# Fatal police violence in the USA: a public health issue

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Preventable violent deaths of people of colour at the hands of police in the USA have been overlooked as a public health issue. Many victims of police violence have become household names, like George Floyd, whose death made headlines worldwide and raised awareness of the Black Lives Matter movement, which targets structural racism and violence against Black people in the USA and abroad. Yet, for every George Floyd, hundreds of other Americans' deaths after violent exchanges with police go unheeded, unacknowledged, and uncounted.

Although the US federal government has tracked deaths from law enforcement since 1949 using the National Vital Statistics System (NVSS), questions around undercounting of police violence fatalities and the underlying quality of death certificate data have arisen only in recent years. Journalists have not only documented narratives of police brutality but also identified disparities in the total number of deaths reported in the NVSS, especially when non-firearm injuries were involved or when information about the individual's race or ethnicity was missing or misclassified. Open-source databases composed of news coverage and public records of police violence fatalities maintained by journalists and independent research teams, including Fatal Encounters, Mapping Police Violence, and The Counted, have provided rich alternatives to NVSS data, but are limited by short periods of coverage and differences in case definitions.

A lack of accurate data has arguably been one of the major impediments to adopting a public health approach to deaths caused by police violence. Today in *The Lancet*, a group led by researchers at the Institute for Health Metrics and Evaluation (IHME) publish the most accurate and comprehensive assessment of deaths attributable to police violence in the USA to date. The study is a potential turning point for improving national estimates of fatalities from police violence by incorporating non-governmental open-source data to correct NVSS data. The findings are staggering: around 30 000 people died from police violence between 1980 and 2018. The NVSS omitted approximately 17 100 deaths, leading to an under-reporting of deaths attributable to police violence by more than 55%. Age-standardised mortality was higher in Black people (0·69 of 100 000) and non-Hispanic Black people (0·35 of 100 000) than White people (0·20 of 100 000).

These figures show a system of violent and fatal policing in the USA that is unfairly and unevenly applied across race and ethnicity. Arguing that police brutality exists because of a context of structural racism is not new, but there is novelty and power in leveraging the IHME methodology for reform. Ensuring the veracity of data collection requires moving it out of the remit of law enforcement, which has been self-interested, voluntary, and incomplete. Data collection across states, especially those where reporting is low and misclassification is high, should be supported through public health infrastructure, funding for collaborations between journalists and researchers, and the mandating of consistent standards to ensure that death certificates are completed by medical examiners or physicians with appropriate forensic training. Accuracy is crucial, but how cause of death is reported is itself an issue of complicity in racist policing, as underscored in a recent Correspondence on the designation of sickle cell trait as a cause of in-custody death: "Physicians deny justice to communities by providing medical cover for death at the hands of law enforcement officers and by perpetuating medical falsehoods to justify this practice."

Better data are one aspect of a public health approach; introducing harm-reduction policies is another. Policing in the USA follows models of hostile, racialised interactions between civilians and armed agents of the state. Marginalised groups are more likely to be criminalised through the war on drugs or homelessness. Reducing hostile or violent interactions between police and civilians, particularly those who are most vulnerable overall, is a forceful case for investment in other areas of community-based health and support systems, including housing, food access, substance use treatment, and emergency medical services. Strategies to lower fatalities from police violence must include demilitarisation of police forces, but with the broader call to demilitarise society by, for example, restricting access to firearms. Drawing on the experience of the public health community in countries with unarmed police forces, such as Norway and the UK, could also improve policy. Police forces too must take greater responsibility for police-involved injuries and deaths. Such changes are long overdue. As the Article in this week's issue so starkly shows, the status quo has been hugely harmful to the health and wellbeing of people in the USA. ■ *The Lancet*

For the **National Vital Statistics System** see https://www.cdc.gov/nchs/nvss/index.htm

For **Fatal Encounters** see https://fatalencounters.org/

For **Mapping Police Violence** see https://mappingpoliceviolence.org/

For **The Counted** see https://www.theguardian.com/us-news/ng-interactive/2015/jun/01/the-counted-police-killings-us-database

For **Sickle cell trait: an unsound cause of death** see **Correspondence** *Lancet* 2021; **398:** 1128–29