

# Vera Institute of Justice

## Criminal Justice Issues and Prisoners' Rights

**<https://www.vera.org/blog/covid-19-1/public-health-and-public-safety-the-critical-role-of-police-during-the-covid-19-crisis>**

### Public Facing Advocacy Writing

As the full scope of the [crisis](#) of COVID-19 in American correctional facilities has come into focus, it is important to recognize the critical role police play as gatekeepers to the rest of the system.

One concern has been that law enforcement officers themselves could become vectors of transmission for coronavirus because of the degree of public exposure inherent in policing. While much has been written about law enforcement practices at this time, less focus has been placed on the public health and safety risks for frontline responders and their communities.

Police have been contracting COVID-19 at alarming rates. Infection levels have spiked in departments in cities like [Chicago](#), [Detroit](#), and New York, where a [staggering](#) 18.6 percent of the New York City Police Department had called out sick by early April. More than 2,000 police officers [across](#) the state of New Jersey were self-isolating, and Miami Police Chief Jorge Colina tested [positive](#) and temporarily relinquished management duties. The police chief of Ambridge, Pennsylvania, [died](#) after testing positive for the illness. Smaller rural departments that often face resource constraints under the best of circumstances have encountered their own challenges, including difficulty in [accessing](#) the personal protective equipment (PPE) that would allow for safe interactions with community members. In fact, 38.3 percent of agencies [surveyed](#) by the National Police Foundation reported that they did not have access to sufficient PPE.

The spread of the coronavirus among police agencies demonstrates the urgent need for law enforcement efforts to reduce enforcement and practice social distancing on patrol. A previous Vera [blog](#) post previewed the challenges that coronavirus would present to policing and [recommended](#) best practices like limiting arrests that law enforcement could adopt to reduce jail admissions and promote public health. Enforcement in the age of COVID-19 has new collateral costs for police agencies and municipal governments as scores of employees call out sick. It imposes stress on health care systems, the communities police serve, and a profession that has faced [spiking rates of suicide](#) in recent years. Officers have [reported](#) feeling increased anxiety knowing that they could pass the disease on to their families and face exhaustion from working overtime as departments are stretched thin.

With COVID-19 widespread in many departments, police officers are now also possible vectors of community spread. The process of making a custodial arrest—handcuffing, detaining, and transporting people for booking—offers multiple points of exposure to the virus. Officers can transmit the disease to the citizens they arrest, or vice versa, and newly detained people can pass it along to incarcerated people in jails who face unhygienic conditions, receive inadequate health care, and are unable to socially distance because of overcrowded and communal living environments. Corrections officers who leave these facilities can then bring the disease back to the community at large.

[Mass testing](#) of incarcerated people and corrections officers this week in two state prisons in Ohio revealed Pickaway and Marion counties as two of the top four infection [hot spots](#) in the country. The [mechanism](#) of transmission described above is one factor that public health officials believe has made Marion County, Ohio, a hot spot in the pandemic.

Because arrests are increasingly an [expressway to jail](#) in the United States, law enforcement has a crucial role to play in fighting this cycle and saving lives while protecting themselves and the communities they serve from COVID-19. They can reduce jail churn through nonenforcement and by substituting citations, tickets, or summons for low-level crimes or any offense that does not threaten public safety and divert as many 911 and dispatching calls for service as possible to community-based alternatives. Departments should also collaborate closely with neighborhood mental health and other social service providers. In doing so, law enforcement can center the public health needs of communities to reimagine public safety.

Agencies should follow the model of Chief Colina, who [told](#) his department while recovering at home from the virus: I don't care if we don't issue a single ticket summons in the month of April. . . . I don't want you to unnecessarily interact with someone if you don't have to, for your safety and theirs.

On April 14, Vera's Policing Program [hosted](#) a [webinar](#) called "Reducing Arrests and Supporting the Health of Communities and Officers" that included several policing professionals working at the intersection of public safety and public health: Charlottesville Police Chief Dr. RaShall Brackney; former Burlington, Vermont, Police Chief Brandon del Pozo; Major Darren Ivey of the Kansas City, Missouri, Police Department; and CIT International Executive Director Ron Bruno. As the interactive discussion during the webinar made clear, police leaders across the country have an especially important role to play at a time of such enormous uncertainty and instability. [We cannot police our way out of this pandemic](#), and doing so risks exacerbating racial inequities and further damaging already fragile community-police relations. Instead, now is the time when police can step up as leaders in the co-production of public health and public safety and set the way for a revitalized path forward.

NEWS

NEWS

PUBLICATION

Transformative change, sent to your inbox.

Vera Institute of Justice. All rights reserved.