

Do riot police serve public health?

It has been just over a year since Occupy Wall Street (OWS) followed in the steps of the 2011 Arab Spring, the Spanish Indignados, and Greek anti-austerity protests in calling in general terms for an egalitarian reform of the political-economic system away from favoring large banks and corporations, and towards the “99%” least wealthy individuals in the USA. Some understand these concerns as relevant to fundamental determinants of public health.¹ Initially, the OWS protests were characterized by ‘occupation’ of public spaces, initially in Zuccotti Park near Wall Street in Manhattan, but were quickly joined by occupations in cities around the country. These occupations served (1) as forums for people to engage with, learn about, and organize around a variety of political and economic concerns, (2) to enact, demonstrate and transmit alternative forms of community-directed consensus-based self-governance, and (3) to serve a variety of social needs including the provision of shelter, food, medical assistance, and library and digital networked information services to the needy.

In a nationally coordinated effort, the mayors of major cities responded by directing police actions to violently evict the OWS protestors. The mayors’ public justifications of these evictions, for example by Bloomberg (New York),² Quan (Oakland)³ and Adams (Portland)⁴ invoked rhetoric of serving public health and safety. Ironically and tragically, the mayors’ uniform prescription for addressing public health and safety by deploying police in riot gear entailed violence, including property destruction, beatings, shootings, and assault with chemical weapons.⁵⁻⁷

Where was and is the condemnation on the part of the public health professions of this unethical, unconscionable, and flagrant usurpation of public health prerogatives by those who were actually advancing public harm? The increasingly militarized and publically unaccountable police systems in this country pose growing harm to the public... so much so that large police divisions are under the threat of federal receivership.^{8,9} Where is the epidemiologic accounting of state violence—including by the police, military, and penal systems—as a public health issue domestically and abroad? Where are the voices of MPH instructors on these issues? Why is state violence not presented as a public health issue in basic public health textbooks?

Lawyers have criticized Bloomberg’s rhetoric on public health and the OWS eviction.¹⁰ Why do we in public health permit the police and those who deploy them to adopt the mantle of public health without criticism?

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