

July 1, 2020

The Honorable Nancy Pelosi
Speaker of the House of Representatives
The U.S. Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
House Republican Leader
The U.S. Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Charles Schumer
Senate Democratic Leader
322 Hart Senate Office Building
Washington, DC 20510

Dear Speaker Pelosi, Majority Leader McConnell, Minority Leader McCarthy, and Democratic Leader Schumer:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge you to find common ground on a path forward on effective and equitable policing reforms. Due in large part to the recent deaths of George Floyd, who died while being restrained by police, and Breonna Taylor and David McAtee in Louisville, who were shot and killed by police in separate incidents, as well as other well-publicized deaths of Black Americans during police encounters in recent years, our nation is engaged in a long-overdue conversation over police brutality, systemic racism, and racial injustice. While we value the service of those in our law enforcement community who are committed to justice, we must make the necessary changes at the federal, state, and local levels to end discriminatory practices and unnecessary or excessive use of force.

The AMA recognizes that racism, which we oppose in all forms, is an urgent threat to public health as well as the advancement of health equity. The AMA has issued strong statements denouncing racism, police brutality, and all forms of racially motivated violence. At the recent Special Meeting of the AMA House of Delegates, the [AMA Board of Trustees pledged](#) to confront systemic racism and police brutality and to actively work to dismantle racist and discriminatory policies and practices across all of health care. The AMA adopted policy in 2018 that acknowledges that physical or verbal violence between law enforcement officers and the public, particularly among Black and Brown communities where these incidents are more prevalent and pervasive, is a critical determinant of health. In a [viewpoint](#) by AMA leaders Jesse M. Ehrenfeld, MD, MPH, Immediate Past Chair of the Board and Patrice Harris, MD, MA, Immediate Past President, they noted “while we recognize that many who serve in law enforcement are committed to justice, the violence inflicted by police in the news headlines today must be understood in relation to the larger social and economic arrangements that put individuals and populations in harm's way, leading to both premature illness and death. Police violence is a striking reflection of our American legacy of racism—a system that assigns value and structures opportunity while unfairly advantaging some and disadvantaging others based on their skin color. Importantly, racism is detrimental to health in all its forms.”

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The AMA supports research into the public health consequences of violent police interactions. This is critical since existing [research](#) demonstrates that racially marginalized communities are disproportionately subject to police force, and there is a correlation between policing and adverse health outcomes. An increased prevalence of police encounters is linked to elevated stress and anxiety levels, along with increased rates of high blood pressure, diabetes, and asthma—and fatal complications of those comorbid conditions. Racism as a driver of health inequity is also particularly evident in findings from a 2018 *Lancet* study showing that law enforcement-involved deaths of unarmed Black individuals were associated with adverse mental health consequences among Black American adults—regardless of whether the individual affected had a personal relationship with the victim or the incident was experienced vicariously. The trauma of violence in a person’s life course is associated with chronic stress, higher rates of comorbidities, and lower life expectancy, all of which bear extensive care and economic burden on our health care system while sapping the strength of affected families and communities.

The AMA also encourages states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies, and encourages appropriate stakeholders, including law enforcement and public health communities, to define “serious injuries” for the purpose of systematically collecting data on law enforcement-related non-fatal injuries among civilians and officers. Additionally, AMA policy cautions against excessive use of conducted electrical devices (often called Tasers) and recommends that law enforcement departments and agencies should have in place specific guidelines, rigorous training and an accountability system for the use of such devices. The AMA recommends research into the health impacts of conducted electrical device use and development of a standardized protocol developed with the input of the medical community for the evaluation, management and post-exposure monitoring of subjects exposed to these devices. As a way to improve accountability and deter excessive use of force, the AMA supports increased use of body-worn cameras by law enforcement officers, as well as funding for the purchase of body-worn cameras, training for officers, and technical assistance for law enforcement agencies. The AMA also opposes the use of choke and sleeper holds as the use of deadly force with the potential to kill.

Juvenile justice reform is another important issue that involves the interactions among law enforcement and minoritized and marginalized populations. The AMA supports school discipline policies that permit reasonable discretion and consideration of mitigating circumstances when determining punishments rather than “zero tolerance” policies that mandate out-of-school suspension, expulsion, or the referral of students to the juvenile or criminal justice system; encourages continued research to identify programs and policies that are effective in reducing disproportionate minority contact across all decision points within the juvenile justice system; and supports the re-authorization of federal programs for juvenile justice and delinquency prevention, which should include incentives for community-based alternatives for youth who pose little risk to public safety, reentry and aftercare services to prevent recidivism, and policies that promote fairness to reduce disparities. These reforms could significantly alter the “school-to-prison” track that is all too common for many minoritized youth.

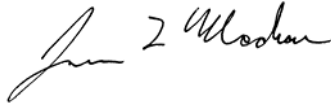
Training for law enforcement at all levels on implicit/unconscious bias and structural racism must also be addressed. These biases are learned stereotypes that are automatic, unintentional, deeply engrained,

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universal, and able to influence behavior. Such biases contribute to racism in the policing system and throughout the broader society.

These are but a few of the necessary reforms to address the national disgrace of excessive use of violence against individuals who are part of minoritized and marginalized communities. We are at a critical point in our nation's reckoning with issues of police use of violence, racism, and discrimination. The use of excessive police force is a communal violence that significantly drives unnecessary and costly injury, and premature morbidity and death. Police brutality and racism must not be tolerated. We urge Congress to act now on meaningful and effective policing reform legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD