Medical Professionals United in Condemning Police Brutality, Racial Profiling, and the Excessive Use of Force

#### “Please, please, please, I can't breathe” were the words George Floyd uttered while a police officer kneeled directly on his neck, refusing to move for eight minutes and forty-six seconds. “I’m about to die!” George said, his wrists tightly handcuffed behind his back.

**Instructions:** Use this template to write your own letters to elected officials condemning police brutality, racial profiling, and the excessive use of force and asking for policy change. Replace highlighted portions with your own text before using to email an elected official. Keep in mind that you are more likely to get a response if you indicate that you are a constituent (i.e. live in the city if you are sending to a mayor, live in the district if you are sending to a Congressperson).

[Month Day, Year]

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

[Use the first part of this sentence to share more about yourself and your role (e.g. As a second-year medical student at X medical school in state Y)], I am gravely concerned about the pattern of police brutality, racial profiling, and excessive use of force exemplified by the killing of George Floyd on May 25th, which marks [another chapter in a long history for the U.S.](https://time.com/5844030/george-floyd-minneapolis-history/) on this issue. As trainees and practitioners of the health profession, we are responsible not only for learning how to provide exemplary medical care to individual patients of different races and ethnicities, but also for fighting the structural and interpersonal racism [that contributes to worse health outcomes](https://www.nejm.org/doi/full/10.1056/NEJMp1500529).

Police brutality is a [critical public health concern](https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence?fbclid=IwAR1dC9mHkTbF-Yuw8ILHQhU80048SOPKd1aebO7xRDlWyW8rak7XK57moK4) that disproportionately affects the black American population. Each year, police in the U.S. kill more than [300 black Americans](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2818%2931130-9/fulltext) — at least a quarter of them unarmed, which has profound adverse effects on the mental health of the black American community. The call to treat police brutality as a public health issue falls within a continuum of decades of work conducted by organizations such as the [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf), [the American Public Health Association (APHA)](http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/14/16/impact-of-police-violence-on-public-health), and the [World Health Organization (WHO)](http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf). In a landmark 2002 [report](http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf) on violence, the WHO recognized excessive use of force by police as a form of violence, and also noted that individuals and entities wielding power can cause violence through the absence of assistance, as in the case of neglect.

Many of us have witnessed police brutality and its effects in our personal lives and in the lives of the patients we treat. [Optional: Add a sentence or two with personal anecdotes related to what you have witnessed or observed regarding police brutality as a medical trainee or professional].Furthermore, we recognize the direct effects of structural racism on the treatment of patients. The [2015 National Healthcare Quality and Disparities Report](https://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/quality.html) reported that black patients receive worse medical care than white patients for 40 percent of quality measures. Black patients are [less likely to receive adequate treatment for pain](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483/), black infant mortality is [two-and-a-half times higher](http://www.ncbi.nlm.nih.gov/pubmed/8900086)than it is for white infants, and black patients are [less likely to be put on transplant lists](http://www.ncbi.nlm.nih.gov/pubmed/16952299). These realities have become even more crucial in light of the [well-documented differences](https://jamanetwork.com/journals/jama/article-abstract/2764789) in disease risk and fatality rates of COVID-19 for black Americans. [The Johns Hopkins University and American Community Survey](https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/) has reported a three-fold higher COVID-19 infection rate and [six-fold higher death rate](https://news.berkeley.edu/2020/04/23/one-reason-covid-19-is-worse-for-black-communities-police-violence/) in predominantly black counties in the U.S. when compared with predominantly white counties.

**In solidarity with other medical professionals and trainees, I urge you to pursue evidence-based strategies to address the critical issues of police brutality, racial profiling, and excessive use of force** [**including but not limited to**](https://www.aclu.org/other/fighting-police-abuse-community-action-manual)**:**

* Establishing an Office of the Special Police Prosecutor to prosecute cases of police abuse. Independent prosecutors are needed because conventional city and county prosecutors are reluctant to bring charges against the same police officers they rely on for evidence in other criminal cases.
* Establishing state-mandated civilian police review boards for local police
* Breaking the "code of silence" by making it a crime for a police officer to fail to report criminal wrongdoing by another officer. This provision would also protect a reporting officer from retaliation.
* Requiring statewide data collection on police abuse and misconduct
* Restricting the use of force and "pain compliance" techniques
* Ensuring complaints of police misconduct and complaint investigative processes are not shielded from public scrutiny and oversight

**In return, we pledge the following:**

1. Commit to calling out explicit and implicit bias and educating ourselves and others to recognize biases in the classroom, on medical rotations, and by our fellow medical professionals despite the fear of speaking up as trainees.
2. We pledge to educate ourselves on providing trauma-informed care for those persons who have suffered directly or indirectly from police brutality and teach this approach to our fellow trainees and providers.
3. While there is a [significant body of academic literature](https://www.law.berkeley.edu/wp-content/uploads/2018/03/Paper-Obasogie.pdf) speaking to the relationship between health and police violence, [more work](https://www.nejm.org/doi/full/10.1056/NEJMp1500529) in this area is needed. We aim to contribute to this conversation by proactively pushing the discussion forward in the academic literature and in public discourse.
4. Finally, we commit to remaining critical of the ways in which individual perceptions shaped by systemic racism may affect our own and our colleagues’ practice of medicine. We pledge to remain vigilant and actively work to combat bias in our future practice.

**As part of the future of the U.S. medical system, I pledge to do better to improve health outcomes for minorities in our clinics and hospitals. I implore you to support long-term legislative changes based on the principles outlined by the** [**congressional resolution**](https://pressley.house.gov/sites/pressley.house.gov/files/A%20Resolution%20Condemning%20Police%20Brutality_0.pdf) **put forth by Congresswomen Ayanna Pressley (MA-07) and Ilhan Omar (MN-05), in partnership with Congresswoman Karen Bass (CA-37), Chair of the Congressional Black Caucus, and Congresswoman Barbara Lee (CA-13) to condemn police brutality, racial profiling, and the excessive use of force.**

Thank you for your consideration,

[Name]

[Title/Role]

[Optional: Address]

[Phone Number]

[Email Address]