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POSITION STATEMENT

The Society of Behavioral Medicine (SBM) Urges Congress to Reform Policing and Increase Funding for Anti-Racist Research

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SUMMARY STATEMENT

The excessive use of force by police and other law enforcement personnel is a pervasive public health crisis fueled by systemic racism that disproportionately impacts communities of color, with an undeniable bias towards Black Americans. The physical, behavioral, and psychological health effects of systemic racism, unequally experienced by Blacks in America, necessitates the need for comprehensive police reform and increased anti-racist research.

BACKGROUND

The recent killings of Mr. George Floyd, Ms. Breonna Taylor, Mr. Ahmed Aubrey, and Mr. Rayshard Brooks highlight the disproportionate police violence and vigilante justice suffered by Blacks and other racial/ethnic minority groups.¹ The physical, behavioral, and psychological impact of these racist killings are devastating for the victims' families as well as for communities of color. Black Americans are more than twice as likely to be killed by police compared to non-Hispanic White Americans.^{2,3} Recent research indicates that the killings of unarmed Black Americans adversely impact psychological health in the Black community¹ and contribute to other adverse clinical health effects among Black Americans.⁴

Behavioral and public health research identify racism as a key *social determinant of health* (the circumstances in which people are born, live, work, and age).^{5,6,7,8} Systemic racism refers to the structuring of opportunities, power, and resources across multiple sectors (e.g., housing, education, health care, law enforcement) based on the social construct of race that unfairly advantages certain groups while unfairly disadvantaging other groups. Systemic racism is a key predictor of the Black-White inequity in rates of police shootings of unarmed victims.^{9,10}



The physical, behavioral, and psychological impact of the senseless killings of Black Americans in the US at the hands of police and other law enforcement personnel further exacerbates existing *health inequities* (health-related differences between subgroups of the population that are systematic, avoidable, and suffered by socially, economically, or environmentally disadvantaged groups).^{11,12} These inequities have been highlighted during the ongoing COVID-19 pandemic, with higher rates of COVID-19 death rates as one of many examples of the disparate impact of disease risk, morbidity, and mortality experienced by Blacks in America.¹³ Both racial/ethnic health inequities and police brutality are inextricably linked to systemic racism.¹⁴

As a result, the Society of Behavioral Medicine (SBM) urges policymakers to pass comprehensive police reform and to increase research and funding for systemic racism research that facilitates solutions to police brutality and racist policies.

RECOMMENDATIONS

Recommendation 1: Implement comprehensive police reform by passing policies that work towards ending the excessive use of force by police, which disproportionately affects Black Americans.

The Society of Behavioral Medicine calls for Congress and state and local policy makers to go beyond recent and proposed legislative and policy efforts such as the Justice in Policing Act of 2020¹⁵ and President Trump's "Executive Order on Safe Policing for Safe Communities" issued on June 16, 2020. Federal, state, and municipal policymakers should:

1. **Formally recognize systemic racism as a national public health priority and develop nationwide solutions for reconciliation.**
 - a. Support legislation that reconciles the consequences of systemic racism at the national level. For example, in June 2020 legislation was introduced to recognize racism as a national crisis and create a truth and reconciliation process.¹⁶ Other countries have implemented similar legislation such as Canada's Truth and Reconciliation Commission.¹⁷
 - b. Develop a national public and behavioral health agenda that acknowledges systemic racism as key indicator of poor health outcomes.
2. **Implement policies that foster greater accountability for police behavior and law enforcement systems and link such policies to funding mechanisms.** The behavioral science literature includes evidence-based strategies for behavioral monitoring and modification including strategies for violence prevention.
 - a. Require police departments receiving federal funding to implement mandatory participation of all officers in evidence-based de-escalation training and follow-up evaluations.
 - b. Implement requirements for federal funding to include ongoing trainings on navigating implicit and explicit racial bias. This will require critical self-reflection so police and community members become comfortable with the language and concepts of antiracist teaching and practice and naming racism and white supremacy, as well as conducting evaluations to determine efficacy of trainings.



- c. Expand existing policies that promote ongoing observation of police interactions such as use of body cams to also include ongoing training and recommendations for other measures that stop unfavorable behavior of police and law enforcement.
3. **Reallocate some police funding to public health, mental health, education and community funding in historically disadvantaged communities.** Pathologizing social issues as criminal only perpetuates inequities and overburdens law enforcement.
 - a. Reallocated funding should be used to support greater infrastructure that addresses the needs of disadvantaged communities. Funding priorities should include community programs (e.g., mental health and social work services, fair housing, quality education).
 - b. While the President’s Executive Order does encourage the “use of appropriate social services as the primary response to individuals who suffer from impaired mental health, homelessness, and addiction...” the implementation proposed is for the Attorney General and the Health and Human Services Secretary to develop opportunities to train law enforcement officers for this effort. We recommend against law enforcement involvement, and encourage a community and mental healthcare delivery partnership to develop a new model for responding to community mental health needs.^{18,19}
 - c. In many cases, demilitarization of the police is warranted. Disadvantaged communities need economic and social resources, such as those relevant to employment, housing, education, youth services and health care.
 - d. Funding should be reallocated for better integrated care for trauma and mental health to address exposures over the life course in systemically and historically disadvantaged communities.

Recommendation 2: Increase infrastructure and funding for anti-racist research that informs effective policy solutions to police brutality, systemic racism, and racist policies. Federal, state, and municipal policymakers should:

1. **Increase funding for research examining systemic racism and police brutality as public health problems.** Although a sizeable body of research has examined the health implications of racial discrimination that occurs between individuals, less attention has been on the health consequences of racial discrimination rooted in social and institutional systems (i.e., systemic racism). A 10% increase across the National Institutes of Health is recommended to support research on systemic racism and police brutality.
 - a. Racism—not race—is a fundamental cause of inequitable health outcomes.^{20,21} Explicit calls for research proposals and funding mechanisms on systemic racism are needed to shift dialogue and resources from examining race as a risk factor to examining systemic racism as the underlying exposure of interest.
 - b. Funding should be made available to examine the health impact of community traumatization from police brutality. Priority areas of research should include multi- and-interdisciplinary research that examines the impact of bias (both implicit and explicit) on behaviors of police that led to undue trauma in communities of color excessively seen in Black Americans. Lastly,



research agendas should evaluate the effectiveness of anti-racist training programs in improving police behavior thereby reducing community level trauma from policy brutality.

- c. Research training and education programs should be promoted that encourage researchers to examine the intersection of systemic racism, police brutality and health outcomes and identify multilevel solutions.

2. Enhance accountability and transparency on policing activities.

- a. Data about policing (arrests, police killings, and criminal sentencing inequity) should be publicly and widely accessible in order to analyze data to identify evidence-based solutions. Some data sources already exist, such as the National Violent Death Reporting System,²² and the ability to link these sources to health-related data should be prioritized.
- b. Police departments should make policies publicly available and a national database should be implemented.
- c. Data about policing should be integrated into public health surveillance, monitoring, and reporting. National surveys should incorporate measures about police interactions and perceptions that can be linked to community-level police data to facilitate multilevel research.
- d. Support legislation that extends the President's Executive Order to "create a database to coordinate the sharing of information between and among Federal, State, local, tribal, and territorial law enforcement agencies concerning instances of excessive use of force..." to require police department participation and to codify congressional oversight of database development, implementation, maintenance, and reporting.



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