



## **The Student National Medical Association Police Brutality Position Statement**

Established in 1964 by Medical School students, 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, the SNMA strongly opposes the medical, social, and political infractions incurred via these acts of excessive force.

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. The American law enforcement community has historically demonstrated unjust scrutiny against African-American and Latino members of society. This scrutiny has, in turn, led to numerous unmerited physical and psychological attacks upon minorities resulting not only in permanent disability, but also the death of innocent law abiding Americans. Such unwarranted incidents resulting in injury and murder constitute direct attacks upon the civil rights of too many ethnic minorities in the United States.

Police brutality and the use of unwarranted physical and emotional force ultimately compromises 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.

The Student National Medical Association (SNMA) supports:

1. The recognition of police brutality against minority communities as a serious, ongoing public health issue that requires nationwide medical and legal investigation and action.
2. The reevaluation of law enforcement training, specifically with regards to the inclusion of mechanisms to promote and maintain psychological and emotional wellness of officers.
3. The civil rights of minority groups and the necessary efforts by law enforcement officials to treat minorities in an equitable and unbiased manner, void of undue psychological and physical injury.
4. The abolition of law enforcement strategies such as racial profiling, which prejudicially place the lives and liberties of members of certain minority groups in jeopardy.

5. 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.



## **Appendix to the Student National Medical Association Police Brutality Position Statement:**

Police brutality is 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. 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 (October 22 Coalition). These injuries commonly result from night-stick or baton beatings, pistol whippings, beatings by fist or boot, restraint holds, and shootings (October 22 Coalition). Examples of physical injuries include, but are not limited to skin abrasion/laceration, bone fracture, asphyxiation, parenchymal nerve injury, contusion, concussion, skull fracture, epidermal & subdural hematoma, pneumothorax, and hemothorax. Complications of such injuries include post-traumatic cerebral edema, infections, hydrocephalus (secondary to blood or infection in the sub-arachnoid space), post-traumatic epilepsy (secondary to sustained contusions and lacerations), paralysis, permanent disability and death.

Damage caused by police brutality goes beyond the physical. Psychological trauma faced by victim(s) 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. 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.

Epidemic numbers of racial minorities are being unjustly scrutinized, brutalized and even killed at the hands of law enforcement in the USA. According to limited research, more than two thousand individuals have been killed by police officers since 1990 – 75% of whom were people of color (October 22 Coalition). Many more have been injured in incidents that have gone unreported due to the social pressures facing victims.

Police brutality is characterized by (1) bias against minorities, (2) an attack against individual and community civil rights and (3) a serious public health problem. It is SNMA's opinion that this situation necessitates appropriate action.

It is imperative that an active surveillance system for the recording and the monitoring of physical and mental injury directly sustained by interactions with law enforcement be established. This

system should be developed on the basis of evidence collected nationwide regarding the nature and circumstances surrounding incidents of police brutality. This will ultimately allow for enhanced understanding of the injurious nature of police brutality and will assist in the compilation of accurate statistics of the numbers of people injured by law enforcement, as mandated by the 1994 Violent Crime Control and Law Enforcement Act.

In addition, law enforcement training must be restructured. Current training programs that perhaps suggest prejudiced and discriminatory methods for identifying potential perpetrators only serve to reinforce current abuses by police. In light of recent incidents of police brutality nationwide that have been associated with racial profiling, it is clear that such practices are not only racist, discriminatory and unjust, but continue to perpetuate inappropriate relations between minority communities and law enforcement officials who should be working together to alleviate violence.

It is also vitally important that programs within police departments be developed which promote the psychological and emotional wellness of law enforcement. Officers are exposed to many stresses including (1) violent incidents (i.e. shootings, hostage crises) and (2) depressing incidents (i.e. injured victims, corpses from rescue). The effect of multiple exposures to such 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 (Carlier et al: 1997). This suppression of emotion can also result in avoidance and disassociation, 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. As highlighted in Title XX, Subtitle B, Law Enforcement Family Support, 1994 Violent Crime Control and Law Enforcement Act, adequate training programs must be implemented on a state and local level to educate officers as to the stresses associated with their profession, and more importantly, of ways in which to cope with these stresses. Appropriate prevention, intervention, and treatment of stress associated with police work is essential to preventing psychosocial impairments that contribute to police brutality (Robinson ET al: 1997).

Originally Prepared by Roger Mitchell, UMDNJ Chapter SNMA, Jan. 2000

## **References**

Brewin, CR. Andrews, B. Rose, S. Kirk, M. (1999). Acute stress disorder and posttraumatic stress disorder in victims of violent crime. *American Journal of Psychiatry*, 156, 360-6

Carlier, IV. Lamberts, RD. Gersons, BP (1996). PTSD in relation to dissociation in traumatized police officers. *American Journal of Psychiatry*, 153, 1325-8.

Carlier, IV. Lamberts, RD. Gersons, BP (1997). Risk factors for posttraumatic stress symptomology in police officers; a prospective analysis. *Journal of Nervous & Mental Disease*, 185, 498-506

October 22 Movement, (1999). *Stolen Lives: killed by law enforcement: Stolen*

Lives Project.

Robinson, HM. Sigman, Mr. Wilson, JP. (1970). Duty-related stresses and PTSD in suburban police officers. *Psychological Reports*, 81, 834-45.

*Some information was confidentially received from families of killed victims by and survivors of police brutality.*