Violence and the Carceral State
A Public Health Continuum

For many decades, cities across the US have struggled with the physical, psychosocial, financial, and health effects of violence in their poorest and most disadvantaged neighborhoods. Progress had been made in reducing and preventing this violence, but the COVID-19 pandemic reversed these gains. Among many reasons, restrictions that were placed on society due to the pandemic created an environment where violence interrupters who worked directly in the community had decreased face-to-face interactions, negatively affecting the work of prevention.¹ The Black community is navigating both the COVID-19 pandemic and the epidemic of gun violence. The source of that violence does not just come from within the community; it may also come from the police who are sworn to protect it. This Viewpoint examines 3 specific issues related to violence in Black and other marginalized communities in the US: firearm-related deaths, violence in the context of law enforcement, and deaths in custody.

Firearm-Related Violence and Homicides
According to data from the Centers for Disease Control and Prevention, there were more than 45 000 firearm-related deaths in the US in 2020. This represents nearly 124 people dying each day in the US from guns.²

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Numbers of firearm-related homicides are creeping back toward what was witnessed in the early to mid-1990s. Males account for 86% of firearm-related fatalities. Even more disturbing, the leading cause of death for Black males ages 15 to 34 years is homicide, the majority of which are due to firearm injuries.²

What must policy makers do to respond to the homicidal gun violence plaguing US communities? The answer is complex and must be approached in a comprehensive and coordinated manner. It requires collaboration between government, law enforcement, hospitals, community-based organizations, schools, social services, behavioral health, and faith-based organizations to be successful. The response must include supporting funded research; identifying the risk and protective factors within specific age, race and ethnicity, gender, and geographic cohorts; and implementing interdisciplinary public health programming. Intentional, equitable, and sustained access to schools, jobs, housing, health care, environmental justice, along with nondisparate criminal justice practices represent some of the best opportunities to decrease gun violence in US cities. Addressing and improving the social determinants within communities is only part of the equation.

The US has a gun problem. Along with increasing access to methods to address the social needs within communities, the larger equation of reducing gun violence requires limiting the availability of firearms to prevent those who are at most risk of resolving conflict with violent behavior from obtaining these weapons.³ This effort of prevention means closing gun show loopholes; tracking the movement of illegal guns from manufacturers, retailers, and to the point of illicit sales; and holding everyone accountable, especially those who profit from gun sales.⁴

The Criminal Legal System and Racial Inequities
Gun violence is a symptom of a system that continues to support the widening of the wealth gap, the implicit prejudice found in economic opportunity, structural racism, and the reinforcing of a community’s distrust of the established institutions such as the police.⁵ Over the last 2 decades, there has been greater awareness of the disparate actions of law enforcement against Black people. Incidents that grip the headlines, such as the death of George Floyd and Breonna Taylor in 2020 or the killing of Amadou Diallo in 1999, all act to reinforce a lack of humanity offered to Black men and women in this country by the structures established to protect and serve. The number of Black people shot by police has been relatively constant for many years; however, the exact number is unknown.

Studies analyzing police contacts and stops by law enforcement reveal striking racial inequities. Black people experience a far greater risk of morbidity and mortality when encountering the criminal legal system compared with people of other racial and ethnic groups. An analysis of mortality due to use of force reveals that there is a 1 in 1000 lifetime risk for Black men to be killed by law enforcement compared with a 1 in 2000 lifetime risk for all men.⁶ Although violence is the focus, the criminal legal system may carry its own inherent risk factors for early morbidity and mortality. It is known that those who are incarcerated or encounter law enforcement may die from a whole host of causes and manners. But what is not known with certainty are the health effects or even poor health outcomes for those who
come in close proximity or experience the sustained presence of the criminal legal system. For instance, the health outcome risks associated with incarceration and preincarceration are unknown because these risks have not been adequately studied.7

Deaths in Custody
While working to decrease violence in the community, and as policing continues to be central to how to respond to that violence, it is incumbent upon physicians, researchers, policy makers, and public health advocates to understand the health effects that policing may have on that same community—primarily because government has a fundamental constitutional and moral obligation to protect human life, not take it. The first question involves the deaths of those who come into contact with the criminal legal system, referred to as “death in custody.” Deaths in custody occur on a continuum and are defined as deaths that occur under the perceived or physical control or restraint of a law enforcement officer, a correctional officer (including a private correctional officer), or an authorized employee or agent of a district juvenile secure facility or youth residential facility. These deaths include those that occur while in pursuit, under arrest, in the process of being arrested, detained, or in the process of being detained. The deaths also include those who are incarcerated in, committed to, or on work release from a jail or correctional facility (including contract facility) or a psychiatric hospital. These deaths can be of those committed to a juvenile secure facility and those who are purposely put to death due to judicial executions.8

Although the Death in Custody Reporting Act requires all arrest-related deaths as well as deaths that occur in local jails, state prisons, and federal prisons to be reported to the US Department of Justice, the law has not been fully implemented. Currently, there is no centralized account of all deaths that occur in the custody of the criminal legal system in the US9—that is unacceptable. Physicians, scholars, and public health professionals must advocate for full implementation of the Death in Custody Reporting Act and should not wait for the criminal justice system to capture these data. The public health infrastructure is capable of collecting death data. The Centers for Disease Control and Prevention has an entire division dedicated to capturing birth and death data for the purposes of informing public health policy, programming, and research. The US Standard Certificate of Death provides the data necessary to understand how people die from any particular disease or injury.

Every death in custody has a signed death certificate. Whether the death certificate is signed by the attending physician responsible for the patient, the forensic pathologist performing an autopsy, or the lay coroner, this public health document is well-suited to capture all deaths in custody. However, there is a very limited way to know, by looking at the death certificate, that the death occurred in custody because there is no specific checkbox with this designation, although one is critically needed.10 In contrast, there are indicators (ie, checkboxes) on the death certificate for maternal deaths, for deaths during motor vehicle collisions, and even for deaths due to smoking. To understand some of the health risks that exist in connection with the criminal legal system, there must be a clear way of capturing the relevant data, especially for deaths in custody.

Conclusions
Development of policies and programs dedicated to improving the health of the nation must include effective approaches that address firearm-related violence and homicides in the community, racial inequities in the criminal legal system, and prevention of deaths in custody. It is only when there is an interdisciplinary, public health, and data-driven approach to these issues that the nation can solve them.

REFERENCES