also captures homicides of law enforcement officers. Currently 40 states, the District of Columbia, and Puerto Rico are funded under a cooperative agreement with CDC to operate NVDRS. The goal is to eventually have a national system, with all 50 states, U.S. territories and the District of Columbia funded to participate.

The CDC’s NVSS has captured legal intervention deaths since 1949. NVSS receives electronic mortality data from death certificates from all 50 states, the District of Columbia, New York City, and 5 territories. The NVSS’ reliance on death certificate data has resulted in the underreporting of legal intervention deaths due to coroners or medical examiners failing to mention police involvement in the death certificate’s cause of death section or possibly due to coding errors at the CDC’s National Center for Health Statistics.

Non-governmental Reporting Systems

A number of non-governmental systems have begun to track legal intervention deaths in the United States because a comprehensive national database is lacking. The Counted, a project by the Guardian, seeks to count the number of people killed by police and other law enforcement agencies in the United States through verified, crowdsourced information. The Washington Post’s Fatal Force database tracks fatal shootings by U.S. police officers. Fatal Encounters, has sought to create a comprehensive national database of people who are killed through interactions with law enforcement since January 1, 2000. These systems utilize media reports, public records, and social media reports to help identify cases.

Existing State Public Health Reporting Requirements

In Tennessee, the state bureau of investigation is required to provide the commissioner of health and the general assembly a report on all law enforcement-related deaths that occurred in the prior calendar year. “Law enforcement-related deaths” is defined to include: (1) the death of an individual in custody, whether in a prison, in a jail or otherwise in the custody of law enforcement pursuant to an arrest or a transfer between institutions of any kind, or (2) the death of an individual potentially resulting from an interaction with law enforcement, while the law enforcement officer is on duty or while the law enforcement officer is off duty, but performing activities that are within...
the scope of the officer’s law enforcement duties, without regard to whether the individual was in
custody or a weapon was involved. While jurisdictions participating in NVDRS are required to
report legal intervention deaths and law enforcement officer homicides, Tennessee appears to be
the only state with a statute in place requiring the reporting of legal intervention deaths to the
public health agency.

CONCLUSION

Various reporting systems exist to capture a range of different types of law enforcement-related
deaths. However, no one system or case definition is perfect. Resolution 417-A-17 specifically
relates to public health surveillance. NVDRS and NVSS are the existing public health reporting
systems that capture legal intervention deaths and law enforcement officer homicides. Both
systems have their strengths and weaknesses. NVDRS captures information from multiple sources
and is therefore less likely to miss cases. However, it is not currently a national system. NVSS is a
national system, but uses data from death certificates, which are often inaccurate or incomplete.
Since NVDRS is a more comprehensive public health surveillance system that collects information
on both legal intervention deaths and law enforcement officer homicides, it makes sense to
courage its expansion to all states and territories. NVDRS is a state-based surveillance system;
therefore it also seems reasonable to encourage the reporting of this information to state public
health agencies. Increased public health surveillance will be useful for measuring the need for and
effects of interventions to address such deaths.

CURRENT AMA POLICY

Existing AMA Policy H-515.955, “Research the Effects of Physical or Verbal Violence Between
Law Enforcement Officers and Public Citizens on Public Health Outcomes,” encourages the
National Academies of Sciences, Engineering, and Medicine to study the public health effects of
physical or verbal violence between law enforcement officers and public citizens, particularly
within ethnic and racial minority communities and encourages the CDC as well as state and local
health departments to research the nature and public health implications of violence involving law
enforcement. Policy H-145.975, “Firearm Safety and Research, Reduction in Firearm Violence,
and Enhancing Access to Mental Health Care,” supports increasing funding for and the expansion
of the National Violent Death Reporting System to all 50 states and U.S. territories.

RECOMMENDATIONS

The Board of Trustees recommends that the following recommendations be adopted in lieu of
Resolution 417-A-17 and the remainder of the report be filed.

1. That current AMA Policy H-515.955, “Research the Effects of Physical or Verbal Violence
   Between Law Enforcement Officers and Public Citizens on Public Health Outcomes,” be
   amended by addition and deletion to read as follows:

   Our AMA: 1. Our AMA Encourages the National Academies of Sciences,
   Engineering, and Medicine and other interested parties to study the public health
   effects of physical or verbal violence between law enforcement officers and public
   citizens, particularly within ethnic and racial minority communities. 2. Our AMA
   Affirms that physical and verbal violence between law enforcement officers and
   public citizens, particularly within racial and ethnic minority populations, is a social

3. Encourages the Centers for Disease Control and Prevention as well as state and local public health departments and agencies to research the nature and public health implications of violence involving law enforcement. 4. Encourages states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies. (Modify Current HOD Policy)

2. That current AMA Policy, H-145.975, “Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care,” which supports increased funding for and the expansion of the National Violent Death Reporting System to all 50 states and territories be reaffirmed. (Reaffirm HOD Policy)

Fiscal Note: Less than $500.
REFERENCES


