

A resource by Human Impact Partners and the End Police Violence Collective

Policing During COVID-19:

**A Public Health Messaging
Toolkit to Invest in Health,
Not Punishment**



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Introduction

In light of the COVID-19 pandemic, we are seeing increased use of policing as a mechanism of enforcement for stay-at-home and shelter-in-place orders. Enforcement measures so far include police checkpoints, fines and jail time, and the use of drones to both remind people to stay at home and to check for symptoms of fever and cough.

As public health organizers working to end the violence of policing in this moment and beyond, we hold the dual goals of preventing the further spread of COVID-19 *and* doing so without the use of policing. We know that punitive practices are likely to worsen the spread of COVID-19 by preventing people from seeking needed care or taking proper precautions. To physically distance and stay at home, people need support and community investment, not punishment.

This document provides information using a public health lens for families, organizers, and advocates who are demanding a response to this pandemic that upholds human dignity and prioritizes healing, not policing.

As policymakers debate the timing and necessity of reopening the economy to protect wealth over health, we find parallels in the increased use of policing in this moment to protect property, wealth, and the safety of privileged communities, while putting structurally marginalized communities at risk. As ever, racist laws and policies lead police to disproportionately target people of color; poor people; immigrants; people experiencing houselessness; people with disabilities; the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community; people with mental illness; people who use drugs; and sex workers.

We're already seeing the [disproportionate policing of structurally marginalized communities](#) happen in enforcement of COVID-19 orders, exacerbating the already [increased risk of disease](#) that Black and Brown people face due to economic and racial injustice. For example, in [San Francisco](#) and [Oakland](#), two of the first cities to adopt shelter-in-place orders, the concentration of COVID-19 cases are in Black, Latinx, and immigrant neighborhoods. In many cities, such as [Seattle](#) and [Nashville](#), there is a spike in COVID-19 among people experiencing houselessness. These are the same communities which, due to structural injustices and inequities, need to access public spaces to live, work, exercise, or obtain food — and therefore are more likely to be targeted by police enforcing stay-at-home orders.

What's in here:

- A set of answers to common questions and push-back organizers may be facing in their local campaigns.
- The core organizing beliefs and principles we hold as progressive public health professionals, researchers, and organizers to support calls for public health without policing.

FAQs

Frequently Asked Questions

The questions and answers below can help push back against the false dominant narrative that policing is essential for public health and safety.

1. Haven't police enforced quarantine orders in the past to manage epidemics?

Yes, police have been used to enforce quarantine orders during previous epidemics in US history, but it hasn't proven to be an effective, necessary, or equitable tactic. Notably, one feature of the use of police power during epidemics historically is that it disproportionately targeted the poor, immigrants, and other structurally marginalized populations.

More context:

- During a [smallpox outbreak in Milwaukee](#) in 1894, health officials allowed the rich to stay home and be quarantined, while the poor were taken to a hospital said to treat patients badly. Most of the outbreak was localized on the south side, which had a large immigrant population. On August 5, the health department arrived at the south side to take a 2-year-old child to quarantine. The community rose up to protect the child and police used violent force with clubs to subdue them. The epidemic continued to spread, largely fed by distrust in the health department.
- In March 1900, [bubonic plague hit the Chinatown district of San Francisco](#). The police chief detailed all available officers to remove all of the White residents from Chinatown and to quarantine the rest of the quarter to prevent anyone who was Chinese from leaving. A federal court later ruled that not only was this response unconstitutional, it was more likely to spread disease than to contain it by confining all people — both healthy and sick — together.
- In May 1901, [Boston began to face a smallpox epidemic](#). Available clinical records show that 7% of admitted patients were Black and 49% were immigrants. Black people made up 2% of the Boston population and immigrants only 35% of the Boston population at the time. In mid-November, the Board of Health assembled “virus squads,” which consisted of physicians and police traveling out into the community together in order to forcibly vaccinate those who had not been vaccinated. These campaigns often ended in incidents of police violence, primarily against the poor and unhoused. While vaccination is undoubtedly an important public health imperative, enforcement through the use of policing is an ill-advised public health strategy.
- In 1947, [New York City was able to prevent a smallpox epidemic](#) by using a comprehensive communications plan from their public health department, combined with free and voluntary treatment. There was no need to use the military or police to prevent the epidemic.

2. Don't we need police to make sure people abide by shelter-in-place or stay-at-home orders?

Policing and punishment don't protect public health. In fact, [a growing body of public health research shows](#) that policing and surveillance are harmful to physical and mental health. A public health response must focus on encouraging people to stay at home without policing and punishment being the enforcement mechanism. We can do this by combating misinformation about COVID-19 and by ensuring that people have what they need so that they *can* stay home — including housing, paid sick leave, food, clean water, and access to healthcare.

More context:

- While many people are unable to stay home because they need to work, shop, take care of family members, or tend to other essential needs, others are ignoring the orders to gather for parties or protests about shelter-in-place orders without following the guidance for physical distancing. Regardless of the reason, we must recognize that any leeway granted to police powers in the time of COVID-19 will be used to disproportionately target poor people and people of color. We are already starting to see this pattern of police criminalization of Black communities in [New York](#), [Chicago](#), and [New Orleans](#).
- Where police are enforcing shelter-in-place and stay-at-home orders, it is important that police do *not* ask for identification of those they stop. People might lack identification for many reasons, including being undocumented, having an expired license with inability to get it renewed, needing to use a passport, etc. Punitive measures for not having an ID should not be enforced.
- Organizers across the world are brainstorming non-police, non-punitive responses to supporting people in being safe and healthy during the COVID-19 pandemic. For example, in Chicago, around [200 non-police street outreach workers](#), including folks who were already involved in street outreach around gun violence in the city, have been deemed essential personnel and are walking around the neighborhood educating residents about the coronavirus.
- Countries other than the US are taking varied approaches to preventing the spread of COVID-19 and encourage people to stay home without the use of policing. Notable examples are France, where the government is [guaranteeing up to 80% of wages for workers](#), and Singapore, where state and local governments are [distributing masks to all households](#).

3. Don't we need police to make sure people follow CDC (Centers for Disease Control and Prevention) guidance to wear masks in public?

No, this is not a guidance or mandate that will be equitably enforced. Black people, who are already disproportionately targeted and criminalized by police, risk being criminalized and experiencing police violence by wearing masks in stores. We are already seeing [reports](#) of police racially profiling and following Black men wearing masks in stores across the country. Furthermore, at least 18 states and Washington D.C. have [anti-mask laws](#) to penalize those who wear face coverings, creating confusion in a time when we are all being told to wear masks to prevent the further spread of COVID-19. Policing mask usage will only exacerbate health inequities.

More Context:

- Six US senators are now [calling for anti-bias training](#) for law enforcement in response to reports of Black people being targeted by police for wearing face masks. While implicit bias training is often touted as a reform to policing, it has [little scientific basis](#) for changed behavior among police officers and ends up resulting in even more money being funneled into police departments. Instead of investing more into policing, this funding could go towards providing masks for those who don't have them and want them, or to supporting the communications capacity of community organizations and health departments to effectively develop materials on mask usage.
- Police-enforced mask ordinances present a no-win situation to Black people in the US. While Black men wearing masks to protect themselves from COVID-19 report racial profiling from police in stores, those *not* wearing masks are being stopped, ticketed, or arrested by police. For example, in Philadelphia, a Black man was [forcibly removed from a Southeastern Pennsylvania Transportation Authority bus](#) by multiple police officers for not wearing a mask.

4. How are police officers preventing themselves from getting and transmitting COVID-19 in the course of their work?

The short answer is: [they aren't](#). In New York, one in every 6 officers with the New York Police Department (NYPD) is out sick or in quarantine. In Detroit, one in every 5 officers is in quarantine, including the chief of police. And in Baltimore, where over 500 officers have been quarantined, an officer is under investigation for [intentionally coughing](#) on Black residents. This makes clear that the system of policing is harmful to all our health, including police officers.

More context:

- Rather than being a time when policing should be ramped up, a pandemic is a time when the function of police should be winnowed back as much as possible. In New York, medical workers and organizations wrote a [letter](#) to Mayor Bill de Blasio and police commissioner Dermot Shea urging the reduction of interactions between the NYPD and the public by halting of enforcement of quality-of-life charges, issuing summons or appearance tickets instead of arresting people, and encouragement of social distancing via public service announcements rather than unnecessary contact.
- As people face more stress in response to COVID-19 during shelter-in-place orders, mental health needs may go up. Police are ineffective at responding to these calls, with research showing that people with untreated mental health needs are [16 times more likely](#) to be killed by police than other civilians stopped by police. As healthcare professionals, mental health specialists would be better suited to respond to calls for mental health crises, as well as better prepared to take proper protective precautions when interacting with others during COVID-19.
- Yet another way that policing contributes to the spread of COVID-19 is the continued policing of unhoused people through sweeps of encampments. For example, in Seattle, where the first deaths in the US from COVID-19 were recorded, there were [15 sweeps recorded between March 1 and March 17](#), even after the governor had declared a state of emergency in Washington. This forces people experiencing houselessness to choose between living in an unauthorized encampment where they are able to maintain physical distance from others or living in an overcrowded shelter where they are more likely to be exposed to COVID-19. Instead of policing unhoused communities, elected officials need to be investing in providing more housing in hotel rooms and vacant homes, canceling rent, and enacting eviction moratoriums.

5. Can we use ankle monitors, cell phone technology, or other surveillance techniques to keep track of people with COVID-19?

As more people recover from COVID-19 and states begin to re-open, we expect there will be an increase in mass surveillance. While increased surveillance might help to prevent the spread of the virus in the short term, it sets a dangerous precedent for decreased privacy and surveillance of structurally marginalized communities. Increasing the reach of the police to gather and use data on individuals to enforce policies doesn't protect public health.

More context:

- Google and Facebook have been reportedly in conversation with the federal government about using cell phone apps and location data to track the [spread of the virus](#) and to track who is [social distancing](#) or not. These corporations sharing data with the government violates privacy by encouraging the use of personal data to target policing efforts in the name of "public health." As China begins to re-open, the government has mandated the use of a [smartphone software](#) called Alipay Health Code to dictate whether an individual should be quarantined or allowed in public. While the software doesn't make its connection to police clear, law enforcement agencies were a partner in its development.
- A circuit judge in Louisville has [ordered ankle monitors](#) for confirmed COVID-19 cases who have refused to stay at home. Monitoring people doesn't promote public health—it's simply another form of controlling and surveilling people who have been criminalized. A public health response to help people stay at home when they are confirmed to have COVID-19 would ensure they have access to basic needs, including information about how the virus spreads, so that they *can* stay home.
- Even in the absence of COVID-19, electronic monitoring replaces a harmful system of incarceration in jails and prisons with a harmful system of surveillance that can just as easily result in debt, job loss, and social isolation. It is important we do not provide the opportunity for electronic monitoring to become mainstream. The use of electronic monitoring in response to COVID-19 will only create a pathway for this form of surveillance to flourish once the pandemic is controlled, [particularly harming poor people and people of color](#).
- [Read more talking points](#) on releasing people from prisons and jails without the use of electronic monitoring during COVID-19 from the Center for Media Justice.

6. Why should we stop ICE raids from happening during the pandemic?

Even prior to COVID-19, people who are undocumented went without seeking medical care in a hospital or doctor's office for fear of putting themselves or their families at risk of deportation. For example, after a law passed in Arizona in 2010 that allowed law enforcement to stop anyone they suspected of being undocumented, mothers of Mexican origin were [less likely to access health care](#) for their children. Though the ICE COVID-19 [statement](#) from mid-March states that "individuals should not avoid seeking medical care because they fear civil immigration enforcement," there is still justified reason for immigrants to be distrustful and fearful of seeking care. For the sake of public health, all people need to be able to access needed medical care without fear of law enforcement, during COVID-19 and beyond.

More context:

- Despite the [demands](#) of advocacy organizations across the country for Immigration and Customs Enforcement (ICE) to halt all operations during the COVID-19 pandemic, raids continue to occur, including those reported in [Los Angeles](#) and [Staten Island](#).
- ICE issued a [statement](#) in mid-March that they would "exercise discretion to delay enforcement actions" for all except those who are "public safety risks." First, we reject the division of individuals into those who are "risks" and those who are not, with deep skepticism and criticism of [how risk is determined](#). Furthermore, the agency has continued to conduct raids of many immigrant communities even after this statement was issued.

7. Have stay-at-home orders reduced police killings?

While we continue to have biased and underreported data on police violence in the U.S., the data we have show us that stay-at-home orders have not reduced police killings. From March 19 (when California began its shelter-in-place) to April 19, 2020, at least [50 people](#) have been murdered by police in the US. The American Public Health Association acknowledges that the threat and experience of police violence harms health, and we must advance public health solutions to address this issue.

More context:

- Some police departments are beginning to use COVID-19 as an opportunity to reinstate dangerous police officers who have lengthy histories of police brutality. For example, in Springfield, Massachusetts, [five police officers who had been suspended and indicted](#) in connection with a fight at a local bar and the ensuing cover-up, were reinstated in mid-April. In New York City, [an officer with over half a dozen misconduct lawsuits](#) against him assaulted a man for “violating social distancing orders.”
- Police violence continues to be a public health crisis even as we face the crisis of COVID-19. In response to law enforcement violence, the [American Public Health Association calls for](#) the decriminalization of activities shaped by the experience of marginalization, the reallocation of funds from law enforcement agencies to community-based programs that address violence and harm without criminalizing communities, and the funding of programs that meet human need. Now, as ever, is the time to meet these urgent calls to action.

Our Core Progressive Public Health Principles

We reject proposals that claim to use incarceration, immigration enforcement, and policing as public health measures.

We recognize that police have never kept our communities safe or healthy. Carceral facilities are always one of the least healthy environments, and this is even more true during the COVID-19 global pandemic. Instead, we must articulate that public health measures, especially those that say they are focused on equity, must offer alternatives to policing that support disease prevention.

We demand investment in communities and ongoing transformative changes.

This unprecedented time provides an opportunity to sustainably invest resources in structurally marginalized communities and address the failures of our social safety net that perpetuate criminalization. Policing strategies will not meet the intended aim to keep people home and safe. Instead, we have an abundance of tax dollars that can be put towards health care including universal access to testing, treatment and PPE for medical workers, outreach workers, access to food, housing, education, and other needs. Guaranteed homes, income, and job security are the things that will enable us to stay home and stay safe — not policing.

We honor that our individual health and well-being is interconnected with our communities.

We live in relationship to each other and our environment. Physical, social, political, and economic factors shape our health. Public health and economic crises worsen each other and ultimately shape individual health. Likewise, pandemics are social, not individual. When we rebuild with the collective in mind, we will all be healthier and stronger.

We fight for a society that upholds human dignity and prioritizes healing.

We envision community and governmental systems rooted in a fierce commitment to advancing racial and health justice. These systems would be designed to uphold human dignity and safety, to seek accountability for harmful actions, and to support survivors of violence and trauma. People do not have to earn the right to live, thrive, and grow. No one is disposable — regardless of any mistakes they have made in their lives. There is no room for the criminal legal system in this vision. Therefore, a public health vision for a just recovery through COVID-19 must center health, not punishment.

If you have suggestions for additions or want to share examples of how you've used this resource, reach out to: COVID19@humanimpact.org.