July 21, 2020

The Honorable Robert A. DeLeo
Speaker of the House
Massachusetts State House
24 Beacon Street,
Boston, MA 02133

The Honorable Karen E. Spilka
President of the Senate
Massachusetts State House
24 Beacon Street,
Boston, MA 02133

The Honorable Charlie Baker
Governor of Massachusetts
Massachusetts State House
24 Beacon Street,
Boston, MA 02133

LETTER FROM 400+ PUBLIC HEALTH EXPERTS IN SUPPORT OF ENDING QUALIFIED IMMUNITY, ADDRESSING USE OF FORCE, AND BANNING FACIAL RECOGNITION TECHNOLOGY

Dear Speaker DeLeo, President Spilka, and Governor Baker,

We are public health and health care professionals concerned about systemic racism, writing to respectfully urge the legislature to enact and the Governor to sign police reform legislation. Specifically, we urge you to rise to this historic moment by swiftly enacting law to end qualified immunity, restrict harmful use of force practices, and ban government use of facial recognition technology.

Systemic racism is a lethal public health crisis. The public health and health care community has long recognized the ways in which racism has contributed to the pervasive health inequities and injustices that permeate every aspect of existence for people of color, and have devastated both the physical and mental health of individuals subjected to these abuses on a daily basis. Health outcomes are produced by multi-dimensional and intersecting factors, including social, economic, environmental, and biological, which all contribute to a person and community's health status.

Disparities in these outcomes often reflect structural and systemic inequities in a community and society. The impacts of institutionalized systems of oppression and bias can be seen in the higher mass incarceration rates, higher risk of exposure to chronic disease and illness, worse health outcomes, higher rates of morbidity and mortality, lower life expectancies, mental

health trauma, countless deaths and injuries at the hands of law enforcement, and significant barriers in access to adequate healthcare.

Law enforcement violence and surveillance of Black people are public health issues. As a society with chronically deprioritized public health and underfunded social programs, we have too often inappropriately delegated public health functions to police. Our skewed budget priorities have saddled police with responsibilities they cannot safely see through, and have placed an inequitable burden of mental and physical harm on socioeconomically marginalized communities, particularly for Black and brown people.

The overlap with state violence against people with disabilities is alarming. The risk of being killed during an interaction with law enforcement is 16 times greater for individuals with untreated mental illness than that of any other civilian approached or stopped by police officers, and at least 1 in 4 fatal police encounters ends the life of a person with severe mental illness.[1]

Public health approaches to violence prevention and public safety through programs such as addiction treatment work and have been found to decrease robberies and thefts. One study found that for every dollar spent on drug treatment, as many as three dollars were saved in crime reduction.[2] Investing in early-childhood education, providing food, housing, and increasing opportunity can treat and address the root causes that contribute to criminal activity. Law enforcement and criminalization often punish individuals after the fact, but do little to fix a problem that will continue to manifest in the future.

We strongly support legislation that includes provisions for harm-reduction and the de-escalation of the use of violence by law enforcement against the people of Massachusetts. Such a law must reduce the role of police in situations where social interventions are safer and more effective, and explicitly recognize that law enforcement violence and surveillance pose dangers to public health. We call on the legislature to adopt and the Governor to sign law that achieves the following critical goals:

- **Fix language in current state law requiring a plaintiff to show that a violation of rights was accompanied by "threats, intimidation or coercion,"** which courts have interpreted to let officers off the hook for many direct violations of rights, even ones involving physical abuse.
- **Eliminate the judicial doctrine known as "qualified immunity,"** which shields police from being held accountable to their victims—even when they blatantly and seriously violate people's civil rights, including by excessive use of force resulting in serious physical harm or even death. When healthcare officials and other trusted professionals flagrantly harm people, we are held accountable. So too should police.
- **Mandate Department of Public Health reporting that recognizes police-involved injuries and deaths are dangerous to public health**, and require the promulgation of regulations to create mechanisms for physicians and health care providers to report police-involved injuries and deaths.

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[1] https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf

[2] https://www.nytimes.com/2017/04/24/upshot/spend-a-dollar-on-drug-treatment-and-save-more-on-crime-reduction.html

- **Require officers to attempt de-escalation and limit the use of force** by creating an individual right against unnecessary use of force.
- **Prohibit the use of chokeholds, chemical weapons, rubber bullets, and attack dogs**. Police should never deploy chemical and respiratory irritants which induce coughing attacks, such as tear gas and pepper spray. The use of these weapons, which are banned in combat, against demonstrators during a pandemic that is spread by respiratory droplets is particularly unconscionable. The corrosive effects of these chemical agents can increase health risks for the COVID-19 virus, increase the risk of spreading the virus due to the induced coughing, make the respiratory tract more susceptible to infection, and exacerbate underlying medical conditions.
- **Ban the use of face and biometric surveillance technology**. Face surveillance technology exacerbates existing racial injustices. First, studies show face surveillance algorithms are particularly bad at identifying people with darker skin. Second, Black and Latinx people are disproportionately arrested for a variety of minor offenses, leading to their overrepresentation in mugshot databases. Third, surveillance technologies are often deployed first against low-income communities and communities of color, where law enforcement is already conducting more street-level surveillance than in wealthier, whiter communities. As a result, Black and Latinx people are particularly vulnerable to being tracked and monitored, as law enforcement in Massachusetts are using the technology absent any regulations, oversight, or transparency.[3] Surveillance leads to criminalization and disproportionate police contact with Black and brown people, and it must be reined in immediately.

We, the public health and health care community, write in support of legislation that achieves the above policy reforms as a step in the right direction to begin to undo centuries of institutionalized racism in our Commonwealth. We express solidarity with demonstrators who, at great personal risk, continue to advocate for systemic change to address the public health harms caused by racially disparate police violence and surveillance.

Thank you for your leadership and your public service.

Sincerely,
The undersigned public health, health care, and community professionals

Cc/ Representative Claire Cronin, Representative Aaron Michlewitz, Representative Ronald Mariano, the Black and Latinx Legislative Caucus

[3][13] See, for example: Laura Moy, "Yet another way the Baltimore Police unfairly target Black people," August 18, 2016, Slate. https://slate.com/technology/2016/08/baltimore-police-use-surveillance-technology-to-target-black-neighborhoods.html.

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338. Nina Judith Katz, M.A., Herbalist
339. Areliz O Barbosa, CCHW, Community Health Worker, Baystate Health
340. Amelia Lipton, Budget Analyst
341. Jarrod West, Legal Courier, 1Shot Couriers Inc.
342. Brenda Grant, LICSW, Clinical Social Worker
343. Jennifer Pestana
344. Averill Guo, MD, Internal Medicine Physician
345. Eli Latto, MSW, LICSW, Clinical Social Worker
346. Carol Kessler, MD, Clinical Psychiatrist
347. Christin Arbib, Human eing who believes that the system needs to change
348. Samara Grossman, LICSW Clinical Social Worker
349. Lovingsky Jasmin, Ordained Minister, Activist
350. Elizabeth Raskin, MPH Candidate, Graduate Student, Boston University School of Public Health
351. Sara Kass-Gergi, MD, Physician, Pulmonary Fellow, Critical Care
352. Michaela Goss
353. Kelsey Monson, PhD Candidate, MS, Molecular Epidemiology
354. Erin Blankenship
355. Tera Keang
356. Ava Sanayei, MD, Physician
357. Kevin Sakaguchi, MPH Candidate, Boston University School of Public Health
358. Claire Redman, BSc
359. Brittany Skinner, Outpatient Therapist
360. Joan M Friedman, Software Engineer
361. Diane Donovan, LICSW, Clinical Social Worker, National Association of Social Workers
362. Angelique Conto, Mental Health Clinician, HRiA
363. Katherine Cicolello, MD, Physician, Psychiatry Resident, Cambridge Health Alliance
364. Karthik Ravichandran, MS
365. Sandy Wright
366. Claudia Carrera, MA, Health Justice Advocate
367. Araz Chiloyan, MPH, Public Health
368. Deepa Ramadurai, MD, Physician
369. Vannak Theng, Teacher
370. Vincent Rush, Surveyor
371. Faradeh Sanders
372. Manu Vikram Venkat, MD, Physician, Internal Medicine Resident
373. Kathleen Moore
374. Sarah Buchholz, Education, American Montessori Society
375. Kathleen Eaton, 1946
376. Naomi Handler, Director of Operations and Finance
377. Jennifee Susan Deal, Toddler Teacher
378. Kirsten Laicer

379. Kimberly Fantini, Social Worker, Commonwealth of Massachusetts
380. Alison Kristoff, Engineer and Educator
381. Kelly Wong, EdS, School Psychologist
382. Elizabeth Conto
383. Michelle Bell, Women Advocate, Rosie's Place
384. Cara McCarthy Hutchins, Founder & CEO, Communications, Ink
385. Jane H Bramberg, Maynard Welcomes You
386. Arnav Sharma
387. Karl Koessel
388. Briana Keating, Substance Use Prevention Program Director
389. Stephanie Ngom, Instructor
390. Dorothy Butler, Program Manager, Winchester Coalition for Safer Comminity
391. Shawn Johnson, MD Candidate, Medical Student, Harvard Medical School
392. Honor MacNaughton, MD, Family Physician, Cambridge Health Alliance
393. Michelle Bell, Women Advocate, Rosie's place
394. Heather Barker, President of LowellNOW, LowellNOW
395. Karen Kirchoff, Acupuncturist
396. Kristin Dame, MA, LMHC, Licensed Mental Health Counselor
397. Melanie Josephine LaFavre, Occupational Therapist, Early Intervention, Thom Child and Family Service
398. David Robinson, MCP, City Planner
399. Jillian Brelsford, RN, Registered Nurse
400. Victoria J Vooys, Lowell NOW
401. Michael Leonard, Overdose Prevention Trainer, Health Resources in Action
402. Angel Alce, Practice Manager, Cambridge Health Alliance
403. David Aronstein, MSW, Social Work
404. Carol Carbonell, Retired Teacher
405. Emily Gilstrap, Consultant, Educator
406. Deepa Ramadurai, MD, Physician
407. Joy Kunda, Student, Framingham High School
408. Jaime Lederer, MSW, MPH, Social Work, Public Health
409. Mallika Sabharwal, MD, Physician
410. Penelope Karambinakis, Public Health Specialist
411. Tamika R. Francis
412. Nazmim Bhuiya, DrPH, Public Health
413. Amy Pasternack, MD, Internal Medicine/Primary Care Physician, Cambridge Health Alliance
414. Finn Mackin
415. Elena Soyer
416. Vivian R Ortiz, MPA, Public Administration
417. Elinor Moore, Retired
418. Amy Osenar, Simmons University
419. Unnati Bhat, Student
420. Marcia Szymanski
421. Cynthia Mochowski, High School English Teacher, Gloucester Public Schools
422. Padma Sonti, Real Estate Consultant, Keller Williams

423. Shaoli Chaudhuri, MD, Physician
424. Kristin Mikolowsky, MSc, Associate Director, Research & Evaluation, Health Resources in Action
425. Talia Glickman-Simon, MPH, Public Health
426. Emily Breen, Public Health Program Coordinator, Health Resources in Action
427. Heather-Lyn Haley, PhD, Assistant Professor of Community Health, University of Massachusetts Medical School
428. Elizabeth Griffin, Transition House
429. Sonya Bhatia, Tufts University
430. Vanmey Ma,Civic Engagement Coordinator
431. Batya Reich, Student
432. Samantha N. Levy, Qualitative Researcher Emergo, UL
433. Dominique Heinke, ScD, Epidemiologist, Postdoctoral Fellow
434. Patrice Mann, MD, MPH, Resident Physician, Psychiatry, Cambridge Health Alliance
435. Kathleen Murray
436. Alyson Wickline, BA Education, Upper Elementary Head Teacher, The Montessori School of Northampton
437. Kaibeth Cruz-Philippe, Director of Housing Services
438. Siwaar Abouhala, Tufts University
439. Kerry Kokkinogenis
440. Suzanne Cashman, Public Health
441. Maryam Robinson, MD, MPH, Family Medicine Resident, Cambridge Health Alliance
442. Lucy M. Candib, MD, Professor Emerita, Department of Family Medicine and Community Health, University of Massachusetts Medical School, University of Massachusetts Medical School
443. Enid Eckstein, EMHL, Jamaica Plain Progressives