

Policing Black Bodies: The Effects of Carceral Control on Community Health

By Jay Bartel

*Yeah, officer from overseer
You need a little clarity?
Check the similarity!
The overseer rode around the plantation
The officer is off patrolling all the nation
The overseer could stop you what you're doing
The officer will pull you over just when he's pursuing
The overseer had the right to get ill
And if you fought back, the overseer had the right to kill
The officer has the right to arrest
And if you fight back they put a hole in your chest!
(Woop!) They both ride horses
After 400 years, I've got no choices!*
— KRS-One “Sound of da Police”, 1993

Situating Prisons and Police Violence within the Legacy of Slavery

According to a recent article in the Los Angeles Times, getting shot by police is the leading cause of death for young Black* men in the United States. At present, one in every one thousand Black men and boys will be killed by police, making them 2.5 times more likely to die during an encounter with police than white men and boys (Kahn, 2019). Viral videos documenting the horrific deaths of Oscar Grant, Philando Castile, Freddie Gray and others have pushed stories of police violence into national (white) public discourse and allowed for increased national consciousness to the disproportionate prevalence of police violence in Black communities. Increased media attention has helped to open up a wider conversation and more research about how exposure to police violence impacts population health in targeted communities, but systemic societal change has yet to occur as a result of these discursive shifts (Gilbert, et al., 2015).

As Sirry Alang, et al. assert in the 2017 article “Police Brutality and Black Health: Setting the Agenda for Public Health Scholars”, police violence toward Black people in the United States has roots in slavery, and these racist origins matter as much today as they did two centuries ago (Browne, 2007; Cooper et al., 2016). Alang et al. are not alone in drawing the

* Note on terminology: this paper uses “African American” and “Black” interchangeably, though these terms hold different social meaning to different people and in different contexts. Black is capitalized with respect to the 1878 editorial entitled “Spell it with a Capital,” by Ferdinand Lee Barnett.

<https://medium.com/@InsightCCED/spell-it-with-a-capital-b-9eab112d759a>

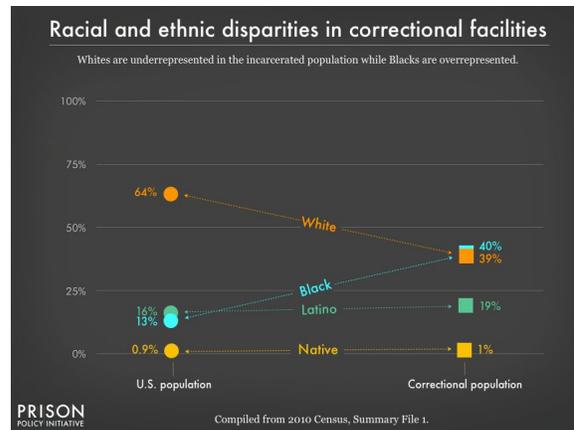


Figure 1: Graph of racial and ethnic disparity in U.S. prison population. From Prison Policy Initiative. Graph by P. Wagner, 2018. Retrieved from prisonpolicy.org/graphs/pie2018_race.html#longgraphs/pie2018_race.html

historical connection between today’s racialized tragedies and those that occurred during institutional chattel slavery. Numerous scholars, including Michelle Alexander (*The New Jim Crow*), Ruth Gilmore Wilson (*Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*), and Kristian Williams (*Our Enemies in Blue: Police and Power in America*) trace this connection as well. Similarly, refrains describing police as modern-day slave patrollers are often heard in hip-hop music, exemplified in 90s group KRS-One’s “Sound of da Police” (KRS-One, 1993). The American criminal legal system holds almost 2.3 million people in 1,719 state prisons, 102 federal prisons, 1,852 juvenile correctional facilities, 3,163 local jails, and as well as in military prisons, jails on indigenous reservations, immigration detention facilities, civil commitment centers, state psychiatric hospitals, and in prisons in the U.S. territories (Wagner et al., 2018). In the past 30 years, rapid prison expansion and privatization in tandem with the “War on Drugs” has skyrocketed prison populations as well as increased rates of incarceration and lethal police violence, particularly within predominantly Black communities in urban areas (Cooper, et al., 2015).

Certainly, Black people and other people of color (POC) are more directly and disproportionately harmed by policing than white people, and comprise a larger percentage of the population physically and emotionally harmed during interactions with police. In this way, we can understand *being policed* as a social determinant of health, and one that disproportionately impacts communities of color. In this paper, I discuss how policing affects mental and physical health for male-assigned, African American/Black people ages 15-35 in the United States. By examining research on chronic stress, trauma, cardiovascular disease, and homicide, I hope to elucidate how new and old methods of policing systematically traumatize Black communities and point to current research on the psychological and physical effects this power imbalance has on overall community health.

A note on framework: my research begins from the premise that police violence against communities of color is structurally embedded within the carceral system. While some policing tactics are more brutal than others and some individual officers are more apt to intentionally commit harm or act on racial prejudice, this paper explores police and prisons *as an institution* that perpetuates racial and economic social stratification in which “wellness” is structurally inaccessible for many. This viewpoint understands the modern-day prison system as inherently detrimental to marginalized populations— particularly communities of color, indigenous people, and the poor. In this paper, I use the terms “police violence”, “police brutality”, “policing”, and “police control” relatively interchangeably, starting from the assumption that all policing and imprisonment involves inherent power imbalance, violence, and control.

One limitation of this essay’s scope is that it does not clearly focus on a population located either inside or outside of prison. However, to some extent, separations of “inside” or “outside” are ever-changing and not easily defined. While 2.3 million people — overwhelmingly POC— are currently locked inside prisons, there are a staggering 3.7 million people on

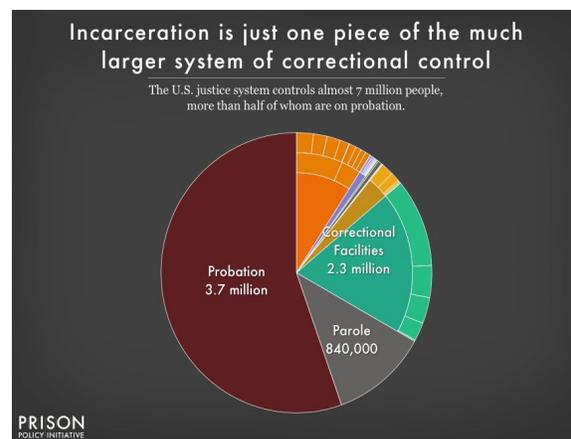


Figure 2: Graph showing number of people restricted by various mechanisms of carceral control: incarceration, probation, parole, etc. From Prison Policy Initiative. Graph by P. Wagner, 2018. Retrieved from prisonpolicy.org/graphs/pie2018_race.html

probation and 840,000 people on parole and thus still denied freedom of mobility and access to certain employment, government services, housing, and other life-supporting infrastructure (Critical Resistance, 2018a). Rather than attempt to synthesize information about each of these populations individually, this paper asserts a more generalized overview of some of the ways in which day-to-day-living with racism and structural disempowerment within a carceral system impairs mental and physical health for Black men, primarily focused on the impact in urban areas. Certainly, Black men are not the only social demographic group targeted by police violence and the prison system, both of which are elements of what is sometimes referred to as “The Prison-Industrial Complex” (Critical Resistance, 2018a). Race cannot be separated from intersectional identity factors such as socioeconomic class, sexuality, age, immigrant status, gender identity, and more. With that in mind, much of the research findings might be similarly applied to other demographic groups using an intersectional lens.

Modern Policing Tactics and Structural Disempowerment

Before analyzing how Black community health is specifically impacted by policing, it is necessary to outline the ways in which current policing tactics unequally impact communities of color. Modern policing programs and tactics such as “Stop and Frisk” laws (which entail the practice of temporarily detaining, questioning, searching people on the street and in practice involve racial profiling (Critical Resistance: On Policing, 2019), Special Weapons and Tactics (SWAT) raids, and drug-use criminalization laws are just a few features of policing that perpetuate racial inequality and systemic Black disempowerment. Neighborhoods labelled as *high-crime areas* become areas of predatory lending, economic disinvestment, social isolation, and political disenfranchisement. Thus, racialized poverty is concentrated and access to educational and employment opportunities are limited (Gilbert, et al., 2015). As discussed by Gilbert, et al. in “Why Police Kill Black Males with Impunity: Applying Public Health Critical Race Praxis (PHCRP) to Address the Determinants of Policing Behaviors and ‘Justifiable’ Homicides in the USA”, “Stop and Frisk” gives police a legal mandate to hyper-police communities of color and to detain and search Black men at random. Further, policies like “Stop and Frisk” normalize cultural racism which views all Black men as suspicious, less-than-human, and deserving of violence. A qualitative study from 2015 notes that many individuals who are stopped in “Stop and Frisk” detentions were simply going about their daily, law-abiding lives in hyper-policed communities. Daily police surveillance, detention, and harassment became a source of psychological stress that influenced self-perception and mental health. It is traumatic to be concerned about being detained by police “for nothing” and led many participants in the study to have increased feelings of fear and insecurity whenever they were in the streets and public spaces of their neighborhood (Cooper, et al., 2015). “Stop and Frisk” tactics serve as just one example of policing protocol that severely and disproportionately affects the well-being of Black communities. As stated by Gilbert, et al. in a 2015 article,

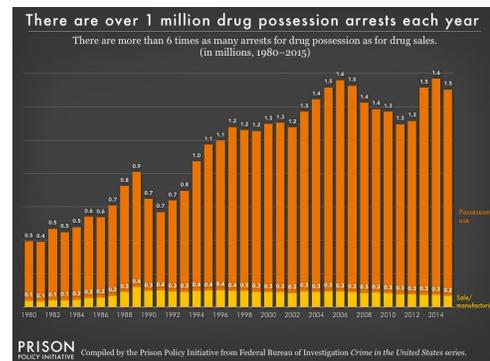


Figure 3: Graph of annual drug-related arrests in the U.S. From Prison Policy Initiative. Retrieved from prisonpolicy.org/reports/pie2019

Into the Post-Civil Rights, colorblind, and Obama eras, the third threat allows police officers to use legal authority to regulate black male bodies through traffic stops, stop and frisk, and zero-tolerance policies. These policies create legal entrapments, which systematically ensnares black males into the criminal justice system. There is a litany of legal cases support policing activities and practices. Some of these cases give legal authority for police to stop, question, pursue, and arrest individuals without probable cause or the presence of suspicious behaviors, even during minor traffic violations. These cases demonstrate how policing behaviors across the USA are legally structured to produce institutional entrapments that often disproportionately target and affect black males. They also raise the question of civil rights violations and direct racial biases (Gilbert, et al., 2015).

Another modern policing tactic that disproportionately affects communities of color is the use of SWAT teams, which has drastically increased though funding from the War on Drugs. Once reserved primarily for hostage situations, SWAT teams now function to serve warrants for narcotics offenses. Nationally, SWAT teams are deployed approximately 40,000 times a year. Typically, SWAT teams are heavily armed with battering rams and diversionary grenades and serve warrants late at night or early in the morning. People living in households targeted by SWAT teams are more likely to be Black or Latinx. As Gilbert et al. point out, entire communities are psychologically impacted by militarized policing tactics such as SWAT raids. SWAT raids and “Stop and Frisk” are just two examples of policing policy that impacts Black communities. Police harm within communities of color frequently also involves sexual violence, emotional abuse, physical force, neglect, and surveillance, all of which comprise a landscape in which Black/POC mental well-being is severely harmed (Cooper et al., 2016).

Race-Based Trauma and Intergenerational Mental Health

*I see no changes wake up in the morning and I ask myself
Is life worth living should I blast myself?
I'm tired of being' poor and even worse I'm black
My stomach hurts so I'm lookin' for a purse to snatch
Cops give a damn about a n—
Pull the trigger kill a n— , he's a hero
Give the crack to the kids who the hell cares
One less hungry mouth on the welfare
First ship 'em dope and let 'em deal the brothers
Give 'em guns step back watch 'em kill each other
— 2Pac, “Changes” , 1998*

The cumulative impact of police control affects Black community mental health. Researchers have for decades correlated race-based inequality as a key factor affecting psychological health in communities of color. Race-based stress is frequently cited by Black men as a major root of trauma, as well as underlying or catalyzing a variety of mental and physical health conditions. To be sure, many Black men have personal or secondary exposure to race-based trauma that involves encounters with the police. Due to a lack of consistent diagnostic criteria for “race-based trauma”, empirical studies in this area are lacking. However, it

remains clear that the impact of police violence on Black community mental health is significant. Some trends that have emerged as to the emotional impact of policing on Black men. Significantly, exposure to police harm often results in negative feelings and lack of a sense of control. Similarly, symptoms of trauma are common both for those who've experienced police brutality firsthand and for those whose community is disproportionately affected by it.

A recent qualitative research study by Allen E. Lipscomb et al. provides a critical look at how police-related trauma impacts the psychological wellbeing of Black men. Lipscomb interviewed participants (all of whom were Black men) after they had heard of, read about, or viewed the video of the fatal shooting of Stephon Clark by the Sacramento Police Department on March 18, 2018. Feelings of grief, anger, sadness, paranoia, passivity, alienation, and powerlessness were reported by the Black men who participated in this research. Participants reported feeling "angry", "paralyzed", "outraged", and "devastated". Participants expressed fear and grief that police repression of African American men so significantly shaped their lives and communities (Lipscomb, 2019). Similarly, a series of qualitative interviews conducted with young Black men in San Francisco showed similar themes of disenfranchisement and negative emotions. Overwhelmingly, the participants expressed feelings of fear, lack of autonomy, and psychological anguish related to their daily experience of institutional racism and police violence (Delgado, 2016).

Unquestionably, exposure to police violence, surveillance, incarceration, and the *fear of those things*, has led not only to negative emotions, but also to symptoms of post-traumatic stress whether experienced firsthand or due to secondary or intergenerational trauma (Lipscomb et al., 2019). Black marginality and repression has historically been normalized in United States culture— whether lynching of a runaway slave or police murder of a suspected gang member. Emerging research supports the assertion that many Black men meet the diagnostic criteria for Post Traumatic Stress Disorder (PTSD) due to the impact of police and police violence, from secondary trauma after viewing fatal shootings in their communities and/or via social media, and through intergenerational trauma that has been passed down since chattel slavery was codified (Meadows-Fernandez, 2017; Lipscomb et al., 2019). Symptoms such as hyperarousal, fear of dying, flashbacks, intrusions, avoidance, negative changes in mood and thinking, low self-esteem, shame, guilt, and sleep disturbances are common. These symptom clusters are often correlated with other psychological health challenges such as addiction, relationship problems, depression and suicidality, as well as a variety of physical symptoms (Lipscomb, 2019).

As previously stated, police violence doesn't always equate physical harm. Smiley et al., research more subtle ways that policing impacts Black communities, looking at the role that microaggressions play on mental health and self-perception in Black men. Non-verbal and verbal communication that invalidates, excludes, negates, or ignores the reality or feelings of Black people are ways in which policing causes emotional and mental harm. For certain, these linguistic tactics are encoded in modern police tactics, and significantly contribute to chronic stress and trauma within communities of color (Smiley et al., 2017). For example, media surrounding the murder of Black men by police typically reifies systemic racism through the use of these microaggressions and through post-mortem dehumanization of Black bodies through the use of terminology like "suspect", "thug", and "hustler" (Smiley, et al., 2017). This dehumanization is just one facet of a criminal legal system designed to isolate and degrade, but its impact on community mental health is significant. As Alang states in "Police Brutality and Black Health: Setting the Agenda for Public Health Scholars",

The impact of police brutality on the well-being of the Black community parallels the effects of the racism that exists in so many other aspects of everyday life: education, housing, employment, and health care. That Black people can be harassed and even killed by police is sadly not inconsistent with a system that gives some children, but not others, a high-quality education and that allows skin color to dictate employment opportunity or chances of dying from a preventable disease. Understanding how police brutality affects health requires seeing it both as the action of individual police officers and as part of a system of structural racism that operates to sustain White supremacy. (Alang, et al., 2017)

The microaggressions experienced during encounters with the police are often mirrored by white society as well. Black people are often burdened with the task of explaining to non-Black friends, co-workers, and strangers the connection between policing tactics and structural racism and put in a position of having to justify their trauma response to these oppressive factors. The stress of that role is often amplified during situations in which there is acute personal and community grief over a traumatic incident, such as a police shooting or arrest. Mainstream media discourse often perpetuates these microaggressions by arguing that victims somehow “deserved” their fate. This profound scrutiny combined with widespread lack of police accountability enact cultural harm to Black community mental and emotional wellness. These notes are by no means exhaustive— with certainty, the impact of police violence on Black/African American individual and collective mental health is a field that warrants continued study.

The Impact of Policing on Physical Health: High Blood Pressure, Cardiovascular Disease, and Death

For many Black men, the harmful effects of policing and its resulting race-based trauma impact physical health, too. Epidemiological studies on conditions such as high blood pressure and cardiovascular disease point to the relationship between physical health and chronic stress and trauma. These conditions are often catalyzed and exacerbated by chronic stress as well as other physiological changes that occur with trauma, such as inflammation (Lagraauw et al., 2015). Because many Black men correlate their experience of stress with race-based trauma, connections can be drawn between the detrimental effects of policing and the onset and outcome of disease. For many Black men, mental as well as physical health are specifically and directly adversely affected by negative self-perception and lack of perceived bodily autonomy that results from harmful police encounters, surveillance, and race-based microaggressions and societal discrimination.

Cardiovascular disease (CVD) is the leading cause of death for Black men in their 40s, a risk which is increased by the chronic stress and aforementioned psychological consequences of systemic racism, poverty, and violence throughout preceding decades — including that of carceral control through surveillance, detention, and police violence. A 2015 study by P.L. Hill et al. on the high-rates of CVD among Black men examined the relationship between perceived control and cardiovascular health. It found that Black men are more likely than other racial and ethnic groups to have poorly controlled hypertension. Research suggests that the pathophysiological vascular changes that lead to hypertension can begin as early as childhood, with evidence of vascular dysfunction in Black boys as young as 10, with young Black men also having a high rate of altered vascular activity. As aging continues, cardiac structure and function is weakened. Several studies have reported greater arterial stiffness and hardening

of the central arteries in Black men compared with other racial and ethnic groups. These factors point to a significantly elevated risk for CVD and death (Hill et al., 2015).

The 2015 Hill study looked pulse pressure, obtained by subtracting diastolic (DBP) from systolic (SBP) blood pressure, as a surrogate indicator of arterial stiffness that increases normally with age. Relative to other groups, Black men have been shown to exhibit greater pulse pressure relative to other groups. Researchers concluded that psychosocial factors such as stress, depression, and perceived control may play a role in the high rates of CVD among poor, Black men. The same study also found that perceived control has historically been lower for Black men, and correlated this trend with race-based discrimination (Hill, 2015). Given the relationship between policing, slavery, and personal and intergenerational trauma and stress, it should not be surprising that physical vascular conditions can be linked to race-based oppression, including harm done through policing Black communities.

Finally, it is imperative to refer again to the physical and psychological impact of police shootings, as officer-involved shootings exemplify race-based power imbalances that impact Black community health. While Black people comprise only 13% of the U.S. population, this demographic group makes up 31% of the people killed each year by police (Lopez, 2015). Homicide is the number one cause of death for Black men ages 15-35, and the fourth leading cause of death regardless of age (Gilbert, et al., 2015). At the time of this writing, sixty seven Black men and boys have been killed by police this year (NewsOne, 2019). The magnitude of those life and death disparities *alone* comprises a significant social determinant of health, not even accounting for all of the other ways that policing impacts Black community mental and physical wellbeing.

Transforming Harm into Wellness for All

This paper provided a brief glimpse into how policing triggers and reinforces mental and physical health disparities for Black men and boys, though left many interrelated topics unexamined. Truly, it is the role of health and healing work to address structural oppression — including racism within the carceral system (García, et al., 2015). The Black Panther Party (BPP) is one historical example of a group that sought to remedy race-based health disparities and mitigate the effects of police violence within Black communities (Lateef et al., 2017). The BPP offered free meals, community self-defense, healthcare clinics, and other programs to address lack of access and structural disempowerment within urban Black communities. This organization, and its successive offshoots like the Black Liberation Army, were heavily targeted by the Federal Bureau of Intelligence's Counter Intelligence Program (COINTELPRO); its leaders were systematically imprisoned and killed (Jones, 1988). Further research is needed as to how present-day anti-racist and police accountability movements can address broader health disparities in their goals and strategies (Elder, 2016). As police harm against people of color continues to be widely broadcasted via social media and other outlets, we can expect community mobilizations, such as those that followed the deaths of Michael Brown and Tamir Rice, to grow. Given the brutal context in which many people — communities of color as well as those who act in solidarity— are spurred to take action, calls to “abolish the police” (Critical Resistance, 2018b; Vitale, 2015) and for the creation of “a world without police” (A World Without Police, 2020) will continue. For those who are committed to addressing systemic barriers to access within health care, it is necessary to examine what governmental institutions and policies stand in the way of collective healing, and what societal transformations may be necessary in order to ensure wellness and embodiment for all.

My grandfather had to deal with the cops
My great-grandfather dealt with the cops
My great grandfather had to deal with the cops
And then my great, great, great, great, when it's gonna stop?!
— KRS-One “Sound of da Police”, 1993

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