



SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

Resolution on Ending Law Enforcement Violence against Racial and Ethnic Minoritized Populations

Call for ending law enforcement violence and re-allocating resources to programs to improve community health.

Adopted by the SOPHE Board of Trustees

September 29, 2020

Whereas, the World Health Organization (2002) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (p. 4).

Whereas, Amnesty International describes police brutality (also known as police violence or law enforcement violence) as forms of various human rights violations by police, including but not limited to beatings, racial abuse, unlawful killings, torture, or indiscriminate use of riot control agents at protests (Amnesty International, 2020).

Whereas, police brutality and law enforcement violence disproportionately affect Black and Hispanic/Latinx communities (Buehler, 2016; Edwards et al., 2018; Hyland et al., 2015).

Whereas, policing - and police brutality - in the United States has strong historical roots including (1) slave patrols in the South to enforce behavior of enslaved people (predominantly of African origin) (Hansen, 2019), (2) the Texas Rangers’ brutality towards Indigenous Americans and the Mexican people (Bullock Texas State History Museum, n.d.; Sandlin, 2018), and (3) enforcement of Black Codes and Jim Crow laws (Alexander, 2010, pp. 32-44).

Whereas, between January 1, 2012 and February 12, 2018, 10,057 people were killed by police. The vast majority of these deaths were among men who, on average, suffered 2.8 deaths per day (Edwards et al., 2018). Since 2015, police have killed nearly 1,000 people annually (The Washington Post, 2020). Another form of police brutality arises when police indiscriminately use force against protestors. In 2020, this has included: (1) dragging a young woman from a car while using a taser against her, (2) hitting protestors in the face with rubber bullets and teargas containers, and (3) shooting pepper spray directly into the face of protestors who appear to be complying with police (Dewan & Baker, 2020; Heisler et al., 2020).

Whereas, law enforcement violence is also present in primary and secondary education systems. Nearly one-third of students in the U.S. attend a school where police are present, but there is no school-based mental health provider (i.e., counselor, nurse, psychologist, or social worker; Whitaker et al., 2019). Law enforcement in schools can escalate school disciplinary referrals to arrestable offenses (e.g., Curran et al., 2019; Whitaker et al., 2019), creating unnecessary involvement in the juvenile justice system. When this happens, students with disabilities, Black and Indigenous students bear the brunt of the police system, having higher rates of being referred to police and arrested than white students (Whitaker et al., 2019, p. 24). Students, particularly students

of color, face police brutality in the forms of both psychological (e.g., decreased perception of safety at school [e.g., Nakamoto et al., 2019]) and physical violence (e.g., Advancement Project, 2018; Stelloh & Connor, 2015).

Whereas, the United Nations Crime Congress's *Basic Principles on the Use of Force and Firearms by Law Enforcement Officials* (1990) describes an obligation of law enforcement to respect and protect life and use lethal force only when unavoidable.

Whereas, governing bodies within the United States, including the Supreme Court, have affirmed that law enforcement officers do not have a Constitutional duty to protect individuals, but only the public at large (*DeShaney v. Winnebago County*, 1989; *Town of Castle Rock v. Gonzalez*, 2005; *Warren v. District of Columbia*, 1981).

Whereas, the Supreme Court of the United States has permitted the policy of qualified immunity for law enforcement. Qualified immunity shields government employees from lawsuits if the employee "does not violate clearly established statutory or constitutional rights of which a reasonable person would have known" (*Harlow v. Fitzgerald*, 1982, para. 1). In many cases, law enforcement officers are largely protected in cases of law enforcement violence, creating "an absolute shield for law enforcement officers" (*Kisela v. Hughes*, 2018, p. 15, Sotomayor dissenting). Between 2005 and 2007, 44% of courts favored police in cases of excessive force, granting qualified immunity; between 2017 and 2019, that percentage rose to 57% (Chung et al., 2020). Therefore, qualified immunity is an obstacle to restorative justice for victims of law enforcement violence.

Whereas, law enforcement violence promotes inequality across the social determinants of health leading to worse health and social outcomes, such as poorer mental health (DeVylder et al., 2018), increased risk of diabetes and obesity (Sewell, 2017), more years of life lost (Bui et al., 2018), and generational trauma (Bryant-Davis et al., 2017). Yet, there are no national health objectives (i.e., Healthy People 2030) calling to reduce law enforcement violence (U.S. Department of Health and Human Services, 2020).

Whereas, calls to end law enforcement violence through reforms have led to additional funds to law enforcement agencies (e.g., for sensitivity training and body cameras) (District Attorney Orange County New York, 2020; U.S. Department of Justice, 2016) and attention to use of force policies. Body camera reforms do not have a strong effect on officer behavior, citizen willingness to cooperate with police, or citizen satisfaction with police interaction (Lum et al., 2019). The use of force policies are largely inadequate, lacking explicit guidance that may save lives and reduce the public health toll on communities (Obasogie & Newman, 2017).

Whereas, budget allocation throughout the United States represents a larger investment in the criminal and legal system than in services that promote health. The United States spends twice as much on the criminal and legal system (inclusive of police, prison, and courts) than it does on welfare (including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and supplemental social security) (Ingraham, 2020). In metropolitan areas, a similar pattern occurs. For example, in Detroit, Michigan in 2019, police department expenditures exceeded health department expenditures by \$280.6 million (Hendrickson, 2020).

Therefore, be it resolved, the Society for Public Health Education, Inc. (SOPHE) shall:

1. Declare law enforcement violence/police brutality as a threat to community and public health, and share this declaration with its chapters, the Coalition of National Health Education Organizations (CNHEO), and other organizational partners.
2. Educate members on the historical foundations of law enforcement violence and systemic and institutionalized racism in the United States, and the effects of these systems of oppression on the social determinants of health, social needs, and health outcomes through:
 - a. Providing webinar education and training on the Center for Online Resources and Education (CORE).
 - b. Directing SOPHE journals to prioritize manuscripts on these topics.

3. Develop resources for members to engage in advocacy to eliminate law enforcement violence and encourage police reform and/or abolition including (1) revisioning of the role of a safe society by reducing the notion of security through violence, and (2) support prevention by reallocating funds from budgets, such as law enforcement, to programs supporting economic, environmental, health, and racial justice.
4. Support local, state, and national campaigns on criminal justice policies and reforms that call for fair treatment of all populations; and, raising awareness of law enforcement violence and the effects of violence on community health.
5. Adopt a social impact policy to strategically assess sites for the Annual Meeting or other conferences/in-person events through a critical lens. Prior to a decision being made, a report will be presented to the Board on a potential city's police violence record, including publicly available information on the local law enforcement agency's reforms and the locality's dedication to reducing policing.
6. Contact (1) local government representatives (e.g., Mayor's Office or City Commission), (2) local law enforcement agencies, and/or (3) tourism offices/commissions in SOPHE event-host cities to affirm SOPHE's support of adopting policies that reduce use of force by law enforcement and encourage the re-appropriation of police budgets to community health, mental health, and social services.
7. Urge local, federal, and state governments and agencies to:
 - a. Allocate funding to intervention studies to eliminate law enforcement violence.
 - b. Adopt policies removing law enforcement and similar policing strategies from primary and secondary education settings.
 - c. Contextualize law enforcement violence as a public health issue and include the elimination of law enforcement violence in national health objectives.
 - d. Implement and enforce policies and evidence-based practices to eliminate law enforcement use of force without allocating additional funds to law enforcement agencies to implement these practices.
 - e. Invest in community health and social services by identifying new funding streams, such as reallocating funds from the criminal and legal system.
 - f. End qualified immunity for, and thereby increase accountability of, law enforcement workers.
 - g. End militarization of law enforcement forces.

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