



Policing the pandemic: Public health, law enforcement, and the use of force

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ABSTRACT

This article delves into the relationship between policing and public health in the context of the COVID-19 pandemic. The police have been seen as a crucial and extensively mobilised resource that has been utilised in responding to a public health crisis. The response to the pandemic shows the police mainly as enforcing state orders in which they have a traditional function related to the use of force. It is argued here that the classic definition of policing in terms of the use of force allows for the police becoming 'decoupled' from the institutional frames of criminal justice and public order. The perspective of a decoupled police would have real consequences for their involvement in public health. The article concludes with the conditions necessary for police to be a legitimate force in the public health domain.

Key Words COVID-19; decoupled; crisis; criminal justice; Bittner.

INTRODUCTION

On 11 March 2020, the World Health Organization declared the COVID-19 (Sars-CoV-2) coronavirus outbreak a pandemic. In the context of the pandemic, public health requirements have necessitated widespread behavioural change that citizens are required to adopt. With this pandemic, the central initial issue was to slow down the rate of new infections in order to retard the spread of a virus by limiting human-to-human contact. This involved reducing taken-for-granted and widely accepted freedoms of movement. These measures included not only social distancing at a community level but also the closing of national and regional borders. Across the globe, in accordance with shared standards of public health practices, nations responded by declaring states of emergencies and, in many instances, adopted extraordinary legal measures aimed at addressing the acute pressure on healthcare systems and preventing further spread of the virus (DECAF/ISSAT, 2020, p. 3).

Central to these developments and the widespread support they received has been a deeply entrenched cultural understanding that states are required to protect their citizens from harms and that those who do not will lose legitimacy. A corollary that cuts across very different political cultures is that the greater the perceived risks, the more acceptable the restriction of freedom required to ensure citizens' safety: extraordinary measures are acceptable in times of extraordinary

threats. The police role has varied among nations but has generally been important in states' responses to the pandemic. For example, in New South Wales, Australia, during the early stages of the pandemic, the crucial role played by police in responding to the pandemic was symbolically demonstrated at the daily briefings of the Premier, as the two principal players the Premier called on at these briefings were the chief medical officer and the police commissioner. At the root of these developments is the fact that within public health, behaviour shifts, in addition to more established medical interventions, constitute health intervention.

The COVID-19 pandemic has brought the relationships between policing and public health to centre stage. This occurred first and foremost because the strategies being used to stem the spread of the virus, in the absence of medical options such as an effective and safe vaccine, were focused on shifting people's behaviours, that is, creating new orderings—specifically, limiting spatial movements, closing establishments, physical distancing when people are in the same location, hand washing, and wearing masks. These interventions, which had very significant economic consequences, were mandated by behaviourally focused regulations enacted by governments, and also by private authorities, on the advice of epidemiologists.

A constant issue around these regulations is how and to what extent they are enforced and what the role of the public police should be in that respect. To monitor and apply

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public health requirements, police have been mobilised as public health actors, precisely because of their legitimate capacity to ensure compliance with these requirements, with force if necessary. As a consequence, public health has become a matter of operational policing directed at enforcing public health interventions. The fact that police typically have the capacity to legitimately both *threaten* to use force and *actually* use it—both physical force and more indirectly by fines (O'Malley, 2010)—means that they are called upon to respond to a wide variety of situations where force is deemed to be likely to produce a desired outcome. For example, and this is directly relevant to the COVID-19 response, police have authority and the ability to “gate” people, that is to compel them to remain within and outside of particular areas. White and Fradella (2020, p. 705) make this point in the following passage:

We ask police to enforce [stay-at-home/shelter-in-place orders] because they have the authority to use force to overcome the resistance of violators. Police can force violators to disperse. Police can issue tickets or fines, and they can even deprive violators of their liberty through arrest.

This has been a regular feature of policing in response to COVID-19 across the globe, where enforcement of social distancing and quarantining was a feature of police work, often, as was the case in Australia, with police issuing fines when regulations at either the state or federal level were violated. Police have effectively participated in an essentially public health domain, where their capacity and licence to deploy non-negotiable force (Shearing & Leon, 1977) has been extensively used.

It is this same characteristic, however, that has been the source of pressure on police legitimacy. In a number of cases—for example in the United States—police leaders expressed concerns and were decidedly hesitant about being used as law enforcement agents because of concerns that this would damage relationships and trust, particularly within minority communities, that they had been carefully nurturing for years as part of their social service role with an emphasis on community policing (PERF, 2021, pp. 22–27). One chief of police expressed it this way (Cauley, 2020):

In the last several years, all of us have tried hard to earn the support and trust of our communities. We've been very deliberate in our approach to everything related to COVID to be sure that we stay true to who we are, and do not erode the trust and support that we've worked so hard to earn.

While policing the pandemic primarily shows the police as enforcing pandemic-related public health orders, it puts pressure on the so-called social dimension of policing. As a matter of factual practice, police spend much of their time performing a myriad of public service functions, something that Maurice Punch (1979) recognised in his insightful designation of police as a “secret social service.” This has established two sides to the police coin: as law enforcers and as a readily available social service. When political leaders were calling on police as law enforcers, this presented front line police officers with a difficult and precarious balancing act, one that highlights a systemic feature of public policing that has

for years provided something of an elephant in the room: namely, the growing tension between the two sides to the police coin. The two sides are also increasingly associated with differentiating between the state and the community.

Clearly, it has been states that have taken the lead in the response to the pandemic. This follows from the fact, and this is true across a variety of legal systems, that only states can make a legitimate claim to restrict what, in many parts of the globe, are regarded as basic human rights. Relevant in this context, however, is that fairly early in the public health crisis, policing the pandemic had also become intertwined with policing protests—first, protests for and against COVID-19 health mandates, and then protests sparked by police use of force. Pandemic-related health concerns intersected with widespread and heated “Black Lives Matter” and “defund the police” protests, prompted by the use of deadly force on George Floyd (May 25, 2020) by a police officer in Minneapolis in an incident that was widely shared on social media. These protests were not limited to cities within the United States but also took place in many other cities across the globe—for example, London, Amsterdam, Paris, and Sydney.

While on the one hand, police legitimacy—in this case as related to enforcing public health measures—is based on a direct relationship with the state, it is at the same time a possible ground for institutional criticism. The police are in this context seen as the wrong answer and instrumental in reproducing an order that is not characterized by social equity—with ethnicity as the most urgent dimension in this respect. In that sense, policing the pandemic seems at odds with the public health endeavour, which generally is seen as less contested and clearly for the public good. Police are primarily perceived as an instrument of the state and easily associated with “politics,” an arena that has become more and more polarized and thus, by definition, straining the preferred frame of an objective police service guided by professional considerations.

Some would say there is no place for policing in the public health endeavour (McNeil, 2020), because “to do harm” is the essence of policing and therefore the antonym of public health. However, the pandemic clearly showed the importance of the (potential) use of force by the police to “prevent harm” as well. As will be discussed below, the fact that policing—especially enforcement—is part of public health is not a new phenomenon. The issue is not—we will argue—the potential use of force but the currently dominant conceptualization of the public police. Why is it that the police seem to get drawn into so many of society's chronic and emergent problems to begin with? Specifically, in regard to public health, should the police be in or out?

Public Health and Double-Sided Policing

Policing and public health are historically connected in that health issues have always required enforcement roles. Punch (2019, p. 4, referring to Carroll, 2002) gives a vivid description of this, referring to the eighteenth century and well before.

Historically there is a long association between certain enforcement officials in cities and societies—religious, civil, lay—who took some form of responsibility for maintaining order and control in diverse law enforcement roles and also for a range of health, safety, medical and inspection tasks

(as on human and animal waste) and during epidemics and plagues as well as regarding prostitution, the poor, indigent and mentally ill.

It was in the nineteenth century that both policing and public health emerged as institutions in the process of modernization, particularly fuelled by technological innovation and urbanization (van Dijk et al., 2019a, p. 289). The complexities of the city required explicit policing, be it primarily as an instrument of state control—the Continental model—or ideologically based on the consent of the public—the British Policing or Anglo-Saxon model (van Dijk et al., 2015, pp. 29–68). When city police were established in England in the early 1800s, they were expressly focused on prevention more than enforcement and investigation. In the following years in the United States, when city police were formed, they had very broad remits, including public health, since sanitation systems had not been established, nor was there any reliable infrastructure of health or medical systems.

A view of police history in the United States has been that the police mandate had narrowed to law enforcement by the early to middle 1900s, in a way that was ultimately problematic (Kelling & Moore, 1988). There was an effort to “professionalize” police through training, standards, and bureaucratization in order to reduce corruption and misconduct. Part of professionalizing was to unburden the police of myriad “non-police” responsibilities so that they could focus on law enforcement and fighting crime. This unburdening was never accomplished to any great extent, yet both the police and the public gradually adopted the belief that policing was, or at least should be, mainly a matter of law enforcement.

Important in that was—according to Kelling—the invention of the metaphor of the Criminal Justice System. This had a significant impact on both public perception and on police self-perceptions.

For over the last thirty years this metaphor, largely unrecognized as such, has radically transformed the way police define their jobs, revolutionizing both police missions and tactics, and powerfully distorting the way we think about crime control. (Kelling, 1991, para. 23)

It became most common—especially in the United States—to think of policing occupying the front end of the Criminal Justice System, a perspective that gives priority to crime, crime control, criminal law, and law enforcement. Within this conception, the criminal justice system has been established and maintained by states to implement orders, defined by the laws of the land, intended to promote the safety of citizens. To enable the criminal justice system to enforce orders, the institutions that make them up have been accorded powers as a means to act to achieve public safety. For police, a crucial feature of these powers is the right to use force, including, if necessary, deadly force—something that is expressed in the tools of their trade, for example, batons, Tasers, and firearms. This accounts for the popular designation of police organizations as law enforcement agencies.

However, this narrowing of the police role, along with deteriorated police–community relations, also fuelled the popularity of community policing, starting in the 1960s. As community policing developed, there was an acknowledgment that society looks to the police for assistance in all manner of

situations, and that police actions frequently involve providing a service rather than enforcing a law. When one looks at what the police actually do, one sees a lot of activity associated with mental health crises, domestic violence, substance abuse, homelessness, unsupervised children and the like (Cumming et al., 1965). The classical sociological research into modern policing around this time consistently showed the broadness of policing, explicitly referring to the social services mandate of the police (Banton, 1964; Bittner, 1970; Wilson, 1968).

The public health perspective sits well with a community policing perspective associated with prevention and solving problems rather than perceiving officers primarily as “bandit catchers” or “crime fighters.” A public health approach can be broadly described as follows:

The fundamental basis of public health is evidence of the distributions of states of health and the causal chains involved in their production: this is the remit of the science of epidemiology. Using this evidence, loci for interventions can be identified; policies can be developed to address health issues at the population or community level; interventions can be devised and implemented; and further evidence can be garnered to refine and improve interventions and the understanding of the causation of ill-health. (van Dijk & Crofts, 2017, p. 263)

What is striking even at first glance is how much this description resembles an apt definition of policing; especially, if we put in “security/safety” where it now reads “health,” we get a surprisingly adequate description of community or problem-oriented policing. Problem-oriented policing, in particular, uses the public health analogy to encourage police to look for, and address, underlying conditions of crime and disorder, as a way of having a greater impact by preventing future occurrences (Goldstein, 1990). And, as mentioned with regard to community policing, many policing issues have a social service and more or less explicit public health character. These issues have tended to be conceptualized by referring to the importance of preventing harm and protecting the vulnerable as part of the police function, or by pointing out that some issues should be perceived primarily as public health issues and not as part of criminal justice (Asquith & Bartkowiak-Théron, 2017).

A consistent message within the law enforcement and public health debate with regard to policing has been to strengthen the problem-oriented and community-based approach, while the public health sector is encouraged to see the police as a valuable partner in the public health endeavour. The police have in many cases been responsive to this, realizing that they are confronted with a number of issues which cannot be solved by enforcement: “we cannot arrest our way out of this problem.” More pointedly, on many subjects, law enforcement was explicitly seen as endangering public health—as in the case of the war on drugs or with regard to HIV/Aids—and contributing to structural social inequity.

The same remarks could be made with regard to the role of the police in dealing with the COVID-19 pandemic. And yet we see the dilemma, as there also is a clear enforcement imperative from a public health perspective. There is a need to take a closer look at the intersection of law enforcement

and public health, and the use of non-negotiable force is a good place to start.

Non-Negotiable Force

The police role in response to COVID-19 is first and foremost based on their authority to deploy non-negotiable force. With respect to health security, long a central feature of public health, police officers, and the police organization, are now acting in support of health professionals. What is striking is that this is occurring without a challenge to the established understandings of police as state officials with the authority to deploy non-negotiable force against non-complying citizens. As noted by Bittner (1970, p. 44):

In sum, the role of the police is to address all sorts of human problems when and insofar as their solutions do or may possibly require the use of force at the point of their occurrence. This lends homogeneity to such diverse procedures as catching a criminal, driving the mayor to the airport, evicting a drunken person from a bar, directing traffic, crowd control, taking care of lost children, administering medical first aid, and separating fighting relatives.

It is this feature of police that makes them unique among security providers, and that has made them a problem-solver that is often mobilised—calling 911 (or some other emergency telephone number) is a ubiquitously available option for mobilizing police that is used by both individuals and organizations (Shearing, 1984). This traditional problem-solving role, backed up by the authority to use force, is still very much in demand. At most times and in most places, the police have performed many functions. What has unified them has been their authority and capacity to use force, which equipped them to be the appropriate service provider in cases of “something-that-ought-not-to-be-happening-and-about-which-someone-had-better-do-something-now” (Bittner, 1990, p. 249). This remains a prominent expectation of citizens (Muir, 2016):

If you ask the public how they want the police to go about their work they say pretty much what they have always said: they want more Bobbies on the beat, speedy response to calls for help and for the police to be accessible and to engage with local communities.

It is the emergency response role that has put high pressure on the availability of the police, and this is related to choices made with regard to other services, such as those related more directly to public health. Being available on a 24/7 basis at no cost to those calling on them for help has led to their involvement in an ever-broadening set of issues, as shifts in the provision of services have led to an increase in issues about which “someone-had-better-do-something-now.” Police dealing with mental health crises is a clear example in many societies as diverse as the United States, the United Kingdom, and the Netherlands. For example, in the United States, “mental hospitals” were significantly downsized—starting in the 1960s as part of the progressive deinstitutionalization movement—to be replaced by community-based services for those with serious mental health issues, but the community-based services have never

been adequately funded (Lamb et al., 2002). More broadly, since the 1980s, there has been strong political momentum in favour of market forces and smaller government (van Dijk et al., 2019b). Many of the demands and problems that other services used to handle, or handle more completely, have subsequently fallen in the lap of the police, in part because police haven’t been as systematically underfunded, because they are open for business 24 hours a day, and because they still make house calls.

The police might be involved in many “social services” but maybe they should not be? As is stated in one recent well-grounded research paper on US policing (Friedman, 2020, p. 1):

Crimefighting actually is a very small part of what the police do every day, and their actual work requires an entirely different range of skills, among them: mediation skills to address conflict, social work skills to get people the long-term solutions they need, interviewing and investigating skills to really solve crimes, and victim-assistance. Yet, the police are barely trained in any of this, so, it is no surprise harm is the result.

This author disaggregates the police function, and finds the police performing many different roles that require many different skills. The concern here is that police are lacking appropriate skills *while at the same time* having the authority to use force. However, it was exactly the authority to use non-negotiable force and the lack of other skilled public service providers that got the police involved in the first place.

It is very clear that the police will not solve problems alone. With the development of community policing for example, partnerships with social service providers came to be seen as one of the key elements (Cordner, 2014). This stance has synergies with the conception of police officers first and foremost as problem-solvers (van Dijk et al., 2015, p. 178, referring to Christie Report, 2011).

People approach the police for myriad reasons, and it is clearly not the case that officers should respond equally to all these calls for help and advice. But “problems” do not come with a simple label and issues that the police encounter—say, related to drug use, sex work, mental health, domestic violence or child abuse—all have a potential law enforcement element as well as social welfare and health elements. This brings the police into contact with multiple agencies seeking cooperative solutions.

What is especially relevant in the above quotation is, firstly, that the level of analysis shifts from the “police officer” to “the police” as related to multiple agencies. And, secondly, that there is no juxtaposition of law enforcement and social tasks, as these two sides to the police coin are, in the end, based on the authority to (potentially) use non-negotiable force.

As policing (as opposed to “the police”) has increasingly emerged as a multi-agency function—what has been termed the “pluralizing of policing” (Bayley & Shearing, 1996, pp. 585, 597)—the context in which this double-sided coin finds its expression has shifted to what the late Jean-Paul Brodeur (2010) termed a “web of policing,” which involves a host of other players engaged in the governance of safety

and security that includes, but is not limited to, “the police.” On top of—and accompanying—this, there has also been a pluralization of the idea of security, from its initial focus on state-endorsed orders to a much wider conception evidenced in concepts such as food security, water security, climate security, health security and so on, a usage that references what have come to be termed the UN Sustainable Development Goals (Blaustein et al., 2018). The complexity of our new nodal and networked societies (Castell, 2000) has translated into numerous “security assemblages” around risk and associated harms. In recognizing this, Berg and Shearing (2018) have coined the term “harmscapes.” Contemporary harmscapes, Mutongwizo et al. (2019) have argued, will generate all kinds of crises and disasters, including climatic events. Events that are characterised by both radical uncertainty and unpredictability; the COVID-19 pandemic clearly being a good case in point.

These developments have done much to reinforce the extension of the idea of security beyond its traditional meanings. With this, the police ability to use non-negotiable force has been extended to include a broader definition of security than that of “crime fighting,” something that resonates with the idea of “homeland security” that emerged in the United States following the 9/11 terrorist events, and an idea that has begun to be taken up internationally. Technological developments are also important and have changed the traditional focus on policing the streets. Today these “streets” include the new cyber “streets” and, increasingly, dealing with “future crimes” (Johnson et al., 2019), for example. As a consequence, the core business of the police has widened considerably.

The emerging field of law enforcement and public health (van Dijk & Crofts, 2017) is itself an example of how current pressing societal problems cannot be neatly labelled and dealt with by specific and specialized public organisations. And policing the pandemic makes very explicit that numerous assemblages come into play, ranging in scope from global to the explicitly local. It is primarily the authority to use non-negotiable force that has implicated police across security assemblages, including public health. Since the matters at hand in these various assemblages are often not crimes, and also because the threat of force or threat of enforcement is frequently sufficient to resolve the immediate problem, police are decoupled from their usual connection to the criminal justice assemblage, instead playing a significant role in other domains, where they have been able to use their definitive authority and associated capacities towards the governance of security (Cordner, 2019, pp. 416–417). Also crucial is that they are seen as representing the state, which still is—for better or worse—the institution that is issuing the particularly invasive measures in the context of the pandemic.

This is true of numerous other domains where police have become directly involved in public health issues. As always, police still find themselves responding to situations about which something has to be done now, including online and within private settings, as is the case with domestic violence, for example. In these assemblages, the police role, in ways that harken back to the historical role that Bittner identified, is frequently based on the authority and capacity to use force. Police seem to respond to every human problem still, but now it is also transposed on an institutional level by their involvement in these numerous assemblages.

With these developments, police have found themselves spread very thinly and required to act in areas outside of their established domain of expertise. Also, where the use of force was explicitly “in the background” and the human problems at the centre, the high demand for policing comes with the risk of the actual use of violence becoming a more prominent characteristic of policing by police. This has led to a need for strategic choices, not only with regard to traditional policing but especially with regard to the current and future assemblages, in this case related to public health.

Requirements for Policing Public Health

Referring back to the introduction, the answer to why the police get drawn into so many of society’s chronic and emergent problems still is that “the police are nothing else than a mechanism for the distribution of situationally justified force in society” (Bittner, 1970, p. 39). And—looking at public health—the answer to the question as to whether the police should be in or out is that they are in, in the maybe uncomfortable sense that public health cannot do without non-negotiable force, as is especially clear in the context of the pandemic. There are, of course, challenges here as there have always been, as police sometimes can and do use the non-negotiable force inappropriately and dangerously, as the recent death of George Floyd has made abundantly clear. Bound up with these concerns are also long-established concerns that police may, and often do, use the force at their disposal in unacceptably biased and inappropriate ways, something that the Black Lives Matter protests and the related “defund the police” movement have highlighted. The defund movement is essentially arguing that, if the police can’t be controlled, then we need to get rid of them or at least cut them down. This might or might not be a viable strategy, depending on the context, but without an effective body with the authority to use non-negotiable force, such as police, it is not apparent how a society would meet its need for a mechanism for distributing non-negotiable force in uncertain and unpredictable circumstances (Perry, 2020).

In the light of these developments and arguments, the question that arises is the following: What is required for police to situate themselves as trustworthy and responsible niche players whose role is to be bearers of non-negotiable force within the policing web? In considering this question, it is important to recognize that the pluralization of securities is related to changes in the nature of contemporary societies, which, in turn, has implications for the policing web and the role of different participants in it, both state and non-state. As a consequence, it is no longer viable to design a police strategy in isolation. One of the central issues is how to position policing vis-à-vis other players, for example, in the public health domain. What could be—referring to the observations and arguments made throughout this article—the foundations of a constructive debate on the role of police in the public health agenda?

First, the more recent debate on the intersections of law enforcement and public health started with emphasizing that an exclusive focus on enforcement is harmful and that a community-based and problem-oriented approach is the basis for joined-up solutions in law enforcement and public health. The police have been very responsive to this and it sits well with the problem-solving and community perspective on policing. Hence, the hesitation to “enforce” in the context of the

pandemic, because it could endanger community–police relations. However, it should be crystal clear—both to the police and to the public health sector—that the potential use of force is why the police are there in the first place, not because they are the best providers of health education or health intervention. Emphasizing the importance of a comprehensive and community-based response to the pandemic (Loewenson et al., 2020) needs to be combined with an acknowledgement of the essential role of enforcement. Obviously, there should be close scrutiny on police misuse of force, but also the public health community should acknowledge the importance of the Bittner role, a role that will not become less important considering present and future societal risks and related harmscapes, especially with increased uncertainty and unpredictability.

Second, it should be clear that the police are reproducing a “state order,” and indeed this is precisely what is at the basis of their authority. In that sense, they also reproduce “unjust order,” especially if government and legislation are lagging behind societal developments or if the state itself is illegitimate. This is first and foremost an issue of politics, and not of policing, although policing can be a strong symbol thereof. As mentioned, in many countries the police are also bearing the brunt of increased social and economic inequality and diminished government services. This does not mean that it should not concern the police. If, for example, a specific group is over-represented in clearly negative statistics, this should be of concern to the police, not as a political matter but as a professional concern.

Third, the core of policing is to intervene—with force if necessary—if something is happening that should not be happening. The phrase “should not be happening” implies that it is not a structural or “normal” situation. So, if the police are dealing with structural issues, with people with mental illness as a clear example, obviously different structural solutions should be sought. As mentioned, one does not want the police doing the work of other professions just because they are the only ones available. So, again, around mental health in the United States, and related to the argument for defunding the police, it has been noted that persons in mental health crises comprise almost one-fourth of people killed by police, and also that handling such crises is dangerous for police (Earley, 2020). However:

It doesn't have to be this way. The movement underway to “defund the police,” is a long-needed moment to shift responsibility for the seriously mentally ill away from police and put it back to where it belongs: on social service agencies and the medical community.

In this context, Wood et al. (2020) point to the relationship between the content and appreciation of police work on the one hand and the quality and resources of community health systems on the other. Deficient health systems increase reliance on the police as what is called “mental health interventionists.” So, for example, in the Netherlands and Scotland, the police have explicitly asked government for resources related to the growth of mental health incidents, not for the police but for mental health care. Better still would be to dedicate resources to solve societal issues by different parties in the aforementioned assemblages. That would broaden the “defund the police” strategy into a “fund problem-solving”

strategy. That has proven difficult for often “compartmentalized” administrations—and inward looking-related organizations—but is of the essence.

Fourth, police should intervene in cases of “something-that-ought-not-to-be-happening-and-about-which-someone-had-better-do-something-now” as it has the authority and discretion to use non-negotiable force in a specific situation. This means the police are actually *there* in the *situation*. Depending on the country, probably others can use force but always in strictly rule-structured circumstances (private guards for a nuclear plant, for example), where discretion is curtailed. The effective and legitimate access to wide discretion presupposes a commitment to a general public good. To exercise this level of discretion effectively, and to do so in ways that are perceived to be legitimately serving the community, requires, in turn, that police be knowledgeable about the communities they are serving, and, *ipso facto*, that communities know their police. This mitigates against a “fire brigade police” as the pandemic has made clear. An important remark by many police leaders is that their policing model is policing by consent, and that they are reluctant to enforce rules if they feel it runs against public consensus. Obviously, the police are expected to enforce rules if necessary, but the basis is public consent in the institutional sense of “consent to be policed” (van Dijk et al., 2015, pp. 40–45). Policing the pandemic has made this perfectly clear: if rules are not supported, it has either been near impossible to enforce them or—if the police do enforce them—led to public dissatisfaction and, sometimes, abuse of police powers.

Fifth, and finally, there should be acknowledgment that—even if there is consent and procedures are followed—when the police use force, “it often isn't pretty.” Importantly, the visibility of police conduct was limited before personal cell phones with cameras, widespread surveillance cameras, and police body-worn video became commonplace. Today when police use force it is increasingly digitally captured and made available through social and news media to a wide audience. It can seem to the public that police use and misuse of force is itself an epidemic, which, though probably not true (Ouss & Rappaport, 2020), takes a serious toll on police legitimacy. So, it is one thing to posit that, inevitably and legitimately, using non-negotiable coercive force is at the core of the police role; it is another thing to overcome people's visceral reaction to that reality when proposing that police have a constructive role to play in public health. This observation is not meant to downplay police misconduct that has fortunately become more visible and, accordingly, led to a strong incentive for improving police accountability, but only to acknowledge heightened public awareness of a core element of the police role that has long existed.

CONCLUSION

Returning to Bittner (1970, p. 46), “the role of the police is best understood as a mechanism for the distribution of non-negotiable coercive force employed in accordance with the dictates of an intuitive grasp of situational exigencies.” We might wish that this risky approach to handling immediate human problems was not necessary, but as policing the pandemic has made clear, it is. Inevitably, mistakes will be made. The best we can do is to put in place measures to minimize these mistakes.

Clearly, then, the use of force is by necessity part of the public health endeavour, emphasising the importance of joined-up solutions. To refer to the “defund the police” arguments: what is clear is that dismantling an institution that is authorized and capable of applying non-negotiable force would leave a very large and potentially dangerous policing vacuum, across a number of safety and security assemblages, that would need to be filled. It might lead to the use of force being distributed and fragmented, and probably dealt with by private partners—as is happening with the military and with cyber—to the detriment of the aforementioned Sustainable Development Goals. As policing the pandemic has highlighted, there is a requirement for a mechanism to distribute non-negotiable force. As the Black Lives Matter protests forcibly remind us, this requirement brings with it huge challenges with respect to the regulation of the use of non-negotiable force as a necessary capacity in social ordering.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

AUTHOR AFFILIATIONS

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REFERENCES

- Asquith, N., & Bartkowiak-Théron, I. (2017). Police as public health interventionists. In N. Asquith, I. Bartkowiak-Théron, & K. Roberts (Eds.), *Policing encounters with vulnerability* (pp. 145–174). London: Palgrave.
- Banton, M. (1964). *The policeman in the community*. London: Tavistock Publications.
- Bayley, D., & Shearing, C. (1996). The future of policing. *Law and Society Review*, 30(3), 585–606.
- Berg, J., & Shearing, C. (2018). Governing-through-harm and public goods policing. *The Annals of the American Academy of Political and Social Science*, 679(1), 72–85.
- Bittner, E. (1970). *The Functions of the Police in Modern Society*. Washington, DC: National Institute of Mental Health. Available from: <https://www.ncjrs.gov/pdffiles1/Digitization/147822NCJRS.pdf>. [Accessed 25 January 2022].
- Bittner, E. (1990). *Aspects of police work*. Boston: Northeastern University Press.
- Blaustein, J., Pinto, N. W., Fitz-Gibbon, K., & White, R. (2018). Criminology and the sustainable development goals: the need for support and critique. *British Journal of Criminology*, 58, 767–786. <https://doi.org/10.1093/bjc/azx061>
- Brodeur, J.-P. (2010). *The Policing Web*. Oxford: Oxford University Press.
- Carroll, P. E. (2002). Medical police and the history of public health. *Medical History*, 46(4), 461–494.
- Castell, M. (2000). Materials for an exploratory theory of the network society. *British Journal of Sociology*, 51(1), 5–24.
- Cauley, J. (2020). We chose to let our health department enforce a public health order violation. *PERF Daily COVID-19 Report*, 19 May. Washington DC: Police Executive Research Forum. Available from: <https://www.policeforum.org/covidmay19> [Accessed 25 January 2022].
- Christie Report. (2011). *Commission on the future delivery of public services*. Edinburgh: Scottish Government
- Cordner, G. (2014). Community policing. In M. Reisig & R. Kane (Eds.), *The Oxford Handbook of Police and Policing* (pp. 148–171). New York: Oxford.
- Cordner, G. (2019). *Police Administration*, 10th edition. New York: Routledge.
- Cumming, E., Cumming, I., & Edell, L. (1965). Policeman as philosopher, guide, and friend. *Social Problems*, 12(3), 276–286.
- DECAF/ISSAT (2020). *Emerging trends for SSG/R in view of states of emergency and disaster risk Covid-19 response measures*. Geneva: Geneva Centre for Security Sector Governance. Available from: <https://issat.dcaf.ch/download/156036/3251029/ISSAT%20Advisory%20Note%20-%20DRR%20and%20SoE%20June%202020.pdf> [Accessed 25 January 2022].
- Earley, P. (2020). Mental illness is a health issue, not a police issue. *Washington Post*, 15 June. Available from: <https://www.washingtonpost.com/opinions/2020/06/15/mental-illness-is-health-issue-not-police-issue/> [Accessed 25 January 2022].
- Friedman, B. (2020). Disaggregating the police function. *Public Law and Legal Theory Research Paper Series*, Working Paper No. 20-03. New York: New York University School of Law.
- Goldstein, H. (1990). *Problem-oriented policing*. New York: McGraw-Hill.
- Johnson, S. D., Ekblom, P., Laycock, G., Frith, M. J., Sombatruang, N., & Valdez E. R. (2019). Future crime. In R. Wortley, A. Sidebottom, N. Tilley, & G. Laycock (Eds.), *Routledge handbook of crime science* (pp. 428–446). Abingdon-on-Thames: Routledge.
- Kelling, G. L., & Moore, M. H. (1988). The evolving strategy of policing. *Perspectives on Policing*, 4. Washington, DC: National Institute of Justice. Available from: <https://www.ncjrs.gov/pdffiles1/nij/121019.pdf>
- Kelling, G. L. (1991). Crime and metaphor: Toward a new concept of policing. *City Journal*, autumn. Available from: <https://www.city-journal.org/html/crime-and-metaphor-toward-new-concept-policing-12733.html> [Accessed 25 January 2022].
- Lamb, H., Weinberger, L., & DeCuir, W. (2002). The police and mental health. *Psychiatric Services*, 53(10), 1266–1271.
- Loewenson, R., et al. (2020). Reclaiming comprehensive public health. *BMJ Global Health*, 5, e003886. <http://dx.doi.org/10.1136/bmjgh-2020-003886>
- McNeil, H. (2020). Social workers denounce plan to be teamed with police for mental health crisis calls. *Buffalo News*, 19 September. Available from: https://buffalonews.com/news/local/social-workers-denounce-plan-to-be-teamed-with-police-for-mental-health-crisis-calls/article_ae6f31b2-f93b-11ea-9161-3357155a2825.html [Accessed 25 January 2022].
- Muir, R. (2016). Great expectations: What do the public want from the police? *The Police Foundation Blog*, 23 September. London: The Police Foundation. Available from: <http://www.police-foundation.org.uk/2016/09/great-expectations-what-do-the-public-want-from-the-police/> [Accessed 25 January 2022].
- Mutongwizo, T., Holley, C., Shearing, C. D., & Simpson, N. P. (2019). Resilience policing: An emerging response to shifting harm landscapes. *Policing: A Journal of Policy and Practice*, paz033. <https://doi.org/10.1093/policing/paz033>
- O'Malley, P. (2010). Simulated justice: Risk, money and telemetric policing. *British Journal of Criminology*, 50(5), 795–807.
- Ouss, A., & Rappaport, J. (2020). Is police behavior getting worse? Data selection and the measurement of policing harms. *Journal of Legal Studies*, 49(1), 153–198.
- PERF (2021). *Lessons from the COVID-19 pandemic: What police learned from one of the most challenging periods of our lives*. Washington, DC: Police Executive Research Forum.

- Perry, L. (2020). Why defunding the police will hurt women most. *UnHerd*, 8 September. Available from: <https://unherd.com/2020/09/violent-men-must-be-locked-up-not-healed/> [Accessed 25 January 2022].
- Punch, M. (1979). The secret social service. In S. Holdaway (Ed.), *The British Police* (pp. 102–127). Thousand Oaks, CA: Sage Publications.
- Punch, M. (2019). *Law Enforcement and Public Health: An Overview*. Blaricum, Netherlands: EZbook.nl. Available from: <https://www.politieonderwijsraad.nl/Content/Uploads/Documenten/Diversen/LEPH-An-Overview-Punch-2019.pdf> [Accessed 25 January 2022].
- Shearing, C., & Leon, J. (1977). Reconsidering the police role: A challenge to a challenge of a popular conception. *Canadian Journal of Criminology and Corrections*, 4, 331–345.
- Shearing, C. (1984). *Dial-a-Cop: A study of police mobilization*. (Research Report). Toronto: Centre of Criminology, University of Toronto.
- van Dijk, A., Herrington, V., Crofts, N., Breunig, R., Burris, S., Sullivan, H., Middleton, J., Sherman, S., & Thomson, N. (2019a). Law enforcement and public health: Recognition and enhancement of joined-up solutions. *The Lancet*, 393, 287–294. Available from: <https://www.thelancet.com/series/security-and-public-health>.
- van Dijk, A., Hoogewoning, F., & Punch, M. (2019b). Running on empty. Reinigorating policing through “what matters.” *Perspectives on Policing*, paper 5, 15 July. London: The Police Foundation.
- van Dijk, A., & Crofts, N. (2017). Law enforcement and public health as an emerging field. *Policing and Society: An International Journal of Research and Policy*, 27(3), 261–275. <https://doi.org/10.1080/10439463.2016.1219735>
- van Dijk, A., Hoogewoning, F., & Punch, M. (2015). *What matters in policing? Change, values and leadership in turbulent times*. Bristol (UK): Policy Press.
- White, M., & Fradella, H., (2020). Policing a pandemic: Stay-at-home orders and what they mean for police. *American Journal of Criminal Justice*, 45(4), 702–717.
- Wilson, J. Q. (1968). *Varieties of police behavior: The management of law and order in eight communities*. Cambridge, MA: Harvard University Press.
- Wood, J. D., Watson, A. C., & Barber, C. (2020). What can we expect of police in the face of deficient mental health systems? Qualitative insights from Chicago police officers. *Journal of Psychiatric and Mental Health Nursing*. First published, 23 September 2020. <https://doi.org/10.1111/jpm.12691>.