



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

Statement on Reducing Police Responses to People with Disabilities

The national unrest in the wake of police killings of George Floyd, Breonna Taylor, Daniel Prude, and so many other Black Americans before them has brought into stark relief the need to change policing practices. Black Americans are [nearly three times as likely as white Americans to be killed by the police](#). We join the many organizations and individuals calling for policing reforms, including eliminating the role of police in responding to situations that are better addressed by disability service systems or other social or human services staff. Police responses in those situations have too often resulted in people with disabilities being needlessly incarcerated or even killed. For disabled people of color, and particularly Black disabled people, these outcomes are even more likely. This must change.

Police Responses Have Caused Needless Deaths and Incarceration of Disabled People and Especially Black People with Disabilities

Countless individuals with disabilities have died at the hands of police when police responded to calls from family members or bystanders concerned about their behavior. [One quarter](#) of individuals killed by police officers across the country are people with psychiatric disabilities. Stories of people with disabilities killed by police during “wellness” or “welfare” checks [abound](#). For example:

Deborah Danner, a 66-year old Black woman with a diagnosis of schizophrenia, was [shot dead in her Bronx apartment](#) by police who were called by a building security guard because she was ranting in a hallway and tearing down posters. When the police arrived, entered her apartment and rushed at her, she retreated to her bedroom. She wielded a baseball bat after the police followed her into her bedroom, and the police shot her.

Osaze Osagie, a 29-year old Black man with autism and schizophrenia, was [shot and killed by police in his home in State College, Pennsylvania](#) after his family called the police to check on him because they were concerned based on his text messages that he might harm himself. Officers asserted that he would not put down a knife when they arrived and that they tasered him but this did not stop him from walking toward them, so they shot and killed him.

Ethan Saylor, a 26-year old white man with Down syndrome, was [killed by police in a movie theater in Frederick County, Maryland](#) after the theater manager called police because Mr. Saylor refused to leave the theater after he had seen a movie once and wanted to see it again, not understanding that he had to pay a second time. Police wrestled Mr. Saylor to the ground, fracturing his larynx and asphyxiating him.

Police interactions have also resulted in the needless incarceration of people with disabilities. People with significant psychiatric disabilities are [disproportionately represented in jails and prisons](#) by significant margins, although they [do not engage in more criminal behavior than others](#). Further, [those who are Black are incarcerated at even higher rates](#).

Police Training Is Not a Sufficient Solution

Police training is not the primary answer. For many years, people with disabilities have called for police to be trained to recognize when individuals have disabilities and to improve their interactions with those individuals. Trainings have been developed, for example, to help police recognize when individuals have psychiatric disabilities, autism, intellectual disabilities, diabetes, or epilepsy, or are deaf or hard of hearing, and avoid bad outcomes based on a lack of understanding of these disabilities. But even widely used trainings such as Crisis Intervention Training have shown mixed results, with [some studies finding no impact from these trainings](#).

Police must understand how to interact with people with disabilities and must be accountable for their needless incarceration and avoidable deaths. But training police is not sufficient. Police are not equipped to safely and effectively respond to the service needs of disabled people. They are not trained as social workers or disability service professionals.

We Must Expand Community Services and Institute Systems that Reduce Police Responses

Community-based services, provided on a voluntary basis, reduce interactions of people with disabilities with law enforcement as well as avoiding needless incarceration when used to divert individuals from the criminal justice system. Services such as supported housing, mobile crisis services, peer support services, and supported employment [have proven effective in reducing incarceration as well as institutionalization](#). Home and community-based waiver services for people with intellectual and developmental disabilities have been [similarly effective](#) in achieving these goals.

These services are in [short supply](#) across the country. Moreover, [people in racial or ethnic minority groups are less likely than white people to receive needed mental health services](#) and Black Americans with psychiatric disabilities [experience disproportionate rates of involuntary hospitalization](#).

Expanding community-based mental health and intellectual disabilities services is a critically important step to reduce police interactions with people with disabilities. To be effective, these services must be provided on a voluntary basis and in a non-coercive manner.

In addition, most calls to 911 or to the police involving individuals with psychiatric or intellectual disabilities should be routed to mental health or intellectual disability services or

other social services systems rather than to the police. Other unarmed responders including those from disability or social service systems are better equipped to respond to many situations where police responders are now called. Police are called to respond not only to mental health crises, but also to numerous situations where individuals with disabilities are simply acting in ways that others do not recognize or understand.

For example, police apprehended Elijah McClain, an unarmed Black man who was walking home from the convenience store because someone had called 911 to report that he [“looked sketchy”](#) as he was waving his arms and wearing a ski mask that he wore to keep warm due to anemia. Police officers restrained him in a chokehold and called paramedics who injected him with an [inappropriately high dosage of ketamine](#). Mr. McClain had a heart attack shortly afterward and died three days later.

A number of jurisdictions have instituted programs that reduce police responses to calls involving people with psychiatric disabilities, including by routing certain 911 calls to mental health responders. The [CAHOOTS](#) program has been operating in Eugene, Oregon for several decades, and [Denver, Oakland, and Portland, Oregon recently adopted similar models](#).

Disability-Related Reforms Should be Driven by People with Disabilities including Disabled People of Color

Too often, policy changes concerning how disabled people are served occur without input from disabled people themselves. People with disabilities best understand their experiences with police. Service providers, mental health professionals, family members, and policymakers have a role to play, but ultimately it is people with disabilities who should be at the center of decision-making concerning policy changes aimed at reducing police responses to people with disabilities. Disabled people of color, and particularly Black disabled people, must also drive such decisions, as they experience the greatest harms from needless police interactions. Family members of children and youth also play an important role in this discussion.

Additional Policing Reforms are Needed to Address Excessive Use of Force

While this statement is focused on disability-specific reforms, we note that additional policing reforms are needed to stop the widespread excessive use of force by law enforcement officers, particularly on people of color. 450 civil rights groups, including disability rights organizations, have [called for](#) reforms such as raising the federal standard for use of force by law enforcement; eliminating qualified immunity and other increased accountability measures; prohibiting chokeholds, neck holds, and similar maneuvers by police; prohibiting racial profiling and requiring robust data collection on police-community encounters; eliminating federal programs providing military equipment to law enforcement; prohibiting the use of no-knock warrants; and other changes. These types of changes are important to minimize the harm that may occur when police interact with disabled people and others—especially people of color.

American Civil Liberties Union
American Council of the Blind
American Network of Community Options & Resources
The Arc of the United States
Autism Society of America
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Center for Public Representation
CommunicationFIRST
Council of Administrators of Special Education
Disability Rights Education and Defense Fund
Easterseals
Epilepsy Foundation
Justice in Aging
National Association of Councils on Developmental Disabilities
National Center for Parent Leadership, Advocacy, and Community Empowerment
National Disability Rights Network
National Down Syndrome Congress
RespectAbility
TASH
United Spinal Association
United States International Council on Disabilities