

SUBJECT TO RESOLUTION COMMITTEE REVIEW

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 410
(November 2020)

Introduced by: Medical Student Section

Subject: Policing Reform

Referred to: Reference Committee D

1 I. Public health effects of police brutality

2 Whereas, Public awareness of police brutality has been elevated by the killings of unarmed
3 people of color, including Michael Brown, Sandra Bland, Eric Garner, Philando Castile, Alton
4 Sterling, Breonna Taylor, Ahmaud Arbery, George Floyd, and countless others amounting to
5 751 people killed by police in the United States in 2020 alone¹⁻⁶; and
6

7 Whereas, Black Americans are three times more likely than white Americans to be killed by
8 police and account for over 40% of victims of police killings nationwide⁶⁻⁹; and
9

10 Whereas, Police brutality and incarceration cause significant long-term spillover effects on the
11 mental, physical, and economic health of impacted individuals, their loved ones, and their
12 communities¹⁰⁻²³; and
13

14 Whereas, Evidence shows law enforcement officers are also traumatized by participating in
15 violence against the citizens they are tasked to protect, with higher rates of post-traumatic
16 stress disorder, larger psychobiological stress responses, and higher rates of depression
17 documented among officers who have had to participate in violence²⁴⁻²⁶; and
18

19 II. Qualified immunity maintains a system of violence impervious to reform

20 Whereas, Qualified immunity is a federal legal doctrine in the United States that protects law
21 enforcement officers from civil litigation, including in cases in which they use excessive force,
22 intended to protect officers who make mistakes in high-stress, high-paced situations²⁷; and
23

24 Whereas, In 2009, the Supreme Court ruling *Pearson v. Callahan* allowed judges to ignore the
25 question of whether excessive force was used and decide only whether the officer's conduct
26 was "clearly established as unlawful" and violated "clearly established" rights, a requirement that
27 is hardly ever met in lower courts due to the need for the plaintiff to identify a previously decided
28 case involving the exact same "specific context" and "particular conduct"²⁸⁻²⁹; and
29

30 Whereas, Lawyers are highly disincentivized from taking on a case against law enforcement's
31 use of excessive force, since plaintiffs in cases dismissed on the basis of qualified immunity
32 cannot recover fees or be appropriately compensated²⁸⁻²⁹; and
33

34 Whereas, Despite good intentions, qualified immunity protects the majority of law enforcement
35 officers from ever going to trial even in cases of egregious excessive force and makes it
36 increasingly difficult for citizens to win these cases, to the extent that 12.9% of white people and
37 16.8% of Black people killed by police are unarmed, but only 4% of law enforcement officers
38 who kill people are ever charged of a crime and only 1% are ever convicted;^{6,28} and

SUBJECT TO RESOLUTION COMMITTEE REVIEW

Resolution: 410 (November 2020)

Page 2 of 10

1 Whereas, Cases that have been dropped due to qualified immunity include a mistaken identity
2 in which the victim was shot 17 times; an unarmed victim being smashed into a car for having a
3 cracked windshield; and a 14-year-old boy being shot after dropping a pellet gun and raising his
4 hands in the air, among many others^{6,28}; and

5
6 Whereas, While some argue qualified immunity is necessary to protect officers from the burden
7 of litigation, personal financial responsibilities, and potential bankruptcy, a study of more than 80
8 state and local law enforcement agencies across the country found that in instances of
9 misconduct, the municipality or union, rather than individual officers, almost always paid, and
10 another study of over 1,000 lawsuits against law enforcement officers found qualified immunity
11 is rarely applied early enough in proceedings to protect officers from civil discovery (only 0.6
12 percent of the cases)²⁹⁻³¹; and

13
14 Whereas, Qualified immunity has thus created a justice system that perpetuates violence as law
15 enforcement officers who commit brutality and harassment—and the governments that employ
16 them—have little incentive to improve their practices and follow the law given the lack of
17 consequences²⁹; and

18
19 Whereas, Since June 2020 both Colorado and Connecticut have passed legislation to eliminate
20 qualified immunity³²⁻³³; and

21 22 III. Militarized civil law enforcement increases risks of civilian harms

23 Whereas, Law enforcement agencies that receive transfers of excess military equipment
24 through the United States Department of Defense 1033 Program are increasingly militarized
25 operationally and culturally, leading to increased violence perpetrated by law enforcement³⁴⁻³⁵;
26 and

27
28 Whereas, The 1033 Program - initially enacted in 1989 for “counter-drug activities” during the
29 War on Drugs and made permanent in 1996 with an expansion that included “counter-terrorism
30 activities” - requires that military equipment supplied to civil law enforcement agencies be used
31 within one year and for a minimum duration of one year, thus incentivizing use of the equipment
32 regardless of true law enforcement need^{34,36-37}; and

33
34 Whereas, Counties that do not receive military equipment have the lowest number of expected
35 civilian deaths and violence, while those whose police departments receive military equipment
36 transfers through the 1033 Program are shown to have more than double the number of
37 expected civilian deaths and incidents of violence, leading to lasting negative public health and
38 mental health consequences in the communities where this occurs³⁴⁻³⁵; and

39
40 Whereas, Studies show that the number of equipment transfers to a police department through
41 the 1033 Program positively correlates with the number of civilian casualties and the change in
42 the number of civilian casualties from year to year³⁴⁻³⁵; and

43
44 Whereas, Militarization of law enforcement officers, especially without public oversight,
45 increases fear, distrust, and alienation felt within the communities served, thereby hindering
46 community safety; moreover, the presumption of threat held by officers increases levels of
47 chronic stress among minority populations who are impacted by these volatile police
48 interactions³⁸; and

SUBJECT TO RESOLUTION COMMITTEE REVIEW

Resolution: 410 (November 2020)

Page 3 of 10

IV. Racial profiling has deleterious health effects

Whereas, Racial profiling can be defined as “the act of suspecting or targeting a person of a certain race on the basis of observed or assumed characteristics or behavior of a racial or ethnic group, rather than on individual suspicion”⁴³; and

Whereas, Racial profiling in the law enforcement context can be defined as the “practice of using race, ethnicity, national origin, or religious appearance as one factor, among others, when police decide which people are suspicious enough to warrant police stops, questioning, frisks, searches, and other routine police practices”⁴⁴; and

Whereas, According to a 2018 report from the U.S. Department of Justice Bureau of Justice Statistics, Black residents are more likely to experience both street and traffic stops, Black and Hispanic residents are more likely to have multiple contacts with police, and in police-initiated interactions, Black and Hispanic residents are more likely to experience threats or use of force⁴⁵; and

Whereas, Among multiple ethnic and racial minority groups, instances of perceived racial discrimination, particularly in the context of legal accusations, account for a modest part of the relationship between ethnic minority-majority status and poorer mental health⁴⁶; and

Whereas, Incidents of racial profiling and police mistreatment are associated with higher levels of anxiety, depression, post-traumatic stress disorder, and suicidal ideation, particularly with more intrusive contact^{43,47-48}; and

Whereas, Recent federal legislation sought to prohibit racial profiling as “the practice of a law enforcement agent or agency relying, to any degree, on actual or perceived race, ethnicity, national origin, religion, gender, gender identity, or sexual orientation in selecting which individual to subject to routine or spontaneous investigatory activities or in deciding upon the scope and substance of law enforcement activity following the initial investigatory procedure”⁴⁹; and

V. Use of ketamine for non-medical, law enforcement purposes

Whereas, Ketamine is a potent sedative used by most paramedics against people who exhibit delirious and/or agitated states, which when used inappropriately can lead to severe neurological, cardiovascular, musculoskeletal, and psychiatric complications, including delirium, rhabdomyolysis, seizures, respiratory depression, myocardial infarction and death⁵⁰; and

Whereas, Despite ketamine’s overall high level of efficacy and safe application by Emergency Department personnel, the rate of complications and the need for endotracheal intubation following administration increases when ketamine is used outside of the hospital for ground transportation⁵¹; and

Whereas, On August 24, 2019, 23-year-old Elijah McClain died of cardiac arrest under police custody after being administered a dose of ketamine inappropriate for his weight and medical condition, which was the most publicized case of ketamine use in Colorado out of 902 such cases between 2018 and 2020, 17% of which resulted in health complications⁵²; and

Whereas, The Aurora City Council has temporarily banned the use of ketamine by first-responders for non-medically necessary law enforcement purposes as a direct result of the death of Elijah McClain⁵³; and

SUBJECT TO RESOLUTION COMMITTEE REVIEW

Resolution: 410 (November 2020)

Page 4 of 10

1 Whereas, Law enforcement officers directing paramedics to sedate individuals using ketamine
2 is a rising issue, with an investigation of Minneapolis police finding the number of documented
3 ketamine injections during police calls increasing from 3 in 2012 to 62 in 2019⁵⁴; and
4

5 Whereas, Excited delirium, for which ketamine has been increasingly used, is not recognized by
6 the American Medical Association, is not listed in the American Psychiatric Association's
7 Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is not listed in the World Health
8 Organization's International Classification of Diseases (ICD-10), and has long been debated
9 due to its association with acts of police brutality and disproportionate application to Black
10 individuals⁵⁵⁻⁵⁷; and
11

12 Whereas, The American Society of Anesthesiologists and American College of Emergency
13 Physicians released a joint statement in light of the killing of Elijah McClain and other such
14 incidences stating that "the use of ketamine or any other sedative/hypnotic agent to chemically
15 incapacitate someone solely for a law enforcement purpose and not for a legitimate medical
16 reason" is firmly opposed by both organizations⁵⁸; and
17

18 VI. Trauma-informed incident responses and oversight of the use of force

19 Whereas, "Trauma-informed care" is a social interaction framework that requires: (a) awareness
20 of the prevalence of trauma and its impacts on individuals' emotional, physical, and mental
21 health; (b) recognition of the signs of trauma and how these vary demographically; and (c)
22 avoiding retraumatization⁵⁹; and
23

24 Whereas, There is robust research supporting law enforcement use of trauma-informed
25 practices in the context of sexual assault as police officers are often the first people with whom
26 survivors of sexual violence interact⁶⁰; and
27

28 Whereas, The use and importance of trauma-informed care is more expansive than interactions
29 with those who have experienced sexual assault, including but not limited to historical trauma in
30 American Indian and Alaskan Native communities, childhood trauma and neglect, as well as
31 trauma resulting from exposure to war, natural disasters, civil unrest, and gender and racially
32 motivated violence^{59,61-62}; and
33

34 Whereas, Law enforcement officers and other individuals that participate in community-based
35 safety, such as first responders and domestic violence advocates, often lack knowledge of
36 trauma-informed care, which has been described by the Department of Justice to result in those
37 they interact with to be "harmed or retraumatized by insensitive, uninformed, or inadequate
38 community and criminal justice system responses"⁶³; and
39

40 Whereas, Although evidence supports the notion that disciplinary actions taken against law
41 enforcement officers for misconduct can reduce the likelihood of repeated inappropriate
42 behavior, only approximately 2% of allegations in Chicago are sustained, and many are
43 dismissed because of technicalities such as a witness's failure to file an affidavit⁶⁴; and
44

45 Whereas, The current system of police oversight allows for police officers with evident records
46 of misconduct to continue their employment, and community oversight committees are often
47 unable to enforce disciplinary recommendations because recommendations are often non-
48 binding and can be dismissed by police departments⁶⁵⁻⁶⁶; and
49

50 Whereas, A survey by the National Association of Civilian Oversight Law Enforcement found
51 that as of 2016, 144 community oversight committee were operating, including in almost all
52 large and mid-size cities⁶⁷; and

SUBJECT TO RESOLUTION COMMITTEE REVIEW

Resolution: 410 (November 2020)

Page 5 of 10

1 VIII. Current AMA stance on police brutality

2 Whereas, At the Special Meeting of the AMA House of Delegates in June, our AMA Board of
3 Trustees released a strong pledge which denounced policy brutality and systemic, structural,
4 institutional, and interpersonal racism⁶⁸; and
5

6 Whereas, Existing AMA policy recognizes the need for data reporting on acts of police violence
7 (H-515.955), school resource officer training regulation (H-60.902), and the need for the
8 organization to speak out on law enforcement issues such as regulations around body camera
9 use (D-160.919), but the AMA must also recognize that its push for opposing police brutality will
10 not result in meaningful change until law enforcement officers can be held accountable for their
11 actions and violating the very reforms supported by the AMA; therefore be it
12

13 RESOLVED, That our American Medical Association recognize police brutality as a
14 manifestation of structural racism which disproportionately impacts Black, Indigenous, and other
15 people of color (New HOD Policy); and be it further
16

17 RESOLVED, That our AMA work with interested national, state, and local medical societies in a
18 public health effort to support the elimination of excessive use of force by law enforcement
19 officers (Directive to Take Action); and be it further
20

21 RESOLVED, That our AMA advocate for the elimination or reform of qualified immunity, barriers
22 to civilian oversight, and other measures that shield law enforcement officers from
23 consequences for misconduct (Directive to Take Action); and be it further
24

25 RESOLVED, That our AMA support efforts to demilitarize law enforcement agencies, including
26 elimination of the controlled category of the United States Department of Defense 1033
27 Program and cessation of federal and state funding for civil law enforcement acquisition of
28 military-grade weapons (New HOD Policy); and be it further
29

30 RESOLVED, That our AMA advocate against the utilization of racial and discriminatory profiling
31 by law enforcement through appropriate anti-bias training, individual monitoring, and other
32 measures (Directive to Take Action); and be it further
33

34 RESOLVED, That our AMA advocate for the prohibition of the use of sedative/hypnotic agents,
35 such as ketamine, by first responders for non-medically-indicated, law enforcement purposes;
36 (Directive to Take Action) and be it further
37

38 RESOLVED, That our AMA advocate for legislation and regulations which promote trauma-
39 informed, community-based safety practices (Directive to Take Action); and be it further
40

41 RESOLVED, That our AMA support the creation of independent, third party community-based
42 oversight committees with disciplinary power whose mission will be to oversee and decrease
43 police-on-public violence. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 11/08/20

References:

1. Hardeman RR, Medina EM, Boyd RW. Stolen Breaths. New England Journal of Medicine. 2020;383(3):197-199. doi:10.1056/nejmp2021072
2. Paul DW, Knight KR, Campbell A, Aronson L. Beyond a Moment — Reckoning with Our History and Embracing Antiracism in Medicine. New England Journal of Medicine. 2020. doi:10.1056/nejmp2021812

3. Evans MK, Rosenbaum L, Malina D, Morrissey S, Rubin EJ. Diagnosing and Treating Systemic Racism. *New England Journal of Medicine*. 2020;383(3):274-276. doi:10.1056/nejme2021693
4. Hardeman RR, Medina EM, Kozhimannil KB. Structural Racism and Supporting Black Lives — The Role of Health Professionals. *New England Journal of Medicine*. 2016;375(22):2113-2115. doi:10.1056/nejmp1609535
5. Gilbert KL, Ray R. Why Police Kill Black Males with Impunity: Applying Public Health Critical Race Praxis (PHCRP) to Address the Determinants of Policing Behaviors and “Justifiable” Homicides in the USA. *Journal of Urban Health*. 2015;93(S1):122-140. doi:10.1007/s11524-015-0005-x
6. Sinyangwe S, McKesson D, Elzie J. Mapping Police Violence. <https://mappingpoliceviolence.org/>. Accessed August 27, 2020.
7. Buehler JW. Racial/Ethnic Disparities in the Use of Lethal Force by US Police, 2010-2014. *American Journal of Public Health*. 2017;107(2):295-297. doi:10.2105/AJPH.2016.303575
8. Edwards F, Lee H, Esposito M. Risk of being killed by police use of force in the United States by age, race—ethnicity, and sex. *Proceedings of the National Academy of Sciences*. 2019;116(34):16793-16798. doi:10.1073/pnas.1821204116
9. Alang S, Mcalpine D, McCreedy E, Hardeman R. Police Brutality and Black Health: Setting the Agenda for Public Health Scholars. *American Journal of Public Health*. 2017;107(5):662-665. doi:10.2105/ajph.2017.303691
10. Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *The Lancet*. 2018;392(10144):302-310. doi:10.1016/s0140-6736(18)31130-9
11. Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*. 2017;389(10077):1453-1463. doi:10.1016/s0140-6736(17)30569-x
12. Wildeman C, Wang EA. Mass incarceration, public health, and widening inequality in the USA. *The Lancet*. 2017;389(10077):1464-1474. doi:10.1016/s0140-6736(17)30259-3
13. Umberson D, Olson JS, Crosnoe R, Liu H, Pudrovska T, Donnelly R. Death of family members as an overlooked source of racial disadvantage in the United States. *Proceedings of the National Academy of Sciences*. 2017;114(5):915-920. doi:10.1073/pnas.1605599114
14. Geller A, Fagan J, Tyler T, Link BG. Aggressive Policing and the Mental Health of Young Urban Men. *American Journal of Public Health*. 2014;104(12):2321-2327. doi:10.2105/ajph.2014.302046
15. Sewell AA, Jefferson KA. Collateral Damage: The Health Effects of Invasive Police Encounters in New York City. *Journal of Urban Health*. 2016;93(S1):42-67. doi:10.1007/s11524-015-0016-7
16. Sewell AA, Jefferson KA, Lee H. Living under surveillance: Gender, psychological distress, and stop-question-and-frisk policing in New York City. *Social Science & Medicine*. 2016;159:1-13. doi:10.1016/j.socscimed.2016.04.024
17. Sewell AA, Feldman JM, Ray R, Gilbert KL, Jefferson KA, Lee H. Illness spillovers of lethal police violence: the significance of gendered marginalization. *Ethnic and Racial Studies*. 2020:1-26. doi:10.1080/01419870.2020.1781913
18. Devylder JE, Jun H-J, Fedina L, et al. Association of Exposure to Police Violence With Prevalence of Mental Health Symptoms Among Urban Residents in the United States. *JAMA Network Open*. 2018;1(7). doi:10.1001/jamanetworkopen.2018.4945
19. McFarland MJ, Geller A, McFarland C. Police contact and health among urban adolescents: The role of perceived injustice. *Social Science & Medicine*. 2019;238:112487. doi:10.1016/j.socscimed.2019.112487
20. Boyd RW, Ellison AM, Horn IB. Police, Equity, and Child Health [published correction appears in *Pediatrics*. 2018 Jul;142(1)]. *Pediatrics*. 2016;137(3):e20152711. doi:10.1542/peds.2015-2711
21. Sewell AA. The Illness Associations of Police Violence: Differential Relationships by Ethnoracial Composition. *Sociological Forum*. 2017;32:975-997. doi:10.1111/socf.12361
22. Lee H, Wildeman C, Wang EA, Matusko N, Jackson JS. A Heavy Burden: The Cardiovascular Health Consequences of Having a Family Member Incarcerated. *American Journal of Public Health*. 2014;104(3):421-427. doi:10.2105/ajph.2013.301504
23. Sewell AA, Ray R. The collateral consequences of state-sanctioned police violence for women. *Brookings*. <https://www.brookings.edu/blog/how-we-rise/2020/06/11/the-collateral-consequences-of-state-sanctioned-police-violence-for-women/>. Published June 11, 2020. Accessed August 27, 2020.
24. Hartley TA, Violanti JM, Fedekulegn D, Andrew ME, Burchfiel CM. Associations between major life events, traumatic incidents, and depression among Buffalo police officers. *International Journal of Emergency Mental Health*. 2007;9(1):25-35.
25. Strahler J, Ziegler T. Psychobiological stress response to a simulated school shooting in police officers. *Psychoneuroendocrinology*. 2015;51:80-91. doi:10.1016/j.psyneuen.2014.09.016
26. Martin M, Marchand A, Boyer R, Martin N. Predictors of the development of posttraumatic stress disorder among police officers. *Journal of Trauma & Dissociation*. 2009;10(4):451-468. doi:10.1080/15299730903143626
27. Totenberg N. Supreme Court Weighs Qualified Immunity For Police Accused Of Misconduct. NPR. <https://www.npr.org/2020/06/08/870165744/supreme-court-weighs-qualified-immunity-for-police-accused-of-misconduct>. Published June 8, 2020. Accessed August 27, 2020.
28. Chung A, Hurley L, Botts J, Januta A, Gomez G. For cops who kill, special Supreme Court protection. Reuters. <https://www.reuters.com/investigates/special-report/usa-police-immunity-scotus/>. Published May 8, 2020. Accessed August 27, 2020.
29. Ali AH, Clark E, Hayes K, Newland G, Henry M. Qualified Immunity: Explained. *The Appeal*. <https://theappeal.org/qualified-immunity-explained/>. Accessed August 27, 2020.
30. Schwartz JC. How Qualified Immunity Fails. *The Yale Law Journal*. <https://www.yalelawjournal.org/article/how-qualified-immunity-fails>. Accessed August 27, 2020.
31. Schwartz JC. 2014. Police Indemnification. *NYU Law Review*. 89(855): 885-1005.
32. Sibilla N. Colorado Passes Landmark Law Against Qualified Immunity, Creates New Way To Protect Civil Rights. *Forbes*. <https://www.forbes.com/sites/nicksibilla/2020/06/21/colorado-passes-landmark-law-against-qualified-immunity-creates-new-way-to-protect-civil-rights/#5574df78378a>. Published June 21, 2020. Accessed August 27, 2020.
33. Keating C. Connecticut Senate approves police accountability bill in wake of George Floyd's death after often-emotional 10-hour debate. *courant.com*. <https://www.courant.com/politics/hc-pol-connecticut-police-accountability-20200729-jmvodtnfvzgrsf5ovbybupdecq-story.html>. Published July 29, 2020. Accessed August 27, 2020.
34. American Civil Liberties Union. War Comes Home: The Excessive Militarization of American Policing. https://www.aclu.org/sites/default/files/field_document/jus14-warcomeshome-text-rel1.pdf. Published June 2014. Accessed August 25, 2020.

35. Delehanty C, Mewhirter J, Welch R, Wilks J. Militarization and police violence: The case of the 1033 program. *Research & Politics*. 2017;4(2):205316801771288. doi:10.1177/2053168017712885
36. National Defense Authorization Act for Fiscal Years 1990 and 1991, H.R. 2461, 101st Cong. (1989).
37. National Defense Authorization Act for Fiscal Year 1997, H.R. 3230, 104th Cong. (1996).
38. Lieblich E. The Case Against Police Militarization. *SSRN Electronic Journal*. August 2018. doi:10.2139/ssrn.2840715
39. Congressional Research Service. "No-Knock" Warrants and Other Law Enforcement Identification Considerations. <https://crsreports.congress.gov/product/pdf/LSB/LSB10499>. Published June 23, 2020. Accessed August 25, 2020.
40. Balko R. Overkill: The Rise of Paramilitary Police Raids in America. Cato Institute. <https://www.cato.org/publications/white-paper/overkill-rise-paramilitary-police-raids-america>. Published July 17, 2006. Accessed August 27, 2020.
41. Kraska P. *Militarization and Policing - Its Relevance to 21st Century Police*. Oxford University Press. <https://cjmasters.eku.edu/sites/cjmasters.eku.edu/files/21stmilitarization.pdf>. Published December 2007. Accessed August 25, 2020.
42. Carrega C, Ghebremedhin S. Timeline: Inside the investigation of Breonna Taylor's killing and its aftermath. ABC News. <https://abcnews.go.com/US/timeline-inside-investigation-breonna-taylors-killing-aftermath/story?id=71217247>. Published June 20, 2020. Accessed August 27, 2020.
43. Laurencin CT, Walker JM. Racial Profiling Is a Public Health and Health Disparities Issue. *Journal of Racial and Ethnic Health Disparities*. 2020;7(3). doi:10.1007/s40615-020-00738-2
44. Harris DA. Racial Profiling: Past, Present, and Future? *Criminal Justice*. American Bar Association. 2020;34(4). https://www.americanbar.org/groups/criminal_justice/publications/criminal-justice-magazine/2020/winter/racial-profiling-past-present-and-future/. Published January 21, 2020. Accessed September 20, 2020.
45. U.S. Department of Justice Bureau of Justice Statistics. *Contacts Between Police and the Public, 2015*. <https://www.bjs.gov/content/pub/pdf/cpp15.pdf>. Published October 2018. Accessed September 20, 2020.
46. Cokley K, Hall-Clark B, Hicks D. Ethnic Minority-Majority Status and Mental Health: The Mediating Role of Perceived Discrimination. *Journal of Mental Health Counseling*. 2011;33(3):243-263. doi:10.17744/mehc.33.3.u1n011t020783086
47. Geller A, Fagan J, Tyler T, Link BG. Aggressive Policing and the Mental Health of Young Urban Men. *American Journal of Public Health*. 2014;104(12):2321-2327. doi:10.2105/ajph.2014.302046
48. Oh H, Devylder J, Hunt G. Effect of Police Training and Accountability on the Mental Health of African American Adults. *American Journal of Public Health*. 2017;107(10):1588-1590. doi:10.2105/ajph.2017.304012
49. George Floyd Justice in Policing Act of 2020, H.R. 7120, 116th Cong. (2020).
50. Orhurhu VJ. Ketamine Toxicity. *StatPearls [Internet]*. <https://www.ncbi.nlm.nih.gov/books/NBK541087/>. Published July 10, 2020. Accessed August 27, 2020.
51. Mankowitz SL, Regenberg P, Kaldan J, Cole JB. Ketamine for Rapid Sedation of Agitated Patients in the Prehospital and Emergency Department Settings: A Systematic Review and Proportional Meta-Analysis. *The Journal of Emergency Medicine*. 2018;55(5):670-681. doi:10.1016/j.jemermed.2018.07.017
52. Nieberg P. Ketamine that's injected during arrests draws new scrutiny. AP News. <https://apnews.com/a872ba9aeeba2f5b0624f8af77f928d3>. Published August 22, 2020. Accessed August 27, 2020.
53. Streetman A. Aurora City Council Approves Temporary Ketamine Ban For First Responders. CBS Denver. <https://denver.cbslocal.com/2020/09/14/aurora-city-council-ketamine-ban-first-responders/amp/>. Published September 14, 2020. Accessed September 20, 2020.
54. Mannix A. Ketamine cases raise questions over boundaries between police and paramedics. *Star Tribune*. <https://www.startribune.com/ketamine-cases-raise-questions-over-boundaries-between-police-and-paramedics/485750031/>. Published June 17, 2018. Accessed August 27, 2020.
55. Emergency Medical Practice Advisory Council (EMPAC). 2019. Ketamine Waiver Guidance Document. Colorado Department of Public Health & Environment. http://www.ncretac.org/cms/images/RetacFiles/RML_News_19-20/EMPAC_Ketamine_Guidance_Document_-_May_2019_-_Final.pdf. Accessed August 27, 2020.
56. Byard RW. Ongoing issues with the diagnosis of excited delirium. *Forensic Science, Medicine and Pathology*. 2017;14(2):149-151. doi:10.1007/s12024-017-9904-3
57. Budhu J, O'Hare M, Saadi A. How "excited delirium" is misused to justify police brutality. *Brookings*. <https://www.brookings.edu/blog/how-we-rise/2020/08/10/how-excited-delirium-is-misused-to-justify-police-brutality/>. Published August 10, 2020. Accessed August 27, 2020.
58. American College of Emergency Physicians and American Society of Anesthesiologists Issue Joint Statement on Ketamine Use. *American Society of Anesthesiologists and American College of Emergency Physicians*. <https://www.emergencyphysicians.org/press-releases/2020/8-26-20-american-college-of-emergency-physicians-and-american-society-of-anesthesiologists-issue-joint-statement-on-ketamine-use>. Published August 26, 2020. Accessed September 17, 2020.
59. U.S. Department of Substance Abuse and Mental Health Services Administration Justice Strategic Initiative Workgroup. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. U.S. Health Resources & Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf. Published July 2014. Accessed August 27, 2020.
60. Lathan E, Langhinrichsen-Rohling J, Duncan J, Stefurak J"T. The Promise Initiative: Promoting a trauma-informed police response to sexual assault in a mid-size Southern community. *Journal of Community Psychology*. 2019;47(7):1733-1749. doi:10.1002/jcop.22223
61. Trauma Informed Care. U.S. Department of Health and Human Services: Indian Health Service. <https://www.ihs.gov/mentalhealth/tic/>. Accessed September 20, 2020.
62. Bowen EA, Murshid NS. Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. *American Journal of Public Health*. 2016;106(2):223-229. doi:10.2105/ajph.2015.302970
63. The Importance of Understanding Trauma-Informed Care and Self-Care for Victim Service Providers. United States Department of Justice. <https://www.justice.gov/archives/ovw/blog/importance-understanding-trauma-informed-care-and-self-care-victim-service-providers>. Published July 30, 2014. Accessed September 20, 2020.
64. Rozema K, Schanzenbach MM. Does Discipline Decrease Police Misconduct? Evidence from Chicago Civilian Allegations. *Social Science Research Network*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3669155. Published August 7, 2020. Accessed August 27, 2020.

65. Dewan S, Kovalski SF. Thousands of Complaints Do Little to Change Police Ways. The New York Times. <https://www.nytimes.com/2020/05/30/us/derek-chauvin-george-floyd.html>. Published May 30, 2020. Accessed August 27, 2020.
66. Barbaro M. The Systems That Protect the Police. The New York Times. <https://www.nytimes.com/2020/06/02/podcasts/the-daily/george-floyd-protests.html?showTranscript=1>. Published June 2, 2020. Accessed August 27, 2020.
67. De Angelis J, Rosenthal R, Buchner B. Civilian Oversight of Law Enforcement - Assessing the Evidence. National Association of Civilian Oversight Law Enforcement. https://d3n8a8pro7vhmx.cloudfront.net/nacole/pages/161/attachments/original/1481727974/NACOLE_AccessingtheEvidence_Final.pdf?1481727974. Published September 2016. Accessed September 20, 2020.
68. American Medical Association Board of Trustees. AMA Board of Trustees pledges action against racism and police brutality. American Medical Association. <https://www.ama-assn.org/about/board-trustees/ama-board-trustees-pledges-action-against-racism-and-police-brutality>. Published June 23, 2020. Accessed September 20, 2020.

RELEVANT AMA POLICY

Police Chases and Chase-Related Injuries H-15.964

The AMA encourages (1) communities, aided by government officials and medical scientists, to develop guidelines on the use of police vehicles that indicate when, how, and how long pursuits should be carried out and to address other key aspects of police pursuit; and (2) responsible government agencies to develop, test, and use instruments and techniques with advanced technologies, for example, coding and tracking devices, to discourage, eliminate, or replace high-speed chases. (CSA Rep. C, A-92; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)

School Resource Officer Qualifications and Training H-60.902

Our AMA encourages: (1) an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child psychology and development, restorative justice, conflict resolution, crime awareness, implicit/explicit biases, diversity inclusion, cultural humility, and individual and institutional safety and others deemed necessary for school resource officers; and (2) the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors. (Res. 926, I-19)

Health, In All Its Dimensions, Is a Basic Right H-65.960

Our AMA acknowledges: (1) that enjoyment of the highest attainable standard of health, in all its dimensions, including health care is a basic human right; and (2) that the provision of health care services as well as optimizing the social determinants of health is an ethical obligation of a civil society. (Res. 021, A-19)

Support of Human Rights and Freedom H-65.965

Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States. (CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17)

Human Rights and Health Professionals H-65.981

The AMA opposes torture in any country for any reason; urges appropriate support for victims of torture; condemns the persecution of physicians and other health care personnel who treat torture victims. (Sub. Res. 615, A-97; Reaffirmed: Sub. Res. 12, A-04; Reaffirmed: Sub. Res. 10, A-05; Reaffirmed: CEJA Rep. 5, A-15.)

Human Rights H-65.997

Our AMA endorses the World Medical Association's Declaration of Tokyo which are guidelines for medical doctors concerning torture and other cruel, inhuman or degrading treatment or punishment in

relation to detention and imprisonment. (BOT Rep. M, I-78; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: Sub. Res. 12, A-04; Reaffirmed: CEJA Rep. 8, A-14.)

Use of Conducted Electrical Devices by Law Enforcement Agencies H-145.977

Our AMA: (1) recommends that law enforcement departments and agencies should have in place specific guidelines, rigorous training, and an accountability system for the use of conducted electrical devices (CEDs) that is modeled after available national guidelines; (2) encourages additional independent research involving actual field deployment of CEDs to better understand the risks and benefits under conditions of actual use. Federal, state, and local agencies should accurately report and analyze the parameters of CED use in field applications; and (3) policy is that law enforcement departments and agencies have a standardized protocol developed with the input of the medical community for the evaluation, management and post-exposure monitoring of subjects exposed to CEDs. (CSAPH Rep. 6, A-09; Modified: Res. 501, A-14)

Increased Use of Body-Worn Cameras by Law Enforcement Officers D-160.919

Our AMA: (1) will work with interested state and national medical specialty societies to support state legislation and/or regulation addressing implementation of body-worn camera programs for law enforcement officers, including funding for the purchase of body-worn cameras, training for officers and technical assistance for law enforcement agencies; (2) will continue to monitor privacy issues raised by body-worn cameras in health care settings; and (3) recommends that law enforcement policies governing the use of body-worn cameras in health care settings be developed and evaluated with input from physicians and others in the medical community and not interfere with the patient-physician relationship. (BOT Rep. 18, A-19.)

Mental Health Crisis Interventions H-345.972

Our AMA: (1) continues to support jail diversion and community based treatment options for mental illness; (2) supports implementation of law enforcement-based crisis intervention training programs for assisting those individuals with a mental illness, such as the Crisis Intervention Team model programs; (3) supports federal funding to encourage increased community and law enforcement participation in crisis intervention training programs; and (4) supports legislation and federal funding for evidence-based training programs by qualified mental health professionals aimed at educating corrections officers in effectively interacting with people with mental health and other behavioral issues in all detention and correction facilities. (Res. 923, I-15; Appended: Res. 220, I-18.)

Racial and Ethnic Disparities in Health Care H-350.974

1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.

2. The AMA emphasizes three approaches that it believes should be given high priority:

A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.

B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.

C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decisionmaking process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities

3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.
4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations. (CLRPD Rep. 3, I-98; Appended and Reaffirmed: CSA Rep.1, I-02; Reaffirmed: BOT Rep. 4, A-03; Reaffirmed in lieu of Res. 106, A-12; Appended: Res. 952, I-17; Reaffirmed: CMS Rep. 10, A-19.)

Preventing Assault and Rape of Inmates by Custodial Staff H-430.981

Our AMA urges: (1) that all states have legislation that protects prisoners from sexual misconduct and assault; and (2) physicians who work within prisons to ensure procedures are followed for preventing sexual misconduct and assault of prisoners by staff and appropriately managing prisoners if abuse or assault does occur; the investigation of sexual misconduct should be confidential with information disclosed only to those individuals involved in the process. (CSAPH Rep. 01, A-20.)

Use of the Choke and Sleeper Hold in Prisons H-430.998

The AMA (1) does not regard the choke and sleeper holds as casually applied and easily reversible tranquilizers, but as the use of deadly force with the potential to kill; and (2) advocates that with all incidents involving the application of choke and sleeper holds there should be timely medical surveillance of the inmate. (Res. 3, I-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CSA Rep. 8, A-05; Reaffirmed: CSAPH Rep. 1, A-15)

Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes H-515.955

Our AMA:

1. 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. Affirms that physical and verbal violence between law enforcement officers and public citizens, particularly within racial and ethnic minority populations, is a social determinant of health.
3. Encourages the Centers for Disease Control and Prevention as well as state and local public health 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.
5. Encourages appropriate stakeholders, including, but not limited to the law enforcement and public health communities, to define "serious injuries" for the purpose of systematically collecting data on law enforcement-related non-fatal injuries among civilians and officers. (Res. 406, A-16; Modified: BOT Rep. 28, A-18)