



2005 Market Street, Suite 1700      215.575.9050 Phone  
Philadelphia, PA 19103-7077      215.575.4939 Fax

901 E Street NW, 10th Floor      202.552.2000 Phone  
Washington, DC 20004      202.552.2299 Fax  
[www.pewtrusts.org](http://www.pewtrusts.org)

**Testimony of Ruth Lindberg  
Manager, Health Impact Project  
The Pew Charitable Trusts**

Council of the District of Columbia  
Committee on the Judiciary and Public Safety  
October 15, 2020

Dear Chairperson Charles Allen and members of the Council of the District of Columbia’s Committee on the Judiciary and Public Safety. My name is Ruth Lindberg and I am a manager with The Pew Charitable Trusts’ Health Impact Project. Pew is an independent nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public, and invigorate civic life. My work involves assisting local, state, and national organizations to include health considerations in policy decisions across multiple sectors, such as housing, education, and criminal justice. Thank you for inviting me to testify today on Bill 23-0882, the Comprehensive Policing and Justice Reform Amendment Act of 2020.

My colleagues and I completed a health note of this bill, which I submitted with my written testimony and that you also received through correspondence from the Council’s Office of the Budget Director. A health note is a brief, objective, and nonpartisan summary of how proposed legislation could affect health. The aim of health notes is to provide evidence to inform decision-making: they are not intended to support or oppose legislation.

For the past three years, the Health Impact Project has been testing this approach in jurisdictions across the United States to help lawmakers learn the potential health implications of proposed legislation and policies. In May, we received a technical assistance request from Chairman Mendelson inviting us to coordinate with the Office of the Budget Director to conduct health notes on legislation being reviewed during Council Period 23.

This health note examined the available evidence regarding potential health effects of seven components of the bill. Our analysis identified several aspects with a strong evidence base, as well as other components that have some research or that are not well researched in terms of their effects on health. Today I will focus on three findings from our analysis.

First, this bill has important implications for health equity—the guiding principle that disparities in health outcomes caused by factors such as race, income, or geography should be addressed and prevented, providing opportunities for all people to be as healthy as possible. In the U.S., lifetime risk of being killed by police is greatest for Black men and women, American Indian/Alaska Native men and women, and Latino men as compared to their White counterparts. Among the 1,242 reported uses of force incidents by the Metropolitan Police Department of the District of Columbia in 2018, over half resulted in a reported injury to the subject. Although 48% of District residents are Black, 90% of all uses of force in 2018 involved Black citizens, and only 14% of subjects were reportedly armed.

Second, we found strong evidence supporting the relationship between several components of the bill and individual and community health. For example, our analysis found that chemical and projectile weapons, such as tear gas or rubber bullets, in crowd-control settings can cause significant injuries, permanent disabilities, and death. To the extent that the bill results in a decreased use of these weapons, it could reduce the risk of negative health outcomes. Additionally, there is strong evidence that fatalities resulting from the actions of law enforcement officers and serious use of force incidents can negatively affect mental health of family members, communities, and officers, with Black communities disproportionately affected. Exposure to videos of these fatalities and serious use of force incidents can be traumatic for family and friends of the decedent and for the community at large, with implications for mental health and stress-related physiological responses. Although consultation with experts in trauma and grief prior to the release of the footage could help individuals who see the videos cope and manage these effects, many videos are released via news outlets and social media rather than by police departments.

Finally, we found evidence that health effects could vary depending on how policies are implemented. For example, there is some evidence that the adoption of strict policies on use of force tends to reduce police officers' use of physical coercion. This could have potential benefits for health by decreasing the risk of injury during encounters between police and the public. However, the benefits of these policies for health depends on how they are implemented and enforced, and the development of appropriate accountability structures. And while a fair amount of evidence shows short-term benefits of specific types of implicit bias training for law enforcement officers, the research highlights the importance of quality curricula and instruction and ongoing training.

Thank you so much for your time.

Sincerely,

Ruth Lindberg  
Manager, Health Impact Project  
The Pew Charitable Trusts  
[rlindberg@pewtrusts.org](mailto:rlindberg@pewtrusts.org)  
202-540-6544