So, when people talk about defunding the police, they’re not talking about transforming the police into kinder, gentler people; they’re talking about a narrower role for police, not having so many police, not having military-grade weapons in the hands of police.

We see police brutality, something that disproportionately affects black people and people of color in the US, was something that we can intervene against and stop to improve the health for communities in the US.

We know that public health funding has been decimated over the years; the public health work force has been decimated over the years. We are just not funding these upstream interventions, right, and targeting social determinants of health.

We haven’t seen viral videos of what goes on in our housing institutions, in our educational institutions, and if we connect more to [whole] systems of brutality and address the underlying structural racism that sustains it, then we can address police brutality. I just don’t think it can be addressed in isolation to the larger context of racism.

Hello and welcome to the July 2020 podcast of the American Journal of Public Health. Eric Garner, Freddie Gray, Breonna Taylor, Andre Guardado, Michael Brown, Tamir Rice, Walter Scott, Carlos Lopez, Alton Sterling, Philando Castile, Jamar Clark, George Floyd, Sandra Bland. The litany of names of black and Latino lives destroyed in encounters with the police suffices to show that it is a mass phenomenon. For years now, articles in AJPH have been stressing the tragic impact of police brutality on the health of the public and calling for the systematic collection of data to support policy and to
prevent these deaths. In this podcast, a panel of public researchers discusses four questions: Why is police brutality a public health problem? Why is there a need for more evidence to control a phenomenon that is blatantly harmful at a mass scale? What should be the role of public health departments if funds are diverted from the police to social services? And, is the current uprise some form of revolution?

My four guests are Sirry Alang, Associate Professor with the Department of Sociology at Lehigh University; Mary Bassett, Director of the Francois-Xavier Bagnoud Center for Health and Human Rights at Harvard University and former Commissioner of Health for New York City; Lisa Bowleg, Professor in the Department of Psychology at the George Washington University and Associate Editor of this journal; Leana Wen, Public Health Professor at George Washington University and former Health Commissioner of Baltimore. I am Alfredo Morabia, Editor-in-Chief of AJPH, and we are July 8, 2020.

**AM** My first question will be to Lisa. We know among ourselves that police brutality is a public health issue, but how do we explain this to people that may not be already convinced of that?

**LB** Well, one way we explain it is we can talk about the impact of police brutality not just on the health, sort of the mental and physical health, people who directly experience the violence—so that’s sort of a topic in and of itself, right—but what we’re seeing is research documenting links between experiences of police brutality and sort of collateral mental health affects in whole—in entire populations, particularly black people in the US who disproportionately experience this, and one of the most recent and sort of stunning studies is this sort of emergency study that the Census Department does with the National Center for Health Statistics. And what they do is they were sort of checking in to see
about just sort of mental health and the health impact of Covid-19, and what they found was this sort of five-point spike in the mental health of, sort of negative mental health, anxiety and depression, for black populations in the aftermath of watching the George Floyd video, right? And so there’s also research is talking about neighborhoods that are under sort of heavy hyper-policing and surveillance. In those neighborhoods, you’re seeing increases in diabetes, increasing in stress, mental health.

AM [Mary], you were part of guest editor who prepared the supplement to the journal this year about mass incarceration. Do you think that mass incarceration and police brutality are part of the same phenomenon, that they are under the same overarching problem or they are different?

MB I would class them as part of the same phenomenon; obviously a police encounter is often the front door to the criminal justice system, and both of these systems are doing what they were designed to do which is to place communities of color, particularly descendants of the enslaved population in the United States, under surveillance to exercise social control and to ensure a climate of fear. So, all of the things that Lisa has mentioned as effects of police brutality also hold for the impact of mass incarceration. Now, if you look at the communities that are losing individuals to our prison system, they’re the same communities that have many forms of social distress that are all part of the problem of racism that we’re all talking about these days, fortunately.

AM Sirry, I know you’re a scholar but you’re also claiming to be an activist. Do you think that people understand in the streets that police brutality is a public health issue?

SA One of the ways that I try to communicate that is to think about the broader social determinants of health. [So], the social determinants of health are the conditions in which
we live, we work, we age, we die. Police brutality disproportionately shapes how black and indigenous communities live and work and die. And so it affects where we choose to live; it affects whether we go out on the street; it shapes our health outcomes even while we are sleeping, while we are playing video games. It also shapes our relationships with other systems. It’s that connection between policing, like Mary said, the criminal justice system, but also the education system, transportation—and so I think about police brutality as this overriding [institutional] structural racism that affects the health of communities of color, especially black and indigenous communities. And so if the goal of public health is to improve population health, police brutality does the opposite of that, and so it is a public health crisis.

AM Leana, what is your perspective on that?

LW I come to this as the former Health Commissioner for the City of Baltimore, and there’s this unbelievable statistic that I brought up every time we had a budget discussion, and that’s that the entire amount that the city allocated to public health, to our agency, was less than that what was spent on just overtime for police officers. So, let’s think about that for a moment about how, for lack of better words, how messed up those priorities are, right, that, you know—we had a program called Safe Streets that’s based on the national Cure Violence model. We hire interrupters who are often people who are previously incarceration but they’re community members, to interrupt violence and interrupt crime, and they were hugely successful in doing this. Three out of our four sites went over a year without having a fatal shooting. Independent studies found that they interrupted hundreds of conflict every year, the majority of which could have resulted in gun violence, and yet that program came within days of losing its funding multiple times
during my tenure because something like that was not recognized the same way as policing interventions were. And I say all of this because I think it is time for this reckoning, obviously as my colleagues have said, for police brutality being a public health, [raises] being a public health issue, but also for this rethinking about how we make our budget, because how we consider our budget is a reflection also of our priorities, and I think all of us here I’m sure would agree that public health also contributes to public safety, that when you fund addiction treatment that also reduces crime and obviously is better for the community and reduces mass incarceration. When we fund programs like early Headstart and lead prevention and maternal and child health, those are also inventions that improve safety overall, and so I do hope that this is a reckoning that we will be having to rethink what public safety looks like, recognizing that there’s still going to be a role for law enforcement in some way but that we really need to be rethinking as a society how we allocate our funding and what our priorities really look like.

AM Great, all of you, you’ve convinced me to public health issue, but from a research perspective, I mean, we know police brutality is something that needs to be stopped, so why do we need to study it, and I want to ask Sirry because you published in the Journal an agenda for public health research on this question.

SA Thank you, Alfredo, I think yes, it is lethal; it is one of the leading causes of death among young black men. I saw this [ex] coming out of Michigan saying that it was indeed the [5th] leading cause of death among young black men. We already know that police brutality increases population specific mortality and reduces years of life; it reduces life expectancy, and we know that it’s associated to a range of health outcomes, including
physical illnesses such as diabetes, and a range of mental health outcomes from societal
[ideations] to schizophrenia, depression, and so forth. We can actually act by developing and implementing policies that would help [relieve] police public interactions or at least limit dehumanization of black and indigenous lives by the police; but at this point, we do not know the extent of police brutality, especially at the national level. Some of the evidence we need requires us to collect data about stressors that are connected to police brutality that are particularly […] to black and indigenous communities. Questions such as how often, you know, people get stopped by the police for example can be partial indicators of the everyday stressors of police brutality. We also don’t know enough about the [least] experiences of people who are facing police brutality, so regardless of fatal use of force, regardless of physical violence, police brutality is a chronic stressor that is [enduring] over time the case of the 28-year-old Atatiana Jefferson who was shot in Texas. Her death is definitely an acute stressor for her family but just it was sudden and it had a strong impact, and we learnt that both her parents died suddenly after, and there have been public debates about the extent to which her death caused the early death of her parents. I’m also a sociologist, and I study sociological sources of stress. We know that stressors proliferate and that the initial stressor of policing with the [manner of your daughter] can proliferate into several sources of stress so things like [figure out bills], loss of caregiver, involvement with the legal system, just even the public attention towards that family can be stressful, so we need to still generate evidence that is based on the experiences of those who have been impacted by police brutality and those who are survivors and that if our policies aren’t really grounded in this experience or the
experiences of people that are closest to the theme of police brutality, that our policies will fall short of our [test] impact of police brutality.

AM  Any other comment on that?

LB  Nancy Krieger, a social epidemiologist, often says this sort of old adage that no data, no problem, right, and so that if you don’t have the data, you don’t have the evidence that in certain policy makers say well what’s the problem. And we know with regard to this particular topic, there is very little national reliable data. The Federal Bureau of Investigation in 2019, they restarted a voluntary data collection for use of force, and the evidence shows that only 40% of police departments in the country have submitted information to this database. So that’s one thing, right? And we know that police unions have really resisted the collection of this data, so often we don’t even have a way to collect this information. A lot of the evidence comes from the Washington Post or the social media and prime reports to try and get the evidence so that the Guardian in the UK, one of the things we desperately need is evidence. I see this issue as a whole continuum with the extreme end is sort of the lethal brutality, the George Floyds and all that, but there is a whole continuum from the disrespectful speech that happens in stop and frisk, and we don’t have data about the frequency as Sirry was saying or what the impact of that is in terms of chronic exposure or dose exposure on health, and we eagerly need that data.

AM  Absolutely.

MB  There was some interesting work that was underway when I was the Health Commissioner in New York City but was released after I left, looking at people who’d had contact with the criminal justice system and their overall health status, their physical
health and mental health, and these data showed that even brief encounters with the criminal justice were associated with poor mental health, poor physical health, even having been stopped, and people who were more at risk were people who were low income, people who were black and Latino, people who were immigrants, so the people who are marginalized in our societies are more likely to have these encounters. And we’re in a moment where people are asking the question, what sorts of situations require someone to show up who has a gun; should somebody show up with a gun for a counterfeit $20 bill? Should there be four people who show up with a gun for a counterfeit $20 bill? Should they, there be armed response to road traffic accidents? Should there be armed response to noise complaints, to the kinds of everyday activities that it turns out occupy the time of many people? We’re being asked, as a society, to consider whether, what sort of people should be showing up for these, and I think these are very important questions but also speaking to Lisa’s comment on data, the need for data, particularly the need for accurate data on police-involved killings, should be routine and should not be left to police departments alone. These are public health data, as Nancy Krieger has called for some years ago, and they should be accurately collected and reported to the public by health departments.

AM  
I totally agree, we need more data. The Journal has tried to be a [mediary] in publishing on these issues, and I think the news report show that.

[musical interlude]

AM  
So let’s move now to solutions. And so, it looks like the main claim or watchword if I can say that, seems to have stayed with the movement is defund the police. Alright, so defund the police. I’d like to know, and I’m going to ask this question to Leana first, what defund
the police means to you and what could you have done with such a claim when you were health commissioner in Baltimore?

LW When, you know, I don’t think we need to convince your audience of the importance of funding in public health, and as well as, as Mary said very well, changing the understanding of who should be responding to various things. Then, that sounds like a conversation that’s long overdue. Again, I do think though that we need to inject nuance into this, too, because there are some who equate defunding the police with abolishing the police, and I can just tell you from my experience, in Baltimore we had a couple of situations. We had one situation where we had one of our health centers that was broken into and vandalized four times within a three-week period. Initially, the things that were stolen were TVs and medications but then staff belongings, the very few staff belongings there were were stolen, and our staff felt understandably very vulnerable and really scared, and they didn’t feel comfortable even though many of them were not the biggest fans of the police. This was also not long after the death of Freddie Gray while in police custody in Baltimore. There was a lot of distrust with the police, but our staff requested for the police to be there in our health center for a period of time for their own safety. We also worked with mental health crisis lines where often, actually, we had to call the police for assistance because there were reports of the individual being armed, and yes, that kind of co-responder unit may be necessary at times. And I just would hope that in the discussion, yes, we need to be rethinking the budget and redistributing the funding but I also want for the conversation to be nuanced in some way, because otherwise I fear that we end of alienating a lot of Americans who, while they would support stopping police brutality and having major reforms to the police, don’t want to abolish police and law
enforcement altogether, and so I just would hope that, again, the conversation is inclusive enough that we are also recognizing that there is going to be still some role for law enforcement as partners, as collaborators, rethought how it’s done but that there is going to be some role for them moving forward too.

AM Thank you, Leana. So, Mary, what about New York City without police?

MB Well, even the people who use the phrase, defund the police, mean a range of things by it. Many people are aware of what an outlier the United States is in terms of its use of prisons and jails and they know that the United States incarcerates many more people than any other nation and is also unique in directing its incarceration to people of color, minority groups are disproportionately represented among people who are incarcerated. But they don’t know that we have many more police than most other wealthy countries. So, just to give you a sense, the number of people who die as a result of encounters with police using the kind of bolstered surveillance systems that were pioneered by the Guardian newspaper, is about a thousand a year in the United States. In the UK, it’s a smaller population, but it would take then 50 years to get to the numbers of people who die in the US. So, when people talk about defunding the police, they’re not talking about transforming the police into kinder, gentler people, they’re talking about a narrower role for police, not having so many police, not having military-grade weapons in the hands of police, and many of the transformations of police departments that have occurred over the past decade are ones that we should reconsider. I agree that there will be fewer police but smaller and less lethal, it has to be the goal.

AM But the health departments could play a role in some of the current functions that are given to the police and execute them in a much more community-friendly way, right?
MB Absolutely. There are many roles that could be cataloged, are ones that could be played by a different kind of [pattern]: social workers, health department representatives, community health workers. The involvement of community workers themselves has been more effective than many even police departments thought would be possible. That’s what I think defunding the police means, that not transforming the police into roles that could be played by others but reducing their role to one in which we would need somebody to show up who has a gun, and that would be much smaller.

AM Absolutely, and Sirry, would you agree that defund the police means redistribute the funds from some of the police funds toward health departments and public health?

SA I completely agree with everything Mary said. I’ve heard people who say defund the police also really articulate how our public education systems have been defunded, about how our other safety net programs have been defunded, and it’s that comparison that the police cannot have all these resources while teachers, for example, have needed resources.

AM I have a last question, because we’re getting to the end here. Since the sixties, I’ve know a lot of situations of movements and demonstrations and things like [that], but it’s the first time since the sixties that I’m experiencing a movement that is so general that permeates all aspects of our lives. There’s an urgency to talk about racism, of police brutality, about structural racism. We find them in our universities, our workplace, in the news, in the streets, in politics. So my question to you is, is this a revolution?

LB Yikes—

AM Oh, Lisa—
LB: Who knows? I mean, I mean part of me, so the pessimist of me is that we’ve been here before, and so we think about Dr. Martin Luther King, Jr. and the march on Washington. In that speech, he’s referencing police brutality and just how tired he is of it, and here we are. My pessimism, is okay, black communities and indigenous communities have been talking about this, marching about this, crying about this for decades, and we’ve just gotten here. At the same time, I too have been heartened by seeing this multi-racial, multi-ethic. That’s what’s new. It’s not just black people, that the conversation has moved not from this sort of individualized, oh these bad apples, these you know we just give them more training. There’s this notion like, oh my goodness, something is foundationally wrong and that’s likely structural and whether it’s police brutality, mass incarceration, Covid-19, all of these things are related. But listen, I need to see the proof before I join the revolution parade. We’ve reached a tipping point, right? People are just tired, and so it’s important to put this in a larger context. The women’s march and we then had the Parkland shootings. We’ve seen these little bits of uprising but it all comes together, oh Covid-19 mess, just general frustration and trauma in the nation with the government’s lack of response to really sort of important social issues and all these sort of coalesce to this moment of possibility. So, I want to be optimistic, but check in with me next year. I need to see the actual evidence of the change. This is an important start, but I don’t know if I want to—when was the world used, revolutionary?

AM: Revolution.

LB: I’m not willing to go that far yet.

AM: And so, Leana, there have been hard times in Baltimore, in particular when Freddie Gray was killed. Do you feel a difference of what’s happening today compared to then?
I’m not sure. I join Lisa in this, in thinking that, look, I’m an optimist by nature, also. I want to believe that this is different. I also am a pragmatist, and I would at least want to see tangible actions taking place right now, and they may be small. I’m glad that there’s now emphasis, for example, on racial disparities and Covid-19, but I want to see—and I realize that we need structural change and rethinking the health care, rethinking public health, rethinking all of these different systems longer-term, but I also want to see tangible things happening right now to adjust racial disparities now. I mean, can we do something as basic as targeted testing to African-American, Latino communities where we know that they are being undertested now. I mean, something that basic, can we track demographic information, can we hire tracers from the communities that they serve. These are very tangible, small actions, but unless I see those short-term actions and something happening now, it doesn’t give me much hope that the revolution is going to pan out, either.

Mary, sixties versus 2020, a few years later.

Yes, well, I’m feeling more optimistic than I’ve felt in a very long time for many of the reasons that Lisa has mentioned, and I also agree with Leana that there are things that could be done very quickly and then there are things that will take a broader societal reckoning that will take political courage and political power, but some things could be done now—making police-involved killings reportable is something that could be done now. As the ideas of, you know, ending the complete lack of regulation of who gets to be a non-police officer could be done now, tracking somebody with a bad record. That could be done now, and budgets can be addressed now. That may not be as broad ranging as disinvestments that have occurred in public education and public housing, but that could
be a first step, and I’m just very optimistic. Look, this was over a hundred cities, not just spontaneous, reflecting the role of activists and advocates who for decades have advocated as Lisa’s pointed out. So, I think that there was both a foundation and a public outcry and it's been very moving to watch.

AM Sirry, we got the last word, so be careful: revolution or not?

SA That’s a big responsibility. I do not think it’s a revolution. I am optimistic, though, because I think like everyone said, small changes are happening. There are indications that things can change, but experiences of racism and police brutality are intertwined and that the same racism that plays out in police brutality is the same racism that plays out across the [same system]. I like things to change for us to get to that point of structural transformation and we have to see the connections between multiple systems of brutality, not just police brutality. Part of it is because we haven’t seen viral videos of what goes on in our housing institutions, in our educational institutions, and if we connect more [to those] systems of brutality and address the underlying structural racism that sustains it, then we can address the police brutality. I just don’t think it can be addressed in isolation to the larger context of racism.

AM Thank you very much, everybody; I enjoyed enormously this conversation, thank you for your time.

[musical interlude]

AM Wow, what bright moment this panel discussion has been! My guests provided clear answers to all my questions. First, police brutality is a public health problem because it massively impacts the health of entire communities at multiple levels: physical, mental, material. Second, more research and data are needed because elected videos can attest
[of] the existence of police brutality but not its extent. We may only be seeing the tip of the iceberg. Third, defunding the police, that is, reallocating resources from the police towards non-repressive forms of community public health services, would work because issues of mental health, housing, addiction, education, and more can be addressed in the community by unarmed social and community health workers like the interrupters of Safe Streets in Baltimore. And fourth, this is not a revolution but the rising awareness that the time is rife for major reforms which could prevent police brutality. My guests were all on the same page in saying that all the good intentions still need to be translated into actions because even some small and obvious reforms haven’t been implemented yet.

I’m grateful to all the members of the panel for their time and willingness to share their ideas. I also thank Emily D’Agostino and Michael Constanza for comments and edits on an earlier version of the podcast. Francis Jacob produced the track and solicited the voice and lyrics of Roh D, a poet, singer/songwriter, and rapper from Brooklyn, New York. This is Alfredo Morabia at AJPH. For more podcasts including podcasts in Chinese, visit us at www.ajph.org or subscribe to it on your usual podcast app. A full transcript of the podcast is available on our website for persons with hearing disabilities. That’s it, thank you for listening!

[musical postlude]