Public Health and the Policing of Black Lives

Justin Feldman, MPH, MSW

The deaths of Michael Brown, Eric Garner, Freddie Gray, Rekia Boyd, and Walter Scott reflect a pattern of routinized state violence against black people in the United States. While police violence is not new, it has become newly visible over the past year as protesters in Ferguson, Baltimore, and hundreds of other cities have made the issue difficult for the public to ignore. As citizens of this society, each of us has a responsibility to work toward the structural changes necessary to end racially discriminatory policing practices that affect our communities. However, as public health professionals, our role in this movement is unique. Simply put, policing practices harm the public's health and deepen racial health inequities. Since our existing public health infrastructure continuously collects data on injuries and deaths, public health agencies can play a critical role in preventing police violence by monitoring and systematically investigating its impact on communities. Additionally, while U.S. policymakers have decided that police departments should be one of the primary institutions tasked with addressing drug use, problem drinking, homelessness, sex work, and mental illness, these are all fundamentally public health issues requiring attention from public health researchers and professionals alike.

Policing is a critically important, but under-acknowledged determinant of health inequities. In the U.S., police used physical force against an estimated 344,000 people in 2008,[1] and as recently as 2013,[2] injuries inflicted by police officers prompted 100,000 emergency room visits. While current public health literature on policing is sparse, it points to numerous adverse health impacts. Research has shown that police crackdowns dissuade injection drug users from carrying clean needles,[3] stop-and-frisk programs induce post-traumatic stress in their black and Latino targets[4], police presence in

[1] Bureau of Justice Statistics. Contacts between Police and the Public, 2008. Available at http://www.bjs.gov/content/pub/pdf/cpp08.pdf.
[2] Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed May 3, 2013

[3] Cooper, H., Moore, L., Gruskin, S., & Krieger, N. The Impact of a Police Drug Crackdown on Drug Injectors' Ability to Practice Harm Reduction: A Qualitative Study. Social Science & Medicine, 2005; 61(3), 673-684
[4] Geller, A., Fagan, J., Tyler, T., and Link, B. Aggressive Policing and the Mental Health of Young

hospitals deters black men on probation or parole from using emergency rooms,[5] police enforcement against sex workers creates riskier occupational conditions,[6] and police officers kill black people at a disproportionately higher rates as compared to whites.[7] Additional research on the health effects of policing would greatly benefit discussions about both law enforcement and public health, but these studies are difficult to conduct because there is a widespread unwillingness on the part of police departments to share data with the public. A related barrier to further research is poor data quality, as evidenced by the fact that the United States does not maintain a complete count of individuals killed by police.[8]

With minor regulatory changes, state and local public health agencies can serve as the independent monitors of police violence that communities across the United States so critically need. The International Classification of Diseases already provides a set of codes under the category of "legal intervention" for injuries and fatalities caused by law enforcement officers. When a police officer kills an individual, coroners and medical examiners are supposed to record one of these codes on his or her death certificate, although existing research shows that underreporting is very common.[9]Similarly, when patients are injured by police, health care providers are supposed to not this on their medical records but, again, underreporting is possibly widespread. State and local public health agencies can remedy this problem by adding legal intervention to their existing lists of reportable conditions. This action would legally require health care providers to report deaths and injuries caused by police actions to health agencies in a timely manner. A health department could then forward these reports to police oversight boards and state attorneys general for further investigation. While, to my knowledge, there are no health departments in the United States that currently define legal intervention as a reportable condition, doing so would also improve data quality so that researchers could study trends in police violence to identify its determinants and evaluate policies aimed at its prevention.

Another role for our field lies in reorienting certain areas of public policy away from law enforcement and towards public health. In an era defined by the War on Drugs and Broken Windows,[10] a theory emphasizing aggressive enforcement for 'quality of life' infractions, policing has become one of the primary ways

Urban Men. American Journal of Public Health, 2014; 104(12), 2321-2327.

[5] Goffman, A. *On the Run: Fugitive Life in an American City*. Chicago: University of Chicago Press, 2014.

[6] Krüsi, A., Pacey, K., Bird, L., Taylor, C., Chettiar, J., Allan, S, Bennett, D., Montaner, J., Kerr, T., and Shannon, K. Criminalisation of Clients: Reproducing Vulnerabilities for Violence and Poor Health among Street-Based Sex Workers in Canada—a Qualitative Study." BMJ Open 4, 2014; 6: e005191.

[7] Krieger, N., Kiang, M., Chen, J., Waterman, P. Trends in US Deaths Due to Legal Intervention Among Black and White Men, Age 15-34 Years, by County Income Level: 1960-2010. Harvard Public Health Review, 2015; 4

[8] McCarthy, T. The Uncounted: Why the US Can't Keep Track of People Killed by Police. The Guardian, March 18, 2015. Available at http://www.theguardian.com/us-news/2015/mar/18/police-killings-government-data-count.

[9] Loftin C, Wiersema B, McDowell D, Dobrin A. Underreporting of justifiable homicides committed by police officers in the United States, 1976-1998. *Am J Public Health* 2003; 93(7):1117-1121.

[10] Wilson, J., and Kelling, G. Broken Windows. Atlantic Monthly, 1982; 249(3): 29-38.

in which our society responds to drug use, problem drinking, homelessness, sex work, and mental illness, particularly when people of color are involved. Using New York City as a case study, the sociologist Alex Vitale has examined the ways in which psychiatric deinstitutionalization, a lack of affordable housing, and economic austerity policies of the 1970s created a crisis of homelessness and social disorder.[11] The city responded through aggressive policing strategies, which are now standard practice in urban areas throughout the country. Vitale argues persuasively that addressing these issues through civilian intervention teams rather than police would reduce the number of confrontational encounters with law enforcement.[12] In this vein, public health professionals should conduct research and develop programs that provide alternatives to policing, which are likely to be more effective, equitable, and economical. There are lessons to learn from Good Samaritan laws, which prevent police from arresting opiate users who report an overdose and have now been adopted in 21 states.[13]The current heroin epidemic is racialized as white in the public imagination, however, and considerable political barriers remain for expanding a harm reduction approach to address the needs of communities of color.

Public health has long played a role in advancing racial justice movements in the United States. This history includes the work of abolitionist physicians like John Steward

Rock, who provided medical care to fugitive slaves in the 19th century, the desegregation of Southern hospitals brought about by changes to Medicare in the 1960s, the community health clinics established by the Black Panther Party in the 1970s, and the resistance to corporate polluters targeting black and Latino communities on the part of the environmental justice movement since the 1990s. In the face of a nascent social movement around police violence, public health once again has an opportunity to make meaningful contributions in partnership with activists and policymakers.

---

[11] Vitale, A. *City of Disorder: How the Quality of Life Campaign Transformed New York Politics*. New York: NYU Press, 2008

[12] Vitale, A. We Don't Just Need Nicer Cops. We Need Fewer Cops. The Nation, December 14, 2014. Available at http://www.thenation.com/article/191985/we-dont-just-need-nicer-cops-we-need-fewer-cops.

[13] Drug Policy Alliance. Which States Have 911 Good Samaritan Laws and/or Naloxone Access Laws? 2015. Available at: http://www.drugpolicy.org/resource/which-states-have-911-good-samaritan-laws-andor-naloxone-access-laws. Accessed February 9, 2015.