



## SYSTEMIC RACISM AND POLICING Issue Brief

### How Can Public Health Advocates Grapple with the Dual Challenges of Systemic Racism and Discriminatory Policing?

#### Introduction


Following the killing of George Floyd localities have [increasingly declared](#) racism to be a public health emergency or crisis.<sup>1</sup> Despite growing recognition of the fact that racism is a key contributor to poor health in communities of color there is still insufficient attention to the role of policing and systemic racism as institutions that have powerful impacts on the health and well-being of people of color.

This issue brief aims to fill that gap by providing an assessment of how structural racism and policing function as critical social determinants of health (SDOH) for Black people and people of color generally. We highlight three areas where public health intervention is greatly needed: increased public health surveillance with respect to police encounters and use-of-force, ceasing the use of criminal or civil penalties in public health measures (such as COVID-19 social distancing orders), and refocusing efforts to understand how police violence operates as a SDOH. The aim of this assessment is to assist public health advocates in thinking through reforms that will truly promote health for communities of color.

#### Structural Racism

Structural racism generally refers to the ways in which laws, norms, institutions, and values operate in conjunction to create a social order in which people of color are systematically disadvantaged. At its core, structural racism is a system that ensures that racial hierarchies persist over time and across a broad spectrum of living, the transformation of which requires not just changing “hearts and minds,” but a real transformation of “institutional power.”<sup>2</sup>

In the context of public health, structural racism has strong explanatory power as an organizing and conceptual tool for making sense of consistent disparities in the SDOH. The SDOH commonly refers to “the conditions in which people are born, grow, live, work and age.”<sup>3</sup> Systemic racism ensures that for people of color the conditions in which they are born (think: disparate black maternal mortality rates that have persisted for decades),<sup>4</sup> live (think: Flint, Michigan),<sup>5</sup> work (think: professionalism bans on dreadlocks and cornrows),<sup>6</sup> play (think: a 12 year-old Black child with a toy gun shot by police in two seconds),<sup>7</sup> and age (think: racial disparities in rates of cognitive decline),<sup>8</sup> are consistently marked by racial disadvantage. What such examples demonstrate is that systemic racism is not just one among many SDOH.<sup>9</sup> Instead, it operates as a powerful force that shapes and influences



all other SDOH. Accordingly, systemic racism should be viewed as a SDOH that operates as a lifeline feeding inequities across all other SDOH.

Thinking about systemic racism in this way not only illuminates priorities in tackling SDOH, but supports the conclusion that policing is a pressing SDOH. Additionally, the “#SayHerName” campaign reminds us that these issues must be assessed using an intersectional lens.<sup>10</sup> Mainstream media narratives have largely ignored the experiences of Black women and girls.<sup>11</sup> Some scholarship has reinforced the idea that Black men are the primary targets/victims of policing practices.<sup>12</sup> Including the experiences of Black “women, transgender, and gender-nonconforming people reveals systemic realities that go unnoticed when the focus is limited exclusively to cases involving Black non-transgender men.”<sup>13</sup> This means recognizing how gender influences policing including, for example, how Black people are policed similarly or dissimilarly.<sup>14</sup> The recent death of Carlos Ingram Lopez, a Latino man who died crying out for his “nana” after being restrained by police in a “prone position” for 12 minutes, is also a reminder of the impact of police violence on Brown communities.<sup>15</sup>

### **Disparities: Use of Force**


Recent deaths resulting from excessive use of police force across the country have again highlighted disparate policing as a public health issue. As discussed more below, multiple studies confirm links between police violence and poor health outcomes among Black people in the United States.<sup>16</sup> The federal Bureau of Justice’s 2015 statistics found that during a police stop, police are twice as likely to threaten or use force against Black and Latinx persons than white persons.<sup>17</sup> In Minneapolis, where George Floyd was killed, police officers used force against Black persons seven times more often than they did against whites, over the last five years.<sup>18</sup> Police violence should be more closely examined through a public health framework, but doing so requires consistent and detailed reporting to promote public health.<sup>19</sup>

Current data collection is grossly inadequate. For example, the FBI collects data on use of force from police departments nationwide on a voluntary basis through their National Use-of-Force Data Collection.<sup>20</sup> The databased was launched on January 1, 2019, but only 40% of police departments submitted data in its first year.<sup>21</sup> Nonetheless, limited available data reveals substantial disparities in mortality rates between Black and white persons. Data from 2015 shows that Black men aged 15 to 34 years were nine times more likely than other Americans to be killed by police officers.<sup>22</sup> One study found that men of color face a higher risk of being killed by police relative to white men—with Black men facing the greatest risk (one in 1,000 chance of being killed).<sup>23</sup> Although mortality rates for women are lower, compared to white women Black women are 1.4 times more likely to be killed by police. Recent coverage of protests and policing incidents that led to protests support these disparities.

### ***Recent Protests: Contrasting Images of Police Use of Force***

The difference in police treatment of white and Black persons is exemplified by the recent protests across the U.S. In early May, primarily white protestors in Michigan rushed the capitol building carrying military-style guns and wearing bullet proof vests, condemning state lockdowns amidst the COVID-19 pandemic.<sup>24</sup> The armed protestors also carried confederate flags.<sup>25</sup> Michigan’s Governor faced death threats over her stay-at-home order, and some state legislators wore bulletproof vests to work in the days following, expressing fear for their lives.<sup>26</sup> These protests were not met with police force.

In contrast, this summer, countless images surfaced of excessive police force being used during peaceful “Black Lives Matter” (BLM) protests against systemic racism and police brutality. Nationally, there have been numerous [accounts of forceful police tactics](#), including the use of batons, tear gas, and [police projectiles](#).<sup>27</sup> National images can substantiate legitimate concerns regarding law enforcement’s disparate treatment of people of color compared to white persons. It is important to acknowledge how such narratives and images shape individuals’ understanding of police willingness to use force and accompanying health impacts. For instance, the burden of



educating non-Black people in the wake of police killings about structural racism and resuming life as normal in the midst of grief can further exacerbate the collective stress that Black individuals face.<sup>28</sup>

### **Chokeholds: symbolism, trends to ban, efficacy**

One police tactic, the chokehold, has again come under scrutiny following George Floyd's death. Eric Garner, an unarmed Black man, was killed by a police officer using a chokehold in 2014.<sup>29</sup> A chokehold is "a maneuver in which a person's neck is tightly gripped in a way that restrains breathing."<sup>30</sup> This tactic can kill a person after only a few seconds.<sup>31</sup> As one scholar puts it, the chokehold is symbolic of a U.S. policing system that has routinely been found to discriminatorily target Black people in ways that indicate such policing is not a "flaw" but a matter of policy.<sup>32</sup> Jurisdictions across the nation, including Denver,<sup>33</sup> Los Angeles, Phoenix, and Austin have increasingly implemented bans on chokeholds and other dangerous maneuvers.<sup>34</sup> It is not clear, however, that these bans are effective; chokeholds have been banned in New York since 1993, where Eric Garner died in 2014.<sup>35</sup> Shortly after Eric Garner was killed, the New York police (NYPD) used a chokehold on a pregnant Black woman, who was approached by officers for barbecuing in front of her home.<sup>36</sup>


Responding to recent BLM protests, Washington state plans to overhaul police training.<sup>37</sup> Police will undergo a new training program called ABLE: "Active Bystandership for Law Enforcement."<sup>38</sup> The program will train police officers to intervene when a colleague acts inappropriately, emphasizing intervention as an act of partner loyalty.<sup>39</sup> This aligns with Campaign Zero's Police Use of Force Project, which illustrates eight concrete steps that police departments can take to make meaningful progress toward decreasing police violence.<sup>40</sup> One study, however, found that many police forces fail to provide practical guidance on the use of force.<sup>41</sup> Even when departments enact some beneficial policies, most lack "specificity and rigor" sufficient to allow for change.<sup>42</sup> The same study found that police department policies in the U.S.'s twenty largest cities generally only include the "constitutional bare minimum" required under the Supreme Court decision *Graham v. Connor*: that police use of force be "reasonable."<sup>43</sup> The authors conclude that inadequate policies can be the driving force behind negative health outcomes by "failing to sufficiently protect civilians from aggressive and unnecessary violence."<sup>44</sup> Additionally, we note that measures to reduce police use of force that do not include specific education on systemic racism, or other relevant biases, will not undo discriminatory uses of otherwise permissible force.

### **Racial Justice Protests: Use of Tear Gas**

Some cities have recently proposed banning tear gas and rubber bullets as well.<sup>45</sup> Tear gas causes immediate pain to a person's eyes, a burning throat sensation and coughing, and possibly lung damage.<sup>46</sup> Use of tear gas [during protests](#) has brought to light its dangers. Nationwide accounts regarding recent protests also appear to substantiate claims that it has been used liberally and disparately against Black persons and BLM protestors. A court recently temporarily enjoined Seattle from using chemical weapons against the protestors and some other cities have followed suit.<sup>47</sup> Nonetheless, the use of tear gas that has persisted in other cities in recent weeks has created a frightening scene on American streets. Tear gas was also used in Ferguson, Missouri in 2014 during protests over the killing of unarmed Black teen Michael Brown,<sup>48</sup> the event that sparked the beginning of the modern BLM movement.<sup>49</sup> Tear gas has historically been used during the civil rights movement and is regarded by some as aiming to quell black voices.<sup>50</sup>

### **Intersectionality**

The data collected on racial disparities in policing does not always disaggregate by gender or sexual orientation.<sup>51</sup> This obscures attention to the effects of police brutality on women of color, including transgender and gay women. Preliminary studies do demonstrate, however, that police use of force affects Black women at higher rates than white or Latina women.<sup>52</sup> Police arrest Black women three times as often as white women, and twice as often as Latina women.<sup>53</sup> In one example, police officers caused Emerald Black, a young pregnant Black woman, to miscarry after pulling over her fiancé and "stomping" on her stomach.<sup>54</sup> Emerald's experience drew national attention, but by not requiring specific data (as discussed above), the stories of hundreds of Black



women and transgender individuals who experience police violence on a regular basis are invisible.<sup>55</sup> This inhibits the ability of public health officials to understand the needs and priorities of communities of color—to the extent that we do not fully account for gender-based and other intersecting forms of police violence.

Some scholars have proposed creating a reporting system within public health departments for police-related deaths in order to better understand the issue and prevent future deaths.<sup>56</sup> Counting is a key means of combating the influence of systemic racism on public health; the failure to do so is itself a form of systemic racism that lets disparate and/or inappropriate uses of force go unchecked. The undercounting of racial disparities in police encounters parallels the widespread lack of reporting of racial disparities in COVID-19 illness, testing, and deaths.<sup>57</sup> These parallels show that such omissions are not accidental but occur as part of a larger framework of systemic racism that does not prioritize persistent inequalities experienced by people of color.

### Enforcement of Social Distancing Mandates

Similarly, ostensibly race-neutral public health measures during COVID-19 have been enforced by police in a discriminatory manner. Although the decision by some localities to forgo implementing criminal or civil penalties has raised concern for some public health officials,<sup>58</sup> such penalties should not be utilized because they can operate as vehicles for systemic racism, and ultimately undermine positive public health outcomes.

Discriminatory policing practices in enforcing social distancing orders have been reported in Chicago, Ohio, and New York City. In Chicago, all arrests and the majority of citations issued for social distancing violations within a two-month period involved Black and Latinx persons.<sup>59</sup> Police checkpoints blockaded a Chicago city block with a mostly Black population, barring nonresidents from entering to prevent “excessive gatherings of people.”<sup>60</sup> Critics questioned the legality of singling out a Black neighborhood, yet police claimed “disrupting all gatherings is part of their new public health mandate.”<sup>61</sup>

The Washington Post recently reported enforcement disparities in Ohio and New York City.<sup>62</sup> In Ohio, a study found that 14 out of the initial 20 people arrested for violating stay-at-home orders were Black.<sup>63</sup> Of the six white defendants arrested, 95% were released without bond, but a bond was offered to less than 50% of the Black individuals charged.<sup>64</sup> Ultimately, Ohio’s Black residents were over four times more likely to be charged with a social distancing violation compared to white residents.<sup>65</sup> Of the forty people arrested in New York from March 17, 2020, through May 4, 2020, “35 people were black, four were Hispanic and one was white.”<sup>66</sup> NYPD statistics show that “out of 374 alleged violators, 193 are black and 111 are Hispanic.”<sup>67</sup> The numbers show that upwards of 80% of arrests in New York targeted populations of color.<sup>68</sup> Images depicting NYPD officers handing out masks in white neighborhoods have not gone unnoticed for the sharp contrast to imagery of police using aggressive measures on people of color. In fact, the NYPD itself posted a social distancing public announcement showing an officer handing out a mask to a smiling mask-less white woman.<sup>69</sup>


Beyond these studies out of Chicago, Ohio, and New York, data and statistics from other states and localities is scant. Such a systemic lack of information represents a failure to recognize and prioritize how systemic racism influences social distancing measures during the COVID-19 pandemic. These disparities show that it is essential to re-think states’ enforcement of social distancing measures.

Most states have used criminal penalties and civil fines to enforce COVID-19 social distancing orders. To demonstrate that the use of criminal penalties and civil fines has been common we examined states’ initial stay-at-home orders. Even if states require or encourage a warning to be administered, violating social distancing orders in most states can result in a hefty civil/criminal fine or misdemeanor charge.

States differed in their penalties, but the majority instituted civil or criminal penalties for failure to comply with the state's original stay-at-home order, illustrated in **Table 1**, below.

<b>Table 1: States' Enforcement of Social Distancing Measures</b>		
<b>Maximum Civil/Criminal Fines Permitted+</b>		
<b>Less than \$1,000</b>	<b>\$1,000</b>	<b>Greater than \$1,000</b>
<ul style="list-style-type: none"> <li><a href="#">Delaware</a> <b>\$500</b></li> <li><a href="#">Kentucky</a> <b>\$500</b></li> <li><a href="#">Massachusetts</a> \$300</li> <li><a href="#">Mississippi</a> <b>\$500</b></li> <li><a href="#">Ohio</a> \$750</li> <li><a href="#">Oklahoma</a> \$750</li> <li><a href="#">South Carolina</a> \$100*</li> <li><a href="#">Wisconsin</a> \$250</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Alaska</a> \$1,000</li> <li><a href="#">California</a> <b>\$1,000</b></li> <li><a href="#">Colorado</a> \$1,000</li> <li><a href="#">Georgia</a> <b>\$1,000</b></li> <li><a href="#">Indiana</a> <b>\$1,000</b></li> <li><a href="#">Maine</a> \$1,000</li> <li><a href="#">Michigan</a> <b>\$1,000</b></li> <li><a href="#">Minnesota</a> \$1,000</li> <li><a href="#">New Jersey</a> <b>\$1,000</b></li> <li><a href="#">North Carolina</a> <b>\$1,000</b></li> <li><a href="#">Texas</a> \$1,000</li> <li><a href="#">Idaho</a> <b>\$1,000</b></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Alaska</a> \$25,000</li> <li><a href="#">Arizona</a> <b>\$2,500</b></li> <li><a href="#">D.C.</a> \$5,000</li> <li><a href="#">Hawaii</a> \$5,000</li> <li><a href="#">Illinois</a> <b>\$2,500</b></li> <li><a href="#">Maryland</a> \$5,000</li> <li><a href="#">Oregon</a> <b>\$1,250</b></li> <li><a href="#">Virginia</a> <b>\$2,500</b></li> <li><a href="#">Washington</a> <b>\$5,000</b></li> </ul>
<b>Maximum Imprisonment Terms Permitted</b>		
<b>Less than 6 mo.</b>	<b>6 mo.</b>	<b>Greater than 6 mo.</b>
<ul style="list-style-type: none"> <li><a href="#">D.C.</a> 90 days</li> <li><a href="#">Michigan</a> 90 days</li> <li><a href="#">Minnesota</a> 90 days</li> <li><a href="#">North Carolina</a> 60 days</li> <li><a href="#">Ohio</a> 90 days</li> <li><a href="#">Oklahoma</a> 60 days</li> <li><a href="#">Oregon</a> <b>30 days</b></li> <li><a href="#">South Carolina</a> 30 days*</li> <li><a href="#">Wisconsin</a> 30 days</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Arizona</a> <b>6 months</b></li> <li><a href="#">California</a> <b>6 months</b></li> <li><a href="#">Delaware</a> <b>6 months</b>*</li> <li><a href="#">Indiana</a> <b>180 days</b></li> <li><a href="#">Maine</a> 6 months</li> <li><a href="#">Mississippi</a> <b>6 months</b></li> <li><a href="#">New Jersey</a> <b>6 months</b></li> <li><a href="#">Texas</a> 180 days</li> <li><a href="#">Idaho</a> <b>6 months</b></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Alaska</a> 1-year</li> <li><a href="#">Colorado</a> 1-year</li> <li><a href="#">Georgia</a> <b>1-year</b></li> <li><a href="#">Hawaii</a> 1-year</li> <li><a href="#">Illinois</a> <b>364 days</b></li> <li><a href="#">Maryland</a> 1-year</li> <li><a href="#">Massachusetts</a> 1-year</li> <li><a href="#">Virginia</a> <b>1-year</b></li> <li><a href="#">Kentucky</a> <b>1-year</b></li> <li><a href="#">Washington</a> <b>364 days</b></li> </ul>
<b>No Specification<sup>70</sup></b>		
<p><a href="#">Connecticut</a> <a href="#">Florida</a> <a href="#">Louisiana</a> <a href="#">Missouri</a> <a href="#">Nevada</a> <a href="#">New Hampshire</a> <a href="#">New Mexico</a>  <a href="#">New York</a> <a href="#">Pennsylvania</a> <a href="#">Rhode Island</a> <a href="#">Tennessee</a> <a href="#">Utah</a> <a href="#">Vermont</a> <a href="#">Wyoming</a></p>		
<p>+States highlighted in red indicate a criminal fine and states highlighted in green indicate a civil fine            *Denotes imprisonment term or civil fine, but not both</p>		

Twenty-eight states plus D.C. implemented criminal/civil fines as well as imprisonment terms.<sup>71</sup> The table examines initial stay-at-home-orders, but other social distancing measures (e.g., face mask requirements) have similarly used penalties.<sup>72</sup> Even states that did not initially specify civil or criminal penalties later did so in new or amended executive orders, such as: Florida (up to a \$500 fine and 60 days in jail, or both);<sup>73</sup> Tennessee (up to a \$2,500 fine and 11 months in jail, or both);<sup>74</sup> and New York (up to a \$1,000 fine).<sup>75</sup> New Hampshire's Attorney



General released a memorandum for law enforcement, classifying violations as misdemeanors.<sup>76</sup> Similarly, despite a lack of specific penalties in the statewide orders, counties might still enforce violations as misdemeanors (e.g., a violation in Salt Lake County, Utah is a Class-B Misdemeanor<sup>77</sup>).

Examples of discriminatory enforcement demonstrate that warnings, assistance, and educational programs on the benefits of social distancing and wearing masks, not civil and criminal penalties, should be mechanisms for enforcing such measures. Cincinnati's city council recently provided an alternative enforcement model that left enforcement of a face mask requirement entailing a \$25 civil penalty to the health department, not the police. It also requires regular reporting of enforcement efforts to combat any disparities.<sup>78</sup>

However, under so-called normal times, even small fines can disproportionately impact communities of color, leading to significant consequences if an individual cannot pay. COVID-19 has without question harmed communities of color in particular causing greater death rates, illness, and higher rates of job loss.<sup>79</sup> For instance, while the full economic impact is still being assessed, studies show the pandemic has caused disproportionately higher unemployment rates for Black individuals, particularly Black women,<sup>80</sup> as well as for Hispanic women.<sup>81</sup> Recent analysis also indicates that COVID-19 related unemployment is dropping faster for white workers than for other groups.<sup>82</sup> Incarcerating individuals for social distancing violations will further fuel the COVID-19 pandemic. According to [The Marshall Project](#), COVID-19 cases recently increased by 9% in prison populations, totaling 57,019 infected persons in prison.<sup>83</sup> Alternative methods of enforcement include raising public awareness on the benefits of adhering to public health measures and modeling of best practices by public and government officials.


### **Why Public Health Experts Need to Consider Policing to be a Critical Social Determinant of Health**

This section touches upon how policing is a SDOH that contributes to physical and mental health disparities. There is insufficient research into the health impacts of structural racism<sup>84</sup> and policing. Yet existing studies indicate serious harms. For instance, some studies have shown a link between chronic discrimination that Black individuals face and negative health outcomes such as poor sleep, high blood pressure, cognitive impairment, and increased mortality rates.<sup>85</sup> Researchers have proposed that police violence contributes to excess morbidity in Black individuals and communities, by generating negative mental and physical health outcomes.<sup>86</sup> One study concluded that in 2015, 57,375 years of life were lost overall due to police violence.<sup>87</sup> Although people of color only make up 38.5% of the population, they accounted for 51.5% of those years of life lost.<sup>88</sup>

Being repeatedly approached by police increases trauma and anxiety symptoms regardless of race or ethnicity.<sup>89</sup> These symptoms are correlated with the number of stops experienced and intrusiveness of the encounters.<sup>90</sup> In a recent survey, Black adults were five times more likely than white adults to report being unfairly stopped by police.<sup>91</sup>

Police violence has far reaching health implications. It is associated with generating mistrust in other institutions, including medical institutions, thus further impacting health outcomes.<sup>92</sup> Combined with other factors such as financial stress and lack of resources, health services become difficult to access and this can result in lives lost.

Research indicates that it is unnecessary for Black individuals to personally experience discrimination in order to suffer from negative mental health outcomes. A recent household survey by the Census Bureau aimed at collecting mental health data on the COVID-19 pandemic showed that a week after police officers killed George Floyd, depression and anxiety rates in Black adults increased by 5%.<sup>93</sup> Experiencing, witnessing, or worrying about becoming a victim of police violence are chronic stressors that can lead to adverse emotional and physiological responses.<sup>94</sup> A 2018 study found that police killings of unarmed Black people increased the number



of days other Black adults experienced poor mental health.<sup>95</sup> One researcher describes this impact as “collective trauma,” borne by the entire Black community because of shared experiences of structural racism.<sup>96</sup>

During the recent BLM protests, peaceful protestors have been tear gassed, [tasered](#), dragged, [hit with cars](#), and arrested. Still, individuals in the Black community whose family members have been killed by the police have expressed that this type of activism provides a life-line for dealing with ensuing trauma.<sup>97</sup> This is one example of how police violence and resulting trauma intersect for people of color, and even allies, who take to the streets as a means to process grief.

Current research overwhelmingly points one way: policing is a SDOH with significant impacts on health outcomes in communities of color. How can these be addressed from a public health perspective? The process starts by framing police violence as a public health issue. This includes examining the policies underlying policing and use of force under a public health lens. Data should be collected on race and police encounter survival rates, as well as mental and physical health outcomes of individuals and communities.<sup>98</sup> Current policies allow for increased risk of death, injury, and psychological harm, and should be reformed in a way that makes citizens safer instead of harming their health.<sup>99</sup>

A public health approach to policing is also one that does not accept disparate harms as inevitable to protect public safety, but asks us to invest in prevention strategies by strengthening other SDOH and funding resources that build healthy communities.<sup>100</sup> One example highlighted in this issue brief is to forgo using criminal/civil penalties to enforce social distancing measures. “[D]ecriminalization” is a significant public health priority given that “[m]ass incarceration is a mechanism through which structurally marginalized communities experience increased risk of law enforcement violence.”<sup>101</sup> Public health advocates must also consider how systemic racism impacts adherence to public health measures. To illustrate, people of color have expressed concerns that wearing face masks, particularly coverings that stray too far from traditional surgical masks will raise police suspicion and racial profiling.<sup>102</sup> While a bandana or other cloth facial covering may align with state or local mandates, select examples of police alleging “suspicious behavior” discourage Black people from wearing substitutes, even in the most vibrant of patterns.<sup>103</sup>

Systemic racism is so pervasive that policing as a SDOH cannot be realistically tackled unless its influence is called out and addressed. Merely implementing race-neutral enforcement penalties to support public health orders is insufficient. Calls for more extensive data do not suggest it is too early to act. Rather, the lack of data highlights the urgency for public health advocates to act swiftly and decisively to combat often invisible but unquestionably pervasive harms to communities of color flowing from the toxic river of systemic racism. It is imperative to build compliance for public health measures that are equitable for all. Modeling of best practices, education, and employing methods to raise awareness in diverse communities are all traditional tools that public health advocates can draw upon.

## **Conclusion**

Protests by the Black community and allies express the sentiment that systemic racism is a pandemic in America that requires immediate change. COVID-19 has [sickened and killed Black people](#) at disproportionate rates across the country. But protestors took to the streets after a police officer held his knee on George Floyd’s neck for almost nine minutes, asphyxiating him.<sup>104</sup> The protests have carried on through the height of the pandemic despite concerns of increased spread of the virus as thousands gather to march. The protests are a statement that systemic racism and police violence are as high a priority in communities of color as COVID-19. Symbolically, systemic racism has long “had its knee on the neck” of the Black community.<sup>105</sup> One doctor’s statement stands out, who explained that protesting against police violence should be as important as fighting

the virus, saying that “Covid will not kill you as fast as a bullet.”<sup>106</sup> This issue brief has examined some of the reasons why addressing systemic racism and policing are central public health priorities.

## SUPPORTERS



Robert Wood Johnson Foundation

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.

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July 2020

<sup>1</sup> Dawn Hunter, Betsy Lawton, *State and Local Efforts to Declare Racism a Public Health Crisis*, NETWORK FOR PUBLIC HEALTH LAW, <https://www.networkforphl.org/wp-content/uploads/2020/06/State-and-Local-Efforts-to-Declare-Racism-a-Public-Health-Crisis-2.pdf>.

<sup>2</sup> Robette Ann Diaz, *Racism Creates Barriers to Effective Community Policing*, 40 S. ILL. U. L.J. 501, 503 (2016).

<sup>3</sup> *Social Determinants of Health*, WORLD HEALTH ORGANIZATION, [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/) (Last Visited June 24, 2020).

<sup>4</sup> *Racial and Ethnic Disparities Continue in Pregnancy Related Deaths*, CENTERS FOR DISEASE CONTROL AND PREVENTION (September 6, 2019), <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html> (explaining in 2007-2016 Black, American Alaskan Native women were “two to three times more likely to die from pregnancy-related causes than white women); *State Specific Maternal Mortality Among Black and White Women—United States 1987-1996*, JAMA (1999), <https://jamanetwork.com/journals/jama/article-abstract/1842508> (explaining that Black women were more likely to die from pregnancy-related complications compared to white women).

<sup>5</sup> Stephen, Menendian, *Structural Racism in Flint, Michigan*, OTHERING & BELONGING INSTITUTE, <https://belonging.berkeley.edu/structural-racism-flint-michigan> (Last visited July 1, 2020).

<sup>6</sup> *Equal Employment Opportunity Commission v. Catastrophe Management Solutions* (11th Cir. 2016) (affirming dismissal of lawsuit against a company that withdrew its job offer to a Black woman who declined to remove her dreadlocks pursuant to a workplace grooming policy prohibiting “excessive hairstyles”; Title VII of the Civil Rights Act only protects against “immutable characteristics . . . not cultural practices” like Black hairstyles); Liam Stack, *California is First State to Ban Discrimination Based on Hair*, THE NEW YORK TIMES (June 28, 2019), <https://www.nytimes.com/2019/06/28/us/natural-hair-discrimination-ban.html>.

<sup>7</sup> Jacinda Townsend, *Families of African Americans Killed by Police Talk of Trauma*, AL JAZEERA (November 22, 2019) <https://www.aljazeera.com/indepth/features/families-african-americans-killed-police-talk-trauma-191122063150679.html>.

<sup>8</sup> Debora A. Levine, Alden L. Gross, Emily M. Briceño, et al., *Association Between Blood Pressure and Later-Life Cognition Among Black and White Individuals*, JAMA (2020), <https://jamanetwork.com/journals/jamaneurology/article-abstract/2763600>.

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