

TESTIMONY

The Council of the City of New York
Committee on Public Safety

Hearing on NYPD Enforcement of Social Distancing
May 22, 2020

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As an emergency medicine resident physician and organizer of the NYC Coalition to Dismantle Racism in the Health System, I submit this testimony to the New York City Council Public Safety Committee in opposition to the continued enforcement of social distancing by the New York City Police Department (NYPD). I thank Chair Donovan Richards and the members of the Committee on Public Safety for hosting this hearing and inviting me to submit testimony on behalf of the communities I serve as a physician and on behalf of the medical providers who I organize with in the NYC Coalition to Dismantle Racism in the Health System.

I work as an emergency medicine resident physician rotating through busy emergency departments in Manhattan, serving New Yorkers from a wide variety of racial, ethnic, and economic backgrounds. In the past 2.5 months, I have treated over 80 patients with COVID-19 at three different hospitals. I've seen firsthand the devastating consequences of this pandemic. Like many of my colleagues in the medical community, I contracted coronavirus while treating COVID-19 positive patients. And, like many New Yorkers, I have lost loved ones and colleagues to this devastating virus. No one understands the toll of the pandemic more than those who have lost family and friends to the virus and the medical providers on the frontlines.

In April, two-hundred of my colleagues in the medical profession and I voiced our concerns about the manner in which the NYPD is policing during this pandemic in a letter to Mayor Bill de Blasio and Commissioner Dermot Shea.¹ We expressed our concern that unnecessary interactions between the NYPD and the public would further exacerbate the spread of the coronavirus. Since we sent this letter, the COVID-19 infection rate among the NYPD has

¹ Appendix, Letter from 200 Medical Workers and Organizations to Mayor Bill de Blasio and Commissioner Dermot Shea (Apr. 23, 2020), https://www.changethenypd.org/sites/default/files/covid_policing_medical_letter_to_mayor_nypd_4-23-2020.pdf.

skyrocketed from 2.5% to almost 16% with 42 deaths among the NYPD’s ranks.² This alarmingly high infection rate—for context, the infection rate in NYC as a whole is not quite 2.5%³—confirms our fears that a lack of social distancing among the NYPD would allow the virus to spread rapidly among both the NYPD and the members of the public with whom the NYPD interacts. Commissioner Shea has recently said that the NYPD has “millions of interactions across the city.”⁴ The potential for exponential viral spread from interactions between members of the NYPD and the members of the public requires that our leaders reconsider the types of interactions are actually necessary.

Since we sent our letter one month ago, we have also learned alarming—though not surprising—information confirming that Black and Latino New Yorkers are disproportionately targeted by the NYPD for COVID-19 related enforcement.⁵ While involvement with the criminal justice system has many consequences during normal times, it can be particularly dangerous during a pandemic by increasing person-to-person contacts that can spread coronavirus. Taken together, the alarmingly high rate of NYPD COVID-19 infection, inevitable community spread from the interactions the NYPD has with the public, and the disproportionate interactions between the NYPD and Black and Latino New Yorkers, we can observe a deeply concerning phenomenon: the NYPD’s actions during the pandemic are likely exacerbating our city’s public health crisis, and specifically, exacerbating the crisis in communities of color.

² NYPD News, Twitter (May 21, 2020), <https://twitter.com/NYPDnews/status/1263605737923756033>. Infection rate calculated as 5,693 members of the NYPD who have contracted COVID-19 out of 36,000 total NYPD members of service.

³ See The Legal Aid Society, *COVID-19 Infection Tracking in NYC Jails*, <https://legalaidnyc.org/covid-19-infection-tracking-in-nyc-jails/> (last visited May 21, 2020).

⁴ Ashley Southall, *Scrutiny of Social-Distance Policing as 35 of 40 Arrested are Black*, N.Y. Times (May 7, 2020), <https://www.nytimes.com/2020/05/07/nyregion/nypd-social-distancing-race-coronavirus.html>.

⁵ See The Legal Aid Society, *Racial Disparities in NYPD’s COVID-19 Policing: Unequal Enforcement of Social Distancing* (May 2020), https://legalaidnyc.org/wp-content/uploads/2020/05/LAS_Racial-Disparities-in-NYPDs-COVID-19-Policing_5.20.20_5PM_FINAL.pdf (last visited May 21, 2020).

Emergency medicine physicians train for years to learn how to respond to acute medical crises. A common situation that we learn to address is a “code” –an emergency situation where all available medical professionals respond. A critical part of effectively responding to a code is knowing your role. A medical tech has a critical role to play just as a physician has a specific role. Most critical is that everyone responding to a code take direction from the person in charge—the person “running the code.” The person running the code should be someone with both the medical expertise as well as knowledge of the patient’s condition to best lead in that moment. The person running the code also must be able to assign tasks based on the relative competencies, strengths, and weaknesses of their team.

New York is experiencing an emergency—a “code”. And while we need everyone available to show up and help, we need clear leadership running the code and for each agency responding to know their role. We need our leaders to evaluate the relative strengths and weaknesses of each member of their team and to assign tasks according to competency.

Members of the NYPD are trained in law enforcement, and, like other trained professionals, they have a specific set of tools and competencies. Police train extensively on things like responding to active shooter situations, the law on making arrests and interrogating suspects, and firearms tactics. In New York City, police officers are tasked with addressing issues of public health—homelessness, substance abuse, alcoholism, sex trafficking, mental health disorders, and domestic violence. However, insufficiently trained officers and the disconnect between the law enforcement system and public health system have resulted in police brutality, excessive use of force, and the continued cycling of socially marginalized and vulnerable groups through a deeply flawed criminal justice system. The NYPD is not the right City to be addressing public health issues. When it comes to encouraging the kinds of behaviors

that will protect us all—social distancing and the wearing of masks—we need community groups, leaders, and public health professionals with credibility and the power of persuasion.

In order to best address the public health crisis, I ask the City Council use its powers, including the power of setting budget priorities, to ensure that each City agency and actor is playing a role that matches their relative strengths and competencies in response to the pandemic. It is not anti-police to recognize that they are not public health professionals and that they should not be tasked with such work. Indeed, the Patrolmen’s Benovolent Association has encouraged Mayor de Blasio and Commissioner Shea to remove the NYPD from social distancing enforcement, calling the situation “untenable”.⁶

Further, I urge the Council to use their powers to provide needed oversight of the NYPD and encourage Commissioner Shea to make the policy changes raised by my colleagues and me in our April letter:

- (1) Halt the enforcement of low-level and ‘quality of life’ offenses to reduce unnecessary interactions between the NYPD and the public.**
- (2) Cease unnecessary arrests by issuing summonses or appearance tickets for all other qualifying offenses, and stop the flow of people onto Rikers Island.**
- (3) Encourage social distancing through public health-focused approaches, not enforcement that leads to unnecessary contacts and risks further transmission of the coronavirus.**

As a physician on the frontlines of the crisis, I urge you to prioritize the health and safety of New Yorkers and to take seriously the need to avoid unnecessary contacts between all people, including interactions between the NYPD and the public. Thank you for your time.

⁶ Press Release, Patrick J. Lynch, Patrolmen’s Benevolent Association President, PBA Statement on Social Distancing Enforcement (May 4, 2020), <http://nycpba.org/press-releases/2020/social-distancing-enforcement/>.

April 23, 2020

Hon. Bill de Blasio
Mayor, City of New York
City Hall
New York, NY 10007

Dermot Shea
Commissioner, New York City Police Department
1 Police Plaza
New York, NY 10038

Re: Public Health Concerns on NYPD Spread of the COVID-19 Virus

Dear Mayor de Blasio and Commissioner Shea,

We are 200 medical workers on the frontlines of the COVID-19 pandemic, including doctors, nurses, physician’s assistants, and other medical workers, and organizations representing medical workers. We write to share our concerns with the way the New York City Police Department (NYPD) is policing during the current public health crisis. Specifically, we are alarmed at the high rate of infection among NYPD officers and fear that unnecessary interactions between the NYPD and the public will further exacerbate the public health crisis unfolding in New York City and rapidly spreading across the country.

The Centers for Disease Control and Prevention (CDC) continues to emphasize the importance of social distancing to reduce transmissions.¹ Further, the Police Executive Research Forum (PERF), a leading police research and policy organization, recommends “identifying core department functions” and appropriately curtailing non-essential police activities such as “crime prevention programs, parking enforcement, and enforcement of certain misdemeanor laws” during pandemic situations.² **We urge the NYPD to heed the CDC and PERF’s advice to socially distance and curtail all non-essential contacts between NYPD officers and the public at this time.**

We are especially concerned to hear that the NYPD is taking a business-as-usual approach to policing low-level offenses at this time.³ For each interaction the NYPD has with the public,

¹ Centers for Disease Control and Prevention (CDC), *Coronavirus Disease 2019 (COVID-19) Community-Related Exposures* (March 30, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

² Andrea M. Luna, et al., *Police Planning for an Influenza Pandemic: Case Studies and Recommendations from the Field*, Critical Issues in Policing Series, Police Executive Research Forum 10 (Oct. 2007), https://www.policeforum.org/assets/docs/Free_Online_Documents/Public_Health/police%20planning%20for%20an%20influenza%20pandemic%20-%20case%20studies%20and%20recommendations%20from%20the%20field%202007.pdf.

³ Thomas Tracy, *NYPD commissioner says ‘no intention’ of reducing arrests amid coronavirus crisis*, N.Y. Daily News (March 21, 2020), <https://www.nydailynews.com/coronavirus/ny-nypd-wont-reduce-arrests-coronavirus-crisis-20200321-ae6ltasujjelbdpkgefkbkfpuuu-story.html>; See also Josmar Trujillo, *Policing in a pandemic: Why can’t the NYPD manage to dial back broken windows enforcement even now?*, N.Y. Daily News (March 26, 2020), <https://www.nydailynews.com/opinion/ny-oped-policing-in-a-pandemic-20200326-uy2m5jbiwbucxmvkewqlipjsli>.

there is a risk of virus transmission, and we urge the NYPD to take this public health risk seriously. **There is no question for us as medical providers that the risk of virus transmission is a far greater threat to the public health and safety of New Yorkers than non-violent offenses at this time.**

Unnecessary contact between the NYPD and the public at this time is even more concerning when taking the alarming rate of infection of the NYPD into account. Currently, **the NYPD infection rate is 121 infections per 1,000 NYPD officers, more than seven times that of New York City as a whole.**⁴ Because of the high infection rate, it is likely that many more NYPD officers have been exposed to the virus without their knowledge. Each interaction between NYPD officers and members of the public puts both groups at risk of transmitting the virus and further spreading in the community, in NYPD precincts across the city, and in the homes of NYPD officers and the people with whom they are in contact.

We urge you to reassess and readjust policing to meet the needs of the current moment, ensuring that you put the health and safety of New Yorkers first during this crisis:

- (1) **Halt the enforcement of low-level and ‘quality of life’ offenses to reduce unnecessary interactions between the NYPD and the public.** Social distancing is necessary in all sectors of society to reduce the risk of transmission and to “flatten the curve.” Just as medical facilities are switching to telemedicine and canceled elective procedures, we call on other sectors of society to reevaluate what level of in-person interaction is necessary, keeping in mind that every in-person interaction increases the risk of COVID-19 transmission. We believe that low-level, quality of life policing is simply not worth the risk to public health at this time.

- (2) **Cease unnecessary arrests by issuing summonses or appearance tickets for all other qualifying offenses, and stop the flow of people onto Rikers Island.**⁵ Every arrest creates dozens of points of contact and opportunities for virus transmission. These contacts include the contact between the person arrested and the arresting officers, contact between the person arrested and additional officers at the precinct and Central Booking, arrested people in close contact in cramped holding cells at precincts and Central Booking, court officers assisting with arraignments, and, in the case that bail is set on the individual, contact with Department of Corrections staff and others detained in NYC Jails. Each of these people go on to be in contact with others in their workplaces,

[story.html](#) (“After some officials called for a moratorium on quality-of-life enforcement, the mayor [rebuffed](#) the notion of scaling back on even low-level policing. But would cops be willing to engage in interactions over offenses like fare evasion or loud music? Early [reports](#) and [tweets](#) suggest cops are still arresting people for [shoplifting](#). In my own neighborhood, police were [writing tickets](#) for cycling infractions as recently as last week.”)

⁴ See @NYPDnews, Twitter (April 19, 2020), <https://twitter.com/NYPDnews/status/1251992638846390275> (Infection rate based on the 4,371 NYPD employees diagnosed with COVID-19 out of a police force of 36,000 employees).

⁵ See The Legal Aid Society, *COVID-19 Infection Tracking in NYC Jails*, <https://legalaidnyc.org/covid-19-infection-tracking-in-nyc-jails/> (last visited March 31, 2020), for more information on the alarming rates of infection in NYC jails, where the current infection rate is more than 7.5 times that of New York City; see also Meagan Flynn, *Top doctor at Rikers Island calls the jail a ‘public health disaster unfolding before our eyes’*, Wash. Post (March 31, 2020 7:00 AM), <https://www.washingtonpost.com/nation/2020/03/31/rikers-island-coronavirus-spread/>.

families, and, in the case of those detained, in NYC jails. Each arrest risks virus transmission, and we implore you to take this risk seriously and require officers to issue summonses for all qualifying offenses.

(3) Encourage social distancing through public service announcements, not enforcement that leads to unnecessary contacts and risks further transmission of the coronavirus. By sending NYPD officers—who currently have a much higher rate of coronavirus infection than NYC as a whole—into communities to enforce social distancing, the NYPD is likely exacerbating, not helping, the problem of rapid viral transmission. Close contact, as required when issuing a citation, should be avoided whenever possible.

As medical workers on the frontlines of the crisis, we urge you to prioritize the health and safety of New Yorkers and to take seriously the need for social distancing and avoiding unnecessary contacts between all people, including interactions between the NYPD and the public.

Sincerely,

Advancing Health Equity

Physicians for a National Health Program-NY Metro

Callen-Lorde Community Health Center

Planned Parenthood of Greater New York

Nurses for Social Justice

Progressive Doctors

NYC Coalition to Dismantle Racism in the Health System

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City Councilmember Rivera, Chair of Hospitals Committee
City Councilmember Levin, Chair of General Welfare Committee
NYPD Inspector General Phil Eure
NYC Public Advocate Jumaane Williams