


Policing is a threat to public health and human rights

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PROBLEMATISING THE INSTITUTION OF POLICING

The impact of policing on individual and collective well-being and human rights has gained renewed attention. In 2020, global protests against police violence, racism and white supremacy were met with further violence by state security actors. In Nigeria, at least 56 people were killed during protests in opposition to the Nigerian police force's 'Special Anti-Robbery Squad' in October 2020 alone.¹

Peripheral calls to defund and abolish the police have gained extraordinary mainstream support. Such a shift has coincided with public scrutiny of state responses to the ongoing COVID-19 pandemic, examination of public investment in health and social services, and calls to eliminate militarised and biosecured public health responses.²

We must understand the extent to which policing has been framed as essential to the function of safe societies. Substantial sociological and philosophical inquiry has long recognised contemporary policing as a product of disciplinary and regulatory power, and as a tool to preserve 'inequality and maintaining the status quo' (p 15).³

Adopting a term first coined by Ture and Hamilton, the UK government's inquiry into the handling of Stephen Lawrence's murder identified widespread 'institutional racism' in the UK police service.⁴ Despite its applicability to other contexts and institutions, identifying policing as racist differs from referring to other institutions as such: racism and discrimination are not byproducts of policing, but central to its function. Policing has not become racist or discriminatory, but has always existed as a tool to maintain racist and other power hierarchies. In the USA, modern policing evolved from decentralised, privately funded slave patrols. In Australia and Canada, policing remains a weapon of colonial and neocolonial control, evidenced by legislation mandating the forced removal of indigenous children from their families.

Summary box

- ▶ Policing is a public health concern because it is a tool of racist and discriminatory power structures, actively harming the physical, mental, social and emotional health and well-being of populations, particularly Black and people of colour, and other minoritised populations.
- ▶ Policing is a matter of public health because criminalisation and punitive responses to social problems reproduce the social and economic conditions that result in criminalised behaviours, undermining healthy communities.
- ▶ A fundamental tenet of abolitionist public health is developing and implementing interventions that tackle the interpersonal, social, economic and political determinants of health at the root of societal problems, thus making policing obsolete.
- ▶ Defunding the police and reallocating public funds to primary and secondary preventative policies aligned with the social determination of health are essential steps towards abolition.
- ▶ We call for the support and creation of alternative systems that centre collective care and well-being, and a non-violent public health rooted in transformative justice.

Aside from the institution, acts of policing are pervasive across other contexts. In healthcare, policing dominates the response to people experiencing mental health crises. Disruption in educational settings is dealt with punitively, with Black students more likely to be permanently excluded from school. Efforts have been taken to impose state censorship of critical race theory from public discourse. Not only is policing as an institution racist, but policing across a multitude of contexts upholds racism and other oppressive hierarchies.

POLICING AND THE RACIST CONSTRUCTION OF CRIMINALITY

Not all acts of harm are criminalised, and not all criminalised acts are harmful. Policing reinforces white supremacy and capital accumulation in several ways, particularly through



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the disproportionate targeting of minoritised groups.⁵ As anthropologist Didier Fassin observes, ‘the general evolution of policing worldwide has been toward the harsh version of law enforcement [...] systematically imposed as a form of government of the most precarious and marginalized groups’ (p 216).⁶ This pursuit of social control that led to the proliferation of the police is embodied in the practices of violence, control and incarceration that define modern policing, and its substantial health and socioeconomic consequences.

In the USA, Black, Indigenous and people of colour (BIPOC) are disproportionately subject to state violence, surveillance and its adverse health outcomes.⁷ In the UK, data reveals similar disparities in police targeting and criminalisation faced by Black and other minoritised people; in 2018, a national analysis revealed Black people were almost nine times more likely to be stopped by the police than their white counterparts, with only 1 in 10 of those stops leading to an arrest.⁸ In 2019, 16% of all police uses of force and 20% of electro-shock weapon usage in the UK were against Black people, despite constituting just over 3% of the population.⁹ In Australia, Aboriginal and Torres Strait Islanders comprise 28% of the total adult prison population, but just 2% of the adult population.¹⁰ Police officers in Brazil’s Rio de Janeiro state have killed over 8000 people in the past decade, with the number of unlawful killings rising, the majority of whom are young Black men.¹¹ In India, 1731 people were killed in police custody in 2019, the majority of whom were Muslims and Hindus from Scheduled Castes and Tribes.¹²

We must interrogate who is being policed, what behaviours and acts are positioned as criminal, and why punitive action is the state’s primary response to such incidents. Racism is starkly expressed in the positioning of minoritised people closer to criminality. Abolitionist scholar Ruth Wilson Gilmore defines racism as the ‘state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death’ (p 28).¹³ Policing, and the broader prison industrial complex (PIC) of which it forms a part, is designed to uphold this social stratification. Well-trained police officers sustain this stratification, not necessarily by prejudice or incidental misunderstanding, but by system design: largely by making arrests for low-level offences, for which the burden continues to fall primarily on BIPOC.³ Thus, policing is a racist institution that traffics in criminalisation and confinement. Its function is generative of a number of harms, including the criminalisation of people with mental health disorders, the unhoused and those living in poverty, which only serves to exacerbate such conditions and denies people the right to a dignified and healthy life. We must think critically about the implications of supporting an institution whose sole response to the consequences of unmet need is criminalisation and the perpetuation of inequality.

Punitive and carceral responses to crime neither meet the needs of underserved communities, nor attempt to solve the upstream social, economic and political issues

that give rise to crime. Even if certain police departments attempted to address these upstream issues, the wider PIC would continue to perpetrate harm and reproduce the social conditions that in turn beget criminalised behaviours. Reoffending rates alone illustrate that the carceral state, increasingly militarised policing and the conveyor belt of privately operated mega-prisons built plainly for profit, neither rehabilitate so-called offenders, nor offer transformative justice to communities or end crime. Rather, these systems produce and reproduce violence.

POLICING CAUSES POOR HEALTH FOR EVERYONE THROUGH COMMUNITY DISEMPOWERMENT

State violence enacted by the police and systems of incarceration directly harms health through harassment, sexual violence, and as a cause of poor physical and mental health. Indirectly, policing reproduces the social and economic conditions that become the root causes of crime, which are used as justifications for increased policing.¹⁴ This cycle is harmful to health.

There are many documented links between policing and health-related outcomes, including but not limited to: fatal injuries that increase population-specific mortality rates; adverse physiological responses that increase morbidity; psychological stress; arrests, incarcerations, and legal, medical and funeral bills that cause socioeconomic deprivation; poor school performance; incomplete high-school education and not entering higher education; and the intersecting oppressive structures that result in systematic disempowerment and the destruction of civil liberties.^{7 15–17}

Within healthcare and beyond, we must expose structures operating to criminalise, punish and disrupt communities, foreclose opportunities, enact violence and invisibilise people rather than address their needs. As such, the case for abolition elucidates itself.

TOWARDS AN ABOLITIONIST PUBLIC HEALTH

For the public health community, abolition is both a tool and a long-term goal. We define abolitionist public health as work directed towards at the dissolution of the PIC, recognition of its discriminatory roots, and the implementation of interventions that tackle the social, economic and political determinants of health at the root of societal problems, thus making policing obsolete. This includes prioritising access to housing, better education and employment opportunities, and increasing funding for mental health and substance misuse services, to name a few.¹⁸ Abolition involves restoring community trust by divesting from institutions that discriminate against and harm our communities.¹⁹ The American Public Health Association has advocated for abolition as the reallocation of resources using the social determinants of health approach to reduce community trauma and interpersonal harm, improving community health and safety.²⁰

Positioning the institution of policing as a public health issue is the crucial first step. We must recognise that the privileged among us are recipients of a safety that is predicated on violence and harm against minoritised communities.

While we work towards abolition, we call for improved data on mortality and morbidity caused by policing. This includes deaths in custody and prisons, but also the indirect impact on wider communities. We urge colleagues to study the public health consequences of police interactions with the public, especially minoritised people who are already disproportionately subject to police force and suffer more adverse health outcomes.⁷ As evidence grows, we call for the abolition of current systems that actively harm individuals and communities, and the creation of alternative systems that centre collective care and well-being.

We urge health practitioners to join the lineage of abolitionist thinkers who have developed robust principles of transformative justice. We advocate for a public health that promotes equity and rights, rooted in collective public interest, and that is proactive, non-violent and abolitionist.⁵ Globally, we routinely witness the progressive and systematic defunding of institutions integral to a healthy society, education, social care and public health. It is imperative that we now push for the defunding and abolition of an institution that fragments society and maintains hierarchical power and inequity, while simultaneously investing in systems that foster collective care, compassion and freedom.

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