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Joint Committee on Public Safety and Homeland Security
Sen. Walter Timilty & Rep. Carlos González, Chairs

**SUPPORT FOR ALTERNATIVES FOR COMMUNITY EMERGENCY SERVICES
S.1552/H.2519**

Dear Senator Timilty, Representative González, and Members of the Committee:

The American Civil Liberties Union writes in strong support of S.1552 and H.2519, *An Act to Create Alternatives for Community Emergency Services* or “The ACES Act.” The ACES Act is a vital component of reimagining policing and public safety in light of high-profile incidents of police violence and new levels of attention on armed policing in general. Enacting this legislation will save lives by establishing equitable alternatives to armed law enforcement response to health and other crisis unrelated to criminal activity.

Last year, the legislature enacted significant police reforms promoting public safety and racial equity through greater police accountability and transparency. The police reform legislation established badly needed statewide standards for police training and oversight. However, police continue to be called to solve problems that are far outside the scope of policing, in large part because we have not invested in other sectors. The ACES Act takes another step towards a safer Commonwealth by investing in community-based crisis response services that are separate from law enforcement.

We rely on police to uphold public safety, but we also entrust police with extraordinary authority, including the powers to use deadly force and to decide who gets stopped, searched, arrested, and funneled into the criminal legal system. Police have become the default responders to every type of emergency, from alleged crimes to overdoses and other medical emergencies. However, law enforcement are ill equipped to provide support and care to people in crisis. And when police arrive on the scene, armed with deadly weapons, the results can be devastating.

There is a startling connection between mental health 9-1-1 calls and police brutality. While seven percent of all police interactions involve people living with mental illness, research in the American Journal of Preventive Medicine found that twenty-five to over fifty percent of fatalities

caused by the lethal use of force involved individuals with mental illness.¹ At the same time, for many people in mental or other health crises, calling 9-1-1 and triggering a police response has become the only option. This reality disproportionately harms marginalized communities.² In 2020, the Prison Policy Initiative found that police were two times more likely to threaten or use force against people who are Black or Latinx. The National Center for Transgender Equality similarly found that over twenty percent of transgender people who interact with police reported being harassed by law enforcement.³ And as many communities know, these interactions can be lethal. Reliance on law enforcement as first responders to every situation threatens the safety of communities across the Commonwealth.⁴

Promoting public safety for all requires cabining police responses to true safety threats and criminal investigations while investing in non-law-enforcement emergency responses so people get the help and resources they need when they are in crisis. Community members and allied professionals--not armed law enforcement agents--are best positioned to respond in instances of health crises. The ACES Act is built upon this core reimaging of public safety and would provide for an increased availability of non-law enforcement, unarmed community-based emergency response options.

This approach is not new. In fact, communities across the country are already exploring alternative models to public safety. In Colorado, for instance, the Denver Alliance for Street Health Response was established in 2018 to support community-based alternatives to law enforcement crisis response.⁵ This effort has been multi-pronged and combines community education, street medics, and support for people who are houseless to ensure public health and safety. In other states, these alternative approaches have existed for even longer. For over thirty years, the CAHOOTS program of Eugene, Oregon, has successfully provided mental health first response for crises involving mental illness, homelessness, and addiction.⁶ And, here in the

¹ Compare Martha Williams Dean, et al., *Emerging Partnerships Between Mental Health and Law Enforcement*, 50 *Psychiatric Services* 99 (January 1999), available at <https://ps.psychiatryonline.org/doi/epub/10.1176/ps.50.1.99>, with Sarah DeGue, et al., *Deaths Due to Use of Lethal Force by Law Enforcement*, 51 *American Journal of Preventative Medicine* S173, (November 2016), available at [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext).

² For additional information about the disparate police violence enacted against marginalized communities, see Wendy Sawyer, *Ten Key Facts About Policing: Highlights from Our Work*, Prison Policy Initiative (June 5, 2020), available at <https://www.prisonpolicy.org/blog/2020/06/05/policingfacts/>; see also David M. Perry and Lawrence Carter-Long, *The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability*, Ruderman Family Foundation (March 2016), available at https://rudermanfoundation.org/wp-content/uploads/2017/08/MediaStudy-PoliceDisability_final-final.pdf.

³ Harper Jean Tobin, Raffi Freedman-Gurspan, and Lisa Mottet, *A Blueprint for Equality*, National Center for Transgender Equality (2015), available at <https://transequality.org/sites/default/files/docs/resources/NCTE%20Federal%20Blueprint%20Chapter%206%20Police%20and%20Ending%20Violence.pdf>.

⁴ See *Police Violence Happens Here*, ACLU of Massachusetts (2020) available at <https://data.aclum.org/it-happens-here/database.html>.

⁵ For more information about the Denver model, see <https://dashrco.org/about/>.

⁶ For more information about the CAHOOTS model, see <https://whitebirdclinic.org/cahoots/>.

Commonwealth, the Northampton Policing Review Commission has recently called for the creation of a Department of Community Care and for the improvement of options to crisis response.⁷

By disentangling crisis support from law enforcement,⁸ the ACES Act will improve public health, connect those most in need to life-saving mental health and social services, and reduce police violence by limiting the overall scope of our policing system. Another model of public safety is possible. The ACES Act urges us all to imagine a safer, more equitable Commonwealth.

For these reasons, we ask you to report S.1552 and H.2519 favorably out of committee, and we welcome the opportunity to be a resource to the Committee as you consider this critical legislation. Thank you.

⁷ For the Northampton Policing Review Commission's full list of recommendations, *see* <http://www.northamptonma.gov/DocumentCenter/View/16810/Reimagining-Safety---Northampton-Policing-Review-Commission-Report>.

⁸ The ACLU does not favor "co-responder models" which propose to send social workers with police to respond to health emergencies. The presence of armed officers on scene can still lead to violent and fatal outcomes, and barriers to accessing emergency services will persist for people in crisis who fear the consequences of calling the police. Moreover, systemic racism is not unique to policing and the mere addition of differently trained staff does not address widespread forms of inequity. As the National Association of Social Workers notes, "[s]ocial workers have had roles in perpetuating these harmful social systems, and this history cannot be ignored." National Association of Social Workers, *Social Workers Must Help Dismantle Systems of Oppression and Fight Racism Within Social Work Profession*, News Release (August 21, 2020), available at <https://www.socialworkers.org/News/News-Releases/ID/2219/Social-Workers-Must-Help-Dismantle-Systems-of-Oppression-and-Fight-Racism-Within-Social-Work-Profession>.