

REPORT OF THE BOARD OF TRUSTEES

B of T Report 18-A-19

Subject: Increased Use of Body-Worn Cameras by Law Enforcement Officers
(Resolution 208-I-17)

Presented by: Jack Resneck, Jr., MD, Chair

Referred to: Reference Committee B
(Charles Rothberg, MD, Chair)

1 INTRODUCTION

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3 At the 2018 Interim Meeting, the American Medical Association (AMA) House of Delegates
4 (HOD) referred Board of Trustees (BOT) Report 4-I-18, “Increased Use of Body-Worn Cameras
5 by Law Enforcement Officers.” The BOT Report 4-I-18 followed referral of Resolution 208-I-17,
6 “Increased Use of Body-Worn Cameras by Law Enforcement Officers,” introduced by the Medical
7 Student Section, which asked:

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9 That our American Medical Association advocate for legislative, administrative, or
10 regulatory measure to expand funding for (1) the purchase of body-worn cameras and
11 (2) training and technical assistance required to implement body-worn camera programs.

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13 The reference committee heard supportive testimony of BOT Report 4-I-18, though many
14 requested further study into issues of confidentiality and privacy when body-worn cameras are
15 taken into patient care areas in health care settings.

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17 This Board report provides background, discussion of body-worn cameras by law enforcement
18 officers, including a discussion of body-worn cameras in health care settings, and a
19 recommendation.

20

21 BACKGROUND

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23 Following a number of high-profile incidents involving deadly force used against minorities, law
24 enforcement agencies have increasingly adopted body-worn cameras for their officers. Often
25 affixed to the torso, body-worn cameras are small, wearable audio, video or photographic recording
26 systems that record events in which law enforcement officers are involved. The recordings can be
27 used to demonstrate transparency to the community, to document events and to deter inappropriate,
28 illegal or unethical behavior by both the wearer of the camera and the public.

29

30 To date, 34 states and the District of Columbia have enacted laws governing the use of body-worn
31 cameras by law enforcement, though not all law enforcement departments utilize cameras in the
32 same manner.¹ For example, some permit officers to turn off the devices under certain
33 circumstances; others do not. In addition, a 2016 survey of large police departments nationwide
34 found that 95 percent intended to implement or had already implemented a body camera program.
35 According to the survey, 18 percent had fully operational programs.²

1 The cost to law enforcement entities to implement and maintain a body camera program can be
2 ongoing. Implementing a program requires an initial capital outlay to purchase the technology and
3 ancillary equipment; law enforcement agencies must account for continuing operational costs, such
4 as training on use, data storage, software and staff and operational costs required for reviewing the
5 recordings, redacting as necessary, and providing recordings to courts and the public as
6 appropriate. In Washington, DC, for example, the city spent over \$1 million outfitting 2,800
7 officers and expects operating costs to top \$2 million per year.³

8
9 In 2015, the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA) awarded
10 \$22.5 million in grant assistance to state and local law enforcement departments as part of the
11 Body-Worn Camera Pilot Implementation Program. The Consolidated Appropriations Act, 2018
12 appropriated \$22.5 million for a competitive matching grant program for purchases of body-worn
13 cameras for state, local and tribal law enforcement. The BJA expects to make up to 28 awards for a
14 three-year period, which began on October 1, 2018. State and local funding is also available for
15 body-worn cameras.

16 17 DISCUSSION

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19 Predicated on whether the AMA ought to support funding of body camera programs is the question
20 of whether the AMA ought to support the expanded use of body cameras and whether the devices
21 achieve their intended outcomes.

22 23 *Policing Activity*

24
25 The underlying theory in support of body-worn cameras is that both officers and members of the
26 community will change their behaviors for the better if their actions are being recorded. Indeed, a
27 large body of research suggests that people act differently when they believe they are being
28 watched. In the context of law enforcement, body-worn cameras are expected to increase self-
29 awareness and thus deter unprofessional, inappropriate and illegal behavior by officers and
30 civilians alike. As law enforcement officers are more likely to use force against minority
31 community members, many hope body-worn cameras will improve policing behavior toward
32 minorities, using force only when warranted and de-escalation tactics have failed.^{4,5} In cases where
33 law enforcement officers do use force, body-worn cameras offer contemporaneous evidence of the
34 officers' actions so that improper behavior can be disciplined. Evidence about the impact of
35 cameras on policing activity generally, though not universally, supports this theory.

36
37 An early study conducted in the Rialto, California police department found use-of-force incidents
38 declined 58.3 percent over a three-year period after a body camera program was implemented.⁶
39 Importantly, researchers later found that use of force rates were higher in the same Rialto,
40 California police force despite the presence of a camera when officers were allowed discretion to
41 turn off cameras.⁷ Another randomized controlled trial conducted between 2014 and 2015 in the
42 Las Vegas Metropolitan Police Department found that officers wearing body cameras were
43 12.5 percent less likely to be involved in a use of force incident.⁸ Similar results were found in
44 Orlando, Florida.⁹ In contrast, the largest randomized controlled study to date, conducted in
45 2015 with the Metropolitan Police Department of the District of Columbia, found no statistically
46 significant difference in the rates of police use of force.¹⁰

47
48 Research has found mixed results about other forms of police activity. In the study conducted in
49 Las Vegas, body camera use was not associated with a change in the number of police-community
50 interactions, but body cameras were associated with a 6.8 percent increase in the number of
51 citations issued and a 5.2 percent increase in the number of events that resulted in an arrest. A 2015

1 study conducted in Mesa, Arizona found officers wearing a camera were less likely to perform
2 stop-and-frisks and make arrests, but were more likely to give citations and initiate encounters.¹¹ In
3 Phoenix, Arizona use of body-worn cameras were associated with a 17 percent increase in arrests.¹²
4 However, other studies have found body-worn cameras are associated with slightly lower incidents
5 of arrest.¹³

6 7 *Community Relations*

8
9 Changing policing behaviors is not the only way body-worn cameras could provide benefits. Many
10 communities and law enforcement agencies see body cameras as a valuable way to improve
11 policing transparency and community relations. Indeed, in 2015 when DOJ grants were announced,
12 then-US Attorney General Loretta Lynch stated that body-worn cameras hold “tremendous promise
13 for enhancing transparency, promoting accountability, and advancing public safety for law
14 enforcement officers and the communities they serve.”¹⁴ Body cameras are lauded as a way for the
15 public to better understand what transpires between law enforcement officers and civilians.
16 Officers may also view body cameras positively, as recordings demonstrate to the community the
17 difficult and dangerous job required of them.

18
19 Few studies have taken a comprehensive look at community attitudes toward police after the
20 introduction of body-worn cameras.¹⁵ One such study conducted by the Urban Institute found that
21 body-worn cameras do improve community members’ satisfaction with police encounters.¹³
22 Another study found that individuals viewed officers as having greater legitimacy, professionalism
23 and satisfaction, but did not find significant differences between citizens’ perceptions of officers
24 depending on whether the officer was wearing a camera.¹⁶

25
26 The evidence is clearer, however, that body-worn cameras are associated with decreased rates of
27 complaints filed against law enforcement officers. For example, one early study found complaints
28 against officers dropped 88 percent following implementation of a body cameras program.⁶ In
29 Rialto, California, citizen complaints declined by 60 percent. In the Las Vegas Metropolitan Police,
30 officers wearing body cameras were 14 percent less likely to be the subject of a citizen complaint.⁸
31 In Phoenix, complaints against officers who wore the cameras declined by 23 percent, compared to
32 a 10.6 percent increase among comparison officers.¹² In contrast, research in the District of
33 Columbia found no statistically significant difference in the rates of civilian complaints.

34
35 The available evidence does not identify the underlying behavioral changes responsible for the
36 decline in complaint rates, however. It may be that body-worn cameras have the intended effect of
37 changing officer behavior for the better, thus reducing circumstances that warrant citizen
38 complaints. It may be that cameras have a “civilizing” effect on members of the public as well.
39 Some evidence also suggests that frivolous complaints are less likely to be filed when recordings
40 are available.¹⁵

41
42 It is important to note, however, that use of body cameras will not automatically foster greater trust
43 between law enforcement and members of the community and should not be viewed, as one
44 evaluation noted, as a “plug-and-play” solution.¹⁰ Notably, the Urban Institute found body-worn
45 cameras improved community satisfaction to a lesser extent than did procedurally just practices,
46 defined in that study as behaving fairly and acting with empathy.¹³

47 48 *Privacy Considerations*

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50 Though the use of body cameras promises greater transparency of law enforcement behavior and
51 actions, they also present new problems, namely intrusion into the privacy of victims, witnesses

1 and bystanders. For instance, law enforcement officers frequently enter individuals' homes and in-
2 home recordings would become part of the public record. Similarly, interactions and conversations
3 with victims and witnesses could make those individuals uncomfortable or put those individuals in
4 danger. Heavily policed communities—often minority communities—will be more heavily recorded.

5
6 These privacy concerns could be addressed with policies to limit recording during such encounters
7 and by limiting the circumstances under which recordings are made available to the public. The
8 American Civil Liberties Union (ACLU) recommends use of body cameras with significant
9 privacy protections. Officer privacy may also be a concern. Some law enforcement unions have
10 opposed body-worn cameras, arguing that adoption of the technology must be negotiated as part of
11 the collective bargaining agreement.

12
13 This report acknowledges the significant privacy concerns raised by the ubiquitous use of body-
14 worn cameras, but notes that questions about when cameras need to be turned on and off, how long
15 to keep footage, when recordings will be made publicly available and other policy details are
16 beyond the expertise of the AMA.

17
18 *Privacy considerations in the health care setting*

19
20 Body-worn cameras present a unique threat to privacy in a health care setting when, for example,
21 law enforcement officers enter facilities to interview victims and witnesses or retrieve evidence.
22 Law enforcement agencies are not covered entities under the Health Information Portability and
23 Accountability Act (HIPAA) and do not have the same obligation to prevent the disclosure of
24 patient health information as do health care providers and facilities. Providers and facilities, on the
25 other hand, do have a legal obligation under HIPAA to prevent against third-party recording of
26 individually identifiable health information (e.g., patients' faces).

27
28 Few states regulate body-worn camera recordings of medical treatment and the preservation of
29 privacy depends instead on cooperation between law enforcement and health care providers.
30 According to the Leadership Conference on Civil and Human Rights, which created a scorecard of
31 body-worn camera policies across the country, many law enforcement agencies have developed
32 policies and procedures which generally prohibit recordings in health care settings except under
33 certain circumstances. Such policies vary considerably in scope and specificity.

34
35 Even when privacy laws and regulations are not implicated, the patient-physician relationship is
36 foremost based on trust and the presence of cameras may interfere with honest communication
37 between a physician and patient, particularly when treatment involves sensitive matters such as
38 sexual activity, substance use and mental health. Policies must ensure that recordings are not
39 permitted when they may interfere in the patient-physician relationship, including during clinical
40 interviews, evaluations and treatments.

41
42 *Nexus with the AMA's Mission*

43
44 The AMA does not have policy specifically addressing the use of body-worn cameras among law
45 enforcement. During the debate over Resolution 208 during the 2017 Interim Meeting, the
46 reference committee heard testimony questioning whether this topic is within the scope of the
47 AMA's expertise. This concern is reasonable, as AMA has not historically delved into issues of
48 policing and significant resources would be required to bring the AMA into the public policy
49 debates surrounding community policing efforts. Further, while there are dozens of organizations
50 (the Police Executive Research Forum, Leadership Conference on Civil and Human Rights, ACLU,

1 etc.) that are actively engaged on this issue, it does not appear that any other major medical
2 associations have emerged as significant stakeholders.

3
4 Nevertheless, there is a connection between health and police activity, particularly in terms of
5 minority fatality rates. Research has demonstrated that minority communities are disproportionately
6 subject to police force. Specifically, according to an analysis of FBI statistics, African-Americans
7 account for 31 percent of police-involved shootings, but comprise 13 percent of the U.S.
8 population.⁴ African-American males are particularly at risk. According to another analysis,
9 African-American males are three times more likely to be killed by police than non-Hispanic white
10 males.⁵

11
12 Research has also shown a correlation between policing and other health outcomes. In particular, a
13 recent study found that police killings of unarmed African-Americans were associated with
14 1.7 days of poor mental health annually among African-Americans. The findings were seen
15 regardless of whether the individual affected had a personal relationship with the victim or whether
16 the incident was experienced vicariously. In addition, the numbers of police stops, coupled with the
17 level of invasiveness during police encounters, is associated with increased levels of stress and
18 anxiety.^{17, 18} African-American men report more anxiety and post-traumatic stress disorder and
19 more morbidity from these psychiatric conditions than Caucasian men.⁵ In addition, research of
20 data from the New York Police Department revealed that residents in neighborhoods with higher
21 rates of stop-and-frisks were more likely to be in poor health, measured in terms of high blood
22 pressure, diabetes, asthma and self-rated health.¹⁸ Research on the correlation between health and
23 policing, however, remains sparse and warrants further research.

24 25 RELEVANT AMA POLICIES

26
27 Existing AMA policy does not address the use or funding of body-worn cameras. However, AMA
28 policy does state that physical or verbal violence between law enforcement officers and the public,
29 particularly within ethnic and racial minority communities, is a social determinant of health and
30 supports research into the public health effects of violent interactions (Policy H-515.955). In
31 addition, Policy H-350.971 instructs the AMA to establish a mechanism to facilitate the
32 development and implementation of a comprehensive, long-range, coordinated strategy to address
33 issues and concerns affecting minorities, including minority health.

34
35 Policy adopted during the 2018 Annual Meeting encourages states to require the reporting of legal
36 intervention deaths and law enforcement officer homicides to public health agencies. New policy
37 also encourages appropriate stakeholders, including law enforcement and public health
38 communities, to define “serious injuries” for the purpose of systematically collecting data on law
39 enforcement-related non-fatal injuries among civilians and officers.

40
41 Additionally, Policy H-145.977 cautions against excessive use of conducted electrical devices
42 (often called Tasers) and recommends that law enforcement departments and agencies should have
43 in place specific guidelines, rigorous training and an accountability system for the use of conducted
44 electrical devices. AMA policy recommends research into the health impacts of conducted
45 electrical device use and development of a standardized protocol developed with the input of the
46 medical community for the evaluation, management and post-exposure monitoring of subjects
47 exposed to conducted electrical devices.

1 RECOMMENDATIONS

2

3 The Board recommends that the following be adopted in lieu of Resolution 208-I-17, and that the
4 remainder of the report be filed.

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- 6 1. That our American Medical Association (AMA) work with interested state and national
7 medical specialty societies to support state legislation and/or regulation addressing
8 implementation of body-worn camera programs for law enforcement officers, including
9 funding for the purchase body-worn cameras, training for officers and technical assistance for
10 law enforcement agencies. (Directive to Take Action);
- 11
- 12 2. That our AMA continue to monitor privacy issues raised by body-worn cameras in health care
13 settings. (Directive to Take Action); and
- 14
- 15 3. That our AMA recommend that law enforcement policies governing the use of body-worn
16 cameras in health care settings be developed and evaluated with input from the medical
17 community and not interfere with the patient-physician relationship. (Directive to Take Action)

Fiscal Note: Less than \$5,000

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