

Defunding the Police

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In the wake of the George Floyd protests earlier this year, an emerging movement to defund the police has gained national traction. The continued extrajudicial killings of people of color by police officers being recorded and going viral has caused a surge of momentum for rethinking the role of law enforcement in our communities and around the country.

This demand, as envisioned by various groups and politicians in the United States, advocates for a reallocation of resources from law enforcement to other community programs: mental health, drug addiction, social services, schools, etc. That funding these programs directly will lead to a decrease in the necessity of police is not lost on organizers. The current iteration of law enforcement in America embodies the natural conclusion of these eroded public services; the state systematically brutalizes those without resources using a public paramilitary predominantly funded by those same resources.

To conceptualize what defunding the police looks like in practice is to examine the inherent structure of our society. As the balance of power has continued to skew in favor of the status quo, it is logical that the enforcement mechanism of these norms, i.e. the police, would receive consistent funding from those who benefit from the current system. Community services that would help to mitigate societal problems or raise the quality of life have been stripped of their impact through demonization and austerity measures, leaving the police officer as the sole response force. The results have been predictable and tragically avoidable, but completely foreseeable when society demands police, whose primary purpose are the ability to inflict violence, to handle situations that do not require it.

It seems basic enough that investing in community services will remove the need for police to be called in the first place, thus reducing a strain on law enforcement overall. On paper, the current role of a police officer in society is overwhelming. In practice, many calls received by police would be more responsibly handled by community workers who are specialized to deal in situational particularities versus the police who currently serve as a community catch-all. This view is shared by the police themselves. Following the killing of five police officers in 2016, then Dallas Police Chief David Brown said we are asking too much of the police, saying that “every societal failure, we put it on the cops to solve.”¹

This is not a radical sentiment. Police should not be asked to address every ill facing our society, especially when the overarching approach is not to solve a problem but to violently address its symptoms. Because many of these same issues are so intrinsically related to one another, it can be difficult to separate them when addressing step-by-step policies to community reinvestment. Still, fear of finding the correct starting point cannot paralyze the desperately needed progress. Here, we review two areas that would be best addressed by community resources.

Resourcing Mental Health

In 2011, Kelly Thomas, a homeless schizophrenic living in Fullerton, California, was beaten to death by six members of the Fullerton Police Department in one of the more wanton displays of known police brutality. The police were responding to a vandalism call when they encountered Thomas, who was uncooperative but unarmed, sitting, and nonaggressive. The encounter sent Thomas to UC Irvine Medical Center with severe injuries. He became comatose soon after and was removed from life support five days later.²

A 2015 report by the Treatment Advocacy Center found that people with untreated mental illness are 16 times more likely to be killed during a police encounter than others approached by law enforcement.³ This is paired with the statistic that fewer than 1 in 50 U.S. adults have untreated severe mental illness but are involved in at least 25% (possibly as high as 50%) of all fatal police shootings.⁴ The author concludes that reducing encounters between on-duty law enforcement and individuals with the most severe psychiatric diseases may represent the single most immediate, practical strategy for reducing fatal police shootings.⁵

The Ruderman Family Foundation found similar results in their own reporting. A 2016 study found that one-third of all people killed by police have a disability.⁶ The paper reviewed three years of media coverage and focused on eight selected cases of police violence against individuals with disabilities, finding the following patterns:

- Disability goes unmentioned or is listed as an attribute without context;
- An impairment is used to evoke pity or sympathy for the victim
- A medical condition or “mental illness” is used to blame victims for their deaths; and
- Rare occasions where thoughtful examinations of disability from within its social context reveal the intersecting forces that lead to dangerous use-of-force instances.

An estimated 10% of calls to police involve someone who is mentally ill, making law enforcement a first response unit to someone who is potentially having a crisis.⁷ In 2015, 25% of fatal police shootings involved a victim who was mentally ill.⁸ To help alleviate these numbers, police departments have been utilizing Crisis Intervention Training (CIT), which has improved officer attitudes and awareness about mental illness, reducing both injuries and arrests.⁹ However, in 2016 only 15% of police jurisdictions had adopted CIT programs.¹⁰

Only 3%-5% of violent acts can be attributed to people with mental illness but they are over ten times more likely to be victims of violent crime.¹¹ Nonetheless, a 2019 report that found 20% of all law enforcement staff time and 10% of all law enforcement agency budgets went towards responding to and transporting people with mental illness.¹² This same report found that the Los Angeles County Jail, Chicago’s Cook County Jail, and New York’s Rikers Island jail each hold more mentally ill inmates than any remaining psychiatric hospital in the country.¹³ In 2010, approximately 383,000 individuals with severe psychiatric disease were behind bars — nearly 10 times the number of patients in the nation’s state hospitals.¹⁴

It is worth taking a step back momentarily to objectively evaluate the purpose of prisons. The United States is home to 2.3 million inmates, which translates to 698 per 100,000.¹⁵ The next closest country is the United Kingdom, who stands at 139 per 100,000.¹⁶ In the US, 68% of people released from prison are rearrested within three years.¹⁷ Prisons do not reduce crime.¹⁸ They overwhelmingly punish poor and impoverished families.¹⁹ They are rampant with dehumanizing treatment and violations of human rights.²⁰ They are also festering grounds for disease and viruses, even before COVID-19.²¹ Whatever their definition, the truth is that prisons are failing us as a society and their inmates as detention or rehabilitation centers.

Models for successful mental health crisis interventions are readily available. Cahoots (Crisis Assistance Helping Out on the Streets) is a program operating out of the White Bird Clinic, a nonprofit organization based in Eugene, Oregon. Cahoots provides mobile crisis intervention through dispatch teams of certified medics and counselors and lists at least nine different services covering a diverse array of issues.²² Response units field an estimated one in five calls directed to the Eugene police departments. In 2019, Cahoots responded to 24,000 calls, only 150 (less than 1%) of which required calling for police backup.²³ The total operating budget for Cahoots in 2019 was \$1.9 million, entirely funded by the city of Eugene and a state grant.²⁴ Unsurprisingly, the program is being replicated across multiple cities and states.

The nonprofit search engine Guidestar lists over 15,000 organizations categorized as Mental Health and Crisis Services.²⁵ It is not difficult to imagine a strategic divestment of law enforcement resources being rededicated to any number of these groups who employ social workers to cover all spectrums of mental health counseling, treatment, and response services. Law enforcement has routinely proven themselves unable to handle crises involving mental illness, but it is important to remember that they should not be asked to. The methodology and timeline for these reallocations remain a work in progress, but there are clear starting points and metrics to be used in defining success. The sooner mental health is viewed through the lens of treatment and rehabilitation, the better.

Decriminalizing Drug Possession and Resourcing Addiction

On June 18, 1971, President Nixon held a press conference and declared drug abuse as “public enemy number one.” The term “War on Drugs” took hold, as did an abundance of federal resources to help “eradication, interdiction, and incarceration,” including prevention of new addicts and rehabilitation for those addicted. Two years later, in 1973, the Drug Enforcement Administration (DEA) was established as a “super agency” to handle the drug problem, consolidating agents from the Bureau of Narcotics and Dangerous Drugs (BNDD), Customs, CIA, and Office of Drug Abuse Law Enforcement (ODALE).²⁶

By nearly any conceivable metric of performance or success, the War on Drugs has been an objective failure.²⁷ Every 25 seconds in the US, someone is arrested for drug possession.²⁸ There is no statistically significant relationship between incarceration for drug offenses and lower rates of drug use, drug arrests, or overdose deaths.²⁹ Rather, incarceration is a catalyst for disaster

upon release; in the two weeks following release, individuals are 13 times more likely to die than the general population, the leading cause of which is overdose.³⁰

The failures continue and touch on nearly every aspect of American society. A brief selection, by the numbers:

- The United States spends \$47 billion annually on the War on Drugs. In 2018, over 1.6 million people were arrested for drug law violations. Of these, over 1.4 million were for possession only.
- In 2018, 663,367 people were arrested for violation of marijuana laws, 608,775 of which were for possession only.
- Black Americans are four times more likely to be arrested for marijuana charges than their white peers.³¹ They are also six times more likely to be incarcerated for drug-related offenses than white Americans despite equal usage rates.³² On average, black defendants convicted for drug offenses serve the same amount of time as a white defendant convicted of a violent crime.³³

The landscapes destroyed by the War on Drugs have implications far beyond economics and lay bare the abject disparities in how our current system weighs race, community, and addiction. The balance has been found desperately wanting and the continued utilization of law enforcement as means of perpetuating a failed campaign against drug use and addiction makes clear that the conception was never about prevention or treatment in the first place. It is no coincidence that the past four decades have seen the cost of policing in the US nearly triple, from \$42.3 billion in 1977 to \$114.5 billion in 2017.³⁴

Our most recent history is telling. As of April 2020, cannabis is legal in 11 states and decriminalized in 16 others.³⁵ In December 2020, the House of Representatives approved decriminalizing marijuana at the federal level.³⁶ The rise in legalized cannabis as the new cash crop saw 2019 sales rise 48% to \$15 billion, expected to surpass \$43 billion by 2024.³⁷ The exact number of legal dispensaries in the United States is currently unknown, but reasonable estimates range between 5,000 - 7,000.³⁸ AngelList, a database of startups and angel investors, lists 1,711 companies with marijuana as their primary business function.³⁹ Public opinion has followed this trend, with over two-thirds of Americans supporting legalization.⁴⁰

As attitudes towards marijuana have changed in recent decades, a new focus has risen on the so-called “opioid epidemic,” i.e. the rampant abuse of opioids, either legally prescribed or illegally manufactured. Of the 67,367 drug overdose deaths in 2018, 70% involved an opioid.⁴¹ The Center for Disease Control (CDC) has credited three separate waves in tracking the rise in opioid use: 1) increase in prescriptions opioids in the 1990s; 2) rise in use and overdose from heroin in the 2010s; and 3) a significant increase in overdose deaths from synthetic opioids beginning in 2013.⁴²

The responses to this latest epidemic fall well within our resource-shifting paradigm and seek to alleviate the burden on law enforcement. The Johns Hopkins Bloomberg School of Public Health recently published a brief report titled “Ten Standards of Care: Policing the Opioid Crisis.”⁴³ It contains ten recommended standards of care for police departments and their partners, all of which focus on prevention, treatment, and rehabilitation. Absent is any mention of incarceration of punitive measures for the affected individual.

The numbers support a change in communal approach to drug enforcement. In 2010, a report by the Center for Addiction and Substance Abuse found that 65% of all inmates met the medical criteria for substance abuse addition but only 11% received any treatment.⁴⁴ Another 20% did not meet this criteria but did have histories of substance abuse and were under the influence of alcohol or other drugs at the time of their crime; committed their offense to get money to buy drugs; were incarcerated for an alcohol or drug law violation; or shared some combination of these characteristics.⁴⁵ This same report revealed that in 2006, alcohol and other drugs were involved in 78% of violent crimes, 83% of property crimes, and 77% of public order, immigration or weapon offenses, and probation/parole violations.⁴⁶

The conclusions in the report do not offer a promising landscape. In 2005, federal, state and local governments spent \$74 billion on incarceration, court proceedings, probation and parole for substance-involved adult and juvenile offenders and less than 1% of that amount—\$632 million--on prevention and treatment for them.⁴⁷ Joseph A. Califano, Jr., CASA’s Chairman and President and former U.S. Secretary of Health and Education, does not mince words: “Despite increased recognition of the problem and its potential solutions, we have made no progress in reducing the number of substance-involved inmates crowding our prisons and jails. The United States has less than 5% of the world’s population and we consume two-thirds of the world’s illegal drugs and incarcerate almost a quarter of the world’s prisoners, more than 8 of 10 of whom have some substance involvement.”

Marijuana legalization is riding a wave of public favoritism and legislative victories backed by venture capital and disarming dispensaries that resemble chic outlet stores, while people of color continue to be disproportionately arrested for marijuana possession,⁴⁸ occupy less than one-fifth of cannabis executive positions,⁴⁹ and own less than 1% of marijuana dispensaries.⁵⁰ That predominantly white investors are raking in millions of dollars while prisons remain full of black inmates arrested for trivial drug offenses goes beyond a tragic injustice. In 2017, the US Department of Health and Human Services declared the opioid epidemic a public health emergency and unveiled a new five-point Opioid Strategy.⁵¹ This response to what is largely viewed as a white working-class problem⁵² bears stark contrast to previous epidemics that disproportionately affected minority communities.⁵³

If the goal of the War on Drugs is harm reduction, prevention, and treatment, a different strategy is required. That we will soon be entering year 50 of this campaign with little to show for it in terms of public benefit suggests that these results are criminally intentionally or maliciously negligent, a distinction without a difference. Deliberate reallocation of law enforcement

resources into community health and treatment centers cannot be argued in good faith as wasteful when the status quo has been nothing but, nor can the narrative of treating addiction as criminal instead of a public health crisis continue unchecked.

The War on Drugs has cost the US an estimated \$1 trillion since 1971 and spends an estimated \$3.3 billion annually to incarcerate people charged with drug-related offenses.⁵⁴ The opioid epidemic alone costs \$504 billion annually between the costs of health care, justice system, and impact from premature fatalities.⁵⁵ The causes of this are widespread, systemic, and fall outside the scope of this discussion. But a strategic funding of prevention, treatment, and rehabilitation instead of punishment is the first step of many in a re-imagination of our society and where its priorities lie.

A study published in the *Journal for Health Services Research* found treatment of substance abuse disorders to be cost effective when compared to other health treatments, measured across four modalities: inpatient, residential, outpatient detox/methadone, and outpatient drug-free.⁵⁶ A separate report conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that in 2009, the US spent \$172 billion on mental health and substance abuse treatment, the majority of which was supported by public funding. This report, which reviewed the conduct of eight states, found the support services offered were covered through a convoluted amalgamation of state funding, Medicaid, private insurance, and other sources, all with their own set of funding qualifications and access limits.

The lack of a perfect solution cannot serve as permission to continue policies currently in place where they often serve only to exacerbate the existing problems. Arresting and incarcerating drug users does not help them or the society they insist is being protected. Law enforcement's response to every societal symptom is one of violence, never bothering to question the underlying disease or address anything resembling an effective cure. Indeed, it is their role not to, and rather to serve as a mechanism of separation between those with resources and those without.

Praxis

On June 11, 2020, U.S. Representative Alexandria Ocasio-Cortez was asked what an America with defunded police looks like. Her response, in part, posted to social media:

“The good news is that it actually doesn't take a ton of imagination. It looks like a suburb. Affluent white communities already live in a world where they choose to fund youth, health, housing, etc. more than they fund police. These communities have lower crime rates not because they have more police, but bc [sic] they have more resources to support healthy society in a way that reduces crime.”

The burden of justifying the existence of law enforcement in its current iteration is long-past due for examination. There are 10 million arrests each year in the US, less than 5% of which are for

serious violent crimes.⁵⁷ Over 80% of arrests are made for non-serious offenses, all of which disproportionately affect people of color and the enforcement of which is applied with geographic disparity.⁵⁸ There is little evidence, if any, demonstrating that more police lead to reduced crime or greater public safety.⁵⁹

Investment in law enforcement does nothing to address the underlying causes of generational poverty or disenfranchisement of entire communities. Rather, the police are closer to an occupying force⁶⁰, the consequence to perceived slights against the presiding oligarchical power structure in which our country currently exists. Where an alternative emergency or non-emergency service can de-escalate or provide medical services, law enforcement and their ability to inflict violence has been turned to as a first resort when they should rarely be resorted to at all.

Defunding the police means a further investment into existing infrastructure and resources to ensure their ability to fulfill stated missions and provide desired impact. Defunding the police means supporting the mix of public and private organizations that provide jobs, training, and services across a wide spectrum of needs and value-adds, with greater emphasis on access, outreach, and resources. As mentioned above, two areas of redressing law enforcement resources are mental health and substance abuse. To broaden this conversation would be to visit education, housing, jobs, and other initiatives that entice local investment and shared services.

On July 18, 2016, Charles Kinsey, a mental health therapist, was shot in the leg by Jonathan Aledda, a police officer in North Miami, Florida. At the time, Kinsey was lying on the ground with his hands in the air next to his severely autistic patient, Arnaldo Rios Soto, who had run away from a health facility earlier that day. Kinsey had been trying to negotiate between Soto and the police, who were responding to reports of a man threatening to shoot himself in the area. Soto was playing with a toy truck that Aledda claims he thought was a weapon, despite several communications that it was not. When asked by Kinsey and a fellow officer why he shot the health worker, Aledda responded “I don’t know.”⁶¹ He has since been found guilty of misdemeanor culpable negligence but not on felony charges of attempted manslaughter, and will not face jail time.⁶²

It is difficult to imagine a more inappropriate police response to a situation better handled by health care workers or other community professionals. Aledda’s trigger-happy approach to an instance that required a delicate and empathetic touch from a trained professional, who was there and in fact administering such assistance, is perhaps the perfect microcosm of police ineptitude and the danger of the one-size-fits-all approach they offer. Defunding the police is the first step towards recognizing that Kinsey, not Aledda, is more valuable to this situation and to a community’s overall health. But it must begin with piercing the veiled perception of law enforcement as arbiters of safety; indeed, if recent history is to be understood, they are doing their best to tear down this reputation themselves.

For its 2020-2021 budget, the city of Los Angeles gave police \$3.14 billion out of \$10.5 billion allocated, with plans to raise the LAPD budget by seven percent.⁶³ New York’s police budget is

\$5 billion, the largest in the country, spending more than on its Departments of Health, Homeless Services, Housing Preservation and Development, and Youth and Community Development combined.⁶⁴ Oakland police receive half of the city's discretionary spending (\$264 million out of \$592 million), and Chicago's police received 39% of the budget in 2017, which is now peaking above \$1.8 billion in 2020.

It seems appropriate to conclude where we began, with the Minneapolis police department and their \$193 million budget for 2020, contrasted against the \$31.7 million spent on affordable housing, community organizations working with at-risk youth, and the Office of Crime Prevention.⁶⁵ If the interest is truly to make society safer and more able to support itself, it seems reasonable to conclude that priorities must change. But to do that, we must further examine the present moment and remember that the structure of our society is not accidental. It was Nelson Mandela who reminded the world that "A nation should not be judged by how it treats its highest citizens, but its lowest ones." That this country has laid its foundation and built its dynasty on the exploitation and suppression of a disenfranchised underclass is a reckoning we have yet to answer for. That we continue to do so at a hyper-inflated pace is an unsustainable model, as social unrest and the recent COVID-19 epidemic has laid bare.

Time and again, attempts at police reform have proven to be nothing more than inadequate incrementalism. The myth of police as a necessary public safety measure must be strictly scrutinized and their funding adjusted accordingly. Defunding the police is a recognition that reallocating funds to responsible organizations who are suited to prevent, mitigate, and treat societal ills and operate as stewards of their community is long overdue.

So, it must be asked why defunding law enforcement has never been further examined, or how many more recorded acts of callousness it will take for actual change? To ask these questions is to begin peeling the onion of structural inequities that manifest into institutional discrimination. Optimistically, the current political climate suggests actual reforms may abound. Lest it be forgotten, governments derive their just powers from the consent of the governed, and that whenever any form of government becomes destructive of these ends, it is the right of the people to alter or abolish it. The people have borne the destruction, and now it is time to decide either alteration or abolition.

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Endnotes

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