Statement on Police Brutality

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Police Brutality

Third Revision

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INTRODUCTION
Established in 1964 by students of Meharry Medical College, the Student National Medical Association (SNMA) is the nation's oldest and largest organization focused on the needs and concerns of medical students of color. In addition, the SNMA is dedicated to practices leading to better health care for minority and underrepresented communities. As these communities are disproportionately subject to the practice and consequences of police brutality, defined as any act of unmerited excessive and aggressive physical, mental, and/or emotional abuse, above and beyond the law, enacted upon by an individual or groups of individuals in law enforcement, the SNMA strongly opposes the medical, social, and political infractions incurred via these acts of excessive force.

BACKGROUND
Epidemic levels of racial minorities are being unjustly scrutinized, brutalized, and even killed at the hands of law enforcement in the United States. According to limited research that exists, more than two thousand individuals have been killed by police officers since 1990 – 75% of whom were people of color. Due to underreporting, some incidences of police brutality that result in nonfatal civilian injury are unaccounted for, resulting in a staggering underestimation well below the actual number.

Police departments are established for the protection of the community they serve, and as such, should be responsible for treating their assigned communities with respect and fairness. Unfortunately, in reality, that is not the case. Historically, society has internalized the idea that Blackness is inherently associated with criminality in order to justify unreasonably use of deadly force on Black/African American men and women who are considered to be “suspects” or “persons of interest” in acts of wrongdoing. This includes the US law enforcement community, members of which have been influenced by socially ingrained stereotyping and demonstrated unjust scrutiny against Black/African American and Latino members of society.

In 2015, 19% of Black/African American and 17% of Latinos admitted to being treated unfairly by police officers in the past 30 days, in comparison to 3% of White responders. This scrutiny has, in turn, led to numerous unmerited physical and psychological attacks on individuals of color, resulting not only in permanent disability, but also death of innocent law abiding Americans. A few prominent national cases include Eric Garner, Tamir Rice, Michael Brown, Sandra Bland, and Jordan Edwards. Such unwarranted incidents resulting in injury and murder
constitute direct attacks upon the civil rights of many ethnic minorities in the United States. Police brutality, and the use of unwarranted physical and emotional force, ultimately compromise the physical and mental health of victims and their families while ignoring the need for psychological and social intervention and support of law enforcement officers.

**SCOPE OF THE PROBLEM**

Police brutality results in potentially severe mental and physical injury. The types of physical injuries sustained are similar to those experienced by victims of violent crime such as assault and homicide. These injuries commonly result from night-stick or baton beatings, pistol whippings, beatings by fist or boot, restraint holds, and shootings. Examples of physical injuries include, but are not limited to, skin abrasion/laceration, bone fracture, asphyxiation, parenchymal nerve injury, contusion, concussion, skull fracture, epidural and subdural hematomas, pneumothorax, and hemothorax. Complications of such injuries include post-traumatic cerebral edema, infections, hydrocephalus (secondary to blood or infection in the subarachnoid space), post-traumatic epilepsy (secondary to sustained contusions and lacerations), paralysis, permanent disability and death.²

Damage caused by police brutality goes beyond the physical manifestations. Psychological trauma faced by victims manifests itself in many ways, such as stress, anxiety, fear, paranoia, distrust, insomnia, anorexia, and depression. Such psychological symptoms can further be manifested as Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD). Psychological stress often consumes many facets of victims’ lives, adversely affecting job performance, ability to sustain employment, and everyday interactions with family and associates.² Moreover, the families of fatally injured victims often suffer many of the same psychological tolls. Police brutality must be recognized, investigated, and acted upon as a serious health concern because of its obvious deleterious effects on individuals, their families and communities.

*A Public Health Issue*

Police brutality, which was once thought of as isolated incidences, has grown into a public health issue.⁴ Police violence not only negatively affects those individuals directly involved but also creates a tidal wave of chaos that spans across state and regions lines. Police brutality directly increases the divide between communities of color and police officials, which present in multiple way. It has resulted in an increasing number of individuals and communities that feel distrust
toward police officials. They are, therefore, reluctant to report instances to police and bypass the unjust judicial systems by taking matters into their own hands.

The media’s coverage of incidences of police brutality is often presented in a manner that skews the lines of victim and perpetrator. One of the most common examples of subliminal biases can be seen in the choice of photographs selected to accompany police violence coverage. This is often achieved by presenting a picture of the officer cloaked in his uniform and heavily decorated in awards while the civilian, often a Black/African American male, is pictured in “street clothes” and often in surroundings as to perpetuate stereotypes such as thug, uneducated or violent. This type of bias representation further increases racial divides, creating a barrier among civilians and law enforcement. To look one step further, the failure to prosecute police officers in cases where “excessive force” was documented, further alienates minorities and perpetuates social injustices and oppression. While there are some national statutes in place, the United States Department of Justice has been unable to eliminate this growing issue. Any hopes of eradicating this public health issue will come with collaboration of federal and local reform.

Furthermore, increases in police sensitivity training, higher educational requirements for officer recruits, community policing, and other progressive approaches have not produced a measurable decrease in police brutality against Black/African American males because none of these initiatives specifically address the larger societal issues of police brutality (case study).

**Psychological Impact on Members of the Target Population**

Police violence has been linked to negative impacts on the mental health of victims, specifically leading to the development of anxiety and depressive symptoms. As the number of incidents and level of police violence used increases, the likelihood of the victim developing PTSD also increases. PTSD is associated with an increased risk for maladaptive behaviors such as alcohol and drug dependence most notably in Black/African Americans. This risk is further compounded by the negative impacts of PTSD on one’s perception of self. Traumatic experiences such as police violence cannot only cause an individual to develop an altered sense of self, but they can also alter a victim’s perceptions of those around them leading to an almost global sense of mistrust; with victims reporting increased skepticism of the world and a decreased feeling of safety in society. At the most extreme, victims have described their experience following an
incidence of police violence as one of agoraphobia; they are afraid to leave their homes, afraid to interact with large groups of people.

While treatment strategies for individuals with PTSD following acts of violence are improving, barriers to treatment still exist specifically in the Black community. Some barriers are financial. These include decreased access to mental health services due to lower health insurance rates and incomprehensive policies. Other barriers are related to cultural stigma associated with seeking mental health treatment. These include but are not limited to negative perceptions of mental health treatment and question of its utility.

Many patients have a preference for a mental health practitioner of the same race. However, the healthcare system harbors an underrepresentation of Black/African American mental health workers, as almost 90% of mental/behavioral health workers identify as non-Hispanic White and the other 10% is comprised of those that identify as “racial and ethnic minorities.” Though true, the effects of police brutality reach beyond victim and the resources available to them.

Broadly it touches families, friends and loved ones in many ways. The growing issue of police brutality shows that American societies have not socially developed very far from the days of oppressive and violent tactics that were prevalent during previous times of intense social climates such as those seen during desegregation and the civil rights movements. A generation that marched on the front line for social justice decades ago so that their children and grandchildren could grow up in a more accepting society must still endure the tragedies of systemic racism and oppression.

A parent’s first instinct is to protect and nurture their offspring to the best of their ability. However, in the face of police brutality, parents are left feeling betrayed and helpless at the hands of the very individuals who are embarked with the responsibility to protect and serve. These feelings of grief and bereavement for their lost loved ones is compounded by mental anguish, frustrations, and anger when families learn that no one will be prosecuted for these crimes, often times in the presence of substantial evidence.

Members of the community who do not have a loved one directly affected by police brutality and violence are still mentally affected in ways that often change their outlook on the world and consequently how they carry themselves in society. Witnessing police brutality instills distrust in the younger generation which undoubtedly grows the separation between minorities and police officers. Many younger individuals will take on a sense of hopelessness and believe that
their societies do not value individuals of color. Because the parents in these situations are undergoing their own grieving process, the mental effects of police brutality on young children are often undertreated.\textsuperscript{5}

\textit{Members of the Police Force}

The high demands and stressful environments in which police officer’s work must also be acknowledged. The effect of multiple exposures to stressful occurrences compound the emotional, mental, and physical exhaustion often felt by officers. The tendency to suppress emotional distress can partly be explained by the restraint of emotional expression within the police culture.\textsuperscript{3} This suppression of emotion can also result in avoidance and dissociation, leading to a chronic state of PTSD. Law enforcement workers suffering from uncontrolled feelings of anxiety, stress, fear, and helplessness can become easily excited, aggressive, angry, and violent in situations where they feel and can exert a heightened sense of control and power. These situations are more likely to occur on such places as city streets or in police stations and with low-income, uneducated people of color.\textsuperscript{9} Appropriate prevention, intervention, and treatment of stress associated with police work are essential to preventing psychosocial impairments that contribute to police brutality.\textsuperscript{3}

The reform of police tactics to reduce the use of lethal force, a reevaluation of guidelines that govern when lethal force, e.g., discharging of a firearm, is warranted, and more training in de-escalation techniques and other non-lethal methods of suspect apprehension and situational management.\textsuperscript{10}

\textbf{STATEMENT OF POSITION AND RECOMMENDATIONS}

We, the members of the SNMA, recognize that police brutality threatens the physical, emotional, and psychological health of those involved and should be addressed not only as an issue of social reform, but also as one of public health. For these reasons, The Student National Medical Association (SNMA) supports:

1. The recognition of police brutality against communities of color as a serious and ongoing public health issue that requires nationwide medical and legal investigation and action.

2. A justice system which is vigilant in enforcing the law and administration of justice for victims of police brutality.

3. The abolition of law enforcement strategies such as racial profiling, which prejudicially place the lives and liberties of members of certain communities of color in jeopardy.
4. The reevaluation of both law and policing policies to define the limits of reasonable force with a clear distinction between reasonable and acceptable force versus excessive force that is extralegal and abusive.

5. The recognition that insufficient training that may place communication barriers between police and civilians cause unnecessary harm to the public and foster immorality among officers.

6. The transparency of law enforcement agencies through the collection and public reporting of data on a quarterly basis with regards to police shootings, deaths in custody, stops, frisks, searches, citations, arrests, and uses of force.

7. The reevaluation of law enforcement training, specifically with regards to the inclusion of mechanisms to help identify and counteract implicit biases and improve cultural competency.

8. The importance of keeping officers up-to-date on technological advancements (i.e., body cameras) which improve the monitoring of excessive force and evaluation of the circumstances in which they occur.

9. Providing all police officers across the country with access to training in basic tactical emergency medical support (TEMS) to reduce preventable deaths of gravely injured civilians, suspects, and officers alike to include but not limited to uncontrolled hemorrhage, pneumothorax/penetrating injuries, and airway obstruction.

10. The reevaluation of ongoing employee support to promote and maintain psychological and emotional wellness of police officers.

11. The appropriate retribution and/or medical and psychological treatment to victims of police brutality and their families following incidents that have resulted in physical, psychological, and/or emotional distress.
REFERENCES


