Gun Violence Epidemic in the African American Community:
Recommendations for Safer African-American Communities

Background

According to the July 2016 U.S. Census, White Americans are 61.3% of the population, while African-Americans represent just 13.3% of the U.S. population. Yet, 15,070 homicides were recorded in the U.S. of which 7881 were African American victims, and 6576 were White victims in 2016. Nearly 80% of all homicides are due to a firearm or related injury. Despite the progress among African Americans since the Civil Rights Act of 1964, people of color continue to suffer disparate and discriminatory access to economic opportunities, education, housing, health care and unfair treatment in the criminal justice system. The latest challenge faced by the physicians and public health providers who serve the African American community is the detrimental and seemingly insurmountable, causes and effects of violence in impoverished communities of color.

The National Medical Association (NMA) has highlighted the repercussions of violence in the African American community and continues to examine the role of racism in the perpetuation of the violent environment in which many African-Americans dwell. NMA is also exploring the effects of gang violence, intimate partner violence/child maltreatment and police use of excessive force. This issue brief delves into these areas and offers actionable recommendations for our community of practitioners and interested policymakers.

This issue brief will provide an overview of how forms of violence adversely affect African American communities and provide a series of recommendations for the prevention of gun violence which are listed below.

Recommendations

Public Health

Establish local Violence Fatality Review Boards and the development of local systems that interface with at risk youth who are the victims or perpetrators of violence.

Establish the National Violent Death Reporting System of the Centers for Disease Control and Prevention (CDC) (NVDS-CDC) which will identify, qualify and quantify the problem.

Deterrence/Investigation

Have Police Departments to train officers in, and promote, community policing.

Develop Uniform Standards requiring police officers to receive implicit bias training, mental health assessment and de-escalation response training.

Establish Officer re-certification requirements

Create sites for Safe Fugitive Surrender.
Recommendations (continued)

Research Conducted with University Partnerships
Conduct National Gun Violence Research Studies to be funded by the CDC.
Establish best practices in violence prevention, which can be evaluated and reproduced, with testable methods and solutions to treat and prevent violence.

Programming
Employ Multidisciplinary Services/Access utilizing Community Partnerships, Community Building Strategies (**Interrupter Model) and Community Stabilization Programs with an acute and sustained approach to Wrap Around Services.

Promote Equitable Access to Economics, Education, Housing, Healthcare, Mental Health, Social Services & Criminal Justice

Deploy an Interrupter’s Model which integrates workers who are community based and trained to identify persons or situations that pose a risk for violence in the community and act to utilize systems in place to break the cycle of violence.

Promote ‘healthy community’ initiatives, i.e. community gardens, safe spaces to exercise, community education programs, safe affordable childcare and senior care options. Aggressive screening for lead toxicity with early intervention in high-risk communities.

Partnerships/Collaboration
Establish an extensive network with coordination across disciplines, comprised of community-based organizations, faith-based organizations and public institutions such as law enforcement departments, public health departments, academic institutions, hospitals and public schools.

Investment
In addition to investment in the above listed recommendations, grant and local/federal funds will be needed for programming aimed at public education on the risk factors for violence and violence prevention strategies.

Accountability Standards

Transparency: Endorse and support the use of both body cams and dashboard cams.

Oversight: Police and citizen review boards to address police officer misconduct and complaints against officers.

Impartiality: Support and advocate for local municipalities, state and federal mandates that require special prosecutors be assigned to review and prosecute, if indicated, all officer involved misconduct and fatal shootings.

Documentation: Physicians to routinely screen patients for any history of interactions with police, the nature of these interactions and any physical or mental symptoms that are a result of these interactions. These histories and any physical exam findings to be documented in the patient’s record.

Establish a Police Registry, which lists law enforcement agents that are fired from any police department due to misconduct, insubordination, or knowingly falsifying an application to a police department and is designed to prevent disqualified officers from moving from one department to another.

About the National Medical Association
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The National Medical Association (NMA) is the nation’s oldest and largest organization representing the collective voice of more than 50,000 African American physicians and health professionals in the United States, and the patients they serve. Established in 1895, the NMA is the leading force for parity and justice in medicine and the elimination of disparities in health. NMA is committed to improving the quality of health among minorities and disadvantaged people through its membership, professional development, community health education, advocacy, research and partnerships with federal and private agencies. Throughout its history the National Medical Association has focused primarily on health issues related to African Americans and medically underserved populations; however, its principles, goals, initiatives and philosophy encompass all ethnic groups.