Excessive police violence has many facets. It is a tragedy for its victims, for the people who love them, and for their broader communities. It is a violation of civil and human rights. It provides evidence that policing policies have strayed from the collective vision of ensuring public safety. It poses a challenge to the nation’s health.

Because of this threat to health, in this primer we approach police violence as a public health problem. Public health is concerned with the health of the whole population, especially as a function of our federal, state, and local governments. Public health workers identify patterns of illness and death across and within populations; develop interventions to maximize well-being and eliminate inequities in health treatment and outcomes; implement these interventions through the nation’s public health system; and evaluate their impacts.

We use our discipline’s tools to examine the nature of excessive police violence in the United States. We review what we have learned thus far about its distribution and its impact on individual and population health. These data demonstrate that the police serve as enforcers of inequality, which undermines population health. In 2015, President Barack Obama’s Task Force on 21st Century Policing proposed that instead of the current system, which we call “distorted policing,” police should act as guardians of us all. In this primer, we chart a path toward guardianship.

Most public discussions about excessive police violence focus, understandably, on the horrors of civilian deaths and on the unaccept-
able, incontestable fact that people of color—particularly boys and men of color—bear an exceptionally high burden of these deaths. Media and protests have highlighted the deaths of children and adults like Tamir Rice, Michael Brown, Sandra Bland, Stephon Clark, Eric Garner, Freddie Gray, Philando Castile, and so many others.

At the same time, the public health framing that we propose here challenges all of us to recognize that the suffering created by excessive police violence extends far beyond deaths to include experiences with police sexual violence, psychological violence, neglectful violence, and nonfatal physical violence. This expanded perspective reveals that excessive police violence is far more common than the deaths alone would suggest. A population-based study of adults living in four cities, for example, found that 18 percent of civilians have experienced police psychological violence in their lifetime; a similar number reported police neglect in their lifetime. That study and other studies also confirm what we know from police killings: people living at the margins—because of their race/ethnicity, gender, or another facet of their social position—are far more likely to experience excessive police violence.

A public health framing also challenges us to take an ecological approach to understanding excessive police violence, understanding how this form of violence unfolds within broader contexts of urban disruption and marginalization. A public health framing asks us to consider that police violence holds consequences for our health far beyond the immediate impacts of bullets and batons. Experiences with excessive police violence may reverberate across the life-span, taking a toll on the victim’s mental and physical health in the years to come. The health consequences of excessive police violence may also ripple through the victim’s family and communities. Jacob Bor and colleagues, for example, found that police killings affect the health of the population of the entire state in which the victim lived, with Black residents of the victim’s state experiencing 0.14 additional poor mental health days during years when the police killed an un-
armed Black person. The rippling consequences thus extend far beyond the apparent targets to endanger the health of all.

Excessive police violence is part of a toxic triad of marginalization, distorted policing, and violence. Princeton scholar Patricia Fernandez-Kelly observed that marginalized communities do not experience the institutions of the US democracy in the same manner that dominant groups do. Rather, they are exposed to a “distorted engagement” characterized by extreme resource limitation, abuse, and neglect. Distorted policing is one facet of this distorted engagement, and it is characterized by abuse, neglect, and the misallocation of resources. The state uses distorted policing to create and sustain marginalization. Because distorted policing is resistant to change, it can feel insurmountable. It has been a part of the US social fabric since we were colonies, and, although shifting as society shifts, it seems locked into the nature of policing.

Because of its many tools for interceding in social processes that shape patterns of life and death, public health can potentially contribute to the solution of what seems an impossible problem. We propose an ecological solution—what Rodrick Wallace and Deborah Wallace call a “magic strategy”—that operates at multiple scales to end excessive police violence and that encompasses this violence, the broader contexts in which it operates, and the traumas it has created. This magic strategy will help us transition to guardianship, a form of policing proposed by the President’s Task Force on 21st Century Policing, which is committed to protecting civilians.

Why Write This Book Now?

We could not have written this book ten years ago. Excessive police violence is not new, but the field of public health’s engagement with it is. Though the US surgeon general declared in 1979 that violence is a public health issue, the first public health paper on excessive police violence was not published until 2004, a quarter century later. As we discuss in chapter 1, public health as a discipline may
have neglected excessive police violence because its leaders have historically been White and affluent and thus not personally targeted by police violence. From this privileged perspective, they may have dismissed police violence as an appropriate reaction to civilian crime or as the rare action of a single “bad apple” that did not reflect systemic problems worthy of public health’s attention.

The combination of diversifying public health leadership, videos that have brought disturbing incidents of police violence against innocent civilians into our homes, and powerful protests has turned the tide, and since the early 2000s, public health has been engaging increasingly with excessive police violence. Now, we have amassed some evidence—though not enough—about its distribution and consequences, and we have some experience with interventions to end this form of violence and ameliorate its consequences.

We wrote this book to keep this momentum going. Students hunger to learn more about this vital topic. Public health departments are beginning to mount interventions to eliminate excessive police violence. And researchers are gravitating to this topic, seeking information about the nature and consequences of police violence. This primer thus describes what we know about the history, distribution, and health impacts of police violence, and charts a strategy to end it.

Who Should Read This Book?

We have written this primer for four audiences. It is for undergraduate and graduate classes on racial/ethnic inequities in health, violence as a public health problem, or the social determinants of health. It will aid community-based organizations and activists seeking a deeper understanding of this problem and its possible solutions. Leaders and staff at public health departments will benefit from this primer as they develop interventions to address excessive police violence. Finally, this book can support researchers who are turning their attention to describing the determinants and health consequences of excessive police violence and to developing interventions.
Why Are We Appropriate Authors?

For Hannah, the origins of this book lie among the stoops, sidewalks, and parks of New York City’s 46th Precinct. Back in 2001, Hannah went to this precinct to learn about how police drug crackdowns—a form of war on drugs policing—affect the vulnerability to HIV of people who injected drugs. As a part of this project, she was asking precinct residents about their experiences with local police. Likely because Hannah is affluent and White, her original set of questions did not cover excessive police violence. The people she interviewed, though, spoke powerfully about the centrality of police violence to their lives and communities. They sat on their stoops, telling her about the officers who stopped and frisked them daily for “no reason”; they paced the sidewalks, describing a beating they had experienced at the hands of the police; and they sat on benches in local parks, recounting the many times they had called the police for help, only to have them show up an hour or more later, after the danger had passed. Most of them linked this violence to structural discrimination targeting their precinct, whose residents were primarily impoverished and Black or Latinx. And so Hannah’s project expanded to encompass police violence as a public health issue.

In the intervening years, Hannah has continued to study the war on drugs and its impact on the health of people who use drugs, the people they love, and their communities, and she has often returned to police violence as a facet of this war, which shapes physical and mental health and creates inequities in health within and across US populations defined by race/ethnicity, class, and other dimensions of social position. For her, writing this book has been the conclusion of a journey that started among the stoops, sidewalks, and park benches of the 46th Precinct.

Several years ago, Hannah invited Mindy to work with her on a special issue of the Journal of Urban Health on police brutality. Mindy’s work has encompassed studies of drug addiction and other
epidemics of poor communities. More recently, she has focused her studies on the ways in which the organization of cities affects public health. Policing is a fundamental system of a city, and its workings have important effects on the well-being of all. Mindy’s immersion in this topic has enabled her to have an even deeper awareness of the divisions caused by race and class, as well as the ways in which we might address these problems.

Additionally, Mindy’s work in Orange, New Jersey, was inflected by the murder of Trayvon Martin, which was experienced as a very personal threat by local youth. Mindy gathered with teens and their leaders for an afternoon’s reflection called “Speak Your Mind, Draw It Out.” In the intimate setting of the local youth arts program, young people expressed their grief, anger, and fear. For Mindy, their emotions were a call to make the world safer for youth.

Overview of the Book

This primer has nine chapters. In chapter 1, we present the key concepts that thread throughout the book. We propose the idea that excessive police violence is a tool to maintain the marginalization of working-class communities, and minority communities. We use Fernandez-Kelly’s concept of distorted engagement to develop the idea of distorted policing. We also place public health work on police violence within the field’s broader work on social determinants of health and structural violence. While distorted policing exists in many countries, we have chosen to focus on the United States, taking a deep dive into the nature and consequences of this form of policing in this country.

The remaining chapters are divided into three parts. Part I examines distorted policing across three time periods: the Peeler police in colonial Ireland; slave patrols in the US colonies; and war on drugs policing in the present-day United States. In each period, distorted policing arose and then adapted to combat the specific forms of resistance mounted by marginalized people.

The historical analysis reveals three themes that thread through
the three eras of policing, distant though they are from one another in time and space:

1. Policing as we know it in the United States has been forged out of cycles of state oppression and community resistance across historical eras and places. The toxic triad of marginalization, distorted policing, and violence lies at the core of state-sponsored policing in the United States. In particular, evolutionary leaps in policing often happen when the state seeks to shore up powerful groups by marginalizing a new community or by pushing an already marginalized community even further outside the borders of its protected circle, and this marginalization is met with potent community mobilization. The state develops its police as enforcers to overcome this mobilization and to protect the interests of the powerful groups.

2. Because of this cycle, the specific nature of the policing in each of these eras was shaped in part by the nature of the resistance the police were tasked with quelling. To help establish this theme, we describe each era’s context in some detail.

3. Also because of this cycle of marginalization, resistance, and distorted policing, there has been considerable overlap between the police and the military in each era. The police either evolve out of the military or evolve toward it.

Part II presents evidence from two main sources about the scope, nature, and consequences of the violence created by war on drugs policing. The first source is public health research, which is woefully meager at present. The second is a set of US Department of Justice pattern or practice investigations. These investigations are an important initiative implemented within the criminal justice system by the DOJ to investigate and end excessive police violence. We describe Department of Justice pattern or practice findings and recommendations in the specific contexts of four cities and for specific types of violence (i.e., physical, psychological, sexual, and neglectful violence).

In part III and the conclusion, we survey some efforts to eliminate
police violence, and we propose a path toward guardianship policing. We use the proposals presented by the President’s Task Force on 21st Century Policing to organize the many efforts tried and those currently under way. While many of these have had success, there is a powerful tendency of police departments to return to more violent tools. It appears to us that more powerful interventions are needed if we as a society are to make a change. We therefore propose a multi-system, multilevel ecological strategy—a magic strategy—to end excessive police violence. The pillars of this strategy are

1. eliminating marginality
2. changing the narrative
3. enforcing the Constitution and fighting for new interpretations of it as needed
4. working at the keystone level of policing (i.e., the precinct or the small police force)
5. mobilizing the public health system
6. mobilizing community resources for collective recovery from past trauma

We believe that it is possible to end excessive police violence and to ensure that all people are treated equally by society and before the law. We hope that this primer helps the United States to achieve that goal.